

KDADS Updates on Requested Topics

Presentation to The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight April 20, 2022

Updates on Requested Topics
Department for Aging and Disability Services

Laura Howard, Secretary

Priorities and Issues – Secretary's Update

- ARPA HCBS 10% FMAP enhancement for Medicaid HCBS services – Narrative and Spending Plans approved
 - Workforce Recruitment and Retention Bonus Program
- Implementation of Certified Community Behavioral Health Clinics (CCBHCs)
- Federal Health Care Worker Vaccine Mandate – Kansas Decision

Priorities and Issues – Secretary's Update

- Planning for Regional Beds Psychiatric and Forensic Beds – Partnership with Sedgwick County
- Recruitment and Retention at State Hospitals
 - Impact of 24/7 Pay Plan
- Planning for Implementation of New Budget Items

Nursing Facility Program

Nursing Facility Program

Amy Penrod, Commissioner, Long-Term Services and Supports

Nursing Facility Program

The Nursing Facility Program provides oversight of the following:

- Medicaid Enrollment
- Change of Ownerships
- Reimbursement/Rate Setting
- Auditing of Cost Reports
- Quality Care Assessment
- CMS Enforcement
- Ventilator Program
- PEAK 2.0
- Nursing Facility Regulations

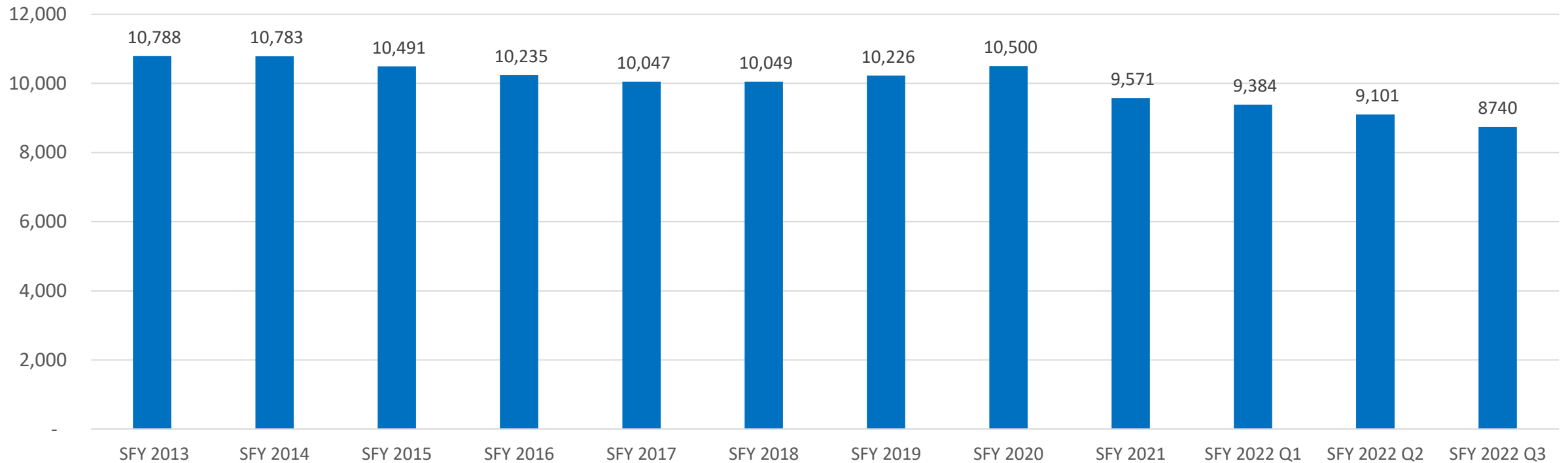
Nursing Facility Program

SFY22 Q3 Updates

- In recent years KDADS took 22 adult care homes into receivership due to insolvency or because life-threatening or endangering conditions existed at the facilities. Of those, only one facility, located in Topeka, remains unresolved/for sale.
- No NF's closed in the reporting quarter (Jan-Mar). A new facility opened in March in Spearville, Ford County. This facility has 14 NF and 14 assisted living Medicaid beds.
- Rate setting activities for SFY23 began in Q3 and the notice of proposed rates have been sent to the Kansas Register to be posted for public comment for a minimum of 30 days.
- Final rates will be posted by the end of May.
- Discussions have begun to reinstitute the NF resident satisfaction survey that was postponed for the PHE.

Nursing Facilities Medicaid Monthly Average Caseload

Nursing Facilities Medicaid Monthly Average Caseload



Home & Community Based Services

Home & Community Based Services (HCBS)

Amy Penrod, Commissioner, Long-Term Services & Supports

HCBS Waiver Enrollment—March 2022

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	63		386 (As of 03/31/2022)
Serious Emotional Disturbance (SED)	3,043		
Technology Assisted (TA)	665		
Frail Elderly (FE)	6,241		
Brain Injury (BI)*	870		
Intellectual and Developmental Disabilities (I/DD)	9,029	4,684	
Physical Disability (PD)	6,151	2,135	

Notes:

- Data as of April 12, 2022
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at [http://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)](http://kdads.ks.gov/commissions/home-community-based-services-(hcbs))

HCBS Waiver Projects in 2022

In addition to the day-to-day management of the seven HCBS Waiver programs, KDADS continues to focus on the following initiatives:

- 10% FMAP Enhancement Projects
- Final Settings Rule Compliance
- Brain Injury Waiver Policies
- Waiver Amendments for Telehealth, Paid Family Caregivers, and Waiver Quality Performance Measures
- Autism and SED Waiver Renewals (renews in 2022)

10% FMAP Enhancement Projects

KDADS is expected to draw down approximately \$80.3 million in additional federal match for Home and Community Based Services (HCBS) for which the State Funds savings must be reinvested in HCBS-related initiatives.

- KDADS and KDHE submitted the initial spending plan to CMS on July 9, 2021.
- Received Conditional Approval letter from CMS on January 31, 2022.
- Projects focus on Workforce, Employment, and Access to Care.
- Highest priority project is Workforce Recruitment & Retention Bonus Program.
 - Launched March 28, 2022.
 - Applications due April 29, 2022.
 - Application materials and guidance at: <https://kdads.ks.gov/funding-opportunities>.
 - All applications and questions can be submitted to: KDADS.Workforce@ks.gov.

10% FMAP Enhancement Projects

Project Highlight: Strategic Intercept Model (SIM) Mapping

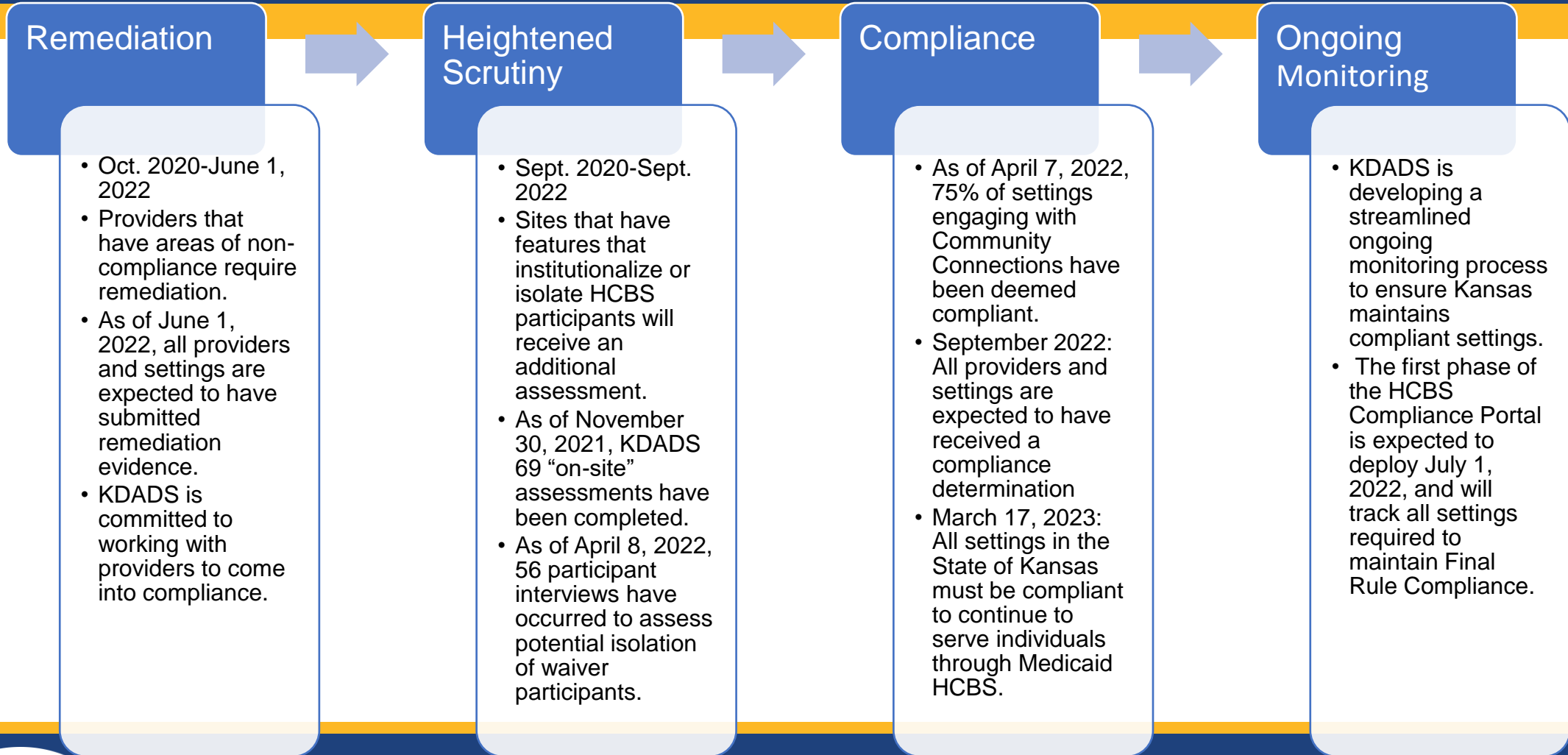
- SIM Mapping was developed by Policy Research Associates, Inc. (PRA), known internationally for its work regarding individuals with behavioral health needs who are involved in the criminal justice system.
- SIM Mapping workshops are tailored to the specific community and designed to provide an opportunity to bring together key stakeholders to explore how behavioral health and criminal justice systems intersect in serving this population.
- The SIM Mapping Workshop has been modified to focus on persons with Intellectual and Developmental Disabilities and Neurocognitive Disorders with co-occurring behavioral health conditions and other disabilities in the criminal legal system.

10% FMAP Enhancement Projects

Project Highlight: Strategic Intercept Model Mapping, cont.

- SIM Mapping Workshops have three primary objectives:
 1. The development of a comprehensive picture of how people with mental and substance use disorders enter and move through the criminal legal system along the distinct intercept points of Community Services, Law Enforcement, Initial Detention and Court Hearings, Jails and Courts, Reentry, and Community Corrections.
 2. Identification of resources, gaps in services, and opportunities at each intercept for individuals in the target population.
 3. The development of priorities for change and strategic action plans.
- KDADS is currently in planning stages for a Statewide SIM Mapping Summit

HCBS Final Rule



HCBS Final Rule



HCBS Final Settings Rule—Community Connections KS

- Community Connections is seeking opportunities to attend meetings, events, and conferences to continue outreach and education activities for the Final Settings Rule.
- Currently, Final Rule education sessions are occurring with persons served and their supports. Please contact LaTonia Wright at latonia1.wright@ks.gov if interested in scheduling a presentation for providers, advocacy groups, etc.
- Please visit the Community Connections website for Final Rule updates, remediation resources, and posts of past trainings: www.Communityconnectionsks.org

Behavioral Health Services

Behavioral Health Services

Drew Adkins, Assistant Commissioner, Behavioral Health Services

Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 4/7/22 was 168, which is up 16 from the previous report.
 - Of the 168 individuals, 51 were in foster care which is up 9 from the previous report.
- Current number of PRTF licensed beds is 424. 154 of these beds are not being used by providers due mainly to staffing shortages and Covid-19 protocols shrinkage. Current census is 250 total, of which 65 are foster care youth.
- KDADS continues to meet with MCOs and DCF weekly to review individual cases on the wait list.
- All 3 MCOs continue to make good progress on connecting members to community services.
- KDADS continues to analyze referral data from MCOs by CMHC catchment area to determine if SED waiver services are being applied for and provided prior to referral to PRTFs.

Update on Hays Children's Psychiatric Beds

- KDADS contracted with KVC Hospitals to open and maintain operation of a new PPH facility in Hays through 6/30/2027
- KVC Hospitals Hays will relocate to 3000 New Way Blvd. in Hays, KS
- It will be adjacent to Hays Medical Center
- Services will begin in January 2023
- The facility will have 14 beds for children's psychiatric inpatient hospital treatment
- Dane G. Hansen Foundation provided a \$250,000 lead grant to kick off KVC's capital campaign for the project
- KDADS provided \$2.5M in additional grant funding to KVC Hospitals Hays to assist with the relocation of KVC Hospital Hays PRTF services
- The new facility will participate in the State Institution Alternative program

CCBHC Updates

- KDADS and KDHE continue to work together to implement readiness for CCBHC certification by May 2022.
- KDADS continues to work with KDHE and consultants to complete the State Plan Amendment for CCBHC services.
- KDHE and KDADS continue work on MMIS policies for CCBHCs.
- KDADS staff have completed desk reviews of CCBHC cost reports.
- KDADS staff have begun on-site visitations with CCBHC applicants.

Kansas CCBHC Timeline

Provider Cost Report
Submission to KDHE
and Mercer



Dec 31, 2021

Draft SPA
Submitted to CMS
for informal review



Jan 1, 2022

Policy & Procedure
Manual
Development



April 2021

CCBHC Go-Live



Dec 2021

Dec 31, 2021

March 2022

May 1, 2022



Rate Development &
Quality Bonus
Payment Methodology
Determined



SPA Submission
90 Day Clock



Provider Training,
Readiness Review,
Certification, and
Enrollment

Client Assessment Referral and Evaluation (CARE)

Pre-Admission Screen and Resident Review (PASRR)

- The 2021 State Fiscal Year Annual CARE Report is available on the KDADS website under the Client Assessment Referral and Evaluation section (<https://kdads.ks.gov/provider-home/care-provider-information>).
- KDADS recruited temporary workers and assistance from current BHS staff to work on the non-Medicaid nursing facility admission assessments still pending data entry into the system.
- Level II Evaluation request for proposal is pending internal review and publication to contract with staff not associated with Community Mental Health Centers or Nursing Facilities for Mental Health to avoid conflict of interest or perceived conflicts of interest.

Survey, Certification & Credentialing

Survey, Certification & Credentialing

Lacey Hunter, Commissioner, Survey, Certification & Credentialing

Certified Medication Aides/Temporary Nurse Aides

SB 453

The bill language was included in [conference committee report](#) for SB 453

Updates the requirements for CNA course instructors. Instructors can be Registered Nurses or Licensed Practical Nurses in good standing.

Registered Nurses that evaluate the skills demonstration required to complete a CNA course must have at least 1 year of experience providing care for the elderly or chronically ill in a health care setting.

The bill would also prohibit any unlicensed employees not making progress toward completion of the CNA training required by the Secretary within four months following completion of the first 40 hours of CNA training from providing direct, individual care to residents.

The bill would allow a hospital, hospice, or PACE operator to prepare and administer the 40 hours of didactic training. The training could be conducted on the premises of those locations in addition to adult care homes and other approved course sponsors. To implement this, KDADS will need to communicate with those new locations about the requirements to be a CNA course sponsor.

CMS COVID-19 Emergency Declaration Waiver Update

QSO-22-15-NH & NLTC & LSC

CMS announced on 04/07/2022 via [QSO Memo22-15-NH & NLTC & LSC](#) the following [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#) would be terminated for Long-Term Care Facilities and Skilled Nursing Facilities (SNF) and/or Nursing Facilities (NFs):

- Physician Visits and in SNF/NF and Physician Delegation of Tasks in SNF– 42 CFR 483.30 termination effective 05/07/2022
- Quality Assurance and Performance Improvement (QAPI) – 42 CFR 483.75 termination effective 05/07/2022
- Resident Groups – 42 CFR 483.10(f)(5) termination effective 05/07/2022
- Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities – 42 CFR 483.21 termination effective 05/07/2022
- Clinical Records – 42 CFR 10 termination effective 05/07/2022
- Physical Environment - 42 CFR 483.90 termination effective 06/06/2022
- Training and Certification of Nurse Aides – 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)) termination effective 06/06/2022
- In-Service Training – 42 CFR 483.95 termination effective 06/06/2022
- Paid Feeding Assistants – 42 CFR 483.60 & 483.16 termination effective 06/06/2022

Long Term Care Staffing

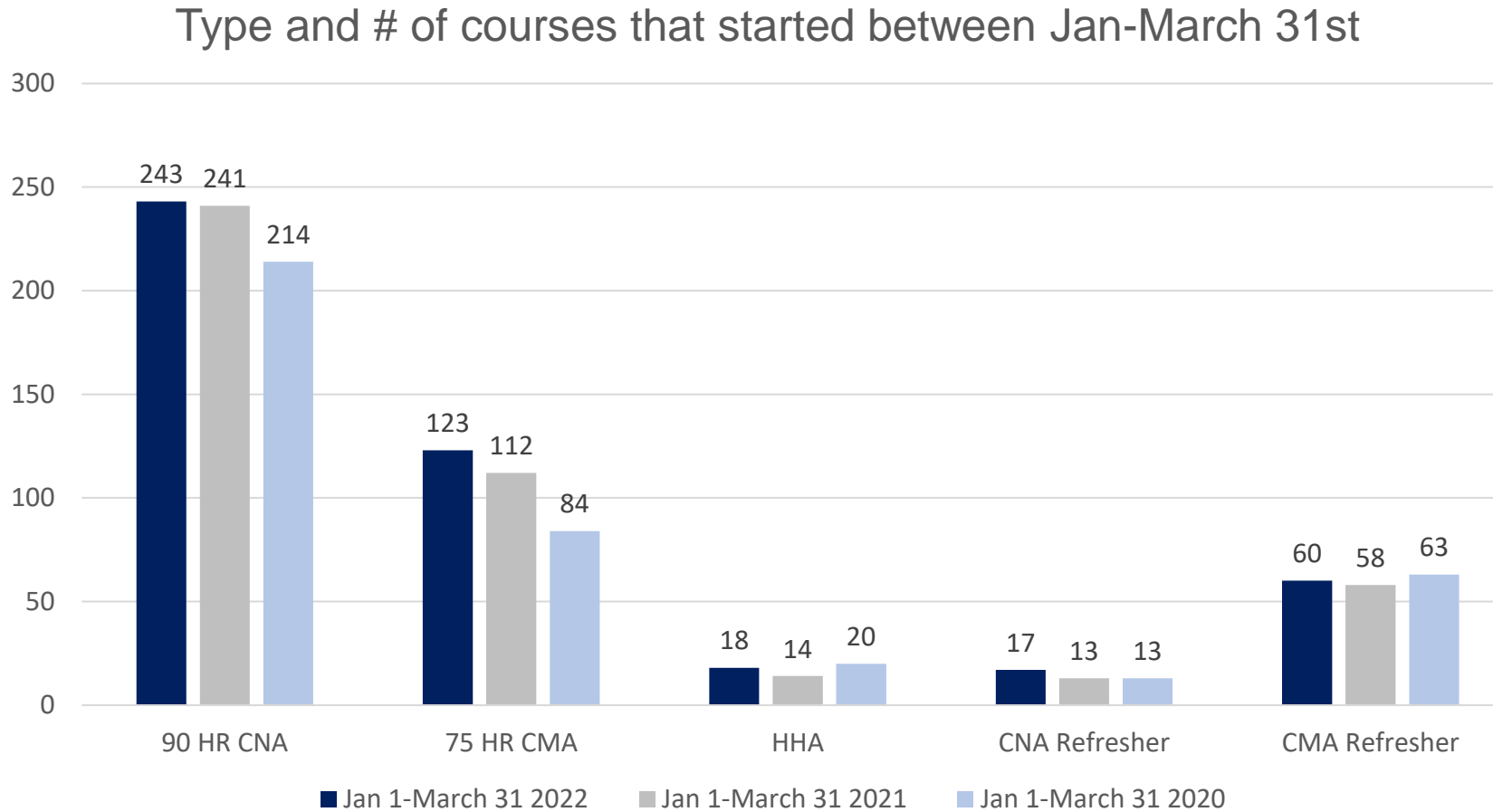
The two exceptions listed below are authorized for CNA/CMA courses that started on or before January 1,2022.

- 1) Simulated Labs for the clinical portion for CNA and CMA courses.
- 2) CNA Trainee II HRS may count towards the required 25hrs of Part II clinicals

These exceptions will be granted on a case-by-case basis and only if the no clinical sites are available. The sponsor of the course needs to make sure all clinical sites options have been exhausted.

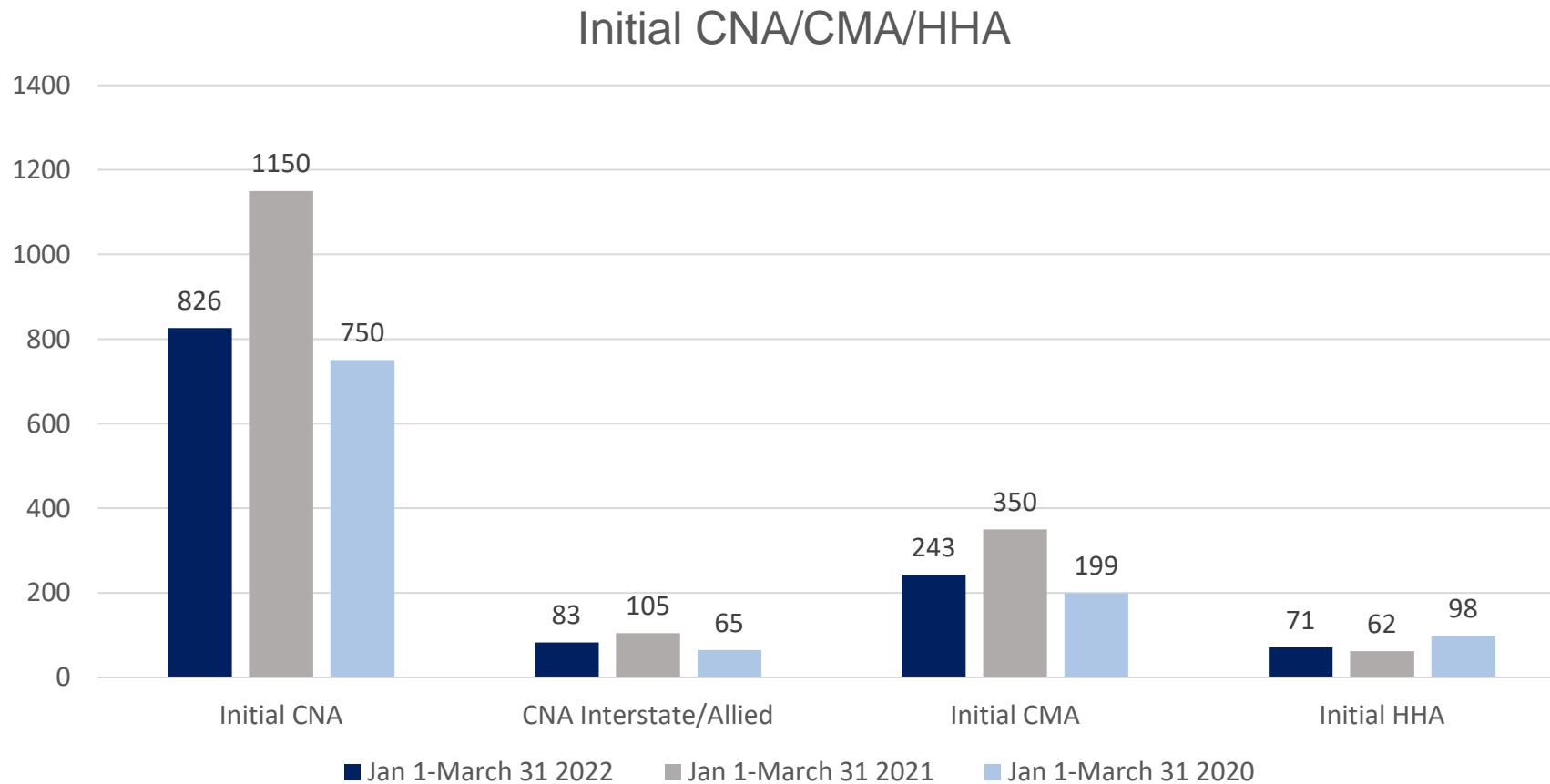
Direct Care Workforce

Yearly Q1 Comparison Based on # of Courses Approved by Start Date



Direct Care Workforce

Yearly Q1 Comparison for Initial Certification



KDADS PEAK Overview

PROMOTING EXCELLENT ALTERNATIVES IN KANSAS NURSING HOMES (PEAK)

The Kansas Department for Aging and Disability Services (KDADS) is committed to ensuring high quality services for Kansas nursing home residents. For the past ten plus years, KDADS has been recognizing nursing homes for successfully implementing culture change through the Promoting Excellent Alternatives in Kansas Nursing Homes program, commonly known as PEAK. From the beginning of PEAK, KDADS pursued two primary goals. First, the agency presented annual awards to homes which accomplished significant [culture change](#). Second, KDADS worked to educate others about the culture change movement and the accomplishments being made in Kansas.



Beginning in 2012, PEAK expanded from a recognition program to a pay-for-performance Medicaid program in efforts to speed up the rate of adoption of person-centered care practices in Kansas nursing homes. The program had an overwhelming response, with 125 homes enrolling in PEAK 2.0 the first year. It was unexpected that such a large number of participants would get involved so KDADS quickly arranged a partnership with the Kansas State University (KSU) Center on Aging to administer the program. To date, 165 homes are actively involved in the program.

KDADS continues to manage payment of incentives earned, but the KSU Center on Aging handles program administration including application, education and evaluation. [Please visit the KSU Center on Aging website to learn more about the program.](#)



KDADS PEAK Update

Advisory Board and PEAK Team

PEAK Advisory Board: The board met in person at KSU for a full day retreat. The three work groups met and worked on their respective projects and then reported to the full group.

1. The Criteria and COVID group presented their final proposal to the full group, which was approved and then sent on the KDADS for approval. KDADS then approved the plan. This was a huge step for homes to transition back into “normal” operation following the pandemic.
2. The materials group further developed their concepts for the revised PEAK resource materials and shared them with the group. The full group approved the direction and now the materials group will move forward with the plan.
3. The recruiting group reported that they will develop a specific recruiting plan for the new program that the on-coming (in fall 2022) board can execute. This group also recommended doing a PCC conference that targets specific PCC practices.

The PEAK team has completed check-in calls with all enrolled homes who desired to do this via Zoom. These calls talked them through the transition to the new program and impact on incentives. Homes that did not do a check-in via Zoom were contacted by phone or email, so all homes have received the information in some format.

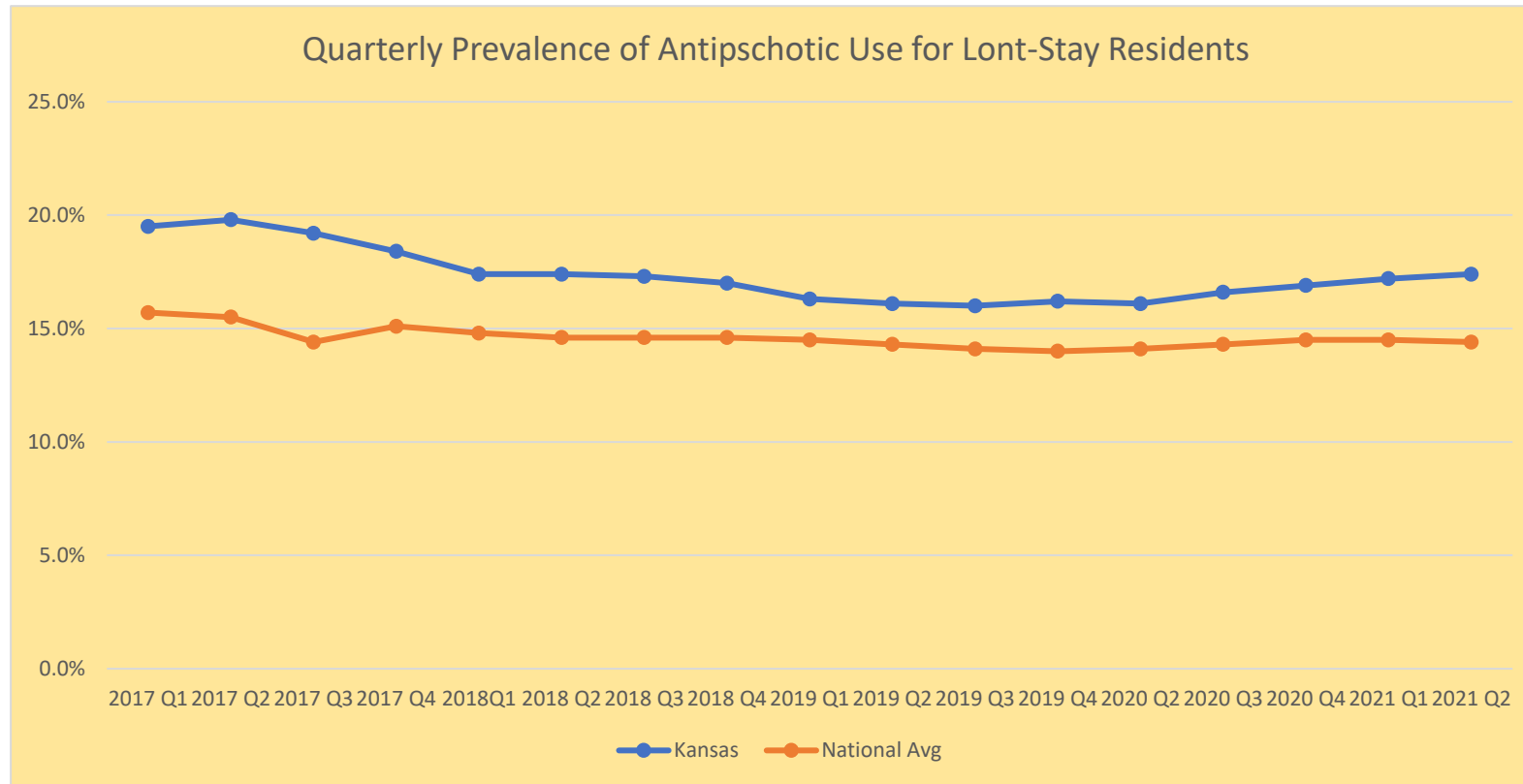
The PEAK team completed follow up calls from the check-ins to review self-audits for homes where it applied.

The PEAK team completed one-on-one action plan coaching calls and are now tracking the submission of plans. We will review plans in the month of May.

The PEAK team is also managing new enrollment. We are up to about 25 new enrollments (or enrollment from homes that have been out of the program for some time).

KDADS Response

National Partnership to Improve Dementia Care in NFs



- In 2011, Kansas ranked 51st in the nation (42nd in 2018), in the use of anti-psychotic drugs in nursing facilities.
- Kansas now ranks 39th in the nation.

Long Term Care Surveys

- Nursing Facilities

- Initial and Recertification Surveys
- Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
- Special Focus Facility Surveys
- On-site Revisits

HEALTH RESURVEY DEFICIENCY DATA
January 1 - March 31, 2022 TOP 10

TAG			
0812	Food Procurement,Store/Prepare/Serve-Sanitary	24	7.8%
0880	Infection Prevention & Control	18	5.8%
0689	Free of Accident Hazards/Supervision/Devices	15	4.9%
0677	ADL Care Provided for Dependent Residents	14	4.5%
0657	Care Plan Timing and Revision	13	4.2%
0756	Drug Regimen Review, Report Irregular, Act On	13	4.2%
0758	Free from Unnec Psychotropic Meds/PRN Use	13	4.2%
0757	Drug Regimen is Free from Unnecessary Drugs	11	3.6%
0582	Medicaid/Medicare Coverage/Liability Notice	9	2.9%
0684	Quality of Care	9	2.9%

SUMMARY		
	N	%
SURVEYS:	45	
ZERO DEF SRVYS:	2	4.4%
G+ SRVYS:	5	11.1%
DEF:	309	
DEF/SURVEY:	6.9	
G+ DEF:	6	1.9%
G+ DEF/SURVEY:	0.13	0.00%
SUB F DEF:	0	

- State Licensed Only Adult Care Homes

- Annual Licensure Surveys
- Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
- On-site Revisits
- Initial Licensure Surveys

HEALTH RESURVEY DEFICIENCY DATA
January 1 - March 31, 2022 TOP 10

TAG			
3215	Medication Storage	7	8.8%
3310	Infection Control Policies	6	7.5%
3202	Delegation of Medication Administration	5	6.3%
3261	Resident Record Documentation of Incidents	5	6.3%
3320	CONSTRUCTION	5	6.3%
3026	Staff Treatment of Residents ANE	4	5.0%
3092	Negotiated Service Agreement Revisions	4	5.0%
3175	Self Administration of Medication	4	5.0%
3299	Facility Food Storage	3	3.8%
5315	Medication Storage	3	3.8%

SUMMARY		
	N	%
SURVEYS:	44	
ZERO DEF SRVYS:	23	52.3%
G+ SRVYS:	3	6.8%
DEF:	80	
DEF/SURVEY:	1.8	
G+ DEF:	3	3.8%
G+ DEF/SURVEY:	0.07	

COVID-19 Priorities & Issues

CMS Employee Vaccine Mandate

Facilities that participate in Medicare and Medicaid have to show that staff (employees and contractors) are **fully vaccinated** for COVID-19.

Employees can request an exemption based on Medical reasons or based on a strongly held moral belief.

Governor Kelly directed KDADS facility surveyors to not enforce the vaccine mandate. Kansas worked with CMS to determine how enforcement of the mandate would proceed without the involvement of Kansas Surveyors.

- CMS will notify providers that they are responsible for maintaining compliance with the federal requirements for all Conditions of Participation, Conditions for Coverage, and Requirements for Participation.
- Accrediting organizations, CMS Federal Survey Staff and Contract Survey Staff will survey for compliance.
- CMS will implement other ways to provide oversight and investigate complaints related to the vaccination mandate.
- Kansas will lose \$348,723 in federal share related to enforcement of the vaccine mandate.

COVID-19 Priorities & Issues

Visitation & Testing Guidance Updated 04/12/2022

QSO Memos [20-38-NH](#) & [20-39-NH](#) were revised on 03/10/2022.

The KDADS revised Adult Care Home Testing and Visitation guidance documents on 4/12/2022.

Changes included:

- Exchanging the term vaccinated and unvaccinated to **up-to-date** and not up-to-date with all recommended COVID-19 vaccine doses;
- Updating the recommendations for testing individuals within 90 days after recovering from COVID-19.
- Provided the definition and began to distinguish between fully vaccinated and up-to-date with all recommended COVID-19 vaccine doses.

COVID-19 Priorities & Issues

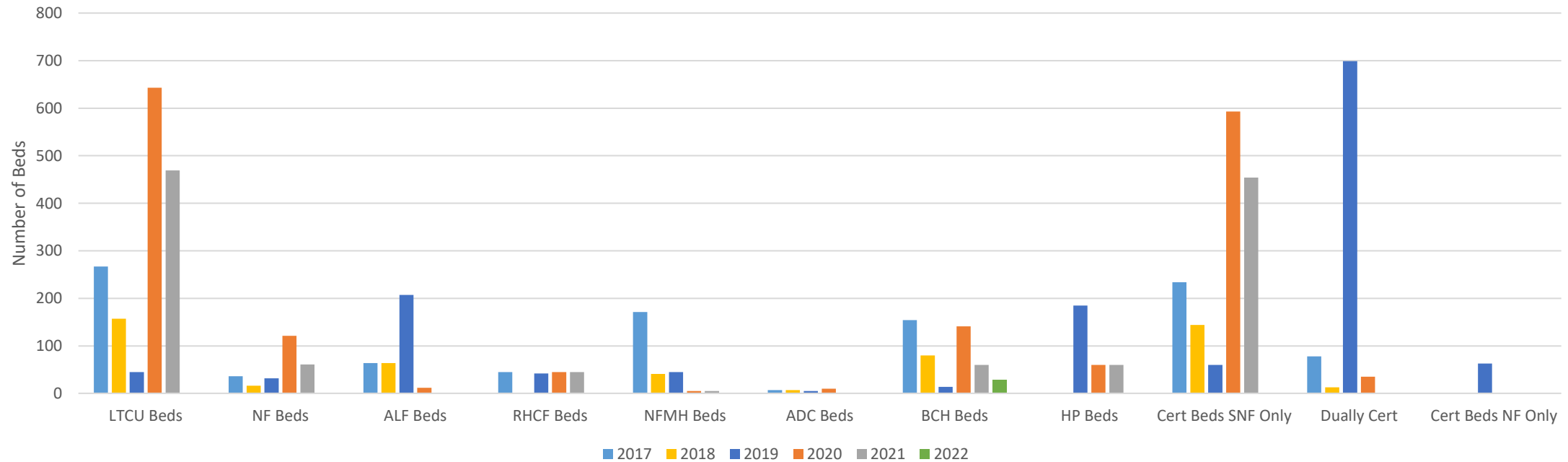
Surveyor Testing & PPE Guidance Updated 04/12/2022

Updated Surveyor Testing and PPE guidance on 03/01/2022 and created employee policy in response to CMS [QSO Memo 22-10-ALL](#)

- All Surveyors must have received the first dose of a two-dose COVID-19 vaccine (developed by Pfizer or Moderna) or a one-dose COVID-19 vaccine (developed by Johnson & Johnson) by March 21, 2022.
- All Surveyors must have received the second dose of the two-dose COVID-19 vaccine (developed by Pfizer or Moderna) by April 11, 2022.
- **NOTE:** Certain medical exceptions may exist that allow for a delay in the required dates stated above.
- All Surveyors who are not fully vaccinated or do not want to divulge vaccination status will be required to complete weekly surveillance testing.
- Surveyors were allowed to apply for both medical and religious exemptions as allowed under HB 2001.

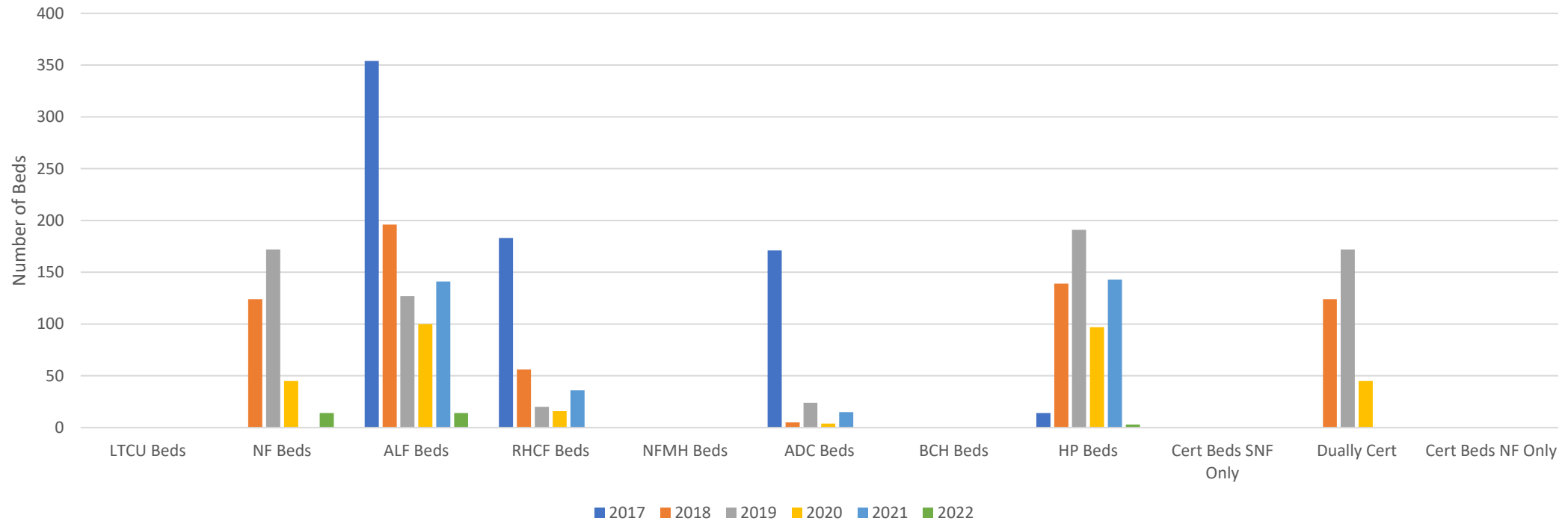
Long Term Care

Bed Closures Over 5 Years



Long Term Care

Bed Openings Over 5 Years



State Hospitals

State Hospitals

Scott Brunner, Deputy Secretary of Hospitals & Facilities

Staff Recruitment & Retention

24/7 Facility Pay Plan: Raise the base pay rates for nursing staff at the state hospitals and other 24/7 facilities

The pay plan includes the following for state employees:

- Permanent Base Pay Increases for all KDOC Job Classes & Nursing Job Classes
- Temporary Pay Differentials for Hourly Employees in the following areas:
 - Differential #1: All 24/7 Facility Staff
 - Differential #2: Uniformed KDOC Security Staff at 24/7 Facilities
 - Differential #3: Nursing Staff at 24/7 Facilities
 - Differential #4: All Staff Working at 24/7 Facilities that are designated at “critical staffing levels” with 25% (or higher) vacancy rates.
- One-Time, \$3,500 Bonuses for Salaried Staff at KDOC, KDADS and KCVAO 24/7 facilities.
- Note that hourly employees on the 24/7 Facility Pay Plan are excluded from the 5% statewide salary adjustment for state employees.

Staff Recruitment & Retention

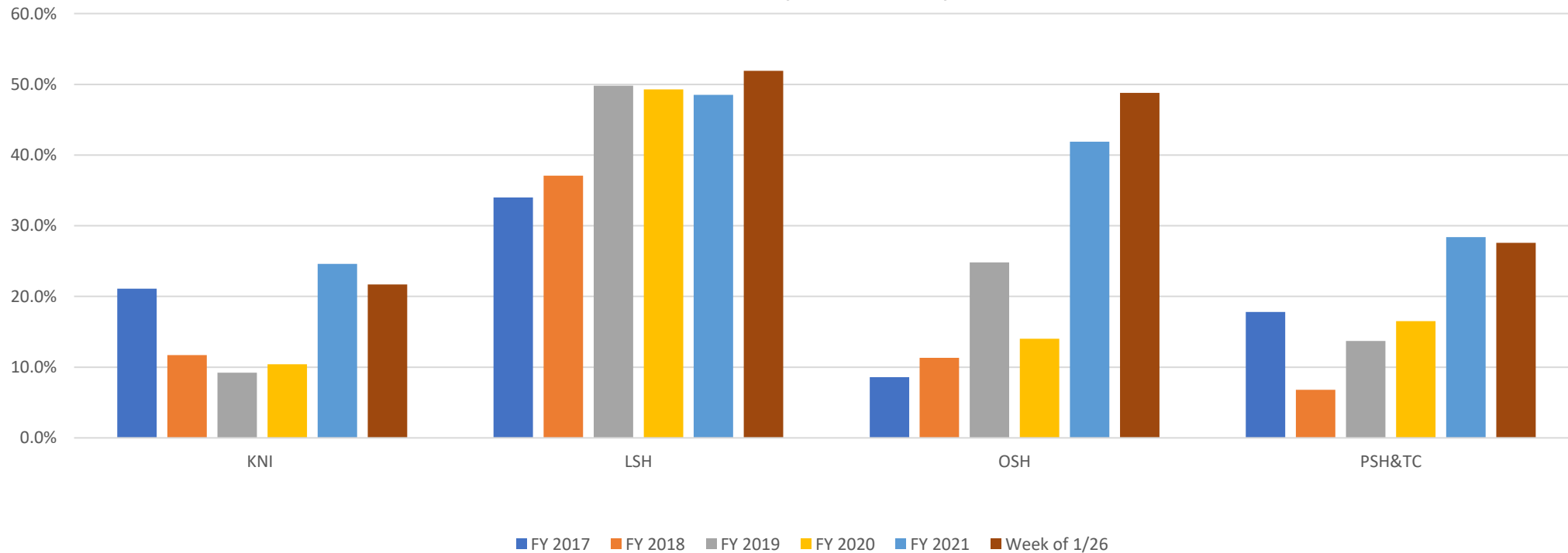
24/7 Facility Pay Plan: Raise the base pay rates for nursing staff at the state hospitals and other 24/7 facilities

- Started appearing on employee paychecks on January 7, 2022.
- KDADS received \$9.6 million from the SPARK Committee for the FY 2022 costs of these increases.
- Funding for FY 2023 included in the approved Mega Budget.

Recruiting and Retaining Staff

State Hospital Staffing

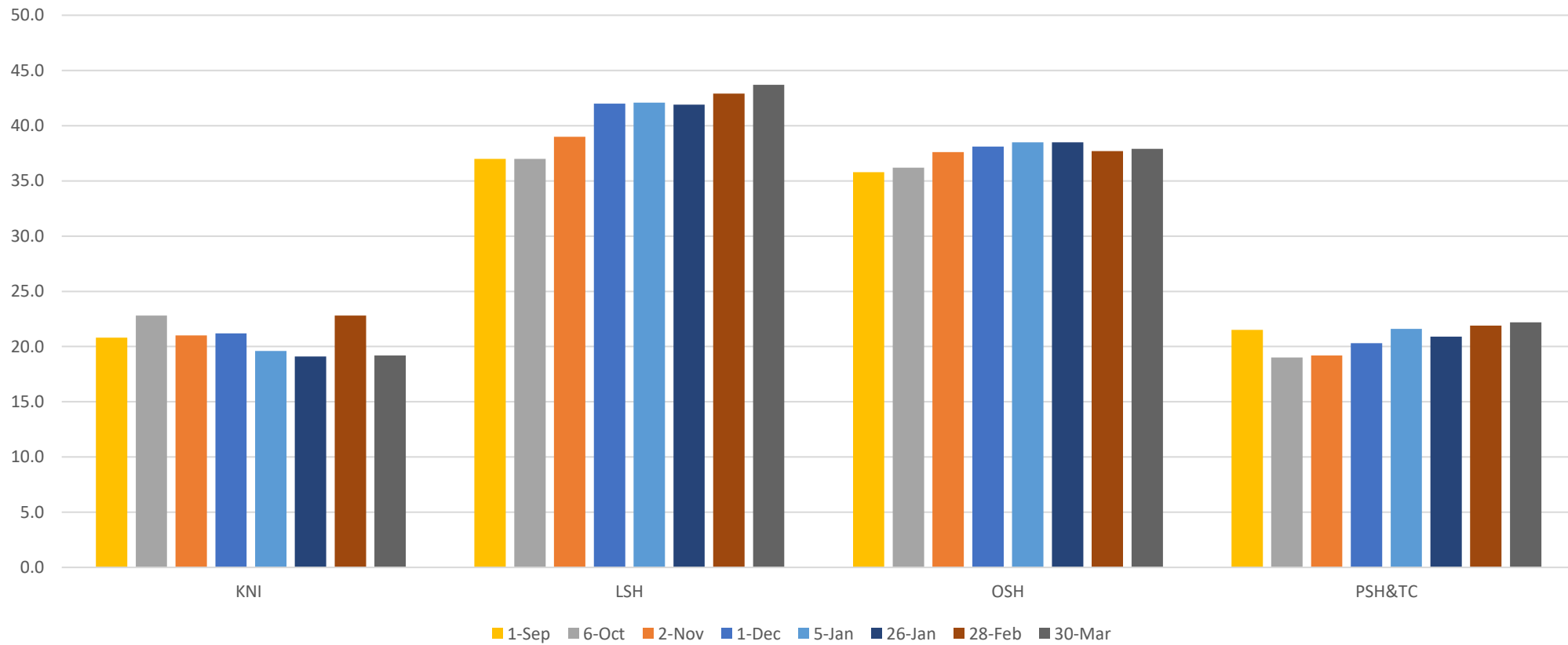
Direct Care Vacancy Rates by Fiscal Year



Recruiting and Retaining Staff

State Hospital Staffing

Hospital Vacancy Rate All Positions



Moratorium Lifted

Lifting the moratorium on voluntary admissions includes a mix of bed capacity at Osawatomie State Hospital (OSH) and increasing community-based capacity for inpatient treatment.

The Moratorium on Voluntary Admissions to OSH started in June 2015.

Lifted the moratorium for voluntary admissions on January 3rd, 2022.

Started reviewing screening forms for hospital admissions criteria for voluntary patients on January 3rd.

Have admitted 10 voluntary patients through April 5, 2022.

Social detoxification services, through 3 reserved beds, started January 24th. 0 social detox admissions so far. Obstacle may be required medical screen and a COVID-19 test before accepting the patient.

State Institution Alternatives

Cottonwood Springs	Olathe
KVC Hospitals - Kansas City	Kansas City
KVC Hospitals - Wichita	Wichita
Newton Medical Center (NMC)	Newton
Prairie View, Inc.	Newton
South Central Kansas Medical Center	Arkansas City
Via Christi	Wichita
Anew Health (coming soon)	Shawnee

Utilization from August 30 through April 1, 2022.

284 adults

509 children

Based on an average length of stay of 14 days, the utilization is equivalent to 17 beds.

Staff Recruitment

Continued effort to recruiting additional staff

- Raised Mental Health Disability Technician starting wages in July.
- Governor announced base pay increases for nurses in 24/7 facilities and incremental hourly increases for other staff. Funding authorized by SPARK Committee for FY 2022 and included in the approved budget for FY 2023.
- Adding and extending contracts for nurses, aides, and social workers.

Biddle Remodel

Osawatomie State Hospital requested enhancement of \$1.4 million for an additional 36.00 FTE positions to staff the new unit being opened to accommodate the influx of patients and maintain the continuum of care needed for voluntary and involuntary admissions. This is an additional 7.00 FTE positions over what the 2020 Legislature approved but OSH did not utilize at the time due to the moratorium. However, these positions are now needed allow room for the facility to grow in staffing as the moratorium is lifted.

This enhancement was included in the Governor's Budget Recommendation and is in the approved Mega Budget for FY 2023.

Biddle Remodel

B2 Remodel:

- Demolition is complete and construction is nearly finished.
- Expected date to occupy renovated space is May 9, 2022.
- Completion date was pushed back due to back order of patient room doors.
- Adds 14 patient rooms to allow patient moves to accommodate additional renovations.

East Biddle Remodel:

- Schematic design drawings are 95% complete.
- Design and plans are being updated based on recommendations from certification consultant.
- Working on revised construction timelines based on revised project plans.
- Projected date to occupy renovated space is September 2023 but we will push for an earlier date.

Implementing Census Management

How to avoid filling the hospital above capacity and risk losing certification?

Census Management

- All patients must be screened through the Community Mental Health Centers to verify clinical need.
- Admit patients involuntarily committed by the Courts and voluntary patients that seek care that meet clinical criteria.
- Authorize admissions up to a capacity threshold for both voluntary and involuntary patients. When occupancy reaches 85% of capacity, involuntary admissions are prioritized.
- Through April 5th, 10 patients meeting voluntary criteria have been admitted.

Appendix

Savings Resulting from Transfers to HCBS

- In most, but not all cases, services provided in the community do cost less than those provided in an institutional setting such as an ICF/IDD or a nursing facility.
- However, “savings” are only realized if a bed is closed behind the person transferring to HCBS.
- Due to demand, beds are typically refilled by individuals requiring the level of care provided by the facilities, therefore, the beds are not closed.
- As certified by the Secretary for Aging and Disability Services, despite individuals moving into community settings that does have the effect of cost avoidance, the savings resulting from moving the individuals to home and community based services, as of March 31, 2022, was \$0.
- The balance in the Kansas Department for Aging and Disability Services Home and Community Based Services Savings Fund as of March 31, 2022, was \$0.

Program of All-Inclusive Care for the Elderly (PACE)

PACE Enrollment

PACE Program	Enrollment
Ascension Via Christi Hope	301
Midland Care	431
Bluestem Communities	103
Total PACE Enrollment	835

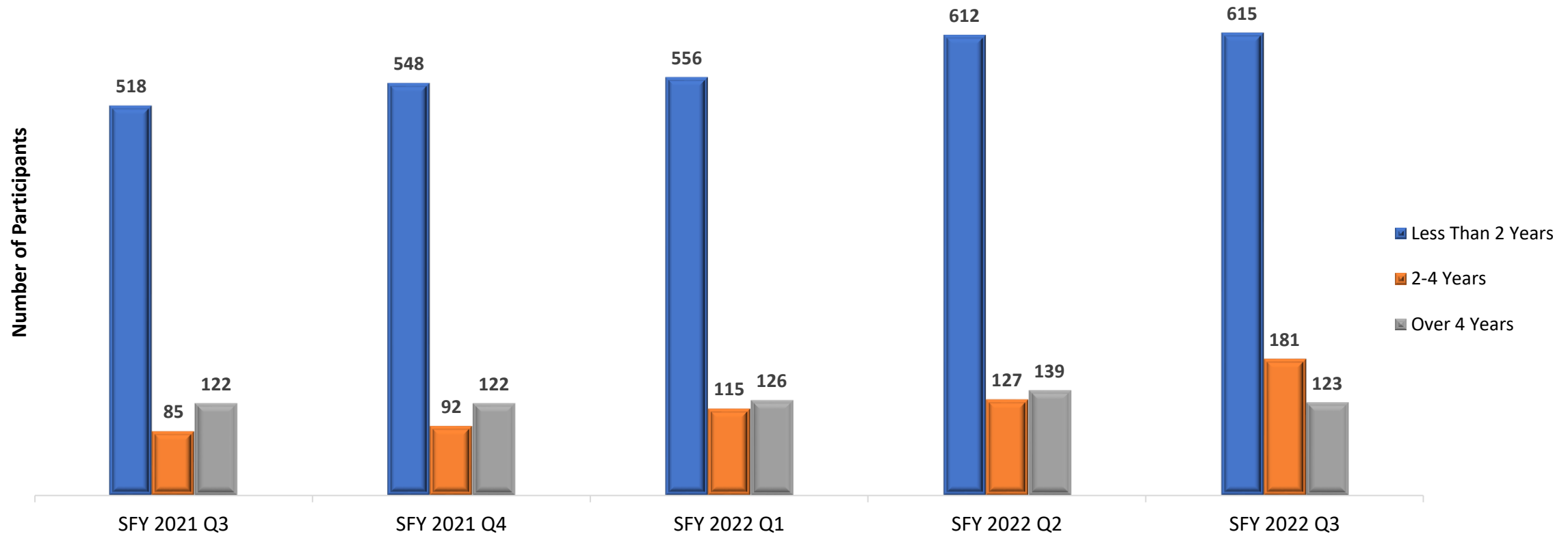
Note: Data as of April 7, 2022. Beginning in FY23, PACE will be incorporated into caseloads.

Administrative Case Management

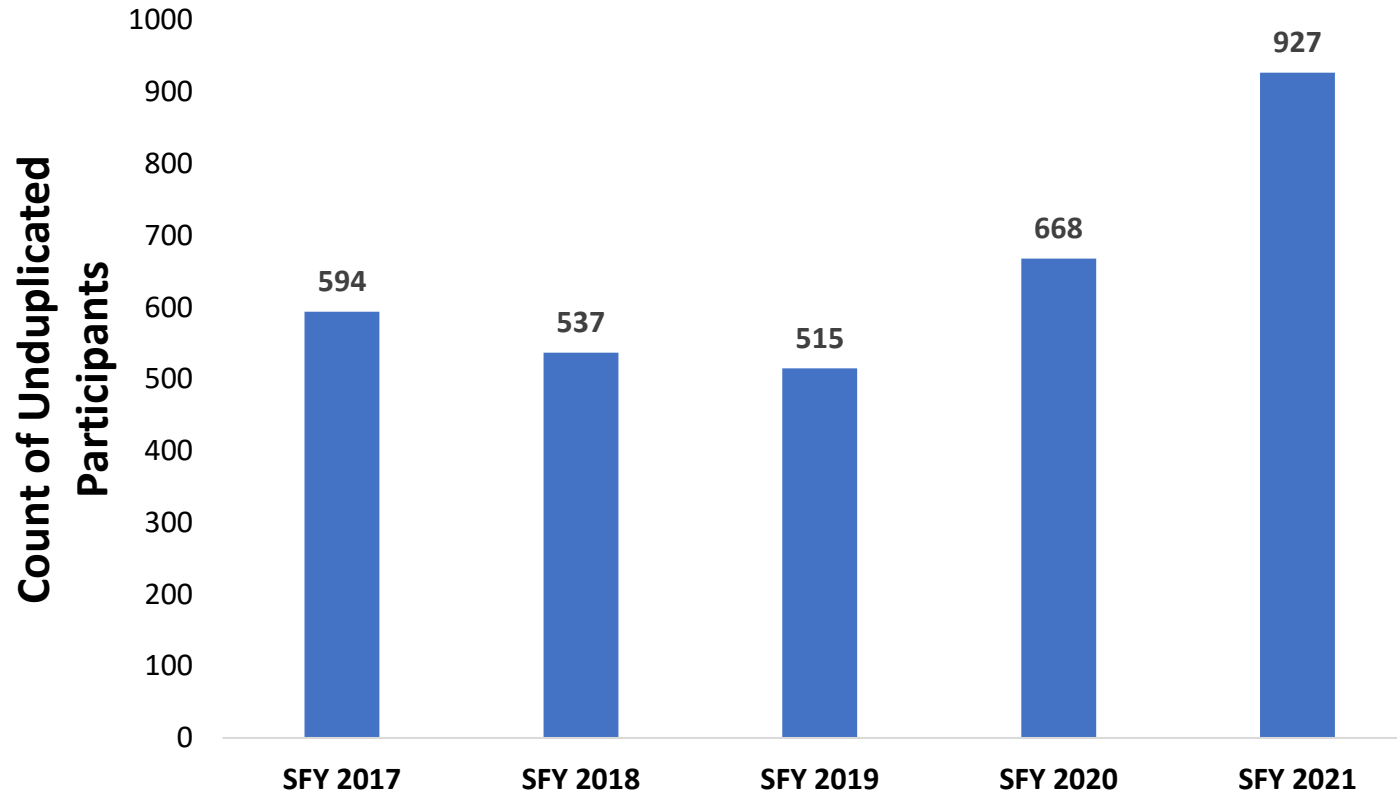
Administrative Case Management provides eligibility and enrollment assistance to individuals who have been found functionally eligible for the Brain Injury, Physical Disability, and Frail Elderly waivers, as well as PACE.

Administrative Case Management			
FY 2022	# Unduplicated Served	# Units	# Hours
July	640	3,191	797.75
August	645	3,337	834.25
September	623	3,123	781.00
October	653	3,123	781.00
November	615	2,261	565.25
December	635	2,458	614.50
January	678	2,712	678.00
February	602	2,483	620.75
March	656	2,179	544.75
Total		24,867	6,217.25

HCBS/BI Participants by Length of Stay

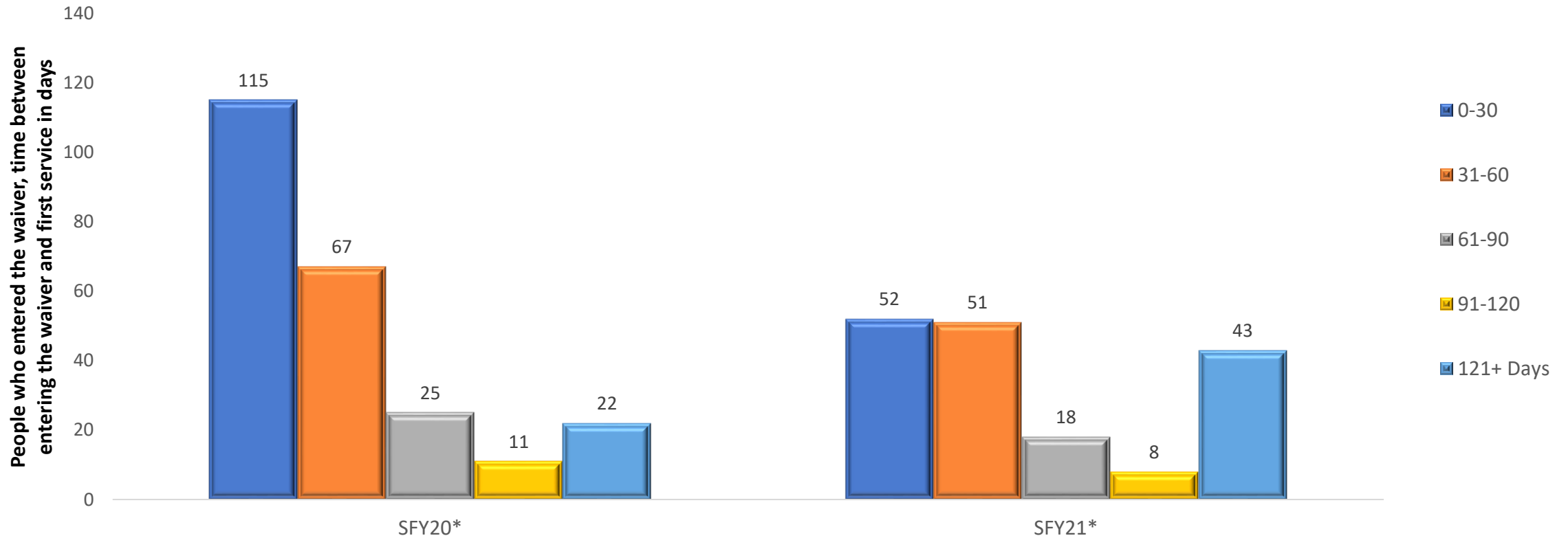


Annual Unduplicated Count of Participants by HCBS/BI Waiver Year



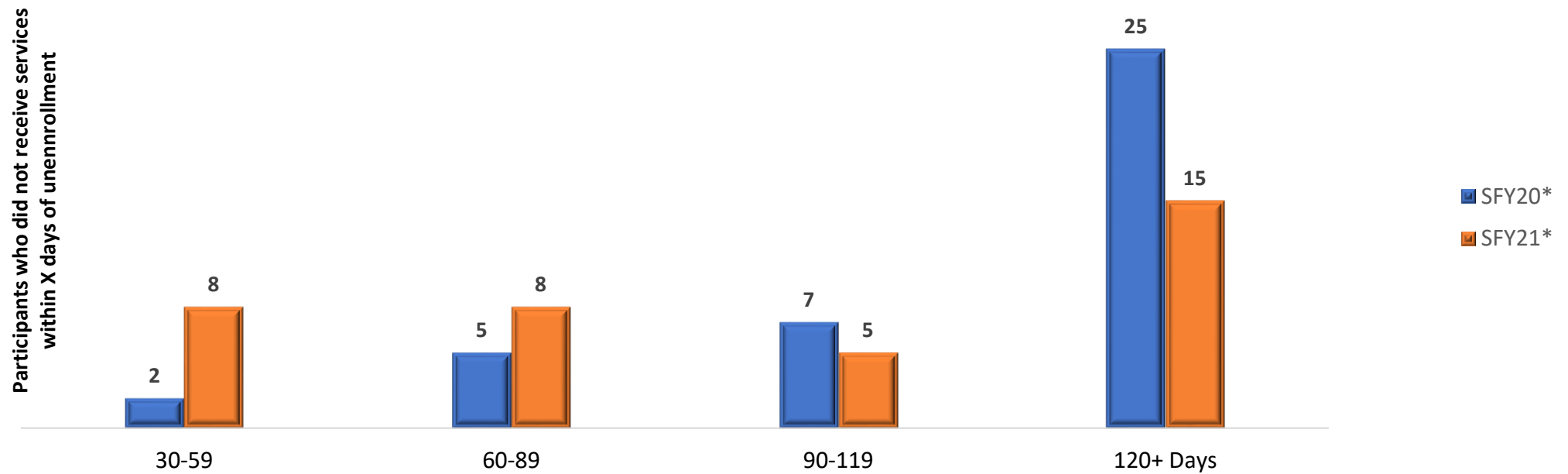
*HCBS/BI waiver operates on a SFY timeframe.

Participants Who Received Initial Services Within X Days from Enrollment on the HCBS/BI Program



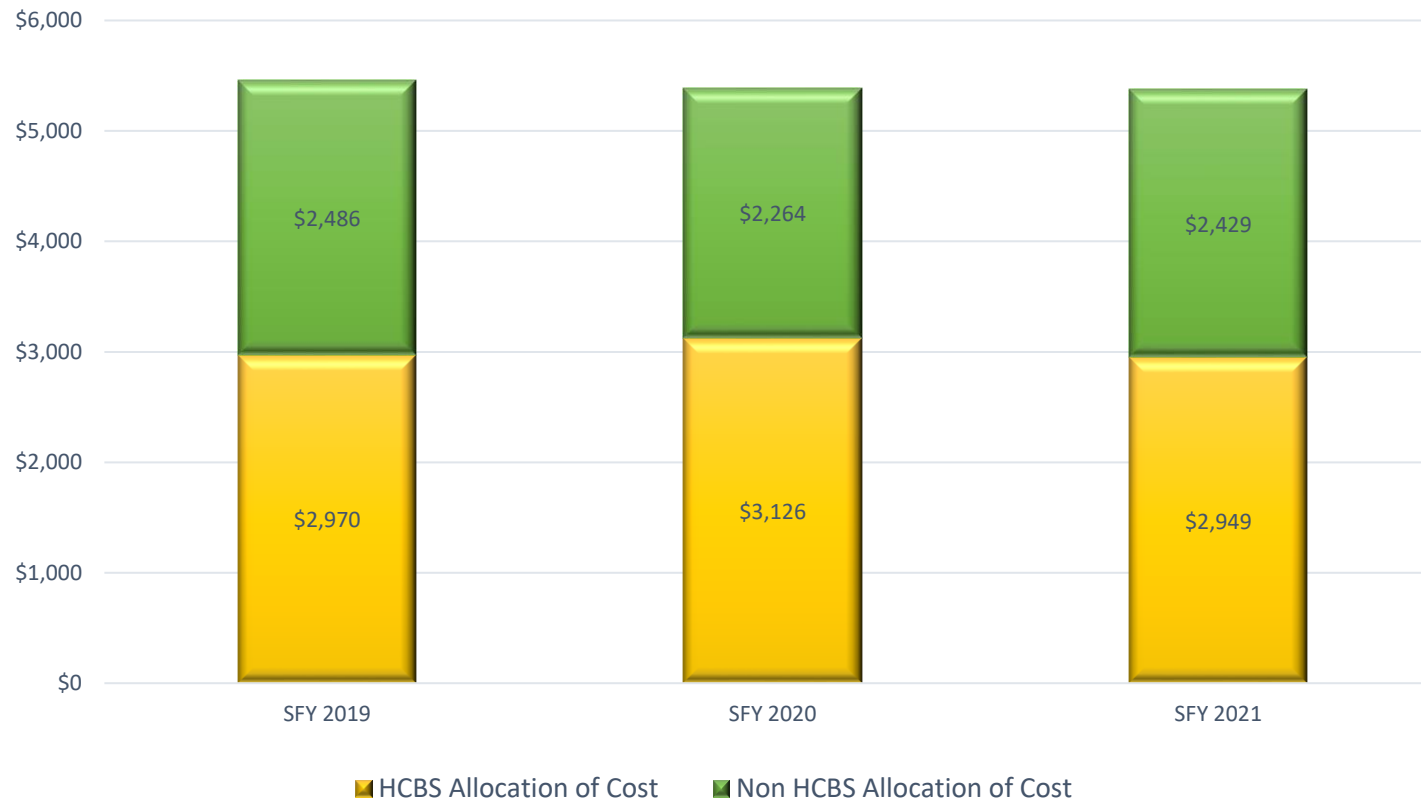
*Data is pulled a year from current time to account for claims lag

Last Service Received Prior to Unenrollment from HCBS/BI Program

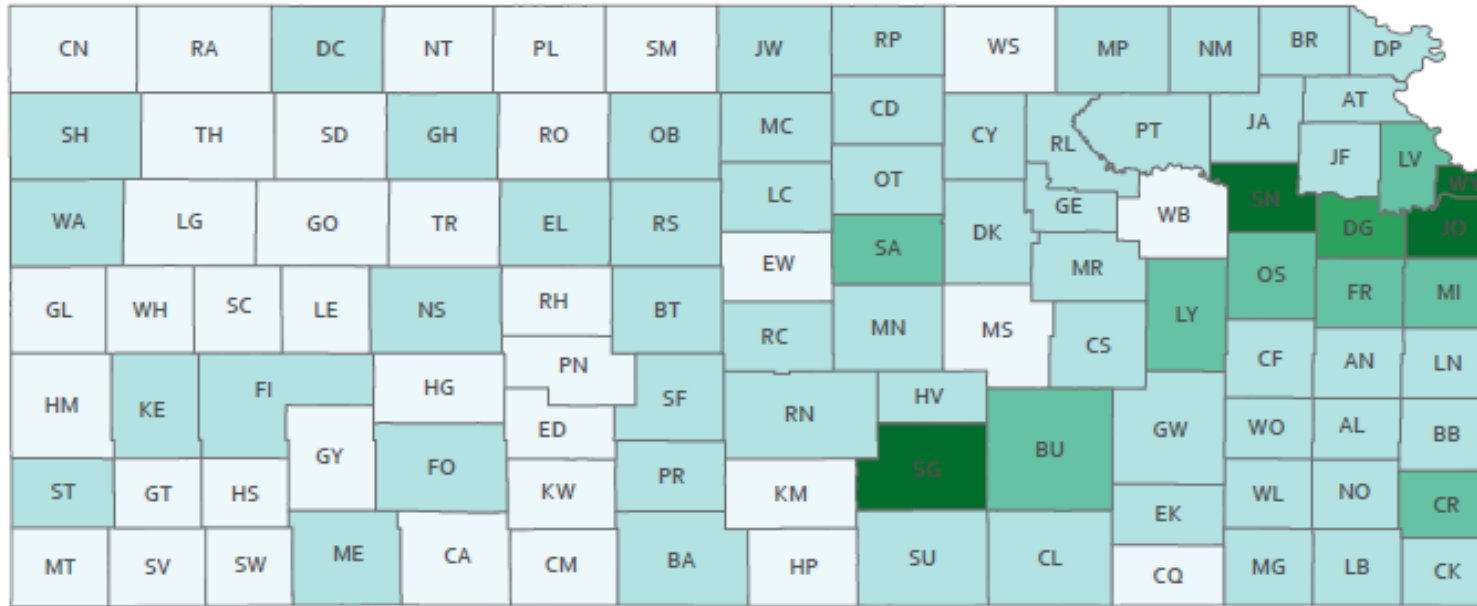


*Data is pulled a year from current time to account for claims lag

HCBS/BI Average Per Member Per Month Cost

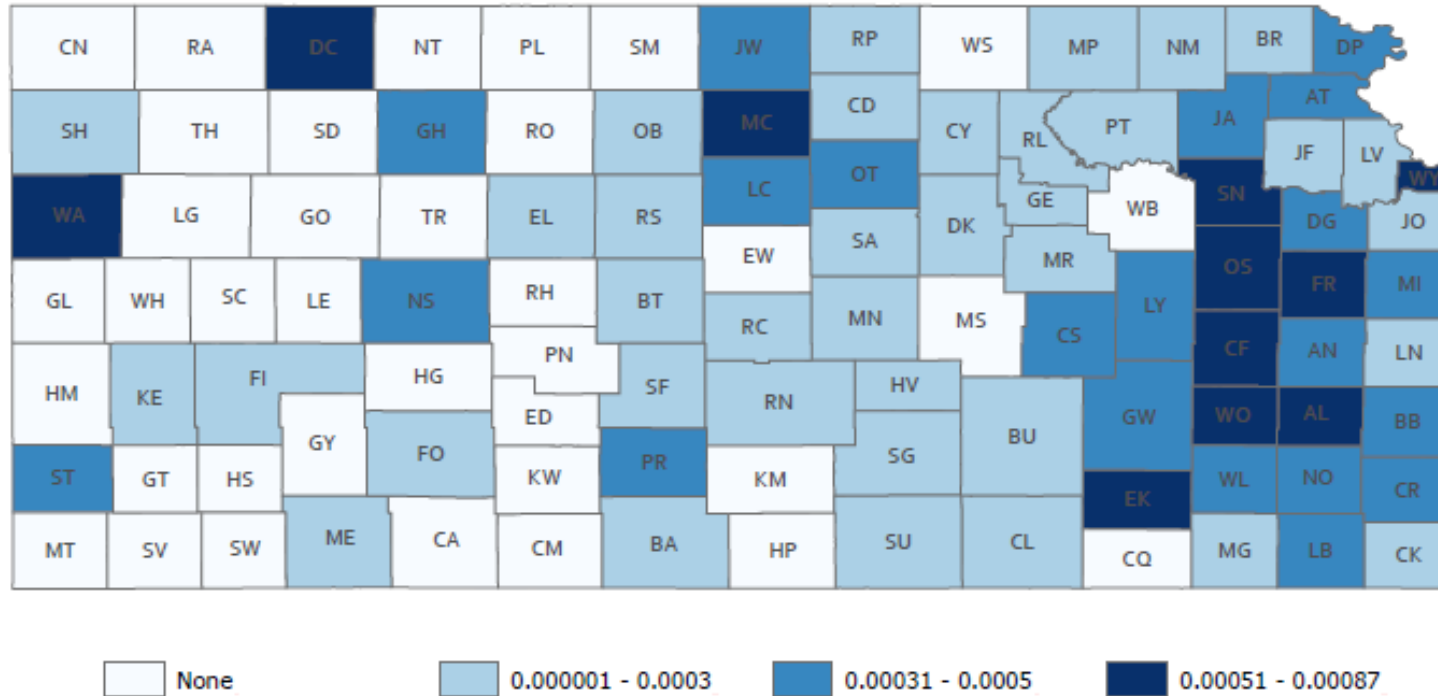


Number of HCBS/BI Participants by County (SFY21)



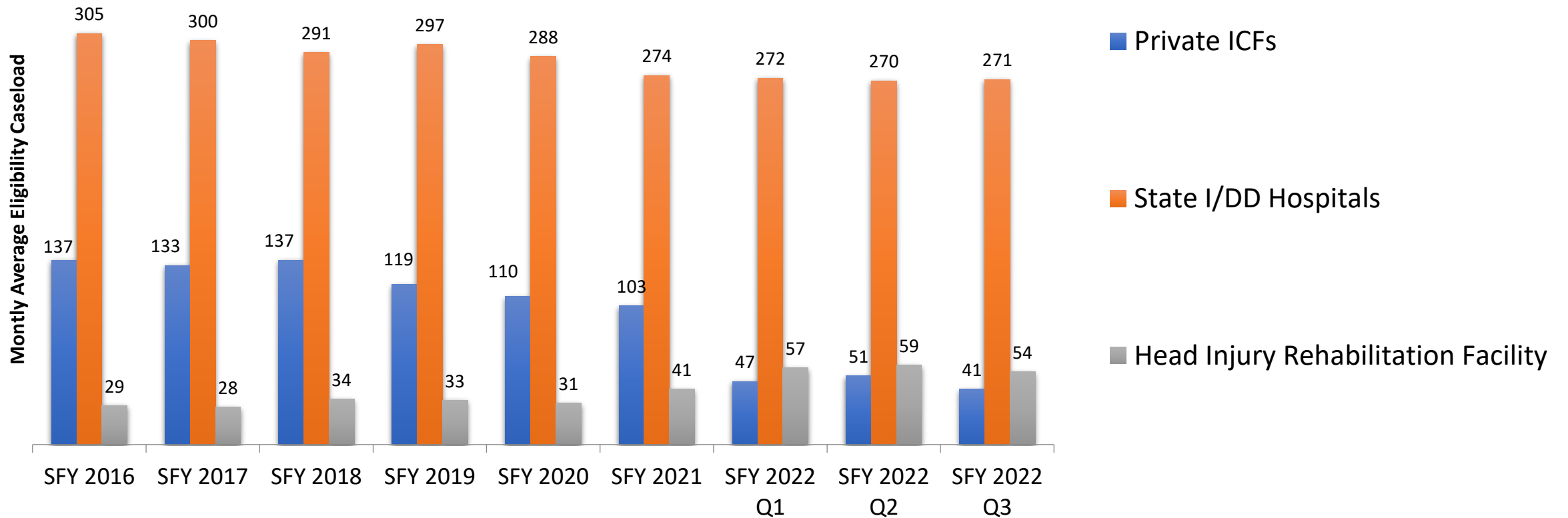
None 1 to 10 11 to 25 26 to 75 75 to 151

Number of HCBS/BI Participants Per Capita* by County (SFY21)

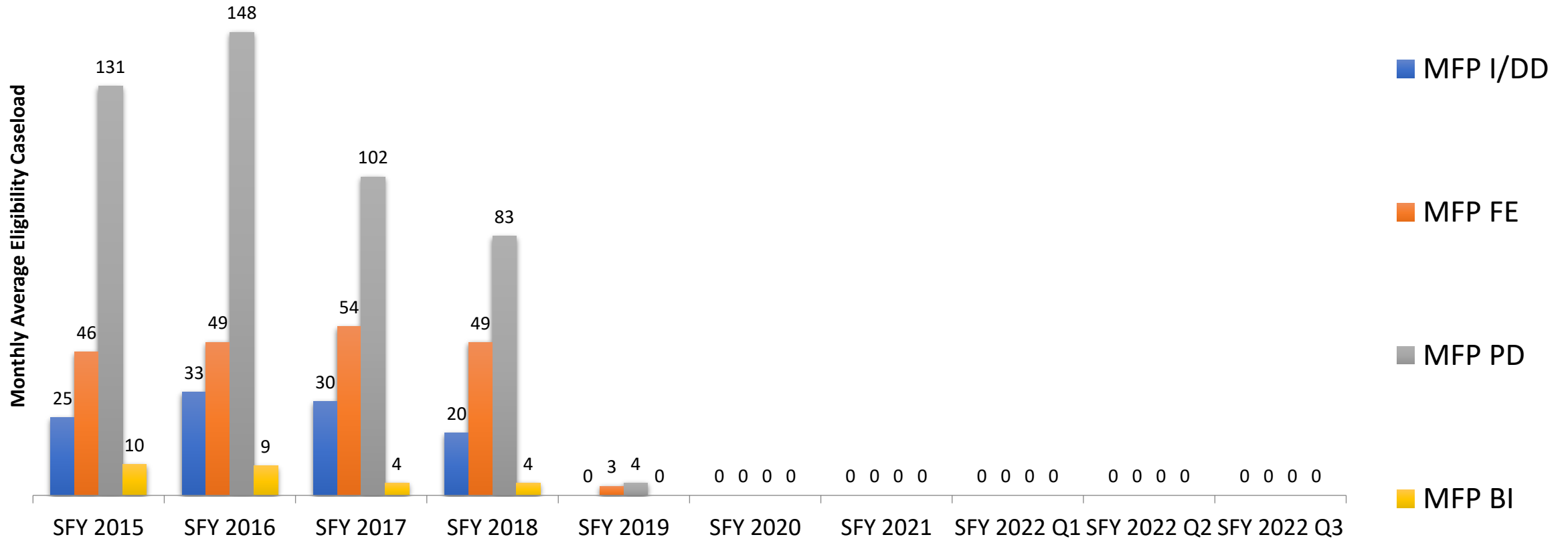


* Per capita calculation is based on 2019 Census Population Estimates

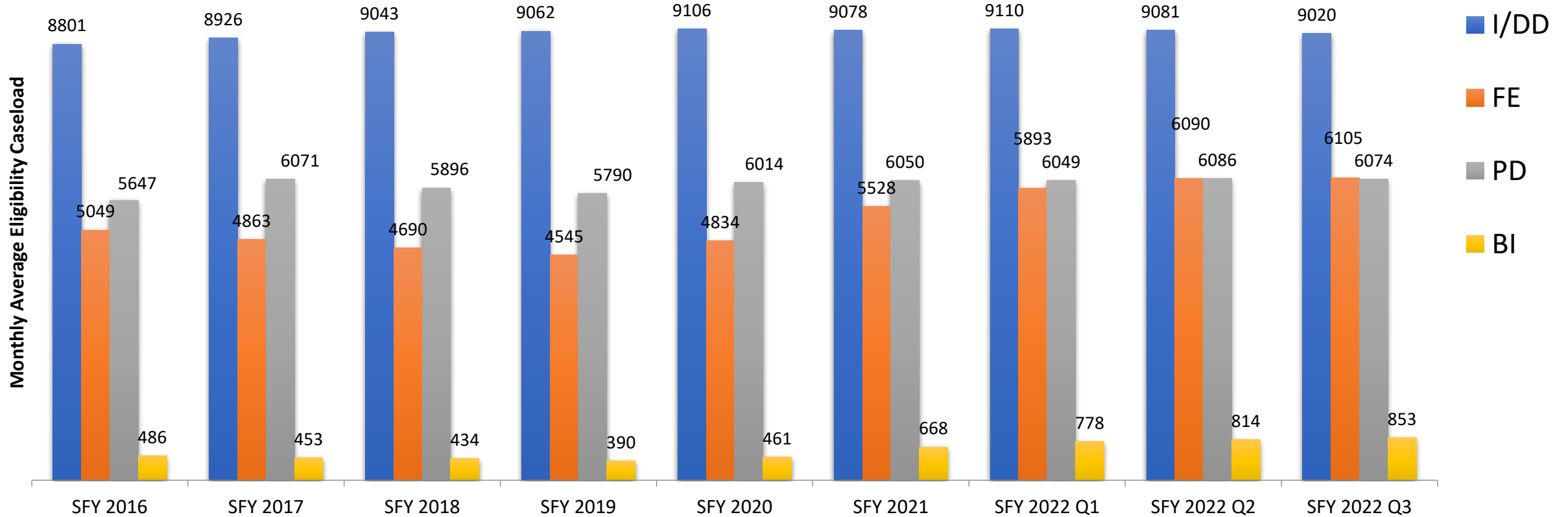
Average Monthly Caseload for ICFs And Head Injury Facilities



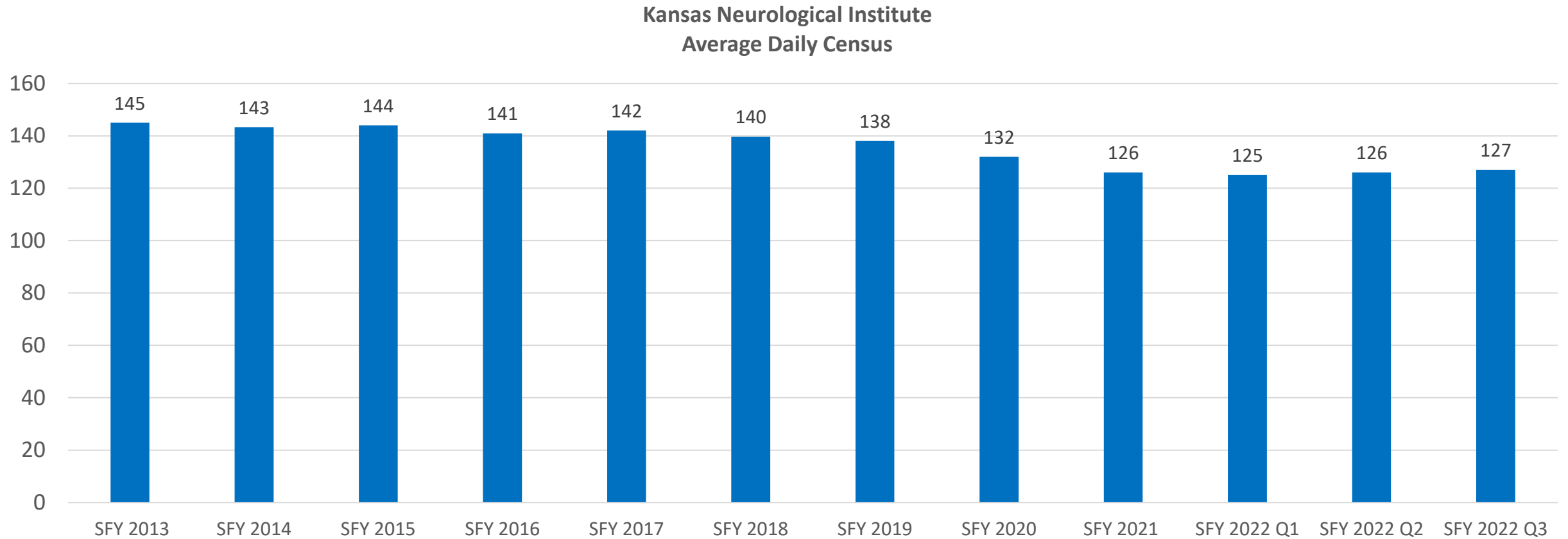
Number of Persons Transitioned on Money Follows the Person (MFP)



Average Monthly Caseload for HCBS IDD/PD/FE/BI Services



KNI Average Daily Census



Parsons Average Daily Census

Parsons State Hospital
Average Daily Census

