



Kansas
Department for Aging
and Disability Services

ROBERT G. (BOB) BETHELL JOINT COMMITTEE ON HOME AND
COMMUNITY BASED SERVICES AND KANCARE OVERSIGHT

November 18, 2014

Home and Community Based Services (HCBS)
Program Update

Presented by:
Kari Bruffett, Secretary
Kansas Department for Aging and Disability Services

Average monthly caseload for State Institutions and Long-Term Care Facilities

Monthly Averages*	Eligibility Caseload				
	SFY 2013	SFY 2014 - Q1	SFY 2014 - Q2	SFY 2014 - Q3	SFY 2014 - Q4
<u>I/DD Institutional Settings and Waiver Services</u>					
Private ICF/MRs	155	144	142	142	143
State DD Hospitals - SMRH	318	325	321	322	321
Money Follows the Person (MFP) - DD	31	25	25	26	24
I/DD Waiver Services	8,606	8,631	8,702	8,748	8,734
<u>FE / PD / TBI Institutional Settings and Waiver Services</u>					
Nursing Homes	10,788	10,793	10,814	10,793	10,746
MFP FE	37	33	29	31	37
MFP PD	148	124	121	110	107
MFP TBI	14	14	14	13	11
Head Injury Rehabilitation Facility	37	28	27	26	28
FE	5,495	5,342	5,334	5,308	5,280
PD	5,953	5,677	5,569	5,499	5,443
TBI	584	633	627	600	577

Source: Medicaid eligibility data as of November 10, 2014. The data includes people coded as eligible for services or temporarily eligible.

*Monthly averages are based upon program eligibility.

Average Census for State Institutions and Long-Term Care Facilities

<u>Average Daily Census</u>		
<i>Kansas Neurological Institute:</i>	FY 2009 -	158
	FY 2010 -	157
	FY 2011 -	153
	FY 2012 -	152
	FY 2013 -	145
	FY 2014 -	143
 <i>Parsons State Hospital:</i>	FY 2009 -	192
	FY 2010 -	180
	FY 2011 -	188
	FY 2012 -	175
	FY 2013 -	176
	FY 2014 -	174
 <u>Monthly Averages*</u>		
 <i>Private ICFs/MR:</i>	FY 2009 -	207
	FY 2010 -	194
	FY 2011 -	188
	FY 2012 -	166
	FY 2013 -	155
	FY 2014 -	143
 <i>Nursing Facilities:</i>	FY 2009 -	10,725
	FY 2010 -	10,844
	FY 2011 -	10,789
	FY 2012 -	10,761
	FY 2013 -	10,788
	FY 2014 -	10,787

*Monthly Averages are based upon Medicaid eligibility data

Money Follows the Person

The number of individuals who are transferred from nursing facilities to HCBS through the money-follows-the-person program.

MFP Program Transitions	FE	IDD	PD	TBI	Total
CY 13 Actuals	35	29	110	8	182
CY 14 Actuals (YTD - October)	37	14	100	5	156
CY 14 Target	53	19	132	6	210

25-2

HCBS savings fund balance and money saved on Transfers to HCBS Waiver

- **HCBS Savings** are only realized if/when an individual is moved into a community setting from an institutional setting and the bed is closed.
- As a result, despite individuals moving into community settings, which does have the effect of cost avoidance, the **Current balance** in the *KDADS Home and Community Based Services Savings Fund* is \$0. (November 13, 2014)

5

Hospital Census

Hospital Census

- Census Management Initiative (CMI) has been activated
- State Hospitals Strategies Work Plan has been developed and is being implemented
- Increasing community bed capacity options.
- CSP staff continued involvement with the state hospitals and our CMHC partners.

6

Hospital Census

Work Plan includes the award of the Continuum of Crisis Intervention Services Grant

- \$1 million awarded to Region 2 - project begins in January to provide regional and local community services for the uninsured with Butler, Sedgwick, and Sumner counties being the primary targeted counties
- Regional Facility Based Services include:
 - 23 hour crisis observation/stabilization beds
 - Short term crisis residential services and stabilization
 - Crisis detox services (sobering beds, social detox, or medical detox)
 - Short term crisis inpatient stabilization
- Community Based Services shall include:
 - Mobile crisis services (includes peers)
 - 24-hour crisis hotlines
 - 24-hour warm lines (manned by trained consumers/peers in recovery)
 - Peer crisis services
 - Transportation

7

Waiver Renewal Updates

Traumatic Brain Injury (TBI), Physically Disabled (PD), Frail Elderly (PE), and Intellectual/Developmentally Disabled (IDD) Waiver Renewals

- CMS granted a temporary extension until December 31, 2014
- **All HCBS Waivers will include:**
 - The HCBS Final Rule – Transition Plan, Person-Centered Planning, and Conflict Free issues
 - Proposed Changes to the waiver services or supports
- **Public Comment Sessions**
 - There were in-person and conference call options across the State.
 - **August 18-22, 2014**
 - Over 800 individuals have participated and provided feedback in November
 - Summary of comments are included in the waivers and available online
 - **November 12-14, 2014**
 - Over 200 individuals have participated and provided feedback as of November 14, 2014
 - The Public comment session is open until December 20, 2014
 - Summary of comments will be submitted to CMS and made available online

Draft Waiver Renewals - Transition Plans and summary of proposed changes to the HCBS programs are online at www.KDADS.ks.gov.

8

25-4

Summary of Proposed Changes

- **Personal Care Services**
 - Standardized definition
 - Clarified Informal Supports/ Capable Person Policy
- **Background Checks**
 - Standardized requirements
 - Adopting standard prohibited offenses
- **Multi-Functional Eligibility Instrument**
 - Testing phase and review phase
 - Study of BASIS assessment instrument in 2015
- **Military Exception**
 - Kansas residents separating from military service and receiving Tricare Echo
 - Ability to receive HCBS and bypass waiting list, if applicable

9

Update on New HCBS settings Final Rule - Summary of Changes

- **Person Centered Planning Process**
 - Testing phase and review phase
 - Study of BASIS assessment in 2015
- **Seeking input on mitigating conflicts of interest related to:**
 - HCBS Final Rule – 41 CFR 441.301 – eff. 3/17/14
 - Separation of service delivery, case management, and functional assessment
 - Administrative firewalls and the system

10

25-5

Conflict of Interest

The language regarding conflict of interest in the new CMS Rules is as follows:

Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved . . .

- 42 CFR §441.301(b)

<http://www.aging.ks.gov/HCBSProvider/Documents/Training%20Presentations/Conflict%20Free%20Case%20Management.pdf>

11

Conflict of Interest

- Proposal

- Recommended using elements of the Oregon Model

- HCBS providers who are also guardians and self-directing the care of the individual would either 1) continue to provide the supports and set up a representative to sign the plan of care, develop the person-centered plan, and direct the care of the individual or 2) serve as the decision maker

- Seeking input an information about other models, suggestions for mitigating the conflict of interest of the same provider having authority over decision making.

12

25-6

FMS Program Update

Proposed FMS Model

- A hybrid model has been proposed to CMS that allows some features of Agency with Choice and Vendor Fiscal/Employer agent models.
 - Will have to choose one model in the waiver application, but will describe elements of both.
 - New model will require beneficiary/client to make decisions on worker funds (range of pay, hourly rate, bonuses, etc.)
 - New model will ask FMS agents to offer information and assistance.
- Other elements of FMS agency will remain the same. (Recruit, train, help file appropriate paperwork and distribute funds.)

13

FMS Program Update

- **Revised FMS Provider Agreements**
 - Identify FMS provider responsibilities moving forward
 - Clarify and identify FMS audit policies/requirements
 - Align with FMS and KMAP policy manual
- **Providers seeking to establish an FMS agreement with KDADS must submit the following required documents :**
 - FMS Agreement (completed annually)
 - Proof of Financial Solvency
 - Established Operating Policies and Procedures consistent with the HCBS provider manual
 - GAAP Audit/Financial Reporting requirements

14

25-7

FMS Program Update

- **Consistent with IRS Rev Procedure 2013-39**
 - Consumers will be required to obtain an Federal Employer Identification Number

- **FMS Workgroup**
 - Propose a transition plan to KDADS to come into compliance with IRS Procedural requirements
 - Proposed implementation by June 1, 2015

15

25-8