

## KDADS Operations

### Consequences of Not Funding this Program

Essential executive functions and financial operations basic to the functioning of the agency would not be performed to effectively provide services to vulnerable Kansans. Essential functions include Legal, Human Resources, Fiscal, Public Affairs, and IT.

	<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rqt.</u>	<u>Priority Level</u>
General	KSA 75-5901 et seq.; KSA 75-59-45; KSA 75-5321a; KSA 39-925	Discretionary	No	6

### Program Goals

- A. Planning, policy development, administration, coordination, prioritization, and evaluation of all state activities related to older Kansans and Kansans with disabilities.
- B. Promote healthy aging with personal and financial independence and high quality service and supports at all levels of individuals needs.
- C. Analyze consumer focused quality data (timely and accurately) across all service settings to improve the service quality.

### Program History

The Kansas Department for Aging and Disability Services was created by the 1977 Legislature as the Kansas Department on Aging. In FY 2013, the Governor implemented a reorganization of the state's social services agencies to include the transfer of mental health services, substance abuse disorder services, and Home and Community-Based Services Waivers from the Department of Social and Rehabilitation Services (SRS) to the newly named Kansas Department for Aging and Disability Services. It is a cabinet-level agency that administers federal and state programs to assist elderly citizens as well as individuals in need of disability, mental health, and addiction services.

### Performance Measures

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
Specific measures not defined	n/a								n/a

### Funding

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 5,956,259	\$ 8,693,158	\$ 4,401,494	\$ 13,630,401	\$ 8,164,525	\$ 9,005,127	\$ 9,681,763	\$ 7,086,392
Non-SGF State Funds	447,488	2,770,267	2,038,431	3,367,857	388,224	5,099,149	5,110,062	1,732,307
Federal Funds	5,250,232	4,585,890	4,716,772	5,274,997	5,066,013	3,523,530	3,913,524	4,789,558
<b>Total</b>	\$ 11,653,979	\$ 16,049,315	\$ 11,156,697	\$ 22,273,255	\$ 13,618,762	\$ 17,627,806	\$ 18,705,349	\$ 13,608,258
<b>FTE</b>	72.0	93.1	112.0	109.5	111.0	106.5	116.5	105.4

**Medicaid**

**Consequences of Not Funding this Program**

Medicaid Home- and Community-Based Services (HCBS) are types of person-centered supports and services that address the needs of people with functional limitations who need assistance with ADLs, IADLs, and rehabilitation specifically designed to enable people to stay in their homes, rather than moving to a facility for care. Not funding Medicaid Home-and Community-Based Services (HCBS) would result in thousands of Kansas becoming institutionalized in already over-burdened long term care facilities in the state. Inadequate funding will lead to increase in waiting list for services for Kansans with Intellectual and Developmental Disability; Physical Disability; and could complicate service-delivery for children with autism spectrum disorder, and persons with acquired or traumatic brain injury.

<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rqt.</u>		<u>Priority Level</u>
Specif 75-5945 & 39-1801 et seq. HCBS (FE) KS.0303.R05.00; HCBS (IDD) KS.0224.R06.00; HCBS (AU) KS.0476.R02.00; HCBS (PD) KS.0304.R05.00; HCBS (TA):KS.4165.R06.00; HCBS (BI) KS.4164.R06.02; HCBS (SED):KS.0320.R04.00	Mandatory	Yes	CMS	2

**Program Goals**

- A. To ensure that Kansas with high level of care (ADL and IADL) needs, and at imminent risk of institutionalization are served and supported while remaining in the homes and communities.
- B. To deliver equitable services and supports to Kansans with different forms of disabilities by encouraging competitive and integrated employment alternatives and opportunities, incentivizing positive movement towards greater independence through competitive employment, and creating a path for disability employment and empowerment in the state of Kansas
- C. To divert psychiatric hospitalization by providing intensive Home and Community Based Support Services (HCBS) to children and youth in their homes and communities; provide short-term rehabilitation to individuals with brain injury; support parents of children with autism spectrum disorder; support children and youth chronically ill or medically fragile and dependent upon a ventilator or medical device to compensate for the loss of vital bodily function; and support frail and elderly Kansans above 65 years of age.
- D. Provide sub acute psychiatric services for SED youths in crisis

**Program History**

In 1981, Congress authorized Home and Community Based Service (HCBS) waiver under section 1915(c) amendment of the Social Security Act, created as a part of the Omnibus Budget Reconciliation Act of 1981. Section 1915(c) allowed states to provide home and community-based services for individuals who preferred to receive their services at home rather than in an institution. In 1982, Kansas was among the first states to apply for a waiver. Designed to provide services in the community for the elderly, and persons with intellectual/developmental and physical disabilities, this HCBS program was referred to as the Nursing Facility (NF) Waiver. In 1991, CMS approved the Mental Retardation/Developmental Disability Waiver (MR/DD) Waiver now referred to as the Intellectual/Developmental Disability Waiver (I/DD) which alongside the Nursing Facility (NF) Waiver continued to provide community services people who were elderly and those with significant physical disabilities. Prior to the Olmstead decision, three additional waivers were approved and implemented, including the Head Injury (HI)Waiver in 1986, the Technology Assisted (TA) Waiver for children in 1995, and the Serious Emotional Disturbance Waiver (SED) for children in 1997. In 1997 advocacy efforts resulted in the NF Waiver being divided into two waivers, the Frail Elderly (FE) and the Physical Disability (PD), to better meet the needs of each population. By the year 2000, SRS had implemented and was administering six HCBS waivers. A seventh waiver, the Autism Waiver designed to provide early intervention services for young children, was added in 2007.

**Performance Measures**

<u>Outcome Measures</u>	<u>Goal</u>	<u>CY 2019 Actuals</u>	<u>CY 2020 Actuals</u>	<u>CY 2021 Actuals</u>	<u>CY 2022 Previous Est.</u>	<u>CY 2022 Est.</u>	<u>CY 2023 Est.</u>	<u>CY 2024 Est.</u>	<u>3- yr. Avg.</u>
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Kansas Department for Aging and Disability Services

HCBS Management	Number of Participants Eligible to Receive HCBS I/DD Services (Monthly Average)	n/a	9,053	9,115	9,074	9,155	9,111	9,111	9,111	9,100
	Number of Participants Eligible to Receive HCBS PD Services (Monthly Average)	n/a	5,828	6,128	6,033	6,221	6,147	6,208	6,208	6,103
	Number of Participants Eligible to Receive HCBS Autism Services (Monthly Average)	n/a	50	53	51	65	65	65	65	56
	Number of Participants Eligible to Receive HCBS SED Services (Monthly Average)	n/a	3,389	3,239	3,312	3,300	3,300	3,300	3,300	3,284
	Number of Participants Eligible to Receive HCBS FE Services (Monthly Average)	n/a	4,662	5,244	5,807	6,552	7,000	6,868	7,000	6,017
	Number of Participants Eligible to Receive HCBS TA Services (Monthly Average)	n/a	569	591	627	654	654	689	700	624
	Number of Participants Eligible to Receive HCBS BI Services (Monthly Average)	n/a	409	560	761	1,078	1,015	1,015	1,015	779
	Number of Participants Enrolled In PACE Program (Monthly Average)	n/a	584	676	739	822	850	899	899	755
	Number of Individuals on Waitlist to Receive HCBS I/DD Services*	n/a	4,086	4,464	4,640	4,768	4,768	4,943	5,100	4,624
	Number of Individuals on Waitlist to Receive HCBS PD Services*	n/a	1,504	2,027	2,142	2,427	2,427	2,627	2,827	2,199
	Number of Individuals on Autism Proposed Recipient List*	n/a	328	356	381	412	412	440	440	383

Outcome Measures		Goal	SFY 2019 Actuals	SFY 2020 Actuals	SFY 2021 Actuals	SFY 2022 Previous Est.	SFY 2022 Actuals	SFY 2023 Est.	SFY 2024 Est.	3-yr. Avg.
PRTF	Number of KanCare Children Receiving PRTF Services (Monthly Average)	n/a	240	252	297	280	272	285	295	274
	Number of KanCare Children on the PRTF Waitlist	n/a	207	155	151	147	130	115	100	145

**Funding**

Funding Source	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Approved	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3-yr. Avg.
State General Fund	\$ 685,982,563	\$ 666,457,104	\$ 578,841,764	\$ 705,159,549	\$ 597,435,832	\$ 956,116,582	\$ 944,407,912	\$ 614,244,900
Non-SGF State Funds	34,100,000	34,634,715	66,054,538	36,564,400	36,379,389	34,000,000	34,000,000	45,689,547
Federal Funds	918,081,547	1,106,001,834	1,210,893,078	1,324,340,484	1,397,605,808	1,336,380,227	1,482,892,641	1,238,166,907
<b>Total</b>	\$ 1,638,164,110	\$ 1,807,093,653	\$ 1,855,789,380	\$ 2,066,064,433	\$ 2,031,421,029	\$ 2,326,496,809	\$ 2,461,300,553	\$ 1,898,101,354
<b>FTE</b>	0.0	0.0	0.0	0.0	0.0	11.0	0.0	0.0

## Behavioral Health

### Consequences of Not Funding this Program

When services are reduced or not available, there is an increased chance of homelessness, substance use, overdoses, suicide, and incarceration. Decreasing funding for behavioral health will shift burden of costs to local law enforcement, hospitals, and jails. It will also diminish the chances of full recovery and will mean a greater fiscal impact to the state.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific 65-4001,75-5375,65-4007, 75-3307b, 79-4805,39-1601-39-1604	Mandatory	Yes Block grant	4

### Program Goals

- A. Address and treat people who are in immediate crisis
- B. Increase availability of diagnosis and treatment of SMI/SUD
- C. Stabilize patients so that they can return to the community

### Program History

KDADS has served as the single state agency for behavioral health services for SAMHSA since the agency was formed during the reorganization of SRS. KDADS manages the federal block grant programs for mental health and substance abuse prevention and treatment. KDADS also manages state funding for behavioral health services and creates policy and procedures for implementing programs as well as providing oversight and quality assurance of state funded programs.

### Performance Measures

<i>Outcome Measures</i>		<i>Goal</i>	<i>SFY 2019 Actuals</i>	<i>SFY 2020 Actuals</i>	<i>SFY 2021 Actuals</i>	<i>SFY 2022 Previous Est.</i>	<i>SFY 2022 Actuals</i>	<i>SFY 2023 Est.</i>	<i>SFY 2024 Est.</i>	<i>3- yr. Avg.</i>
Mental Health Treatment	Number of Persons with Severe and Persistent Mental Illness Receiving Outpatient Services	n/a	19,738	17,116	15,691	16,404	14,997	17,260	17,260	15,935
Substance Use Disorder (SUD) Treatment	Number of Individuals Receiving SUD treatment	n/a	9,253	9,206	9,876	10,500	8,648	10,500	10,500	9,243
Problem Gambling	Number of Individuals Receiving Community-Based Alcohol and Drug Treatment Services	n/a	6,826	5,933	6,092	6,500	4,750	6,500	6,500	5,592
Problem Gambling	Number of Individuals Receiving Problem Gambling Treatment	n/a	179	193	203	234	213	228	244	203
Crisis Centers	Number of Individuals Served in a KDADS-Funded Crisis Program	n/a	23,796	13,094	13,260	14,586	8,904	10,240	10,240	11,753
	Number of Individuals Receiving Social Detox Through a Crisis Program	n/a	1,837	1,071	798	1,000	869	1,000	1,000	913
	Number of Individuals Referred to MH and/or SUD Treatment From a Crisis Program	n/a	4,315	7,586	6,114	7,000	6,052	6,960	6,960	6,584
	Number of CARE Level I Assessments	n/a	12,720	10,999	10,090	13,500	10,179	10,179	10,179	10,423

Kansas Department for Aging and Disability Services

Client Assessment, Referral, and Evaluation (CARE)	Number of CARE Level II Assessments	n/a	636	600	602	650	356	560	560	519
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**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 46,758,656	\$ 53,713,236	\$ 43,720,029	\$ 85,010,493	\$ 76,375,947	\$ 129,786,408	\$ 131,639,281	\$ 57,936,404
Non-SGF State Funds	21,801,547	25,268,628	42,606,075	33,624,122	26,971,586	32,460,363	32,462,690	31,615,430
Federal Funds	26,062,074	27,118,591	37,814,696	28,430,151	32,611,936	24,176,838	19,344,772	32,515,074
<b>Total</b>	<b>\$ 94,622,277</b>	<b>\$ 106,100,455</b>	<b>\$ 124,140,800</b>	<b>\$ 147,064,766</b>	<b>\$ 135,959,469</b>	<b>\$ 186,423,609</b>	<b>\$ 183,446,743</b>	<b>\$ 122,066,908</b>
<b>FTE</b>	43.0	24.0	32.0	42.4	41.0	40.8	51.8	32.3

## Capital Improvements

### Consequences of Not Funding this Program

Without funding for capital improvement projects at the state hospitals, buildings used to house patients and the infrastructure to support the staff and patient care will deteriorate over time. Providing routine rehabilitation and repair of facilities and infrastructure, as well as allowing for major remodeling of facilities to meet changing needs, is critical to maintaining certification and accreditation. Capital improvement funding also pays to redeem bonds issued to remodel and maintain buildings at the state hospitals. Not appropriating SIBF funds for debt service risks violating the terms of the bond.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific KSA 76-6b05	Discretionary	No	7

### Program Goals

A. To provide state funding for capital projects identified and prioritized across the 4 state hospitals.

### Program History

In 1953, the Legislature approved SB 26 creating the an Institutional Building Fund to pay for repairing and equipping of buildings at the state institutions. The funds are collected from an annual state tax of one-half mill on all the property subject to Ad Valorem taxation under the general tax laws of Kansas. The 1990 Session, HB 2607, Sec. 24, established the Institutional Rehabilitation and Repair Fund. The purpose of the fund was to consolidate the central funds that were setup over the years into one fund titled Institutional Rehabilitation and Repair Fund. The fund is now called the State Institutions Building Fund for use at the state hospitals, Juvenile correctional facilities, and Veterans or Soldiers Homes.

### Performance Measures

Outcome Measures	Goal	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Previous Est.	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3-yr. Avg.
Prioritize capital projects in the fiscal year budget before "end of life cycle" to prevent interference with patient care and patient programming.	95% of the time before a system or building failure								

### Funding

Funding Source	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Approved	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3-yr. Avg.
State General Fund	\$ -	\$ -	\$ -		\$ 3,960	\$ -	\$ -	\$ 1,320
Non-SGF State Funds	8,541,869	8,917,188	9,530,803	16,986,277	3,710,037	27,592,699	11,471,800	7,386,009
Federal Funds	-	-	-					-
<b>Total</b>	<b>\$ 8,541,869</b>	<b>\$ 8,917,188</b>	<b>\$ 9,530,803</b>	<b>\$ 16,986,277</b>	<b>\$ 3,713,997</b>	<b>\$ 27,592,699</b>	<b>\$ 11,471,800</b>	<b>\$ 7,387,329</b>
<b>FTE</b>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## Long Term Support and Services

### Consequences of Not Funding this Program

Failure to fund this program would result in the cessation of community based services to seniors who can contribute to the cost of their care through the Area Agencies on Aging and would force those seniors to spend down their financial resources quicker making them eligible for Medicaid sooner than they would have been otherwise. Further, both congregate meals and home-delivered meals would no longer be able to be provided, risking the nutrition and health of the seniors who rely on these services.

	<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rgt.</u>		<u>Priority Level</u>
Specific	K.S.A. 65-5101 et seq. and K.S.A. 65-6201, K.S.A 39-1801, 65-4411, KSA 75-5903, KSA 75-5926, KSA 75-5903, KSA 65-441 1 et seq., and KSA 39-1801 et seq	Mandatory	Yes	OAA	5

### Program Goals

A. Assist older Kansans who are at risk of institutionalization with services to help them remain in their homes.  
 Provide quality meal services to older Kansans in order to improve or maintain their health and nutritional status.  
 C. Implement person-centered, self-determined services that allow individuals to live successfully in their home and community.

### Program History

The Program provides financial support to the 11 area agencies on aging. Support is provided through both federal and state funds. The federal funds include monies awarded under the federal Older Americans Act. The funds finance inhome services for frail individuals, supportive services delivered at the senior centers, case management services, elderly abuse and disease prevention, and health promotion services. The LTSS Commission administers grant programs, including the Senior Care Act and Nutrition Grants, as well as the Client Assessment, Referral, and Evaluation Program. This program screens all nursing home applications and inquiries to determine whether institutionalization could be delayed or prevented through less expensive community services. State support is provided through the senior Care Act, which finances in-home services for the elderly so that they can remain in their homes. The Department also provides funding to community providers and the state's 11 area agencies on aging, so they can provide congregate and home-delivered meals to the elderly under the Congregate Meals Program at centralized meal sites. At these sites, the elderly can gather, socialize, and receive other services. The program is financed by federal funds that are matched with monies from the State General Fund, county mill levies, and local contributions. Home-delivered meals are provided through the federal Older Americans Act. The program targets individuals unable to reach the congregate meal sites. Both congregate and home delivered meal programs are eligible for grant support by the U.S. Department of Agriculture, which partially reimburses the programs on a per-meal basis.

### Performance Measures

<i>Outcome Measures</i>		<i>Goal</i>	<i>FFY 2019 Actuals</i>	<i>FFY 2020 Actuals</i>	<i>FFY 2021 Actuals</i>	<i>FFY 2022 Previous Est.</i>	<i>FFY 2022 Est.</i>	<i>FFY 2023 Est.</i>	<i>FFY 2024 Est.</i>	<i>3- yr. Avg.</i>
Older Americans Act (OAA)	Number Served for Registered Services	n/a	32,957	30,605	27,867	34,001	34,001	34,001	34,001	30,824
	Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	n/a	61%	64%	60%	65%	55%	65%	65%	60%
	Percentage of Customers That Would Recommend the OAA Program to a Friend or Relative	n/a	99%	96%	100%	99%	100%	99%	99%	99%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	n/a	98%	98%	97%	99%	95%	99%	99%	97%
	Number Served Annually	n/a	3,993	3,873	3,348	3,801	3,666	3,801	3,801	3,629
	SCA -Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	n/a	67%	71%	62%	70%	61%	70%	70%	65%

Kansas Department for Aging and Disability Services

Senior Care Act (SCA)	Percentage of Customers that Would Recommend the SCA Program to a Friend or Relative	n/a	100%	97%	98%	100%	98%	100%	100%	98%
	Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care	n/a	99%	97%	97%	100%	94%	100%	100%	96%
Aging and Disability Resource Centers (ADRC)	Number of Assessments	n/a	13,451	11,449	11,549	14,000	11,953	14,000	14,000	11,650
	Average Number of ADRC Call Center Contacts per Week	n/a	513	625	487	550	522	550	565	545
OAA-Nutrition Program	Number of Congregate Meals Served	n/a	1,224,322	1,210,292	1,005,651	1,145,500	1,145,500	1,145,500	1,145,500	1,120,481
	Number of Home Delivered Meals	n/a	1,879,709	1,478,154	2,079,332	1,984,500	1,984,500	1,984,500	1,984,500	1,847,329
	Number of Customers Receiving Support Services	n/a	33,678	32,564	28,459	35,000	35,000	35,000	35,000	32,008
Customer Reviews	Number of Older Americans Act customers reviewed	n/a	212	233	219	222	233	222	222	228
	Number of Senior Care Act customers reviewed	n/a	430	398	317	358	310	358	358	342
SHIP (SHICK)	Number Served	n/a	29,142	29,246	23,673	24,619	22,615	23,067	24,220	25,178
	Number of Contacts	n/a	29,142	29,246	23,673	24,619	22,615	23,067	24,220	25,178
	Number of Events	n/a	662	309	218	226	229	233	244	252
MIPPA	Number Served	n/a	7,551	9,624	8,898	10,307	8,858	9,300	9,765	9,127
	Number of Contacts	n/a	7,551	9,624	8,898	10,307	8,858	9,300	9,765	9,127
	Number of Events	n/a	532	264	193	196	160	176	193	206

Funding

Funding Source	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Approved	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3-yr. Avg.
State General Fund	\$ 18,485,934	\$ 18,923,950	\$ 19,502,847	\$ 26,183,879	\$ 21,795,673	\$ 27,781,852	\$ 28,015,444	\$ 20,074,157
Non-SGF State Funds	83,066	275,707	149,864	120,684	83,706	380,000	290,000	169,759
Federal Funds	28,304,598	31,677,742	32,855,536	33,310,645	33,850,161	31,870,720	34,203,273	32,794,480
<b>Total</b>	\$ 46,873,598	\$ 50,877,399	\$ 52,508,247	\$ 59,615,208	\$ 55,729,540	\$ 60,032,572	\$ 62,508,717	\$ 53,038,395
<b>FTE</b>	38.0	44.0	44.0	48.0	47.0	47.0	53.0	45.0



## Survey, Certification, and Credentialing Commission

### Consequences of Not Funding this Program

Failure to fund these programs could result in no regulatory oversight of adult care homes in Kansas putting the elder residents they serve at risk for abuse, neglect and exploitation. Failure to fund backgrounds checks would impact the population previous mentioned as well as all of those individual who are receiving intellectual, developmental or behavioral health services in the home and community.

	<u>Statutory Basis</u>	<u>Mandatory vs. Discretionary</u>	<u>MOE/Match Rqt.</u>		<u>Priority Level</u>
Specific	42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489. KSA Chapter 39 Article 9 Adult Care Home Statutes. KAR Chapter 26	Mandatory	Yes	CMS	3

### Program Goals

- A. Provide enforcement and oversight to ensure the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid program.
- B. Ensure compliance with statutory requirements for licensure of adult care homes and ongoing inspections/investigations of complaints related to allegations of Abuse Neglect and Exploitation
- C. Ensure compliance with statutory requirements for Criminal Record Check program and Nurse Aide registry as well as several health occupations curriculum, course approval and licensure/certification of these occupations

### Program History

The Survey and Certification Division reviews for compliance nursing facilities and providers for state licensure and federal certification. These responsibilities are accomplished through the administrative review of initial qualifications and ongoing surveys conducted by teams of registered nurses or limited practical nurses that ensure ongoing compliance with state regulations and federal certification requirements. There are currently approximately 330 nursing facilities in Kansas that must be surveyed or inspected no less than every 15.9 months with a monthly average of 12 months. The Survey and Certification Division also enforces and implements the Complaint Program for healthcare facilities. The Enforcement Coordinator assures that corrective actions are imposed accurately and in a timely way when facilities fail to meet conditions of participation, licensure and certification standards. The Complaint Program performs complaint intake activities through the complaint hotline, triages complaints for severity, coordinates with other state agencies including the Department of Children and Families and the Department of Health and Environment that handle complaints for other types of facilities and assures that onsite investigations are coordinated for complaint intakes according to state and federal requirements. The State Licensed Adult Care Home Division approves assisted living, residential health care facilities, home plus, adult day care and boarding care homes for licensure under state law, regulation and rule. These responsibilities are accomplished through administrative review of initial qualifications and ongoing surveys conducted by registered nurse surveyors to ensure ongoing compliance with state regulations. There are approximately 350 free standing facilities and approximately 100 state licensed facilities attached to nursing facilities. The State of Kansas began requiring operators of adult care homes, home health agencies and staffing agencies to conduct criminal background checks of staff to ensure that no one worked in those settings who had a criminal history of a prescribed list of crimes. This legislation went into effect July 1, 1997, and the enforcement of "prohibited" criminal histories began in 1998. In a partnership between KDADS and the Kansas Bureau of Investigation (KBI), operators submit information on each person that is a candidate for employment to the HOC Criminal Record Check program. HOC is linked to the KBI through a telecommunications system which provides initial data on each person for whom there is a record check requested. The information from KBI is shared with the facility operators to determine a person's eligibility to work in that setting. HOC enters the data for these requests, processes the information received back from the KBI and notifies the operators when a criminal record indicates a person should not be employed. In 2016, legislation expanded the criminal record check requirements to include individuals employed in all facilities licensed by KDADS.

### Performance Measures

Kansas Department for Aging and Disability Services

<i>Outcome Measures</i>		<i>Goal</i>	<i>FFY 2019 Actuals</i>	<i>FFY 2020 Actuals</i>	<i>FFY 2021 Actuals</i>	<i>FFY 2022 Previous Est.</i>	<i>FFY 2022 Est.</i>	<i>FFY 2023 Est.</i>	<i>FFY 2024 Est.</i>	<i>3- yr. Avg.</i>
SCCC Skilled Nursing Facility/NF	Average Number of months between surveys	n/a	13	13	20	16	20	16	14	18
HOC Background Checks	Number of Background Checks Processed	n/a	70,000	75,000	91,995	174,000	115,000	120,000	125,000	93,998
ACH State Licensed & Survey	Number of Surveys Exited	n/a	288	290	342	350	216	280	300	283

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 3,533,797	\$ 2,623,877	\$ 3,053,397	\$ 3,974,907	\$ 2,795,736	\$ 3,919,913	\$ 5,286,881	\$ 2,824,337
Non-SGF State Funds	1,260,132	1,232,513	1,128,535	1,833,578	1,035,902	2,375,635	2,386,132	1,132,317
Federal Funds	8,308,717	6,202,356	5,507,186	6,479,890	4,554,457	6,342,599	6,357,577	5,421,333
<b>Total</b>	\$ 13,102,646	\$ 10,058,746	\$ 9,689,118	\$ 12,288,375	\$ 8,386,095	\$ 12,638,147	\$ 14,030,590	\$ 9,377,986
<b>FTE</b>	103.0	113.4	121.0	118.7	111.0	129.0	141.0	115.1

## State Hospital Commission

### Consequences of Not Funding this Program

The State Hospital Commission provides general administrative support to the 4 state hospitals including joint purchasing efforts and risk management oversight. The SHC is leading efforts to implement a new Electronic Health Record system across the hospitals, overseeing implementation of regional hospital beds to serve adults in mental health crisis, and a pharmacy system. These significant efforts would not be successful without the coordinating role of the SHC commission team to liaison among KDADS, Department of Administration, and the individual state hospital staff.

Statutory Basis	Mandatory vs. Discretionary	MOE/Match Rgt.	Priority Level
Specific KSA 76-12a01	Discretionary	No	1

### Program Goals

- A. Ensure state hospital budget submissions are integrated into the KDADS budget priorities and goals.
- B. Standardize risk management reporting across the state hospitals to inform the Governing Body about patient safety and care practices.
- C. Lead projects to modernize processes and implement technology solutions to improve and enhance critical processes, patient safety and clinical outcomes.

### Program History

The State Hospital Commission was created on June 2, 2019 by the Secretary of the Kansas Department of Aging and Disability Services. The State Hospital Commission is responsible for providing leadership, guidance, direction, oversight, training and support to the five State Hospitals: Kansas Neurological Institute, Parsons State Hospital and Training Center, Larned State Hospital, Osawatomie State Hospital and Adair Acute Care on Osawatomie State Hospital's campus. The Commission provides day to day management and collaboration with Superintendents and executive staff at the State Hospitals, ensuring compliance with conditions of participation for certification with Centers for Medicaid and Medicare Services (CMS) and accreditation with the Joint Commission. Key programs administered by the Hospital commission include Medical liability insurance for physicians, Cost report preparation services, implementation and support of a pharmaceutical dispensing system, leading contract services and procurement for food service operations and contract nursing staff, project management related to implementing the state learning management system, and procuring a system wide electronic medical record system.

### Performance Measures

Outcome Measures	Goal	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Previous Est.	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3- yr. Avg.
Specific measures not defined. Refer to Individual State Hospitals for specific measures.									

### Funding

Funding Source	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Actuals	FY 2022 Approved	FY 2022 Actuals	FY 2023 Est.	FY 2024 Est.	3-yr. Avg.	
State General Fund	\$ -	\$ 1,438,352	\$ 588,254	\$ 9,763,795	\$ 3,600,374	\$ 26,218,719	\$ 20,809,028	\$ 1,875,660	
Non-SGF State Funds	-	132,295	2,457,362	906,415	833,647	161,865	161,891	1,141,101	
Federal Funds	-	129,755	72,219	9,645,690	119,276	5,736	5,742	107,083	
<b>Total</b>	\$ -	\$ 1,700,402	\$ 3,117,835	\$ 20,315,900	\$ 4,553,297	\$ 26,386,320	\$ 20,976,661	\$ 3,123,845	
<b>FTE</b>		0.0	7.5	7.0	7.0	7.0	9.0	9.0	7.2