

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—Specific Issues Resolution 2022
Prepared by Kansas Legislative Research Department

| Item | Specific Issue(s) | Conferee(s) | Date Presented | State Agency | MCO | Status | Resolution |
|------|--|-----------------------------|----------------|--------------|------|--------|--|
| 1 | Network adequacy is the responsibility of the MCOs, and this is an area that needs immediate focus, accountability, and tangible results for families across the state. Sedation dentistry for individuals with I/DD and durable medical equipment providers were the two areas mentioned. | Kathy Keck, private citizen | 4/22/2021 | | MCOs | | <p>September 2021 Response, UHC: We would be happy to supply a list of providers who offer sedation dentistry to our members. This is an area we consistently focus on for adding providers to the network. UHC currently has 251 PAR DME providers physically located in the state of Kansas willing and able to provide services to our members. We have an additional 17 providers in border cities (50 miles from the state of Kansas border) who are available to serve our members. We also have several national DME providers who can serve Kansas members if the DME item cannot be supplied by any local DME provider.</p> <p>September 2021 Response, Aetna: Aetna has 363 providers at 211 locations across Kansas that offer sedation dentistry to our members. We recognize there are rural areas that do not have a dentist that offers sedation dentistry and will work with members in those areas to receive services at the nearest location, including offering transportation. Should a member request sedation dentistry in an area where participating providers are not located, the member can request a single case agreement to receive services at a non-participating provider. To increase access to sedation dentistry, we are actively recruiting for dentists in rural areas of Kansas. Along with outreach to new providers, our recruitment campaign includes outreach to dentists who have previously declined to participate in our network to speak to them about reconsidering.</p> |

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| 2 | Multiple issues were expressed regarding her brother's difficult experiences with KanCare. Among the issues noted were delays in securing a Fair Hearing date (filed one year ago) regarding wrongful client obligations required of and paid by her now-deceased brother that she claims are owed by Aetna. | Vicki Distefano, private citizen | 2/4/2022 | KDHE | Aetna | | <i>April 2022 Response, Aetna</i> : Aetna is committed to providing the best experience, quality care, and support to our members as possible. During the time that Ms. Distefano's brother was an Aetna member, no services were removed or decreased by our care team. Client obligations are determined by the Kansas Department of Health and Environment, and we have reviewed our internal records, noting that we did not receive a grievance, an appeal, or state Fair Hearing request regarding client obligations. |

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| 1 | <p>The growth of the waiting list for I/DD services is attributable to shifting demographics and unproductive use of funds due to current waiver design and priorities.</p> <p>I/DD waiting list and crisis process need to be addressed.</p> | <p>Craig Knutson, KCDD; Roxanne Hidaka, Case Management Services, Inc.</p> <p>Roxanne Hidaka, Case Management Services, Inc.</p> <p>Anna Slattery, Private Citizen Roxane Hidaka, Case Management Services</p> | <p>2/15/2019</p> <p>4/29/2019 2/4/2022</p> <p>12/13/2021</p> | KDADS | | <p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> | <p>August 2019 Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: KDADS continues to monitor the waiver waitlists and make offers as funding permits. KDADS is collaborating with its stakeholders to plan strategically for the future of the program in Kansas, including priority services and design. Additional appropriation for the I/DD waiver will be necessary to affect movement on the waitlist and investments in system capacity will be critical. KDADS is committed to working with its stakeholders for the benefit of the individuals we serve.</p> <p>June 2020 Response, KDADS: KDADS continues to work with stakeholders on how to address the growth of the I/DD waitlist. We appreciate the concerns of the conferees.</p> <p>June 2020 Response, KDADS: KDADS acknowledges the strong interest in developing a plan to eliminate the waitlists and will continue to accept feedback and ideas about potential changes.</p> <p>August 2019, Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: As noted previously, KDADS continues to monitor the waiver waitlists and make offers as funding permits. KDADS is collaborating with its stakeholders to plan strategically for the future of the program in Kansas, including priority services and design. Additional appropriation for the I/DD waiver will be necessary to affect movement on the waitlist and investments in system capacity will be critical. KDADS is committed to working with its stakeholders for the benefit of the individuals we serve.</p> <p>June 2020 Response, KDADS: KDADS continues to work with stakeholders on how to address the I/DD waiting list.</p> |

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| 1 | <p>Item No. 1 continued The Kansas I/DD waiting list continues to grow and no organized, strategic effort has been initiated by policy makers to address the erosion of capacity. Staff capacity for I/DD service providers is a serious obstacle to eliminating the waiting list.</p> <p>A comprehensive study of the needs and demographics of those currently on the I/DD waitlist is needed to better understand the nature of the waitlist and how to reduce the number of people on the waiting list.</p> <p>There is a need to study all waitlists and appropriate adequate funding to support the growing demand for HCBS.</p> <p>To impact the I/DD waiting list, Kansans need new and different options for supports and services that are person-centered and focused on the family, independence, and employment. Kansas lags behind the rest of the country in individual and family support spending, spending 1/50th of the national average. Kansas needs a Family Supports waiver, a Community Supports waiver, or both.</p> | <p>Matt Fletcher, InterHab</p> <p>Mike Burgess, Disability Rights Center of Kansas; Matt Fletcher, InterHab;</p> <p>Craig Knutson, KCDD</p> <p>Leslie Anderson, k4ad</p> <p>Craig Knutson, KCDD</p> | <p>4/22/2021</p> <p>2/19/2021</p> <p>2/19/2021 2/4/2022</p> <p>4/22/2021</p> <p>2/4/2022</p> | <p>KDADS</p> | | | <p>April 2021 Response, KDADS: KDADS is meeting with stakeholders to design a study of the needs of the individuals on the I/DD waivers waiting list. The data collected from the study will assist the agency and other decision makers to make data-informed decisions as we work toward the goal of reducing and eliminating the waiting list. KDADS would require additional funding to conduct the study and is currently evaluating the feasibility of using American Rescue Plan Act funding to do so.</p> <p>September 2021 Response, KDADS: KDADS is currently developing a scope of work for the study of the I/DD and PD waiting lists. It is expected the study will be funded as one of the community-based 10 percent FMAP Bump investment projects.</p> <p>December 2021 Response, KDADS: KDADS has developed an RFP that is in the final stages of preparation to study the I/DD and PD waiting lists. As has been discussed at previous Committee meetings, the study is expected to be funded through the 10 percent FMAP enhancement for HCBS.</p> <p>February 2022 Response, KDADS: The study of the I/DD and PD waiting lists RFP development is still in progress. KDADS is working to add resources to help move the 10 percent FMAP projects forward.</p> <p>April 2022 Response, KDADS: The RFP for the I/DD and PD waiting list study is written and is in the procurement pipeline. It is the expectation that the results of this study will help inform the agency and stakeholders about current and future needs of individuals with disabilities so that resources can be allocated in a data-informed manner.</p> |

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| 2 | <p>There is a need to fund nursing homes in accordance with the statutory formula. [Note : KDADS meets annually with the nursing facility trade association and calculates "rebasings" using three years of cost report data, factoring in inflation, as required by statute. At the December 2021 meeting, Committee members expressed concern rebasing does not reflect most current data and inflation adjustments.]</p> | Cindy Luxem, KHCA/KCAL | 4/29/2019 | KDADS | | <p align="center"><i>Continue to monitor</i></p> | <p>February 2020 Response, KDADS: As an entitlement program, the nursing facility caseload is included as part of the Consensus Caseload estimating process. Funding provided to nursing facilities is based on the amount of the annual appropriation.</p> <p>June 2020 Response, KDADS: Funding provided to nursing facilities is based on the amount of the annual appropriation.</p> <p>April 2021 Response, KDADS: Funding for nursing facilities is included in the appropriations bill.</p> <p>September 2021 Response, KDADS: A 3 percent increase in nursing facility funding was included in the appropriations bill passed by the 2021 Legislature.</p> <p>December 2021 Response, KDADS: KDADS captured 2017, 2018, and 2019 cost report data and calculated the current, inflation-adjusted rates. The current rates fall within the appropriation funded by the Legislature.</p> <p>February 2022 Response, KDADS: An entitlement program, the nursing facility caseload is included as part of the Consensus Caseload estimating process. Funding provided to nursing facilities is based on the amount of annual appropriation. A 3 percent increase in nursing facility funding was included as part of Fall 2021 Consensus Caseload to account for anticipated inflation. KDADS captured 2017, 2018, and 2019 cost report data and calculated the current, inflation-adjusted rates. Current rates fall within the appropriation funded by the Legislature.</p> <p>April 2022 Response, KDADS: The mega budget in CCRB 267 contains a full rebasing for Nursing Facilities based on CY2021, 2020, and 2019. We thank the Legislature for their appropriation of an additional \$26M-\$27M and respectfully request that this item be closed.</p> |

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| 3 | <p>There is a need to address the misuse/overuse of antipsychotic drugs in the senior population.</p> <p>Chemical restraints are used on persons with dementia in nursing homes in Kansas. It is a clearly defined problem and there is data on antipsychotic use and misuse rates for each Kansas nursing facility. There is no data on use in assisted living facilities, home plus, or residential care facilities.</p> | Mitzi McFatrach, KABC | <p>2/15/2019</p> <p>11/18/2019</p> | KDADS | | <p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> | <p>home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, the percent was 17.4 and that had dropped to 17 percent by December 2018 (last date CMS data is available). Continue to monitor and review during certification survey.</p> <p>February 2020 Response, KDADS: The percent of Long-term Stay nursing home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, it was 17.4 percent and had dropped to 17 percent by September 2018. Kansas has continued to decrease this rate; by March 2019 it was 16.1 percent. KDADS continues to monitor and review during annual certification survey.</p> <p>June 2020 Response, KDADS: KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other antipsychotic drug use concern line items.</p> <p>February 2020 Response, KDADS: Currently there are no reporting requirements for state-licensed-only adult care homes to report use of antipsychotic drug use. Nursing facilities are required to report this information as part of their minimum data set (MDS) which allows data to be generated.</p> <p>June 2020 Response, KDADS: KDADS does not have the statutory authority to require adult care homes that are only state licensed to report this information. KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other antipsychotic drug use concern line items.</p> |

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| 3 | Item No. 3 continued | Mitzi McFatrach, KABC | 2/15/2019 | KDADS | | Continue to monitor *Combined item | <p>April 2021 Response, KDADS: No further update at this time.</p> <p>September 2021 Response, KDADS: No further updates at this time.</p> <p>December 2021 Response, KDADS: KDADS will continue to report on the data required for reporting through the MCO contract. Because of the formalized reporting requirement, KDADS requests this item be removed from the issues log.</p> <p>February 2022 Response, KDADS: KDADS will continue to monitor NFs, more information can be found on state NF performance in the agency slide presentation.</p> <p>April 2022 Response, KDADS: No updates at this time. We continue to monitor trends quarterly and to work with our partners to reduce inappropriate usage of antipsychotic drugs. Additionally, CMS intends to launch a new effort to identify problematic diagnoses and refocus efforts to continue to bring down the inappropriate use of antipsychotic medications. We do not yet have details about this initiative.</p> |
| 4 | There is a need for community service coordination to assist KanCare beneficiaries. | Mike Oxford, TILRC | 2/15/2019 | KDHE | | Continue to monitor | <p>November 2019 Response, KDHE: Project has been placed on hold for the time being, with goal of rebooting within next fiscal year.</p> <p>June 2020 Response, KDHE: The project remains on hold.</p> <p>September 2020 Response, KDHE: The project is still on hold.</p> <p>December 2020 Response, KDHE: The project is still on hold.</p> <p>February 2021 Response, KDHE: The project is still on hold.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: No further update.</p> <p>December 2021 Response, KDHE: No further update. This is one of many topics that will be discussed during KanCare 3.0 stakeholder meetings.</p> <p>February 2022 Response, KDHE: No further update.</p> <p>April 2022 Response, KDHE: No further update.</p> |

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| 5 | There is an urgent need for behavioral health services for Kansans with I/DD that could be addressed with a system-wide competency-based training and the development of specialized service delivery programs modeled after evidence-based practices from other states. | Nick Wood, InterHab | 8/26/2019 2/28/2020 2/4/2022 | KDADS | | Continue to monitor | <p>November 2019 KDADS Response: KDADS invites the conferee to share additional information at its monthly meetings with InterHab.</p> <p>February 2020 Response, KDADS: KDADS meets with the conferees on a regular basis and agrees behavioral health services for Kansas with I/DD are a concern. As noted earlier, one tool available is the SIM, which allows states and stakeholders to identify gaps and solutions.</p> <p>June 2020 Response, KDADS: No further update is available at this time; however, KDADS will continue discussions with stakeholders on this topic. Virtual meetings will be scheduled.</p> <p>December 2020 Response, KDADS: KDADS met with Matt Fletcher and Nick Wood on November 16 to continue discussions on this topic.</p> <p>February 2021 Response, KDADS: KDADS continues to engage with InterHab regarding behavioral health needs for individuals with I/DD. A mobile crisis system is currently in the Governor’s Budget Recommendations to develop a mobile crisis system across Kansas.</p> |

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| 5 | <p>Item No. 5 continued</p> <p>There is a need to adopt a best practice, system of care approach toward crisis intervention for Kansans with I/DD or autism in crisis.</p> | Nick Wood, InterHab | 8/26/2019 2/28/2020 | KDADS | | Continue to monitor | <p>April 2021 Response, KDADS: While KDADS continues its discussions with stakeholders regarding the behavioral health needs of individuals with I/DD, KDADS is strategically committed to providing mobile crisis response and stabilization services. Currently, KDADS is working to braid a number of state, federal, and local funding sources together to provide a statewide mobile crisis response system that will be able to be accessed through calling "988". Currently, KDADS, KDHE, and the three MCOs are working with Beacon Health Options to develop a state mobile crisis response system for children and youth. If SGF or 988 fee funds are included in the KDADS budget for next year, those funds would be used to leverage additional federal dollars through Medicaid and the Mental Health Block Grant to help provide adequate access to adults as well. The agency is tracking the progress of HB 2281 and HB 2373.</p> <p>September 2021 Response, KDADS: KDADS continues to be committed to providing mobile crisis response and stabilization services. As one of its community-based 10 percent FMAP Bump investment projects, KDADS proposes to integrate services for individuals with I/DD into the system being developed for adults and children. This would be accomplished by providing I/DD specific training to the mobile crisis network of providers.</p> <p>December 2021 Response, KDADS: As stated previously, integrating services or developing services for mobile crisis for individuals with I/DD is one of KDADS' HCBS 10 percent FMAP enhancement projects the State has proposed. This would involve providing resources and I/DD-specific training. This project is a mid-range plan of the 12 projects that are planned to be funded by the 10 percent FMAP enhancement.</p> |

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| 5 | <p>Item No. 5 continued</p> <p>There is a need to adopt a best practice, system of care approach toward crisis intervention for Kansans with I/DD or autism in crisis.</p> <p>A statewide mobile crisis services program for Kansans with I/DD should be included in the 988 program. In the past decade, many states have developed these specialized models of behavioral supports for people with I/DD & Autism that focus on prevention.</p> | Nick Wood, InterHab | 8/26/2019 11/18/2019 2/19/2021 4/22/2021 | KDADS | | <p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> <p><i>Potentially would require some Legislative Action</i></p> | <p>November 2019 Response, KDADS: KDADS invites the conferee to share additional information at its monthly meetings with InterHab.</p> <p>February 2020 Response, KDADS: KDADS has had multiple conversations with InterHab and agrees crisis intervention gaps and solutions need to be explored.</p> <p>June 2020 Response, KDADS: No further update is available at this time. KDADS continues to be open to discussion and suggestions regarding crisis intervention programming.</p> <p>December 2020 Response, KDADS: KDADS' November 16 meeting with Interhab included discussion and suggestions regarding crisis intervention programming. There was also discussion regarding the Sequential Intercept Model concept and how we might tap into resources as needed.</p> <p>February 2021 Response, KDADS: KDADS continues to engage with InterHab regarding the behavioral health needs of individuals with I/DD. KDADS continues to be interested in employing the Sequential Intercept Model. In addition, the Governor's Budget Recommendations include funding for the development of a mobile crisis response system.</p> <p>April 2021 Response, KDADS: KDADS continues to be interested in employing the Sequential Intercept Model to aid work in this area. In addition, KDADS is fully engaged in the development of a mobile crisis response program which would benefit the I/DD population.</p> <p>September 2021 Response, KDADS: KDADS continues to be committed to providing mobile crisis response and stabilization services. As one of its community-based 10 percent FMAP Bump investment projects, KDADS proposes to integrate services for individuals with I/DD into the system being developed for adults and children. This would be accomplished by providing I/DD specific training to the mobile crisis network of providers.</p> |

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| 6 | There is a need to develop models for intensive community support as an alternative to incarceration for Kansans with I/DD accused of a crime or who have been discharged from a state psychiatric hospital following a civil commitment. | Nick Wood, InterHab | 11/18/2019 | KDADS | | <p align="center"><i>Continue to monitor</i></p> <p align="center"><i>*Combined item</i></p> | <p>November 2019 Response, KDADS: KDADS has been engaged with InterHab and others at the Judicial Council Subcommittee reviewing options.</p> <p>February 2020 Response, KDADS: KDADS staff participated in the Judicial Subcommittee with InterHab and other key stakeholders. SB 333 proposes changes to the current system. KDADS has included in the fiscal note for SB 333 a cost of \$20,000 to \$30,000 to receive technical assistance from SAMHSA to bring in expertise specific to the SIM. In addition, KDADS has provided an updated fiscal note to SB 333 that includes estimates for the cost of services.</p> <p>June 2020 Response, KDADS: KDADS agrees.</p> <p>December 2020 Response, KDADS: No further update available at this time.</p> <p>February 2021 Response, KDADS: KDADS continues to discuss this topic and remains interested in engaging the Sequential Intercept Model to help guide the need for system change.</p> <p>April 2021 Response, KDADS: KDADS continues to be interested in employing the Sequential Intercept Model to help guide the need for system change in this area.</p> <p>September 2021 Response, KDADS: As one of its community-based 10 percent FMAP Bump investment projects, KDADS proposes to bring in Sequential Intercept Model (SIM) facilitators to help guide the need for system change in this area.</p> <p>December 2021 Response, KDADS: KDADS continues to believe that a good step in identifying service gaps is to utilize the Sequential Intercept Model (SIM) tool to help guide the need for system change in this area. This project remains on the agency's list of projects utilizing the HCBS 10 percent FMAP enhancement funds and is scheduled as an out-year project of the 12 projects.</p> |

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| 6 | <p>Issue No. 6 continued</p> <p>A client on the I/IDD waiver suffers from schizoaffective disorder and addiction to alcohol and drugs. He has moved through multiple treatment facilities, two state hospital admissions, and hospitals and released due to refusal to take medication, inappropriate behavior that was not therapeutic for other residents, or stating he does not meet the criteria. He has had multiple interactions with law enforcement and currently is incarcerated and has been assessed as incompetent. A treatment center or mental health facility that is willing or perhaps capable of helping him has not been located. It is vital the Committee consider developing treatment facilities that will treat patients with multiple diagnoses including I/DD. His community-based services (residential) supports all do not have the training or staffing to keep client home or off street drugs, although they have tried hard.</p> | <p>Laura Singer, Targeted Case Manager, Case Management Services, Inc.</p> | <p>2/19/2021</p> | <p>KDADS</p> | | <p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> | <p>February 2020 Response, KDADS: Services for individuals with I/DD who have co-occurring behavioral health issues are of great importance. SB 333 (2020) has been introduced this Session to assist in addressing the concerns as expressed by this conferee. In addition, KDADS is hopeful a tool supported by SAMHSA called the Sequential Intercept Model can be utilized in Kansas to help us identify gaps and solutions in its system.</p> <p>June 2020 Response, KDADS: KDADS will continue to work with stakeholders on this concern, as noted earlier.</p> <p>December 2020 Response, KDADS: No further update is available at this time, though KDADS continues conversations with stakeholders regarding I/DD participants with significant behavioral health treatment needs.</p> <p>February 2021 Response, KDADS: No further update at this time, though KDADS continues to engage with stakeholders regarding the behavioral health and treatment needs of individuals with I/DD.</p> <p>April 2021 Response, KDADS: Please refer to the February 2021 response.</p> <p>September 2021 Response, KDADS: No further update at this time, though KDADS continues to engage with stakeholders regarding the behavioral health and treatment needs of individuals with I/DD.</p> <p>December 2021 Response, KDADS: No further updates.</p> <p>February 2022 Response, KDADS: As stated previously, identifying service gaps through the use of the Sequential Intercept Model (SIM) is a key part of identifying alternatives to incarceration for individuals with I/DD. This continues to be on the list of the agency’s projects utilizing the HCBS 10 percent FMAP enhancement funding, though it is scheduled as an out-year project.</p> |
| 6 | <p>Item No. 6 continued</p> | | | | | | <p>April 2022 Response, KDADS: As in previous updates, identifying service gaps through the use of the Sequential Intercept Model is a key part of KDADS’ plan in identifying alternatives to incarceration for individuals with I/DD and other cognitive disabilities. While originally slated as an out-year project utilizing the 10 percent HCBS FMAP enhancement, KDADS has been presented with an opportunity to work with stakeholders and a sponsoring MCO to conduct a statewide Sequential Intercept Model summit later this summer. This work will identify existing services, as well as service gaps and lay the groundwork for strategic planning to best serve this population.</p> |

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| 7 | There is a need for some kind of small-caseload, person-centered support system that is tied to, and has a deep history with, local communities to realize the goals of person-centered philosophy of planning and service and support provision. | Ami Weidler-Hyten, TILRC; Lou Ann Kibbee, SKIL | 4/22/2021 | KDADS | | Continue to monitor | <p>November 2019 Response, KDADS: KDADS invites the conferees to share additional information.</p> <p>February 2020 Response, KDADS: KDADS remains committed to collaborating with its stakeholders to develop programs that promote person-centered choice and supports. KDADS would like to hear more from Ami and Lou Ann as it agrees connections at the local level have been lost, particularly with the centers for independent living and the area agencies on aging. Also, as the State works on compliance with federal Final Rule regulations, it will be key to incorporate stakeholder feedback to ensure KDADS builds and maintains a robust service system.</p> <p>June 2020 Response, KDADS: No further update is available at this time.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available.</p> <p>December 2021 Response, KDADS: Person-centered choice and supports are critical components of HCBS. KDADS proposes further discussions with stakeholders as the state begins analyzing needs for the next 1115 waiver renewal.</p> <p>February 2022 Response, KDADS: No further updates are available, but KDADS supports this conversation as the State begins its analysis of needs for the next 1115 waiver renewal.</p> <p>April 2022 Response, KDADS: No additional updates are available, though KDADS anticipates additional conversation with stakeholders at such time that the state Medicaid agencies are able to plan for KanCare renewals.</p> |

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| 8 | The private citizen described difficulties experienced in seeking behavioral health services for her daughter. She indicated improvement was needed in the provision of information regarding the services available and that the process for receiving assistance should not be so difficult. She also commented on the lack of collaboration between states to allow Kansas residents to be covered by a service in another state that is not offered in Kansas. | Celeste Carlson, private citizen | 2/4/2022 | KDADS | | | <p><i>April 2022 Response, KDADS:</i> KDADS has actually already made a lot of progress on many of the questions that the constituent posed in their testimony. CCBHCs will eliminate catchment areas and allow families to choose where they receive services. We helped develop a KanCare Fact Sheet on PRTFs with the KanCare Ombudsman to help inform parents and updated the SED Waiver. We've worked with DCF and KDHE to start the Family Crisis Response Helpline 1-833-441-2240. KDADS has worked to fund additional Children's systems of care programs to increase access to care. Just this month KDADS and KDHE submitted a State Plan Amendment (SPA) for billing code 90846 which allows therapists to bill work they do with parents without the child present. KDADS has also been developing Parent Peer Support which will allow for parents of children with SED or SUD diagnosis to receive help from another parent of children with a diagnosis in navigating the system and accessing resources. Boys Town has facilities in 9 states across the country and had \$1.5 billion in net assets at the end of CY 2020. Comparing them to a Kansas PRTF is not realistic. Their annual program services cost \$317 million. That's almost 10 times what Kansas spends on all PRTF services. Kansas MCOs have the ability to pay for out-of-state services and commonly do when the appropriate level of care is not available in Kansas. These can involve out-of-network providers, prior authorizations, in-lieu-of services, or single-case agreements as examples of mechanisms MCOs can use. Transferring Medicaid benefits from one state to another is not allowed under federal rules; neither is it allowed for an individual to be covered by Medicaid in two states at the same time. KDADS will continue to work to modernize the mental health system and reduce barriers for parents to access care with help from the Legislature. KDADS considers this resolution complete.</p> |

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| 9 | <p>Kansas has a serious workforce crisis in LTSS. The lack of an abundant, stable, and well-trained workforce hampers any progress on the most basic of quality improvements.</p> <p>Health care staffing agencies continue to drain LTC facility budgets by charging more than quadruple the going wage and announcing "new emergency rate increases."</p> <p>HB 2524 (2022) needs to be passed to create parameters for supplemental staffing agencies to be held to the same standards as those they serve in the industry.</p> <p>Kansas needs a direct care workforce initiative to address the crisis level shortage in the direct care workforce. Steps involved include securing funding to continue financing the maintenance fees for the Kansas Personal Care Directory, launching a coordinated direct care professional recruitment effort, and generating broad-based awareness of the direct care industry as a growing career field and the Kansas Personal Care Directory as a tool for connecting direct support professionals with caregiving jobs.</p> | <p>Rachel Monger, LeadingAge Kansas</p> <p>Rachel Monger, LeadingAge Kansas</p> <p>Haely Ordoyne, KACE</p> <p>Gina Ervay, Kansas Lifespan Respite Coalition</p> | <p>8/26/2019 11/18/2019 12/13/2021 2/4/2022</p> <p>12/13/2021 2/4/2022</p> <p>2/4/2022</p> <p>8/26/2019</p> | <p>KDADS</p> | | <p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> | <p>November 2019 Response, KDADS: KDADS agrees.</p> <p>February 2020 Response, KDADS: KDADS is currently working with CMS and state stakeholders to explore options such as hospitals serving as the training sites for CNA classes and stakeholders serving as course sponsors.</p> <p>June 2020 Response, KDADS: KDADS continues to work with the stakeholders to address these shortages and continues that work during the current pandemic with the authority of Executive Order (EO) 41 and EO 39.</p> <p>November 2019 Response, KDADS: KDADS appreciates the initiative and supports additional collaboration.</p> <p>February 2020 Response, KDADS: KDADS acknowledges the need for increased numbers of direct care workers to meet the needs of all of our HCBS Waiver populations. As the agency works with providers and stakeholders on strategies to increase the direct care workforce, KDADS appreciates the interest of the House Social Services Budget Committee by conducting an informational hearing on Direct Care Workforce Initiatives on January 22, 2020.</p> <p>June 2020 Response, KDADS: KDADS appreciates the work being done on direct care workforces concerns.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p><i>[Note: 2022 HB 2524 was stricken from the House calendar on February 23, 2022.]</i></p> |

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| 9 | <p>Item No. 9 continued</p> <p>A lack of attendant training is creating shortages of persons willing and/or able to work with consumers, especially persons with brain injuries.</p> <p>Personal care attendants should be paid a higher, more competitive rate.</p> <p>Maintaining direct support workers has been an ongoing struggle. I have testified for some time about the shortage of workers prior to COVID-19. This pandemic has escalated that problem in rural Kansas. We have to figure a way how to treat direct support workers better, because the workforce availability declines while putting people with disabilities in danger.</p> | <p>Heather Matty, HCBS Consumer</p> <p>Heather Matty, HCBS Consumer</p> <p>Lou Ann Kibbee, SKIL</p> | <p>8/26/2019</p> <p>8/26/2019</p> <p>6/22/2020</p> | <p>KDADS</p> | | <p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> | <p>November 2019 Response, KDADS: KDADS hears the concerns and invites the conferee to share additional information with KDADS.</p> <p>February 2020 Response, KDADS: KDADS acknowledges the need for increased numbers of direct care workers to meet the needs of all of our HCBS Waiver populations. As the agency works with providers and stakeholders on strategies to increase the direct care workforce, KDADS will include training of direct care workers as a component of the discussion and plans.</p> <p>June 2020 Response, KDADS: KDADS welcomes opportunities to work with stakeholders, MCOs, and others on strategies to recruit, retain, and train attendants.</p> <p>November 2019 Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: In order to accommodate an increase in costs for any HCBS service, additional funding would need to be appropriated for this purpose.</p> <p>June 2020 Response, KDADS: KDADS appreciates the concerns of the conferee and will continue to support HCBS.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further update is available at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> |

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| 9 | <p>Item No. 9 continued A strong system of direct care workers within the community-based services system is one of the strongest preventatives to institutional care for older adults and persons with disabilities. Expanding options potentially may include: a one-time signing bonus or other incentives to attract direct care workers such as personal care attendants and other direct care workers to the field; funding support for the direct care attendants' database.</p> <p>There is a lack of essential workforce for those receiving LTSS.</p> <p>There is a workforce shortage across the community based services network.</p> <p>There is a need to increase the rate for Personal Care Services in BI, PD, FE, and I/DD waivers to allow workers to earn a living wage. (Keck suggested an increase to \$5.10 per unit.)</p> | <p>Sean Gatewood, KAN</p> <p>Leslie Anderson, k4ad Haely Ordoyne, KACE</p> <p>Janet Williams, Minds Matter, LLC Lou Ann Kibbee, SKIL Audrey Schremmer, KACIL</p> <p>Kathy Keck, private citizen Askia Adams, private citizen Sean Gatewood, KAN Brad Linnenkamp, private citizen Joanne Bauman, private citizen</p> | <p>4/22/2021</p> <p>12/13/2021 2/4/2022</p> <p>12/13/2021</p> <p>2/4/2022</p> <p>2/4/2022</p> | KDADS | | <p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> | <p>September 2021 Response, KDADS: As a major pillar of its community-based 10 percent FMAP Bump investment project portfolio, KDADS has included three initiatives aimed at improving workforce shortages in the short-term and a well-trained workforce as a longer-term goal. KDADS has included an overview of its community-based 10 percent FMAP Bump investment project proposals in its agency presentation to the Committee.</p> <p>December 2021 Response, KDADS: Initiatives to improve the workforce issues being experienced in direct services and supports remain a top priority of KDADS. As previously noted, KDADS has included three initiatives aimed at improving workforce shortages in its 10 percent FMAP enhancement plan. Currently, KDADS is working to contract with a vendor to provide administrative services support for a Workforce Recruitment and Retention Bonus program.</p> <p>February 2022 Response, KDADS: Initiatives to improve workforce issues remain a top priority of KDADS. As previously noted, KDADS has included initiatives aimed at improving workforce shortages in its 10 percent FMAP enhancement plan. Currently, KDADS is working to contract with a vendor to provide administrative services support for a Workforce Recruitment and Retention Bonus program.</p> |

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| 9 | <p>Item No. 9 continued I/DD service providers need to keep pace with rising operational costs each year, as well as made whole for years of underfunding. There is a need to ensure the I/DD service system does not fall even further behind in addressing critical funding shortages.</p> <p>Medicaid expansion would help with the direct care workforce shortage by providing health care benefits to these low wage, no benefits positions.</p> | <p>Matt Fletcher, InterHab</p> <p>Lou Ann Kibbee, SKIL Ami Hyten, TILRC</p> | <p>2/4/2022</p> <p>2/4/2022</p> | <p>KDADS</p> | | | <p>April 2022 Response, KDADS: KDADS launched its Workforce Recruitment and Retention program on March 28th to provide bonuses to direct service workers and their immediate supervisors. Applications are due by April 29th at which time final distribution amounts will be determined. It is estimated that full-time HCBS direct service workers will receive a total of \$2,000 for retention or \$1,500 for recruitment in bonuses. Additional information can be found at the KDADS website under the Funding Opportunities tab. Any questions can be sent to KDADS.Workforce@ks.gov.</p> |

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| 10 | <p>The PEAK program is being poorly executed. More than half of surveyed members have responded that they started out in the PEAK program and have since dropped out. Reasons include too much discretionary determination by the PEAK employees, inconsistent criteria, too much time constraints on staff that are already overwhelmed, no variance for the concept of "culture change" being implemented differently for each facility. Most members feel PEAK has not improved the quality of care for their residents and elders.</p> | Haely Ordoyne, KACE | 11/18/2019 | KDADS | | <p align="center"><i>Continue to monitor</i></p> | <p>February 2020 Response, KDADS: KDADS is working with stakeholders and PEAK researchers to review the current program. Since its initial inception, the PEAK program has transformed significantly. KDADS and PEAK have reinstated the PEAK advisory committee which is composed of program participants from facilities, PEAK researchers, and KDADS staff.</p> <p>June 2020 Response, KDADS: PEAK is using the 2020-21 year to evaluate the purpose of the program and identify the most important criteria for inclusion in the person-centered care approaches targeted for PEAK incentives. With the COVID-19 pandemic, KDADS has directed PEAK to continue working with the PEAK designated nursing facilities to make incentive payments without requiring additional measurement activity during the management of the pandemic.</p> <p>December 2020 Response, KDADS: The KDADS PEAK process is being revisited. KDADS plans to reconvene a PEAK work group.</p> <p>February 2021 Response, KDADS: KDADS and KSU have re-instated the PEAK advisory panel-this group is made up of PEAK facility representatives and KSU PEAK staff. The advisory board meets on a regular basis and has taken on the task of revisioning the PEAK program.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: The PEAK Advisory Board has begun the process of revisioning the current PEAK program incentive levels and expanding best practices through education.</p> <p>December 2021 Response, KDADS: New members were added to the PEAK Advisory Board over the summer and established work groups on recruiting and retaining homes in PEAK, communication with the public about PEAK, and COVID planning focused on person-centered care. The revised PEAK criteria will be announced in January 2023 for FY 2024.</p> |

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| 10 | Item No. 10 continued | | | KDADS | | Continue to monitor | <p>February 2022 Response, KDADS: The PEAK Advisory Board work groups are still actively working and will be presenting recommendations to the full Advisory Board at their meeting later this month. Staff is meeting with all homes in the program as well as conducting interviews with frontline workers about their workplace experience to learn about what may be driving workplace shortages. There will be more details in our slide presentation this afternoon.</p> <p>April 2022 Response, KDADS: 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.</p> <p>The PEAK team completed follow-up calls from the check-ins to review self-audits for homes where it applied.</p> <p>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.</p> <p>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).</p> |

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| 11 | <p>Kansas should adopt an insulin administration training program for certified medication aides (CMAs) working in skilled nursing facilities, assisted living facilities, residential healthcare facilities, or home plus homes. In Kansas, the certified medication aide is permitted to dose the insulin medication amount in an insulin pen, but not permitted to assist the residents in self-administration of the medication injection. This discrepancy places Kansas long-term care facilities at a competitive disadvantage.</p> | <p>Scott Schultz, Morningstar Care Homes</p> | <p>2/28/2020</p> | <p>KDADS</p> | | <p><i>Continue to monitor</i></p> | <p>June 2020 Response, KDADS: This would require revision of KAR 26-41-205(d)(2), KAR 26-42-205(d)(2), and KAR 26-43-205(d)(2) as they currently include the following language "Medication aides shall not administer medication through parenteral route." Parenteral means taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injections. CMA course curriculum would also need to be revised.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available.</p> <p>December 2021 Response, KDADS: Feedback from current course providers is that at a minimum the CMA curriculum would need to be revised but there is also the continued concern of the ability of a CMA to be able to review a blood glucose level and make a decision on the amount of insulin to inject and the responsibilities that come with this process.</p> <p>February 2022 Response, KDADS: KDADS is soliciting stakeholder involvement to form a CMA regulations working group to review and revise current regulations.</p> <p>April 2022 Response, KDADS: CMA curriculum revision group had their first meeting dividing into workgroups and setting group expectations. Next meeting is set for 4/29/22.</p> |

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| 12 | The Senior Care Act should be amended to include those under 60 years of age in Kansas who have been diagnosed with younger-onset Alzheimer's or other dementias and add funding to cover additional individuals in this category. | Mitzi McFatrach, KABC | 2/28/2020 | KDADS | | Continue to monitor | <p>June 2020 Response, KDADS: As noted by KLRD, this change to the Senior Care Act would require legislative action. KDADS will continue to collaborate with stakeholders on this potential change to the Senior Care Act statute.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>April 2021 Response, KDADS: As noted previously, any change to eligibility requirements for the Senior Care Act would require legislative action. KDADS respectfully requests this item be considered closed.</p> <p>September 2021 Response, KDADS: As noted previously, any change to eligibility requirements for the Senior Care Act would require legislative action. KDADS presented on the Senior Care Act program at the legislative Senior Care Task Force on September 9. KDADS respectfully requests this item be considered closed.</p> <p>December 2021 Response, KDADS: Since any change in eligibility requirements would require legislative action, KDADS respectfully requests this item be moved to the "requires legislative action" portion of the issues log.</p> <p>February 2022 Response, KDADS: KDADS is monitoring legislative activity that would impact eligibility for the Senior Care Act. Since any change in eligibility requirements would require legislative action, KDADS respectfully requests this item be moved to the "requires legislative action" portion of the issues log.</p> <p>April 2022 Response, KDADS: As noted previously, eligibility requirements for the Senior Care Act are based in statute and would require legislative action to change. HB 2543 did not have a hearing during the 2022 Legislative Session.</p> |

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| 13 | If Medicaid expansion is implemented, k4ad recommends that evidence-based interventions and programs are implemented to support measurable gains realized by expansion. Our system of care should use incentives when addressing social determinants of health, which can occur under Medicaid expansion. | Leslie Anderson, k4ad | 2/28/2020 | KDHE | | Continue to monitor | <p>June 2020 Response, KDHE: This will be addressed as part of a Medicaid expansion implementation.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: No further update.</p> <p>December 2021 Response, KDHE: No further update.</p> <p>February 2022 Response, KDHE: No further update.</p> <p>April 2022 Response, KDHE: No further update.</p> |
| 14 | To assist CMHCs during the COVID-19 pandemic, several policy recommendations would help: approval of Medicaid Code 90846 would allow for billing therapy without the patient being present; continue to allow telemedicine parity for treatment by telephone and televideo; increase the Medicaid reimbursement rate; and expand Medicaid. | Kyle Kessler, Association of Community Mental Health Centers of Kansas, Inc. | 9/28/2020 | KDHE | | Continue to Monitor | <p>December 2020 Response, KDHE: KDHE is evaluating whether it can code 90846 in accordance with CMS requirements. There are presently no plans to close telehealth codes that are currently open. Reimbursement rate increases and Medicaid expansion would require legislative action.</p> <p>February 2021 Response, KDHE: No further update.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: KDHE is resuming its research on how the state could cover this code while complying within existing appropriations.</p> <p>December 2021 Response, KDHE: KDADS is drafting a policy to start covering this code.</p> <p>February 2022 Response, KDHE: No further update.</p> <p>April 2022 Response, KDHE: Notice of the SPA was published in the <i>Kansas Register</i> on March 3, 2022. The SPA was submitted to CMS on April 7, 2022 with a proposed effective date of May 1, 2022. We are currently awaiting CMS approval.</p> |

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| 15 | The emergency waiver for the use of temporary nurse aides in long term care must continue and the Legislature must explore ways to assist temporary aides to receive full nurse aide status once the COVID-19 emergency is over. | Rachel Monger, LeadingAge Kansas | 2/19/2021 | KDADS | | Potentially would require some Legislative action | <p>April 2021 Response, KDADS: KDADS has extended the current temporary aide authority through EO 21-12 which is set to expire on 5/28/21. KDADS has been working closely with stakeholder groups and course sponsors to ensure enough CNA courses are available for any temporary aide wanting to enroll, prior to 5/28/21.</p> <p>September 2021 Response, KDADS: KDADS extended temporary aide via EO 21-12 which expired with the ending of the State of Emergency on 6/15/21. KDADS has been working closely with stakeholder groups and course sponsors to ensure enough CNA courses are available for any temporary aide wishing to become fully certified since April of 2021.</p> <p>December 2021 Response, KDADS: Same update as item 26.</p> <p>February 2022 Response, KDADS: EO 22-02 and HB 2477 extend the use of temporary aides through 01/20/2023. We respectfully request this item be closed.</p> <p>April 2022 Response, KDADS: HB 2477 has been signed into law. No data is available yet at this time. KDADS is working with course sponsors and additional course sponsors via SB 453 for the surge in NATCEP (Nurse Aide Training and Competency Evaluation Program) course before the expiration of the 1135 waiver and Code of Federal Regulations requirements.</p> |
| 16 | Several new counties and markets have been added as PACE service areas over the past ten years. Johnson County used to have a PACE provider, but that provider gave up service rights after it was sold to another organization. Johnson County remains the largest market in Kansas without access to a PACE provider. The 2021 Legislature added a proviso to the budget requiring the State to expand market access, but the Governor line-item vetoed this proviso. | Shawn Sullivan, Midland Care Connection, Inc. | 9/23/2021 | KDADS | | | <p>December 2021 Response, KDADS: KDADS met with Shawn Sullivan regarding PACE expansion in Johnson County on 12/10/2021 and has another meeting scheduled on 12/17/2021.</p> <p>February 2022 Response, KDADS: KDADS provided Midland Care PACE a letter of support and guidance necessary to move forward with expansion to Johnson, Miami, and Franklin counties on January 20, 2022. KDADS will continue to collaborate with provider throughout their application.</p> <p>April 2022 Response, KDADS: As noted in February, KDADS provided Midland Care PACE a letter of support, as well as the guidance necessary, to move forward with expansion to Johnson, Miami and Franklin counties in January of this year.</p> |

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| 17 | <p>HCBS Services such as Assistive Service covering home modifications, durable medical equipment, communication devices, and van lifts have a \$7,500 lifetime purchase limit per participant, across all waivers. Increasing and indexing the maximum amount would be more realistic.</p> <p>The lifetime cap on assistive services should be increased to \$10,000 for persons served by the FE, BI, PD, and I/DD waivers. The cap has not been increased in more than 20 years.</p> | <p>Lou Ann Kibbee, SKIL</p> <p>Sean Gatewood, KAN</p> | <p>12/13/2021</p> <p>2/4/2022</p> | <p>KDADS</p> | | | <p>February 2022 Response, KDADS: For the FY 2023 budget, KDADS requested and, the Governor recommended, the addition of \$1.8 million from all funding sources to increase the lifetime purchase limit from \$7,500 to \$10,000. This modest increase would be the first in over two decades.</p> <p>April 2022 Response, KDADS: \$1.8 million from all funding sources was included in the budget bill to increase the lifetime purchase limit for Assistive Services from \$7,500 to \$10,000.</p> |

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| 18 | There is a need for additional funding to sustain ground ambulance services' financial and operational health. Overtime costs of the magnitude being faced due to staffing issues create additional stress on EMS fiscal health and viability. | Mark Heath, Kansas City Kansas Fire Department Jeff Boss, Johnson County MedAct Frank Williams, Butler County EMS Nathaniel Floren, Ellsworth County EMS Tim Hay, City of Wellington Fire/EMS Department Caroline Scoville, City of Washington EMS Zachary Bieghler, Kingman EMS Dave Johnston, Kansas EMS Association Galen Anderson, America Medical Response, KC Metro Shannon Meier, Jewel County EMS David Adams, Riley County EMS | 12/13/2021 | KDHE | | | <p>February 2022 Response, KDHE: The agency calculated the fiscal impact if all EMS codes were set at 55 percent, 65 percent, 75 percent, or 85 percent of the 2021 rural Medicare rates, with the exception of ground ambulance mileage, which was calculated at 100 percent of the rural Medicare rate. The estimated fiscal impact is as follows: <u>55 percent of Medicare</u>: \$7,935,928 all funds, including \$3,562,438 SGF. <u>65 percent of Medicare</u>: \$9,351,946 all funds, including \$4,198,089 SGF. <u>75 percent of Medicare</u>: \$10,767,964 all funds, including \$4,833,739 SGF. <u>85 percent of Medicare</u>: \$12,182,214 all funds, including \$5,468,596 SGF.</p> <p>April 2022 Response, KDHE: Funding to increase EMS rates was included in H Sub for Sub SB 267. Currently pending Governor's action.</p> |

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| 18 | Item No. 18 continued | Brandon Beck, Emporia Fire Dept./Lyon County City of Emporia Ambulance Service Christina Bartel, Norwich EMS Doug Mogle, Cherokee County Ambulance Chip Portz, Mid- America Regional Council Emergency Rescue Con Olson, TECHS EMS Randy Sandberg, Crawford County EMS David Whitley, Republic County EMS Kathy Coleman, Miltonvale EMS Joseph House, Kansas Board of EMS | | | | | |

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| 19 | Low Medicaid reimbursement rates for pediatric primary care services force physicians to make difficult decisions to limit or stop caring for KanCare patients. Increasing these rates would increase services available to pediatric patients. | Rebecca H. Reddy, MD, Redbud Pediatrics Alan Clement, MD, Heartland Primary Care Cody Jorgensen, MD, Heartland Primary Care Elizabeth W. Musil, MD, Olathe Health Pediatrics Pam Shaw, MD, Pediatrician David Yu, MD, Sunflower Medical Group Tosha Van, MD, Pediatrician Jennifer Melick, MD, Pediatric Partners, PA Anna Slattery, DO, Heartland Primary Care Kathleen Cain, MD, Kansas Chapter, American Academy of Pediatrics | 12/13/2021 | KDHE | | | <p>February 2022 Response, KDHE: Several conferees noted that following the passage of the federal Affordable Care Act, primary care rates were temporarily raised to 100 percent of Medicare. KDHE reviewed the codes that had been affected by the temporary Affordable Care Act increase to determine the fiscal impact if the State again raised the reimbursement rates for those codes to 100 percent of Medicare for pediatricians only. Our initial estimate is that this change would cost \$2,943,697 all funds, including \$886,200 from the State General Fund.</p> <p>April 2022 Response, KDHE: Funding to increase pediatric primary care rates was included in H Sub for Sub SB 267. Currently pending Governor's action.</p> |

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| 20 | <p>For a home modification for an individual that is losing the ability to walk due to her degenerative disease, and after requesting a grant and receiving the grant, the MCO started to pursue more grant options. A copy of their guidelines regarding what was needed to do for a prior authorization was requested, but no guidelines exist. Each MCO should have specific guidelines regarding what is needed prior to authorizing a home modification, so that case managers can use those guidelines before turning in the request. There is an inconsistency with how each MCO makes their own rules and guidelines.</p> | <p>Roxanne Hidaka, Case Management Services, Inc.</p> | <p>4/22/2021</p> | <p>KDADS</p> | <p>MCOs</p> | | <p>September 2021 Response, UHC: Home modification is not yet a separate service through the I/DD waiver, so the request would have to meet the same criteria that is listed under assistive services (the criteria and limitations are available in both the approved waiver and the KMAP manual). In addition to that, Medicaid is always the payor of last resort, so again ensuring there are no other additional community resources available to assist is an act of being good stewards of taxpayer funds. The MCOs are collaborating on ways to make this process more streamlined and would welcome ideas and suggestions from stakeholders.</p> <p>September 2021 Response, Aetna: Aetna is participating in a workgroup with the other MCOs to evaluate the home modification process and look for opportunities to create consistencies and a streamlined process. As a result of this collaboration, a one page resource document was created and submitted to KDADS for review.</p> <p>September 2021 Response, Sunflower: Sunflower is participating in a work group with the other two MCOs to review our process for authorizing home modifications and assistive services and to determine opportunities for standardizing the process. So far, we found our processes are very similar. We plan to report back on any further standardization achieved.</p> <p>December 2021 Response, UHC: The MCOs collaborated together to define and streamline the process. A draft document was submitted to KDADS for review. We are awaiting further guidance from KDADS.</p> <p>December 2021 Response, Aetna: Aetna participated in a collaborative workgroup with the other two MCOs to review the process for authorizing assistive services and home modifications for consistency across all three MCOs. A standardized Assisted Services Resource Checklist was created and submitted to KDADS for review.</p> <p>December 2021 Response, Sunflower: The three MCOs proposed a standardized checklist to KDADS for requesting and approving home modifications/assistive services.</p> |

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| 20 | <p>Item No. 20 continued</p> <p>There are three MCO processes for home modifications and for equipment in the BI waiver. The three MCOs need to get together with KDADS and come up with a process that is efficient, streamlined and quick.</p> | Janet M. Williams, Minds Matter, LLC | 12/13/2021 | KDADS | MCOs | | <p>February 2022 Response, Sunflower: The MCOs proposed a standardized checklist to KDADS for home modification/assistive services requests. KDADS has indicated they are in the process of unbundling Assistive Services and need to complete that work before moving forward on a standardized process.</p> <p>February 2022 Response, Aetna: In 2021, Aetna participated in several collaborative workgroup meetings with our MCO counterparts to evaluate and identify opportunities to create a streamlined, consistent process for home modification/assistive service procedures. The workgroup created an Assistive Service resource document that outlined a standard process for provider reference. Unfortunately, this work has been temporarily paused due to an anticipated update to the KDADS Assistive Services policy. Aetna would be happy to reengage with the State and MCO counterparts to implement an efficient, standardized process.</p> <p>February 2022 Response, UHC: The MCO's participated in a collaborative workgroup to review the process for authorizing assistive services and home modifications for consistency across all three MCOs. A standardized Assisted Services Resource Checklist was created and submitted to KDADS for review. KDADS requested the MCO's not make changes to their current processes until KDADS' policy for unbundling assistive services is completed end of 2022.</p> <p>February 2022 Response, KDADS: KDADS will work with the three MCOs to coordinate a more efficient process for the approval of home modifications and equipment. MCOs will be responsible for developing and implementing the streamlined processes.</p> <p>April 2022 Response, Aetna: Aetna is collaborating with the other MCOs and KDADS to review recommendations and assessment criteria for unbundling assistive services in anticipation of the Assistive Service policy revision, continuing our focus on creating consistent and standardized processes for modifications and equipment for HCBS members.</p> |

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| | <p>Item No. 20 continued</p> <p>There are three MCO processes for home modifications and for equipment in the BI waiver. The three MCOs need to get together with KDADS and come up with a process that is efficient, streamlined and quick.</p> | | | KDADS | MCOs | | <p>April 2022 Response, Sunflower: Sunflower participated in a collaborative workgroup with the three MCOs and KDADS to discuss the unbundling of the assistive services. The workgroup is going to continue working to refine the Assistive Service resource document and move forward with a standardized process when the KDADS Assistive Services policy is revised and approved.</p> <p>April 2022 Response, UHC: The MCOs participated in a collaborative workgroup to review the process for authorizing assistive services and home modifications for consistency across all three MCOs. A standardized Assisted Services Resource Checklist was created and submitted to KDADS for review. KDADS requested the MCOs not make changes to their current processes until KDADS' policy for unbundling assistive services is completed end of 2022.</p> <p>April 2022 Response, KDADS: KDADS is currently in the process of amending the "Assistive Services" service for the applicable waivers to comply with a request from CMS. As the agency works through the amendment process, it will work with the MCOs to ensure the approval processes are streamlined. It is expected that the waiver amendments will be submitted to CMS in September after public comment in Summer 2022.</p> |
| 21 | <p>There is a need to increase the SMC rate to \$48 per hour to allow competitive wages for skilled workers.</p> | Kathy Keck, private citizen | 2/4/2022 | KDADS | | | <p>April 2022 Response, KDADS: Funding was included in the budget bill to increase the SMC rate for the I/DD and TA waivers to \$47.00 per hour.</p> |

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| 22 | There continues to be an increased need for quality oversight for people with disabilities. Kansas has a complex system of supports for persons with disabilities, which leads to fragmented reporting around quality issues, including reporting of ANE. Increased access is needed by the support system to data on ANE and critical incidents of persons with disabilities, including children with disabilities. | Liz Long, KCDD | 2/4/2022 | KDADS | | | <i>April 2022 Response, KDADS:</i> The KanCare quarterly report to CMS contains information on Adverse Incident Reporting (AIR) involving HCBS participants. KDADS provides this AIR data to KDHE for inclusion in the quarterly report. These reports are posted publicly on the KanCare website. |
| 23 | Prior authorizations for extra TCM units can take up to six weeks to be approved by UHC. UHC has an e-mail address to send prior authorizations to, but Sunflower has TCMs send the case notes directly to the case coordinator and they are approved within seven days. | Roxanne Hidaka, Case Management Services, Inc. | 2/4/2022 | | UHC | | <i>April 2022 Response, UHC:</i> UHC has been in communication with Ms. Hidaka to better understand her concern. UHC strives for a 10-day turnaround from the time we receive the request for additional TCM units. When we receive a request for additional units on the TCM portal in KAMIS, we verify we've received the necessary documentation. If the necessary documentation hasn't been submitted, we request it. When all the necessary documentation is received it is reviewed to confirm the documented time supports activities that fall under the scope of TCM. The TCM portal, the authorization and the service plan are updated with the new TCM units. We are reviewing how we can streamline our process to allow a quicker turnaround time while continuing to ensure appropriate authorization of TCM services. |
| 24 | With UHC, all LTSS correspondence goes to a general e-mail. TCMs should be able to get ISPs and any other information from the care coordinators. Sunflower gives their care coordinators the ability to send TCMs any information needed. | Roxanne Hidaka, Case Management Services, Inc. | 2/4/2022 | | UHC | | <i>April 2022 Response, UHC:</i> UHC utilizes a centralized email and an administrative support team to respond to provider inquires regarding authorizations or service plans. The centralized email is worked daily and allows for timely response. |

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| 25 | The amount covered for dental services for adults needs to be increased. | Roxanne Hidaka, Case Management Services, Inc. Sean Gatewood, KAN | 2/4/2022 | KDHE | | | April 2022 Response, KDHE: H Sub for Sub SB 267 includes \$3.5 million to increase the availability of dental services for adult Medicaid beneficiaries. Currently pending Governor’s action. This is not enough funding to provide a comprehensive adult dental benefit. The state has had preliminary conversations with Oral Health Kansas on possible implementation strategies; we also plan to consult with dental providers, the MCOs, and stakeholders. |
| 26 | There is a need to expand Medicaid coverage for pregnant women to 12 months postpartum. The current policy ends coverage 2 months after birth, leaving mothers with a lack of access to physical and mental health services. | Sean Gatewood, KAN | 2/4/2022 | KDHE | | | April 2022 Response, KDHE: The agency agrees with the conferee. The Governor’s budget and H Sub for Sub SB 267 both included funding for this policy change. |
| 27 | The rate calculation methodology of the Medicaid daily reimbursement rate for senior services is antiquated and needs to be reviewed. The current method uses numbers that are over four years old to determine rates for the upcoming year. | Haely Ordoyne, KACE | 2/4/2022 | KDADS | | | April 2022 Response, KDADS: Same as #2, the budget in House Sub. for Sub. for SB 267 contains a full rebasing for Nursing Facilities based on CY 2021, 2020, and 2019 so KDADS will be following current statutory language regarding Nursing Facility rates. We thank the Legislature for their appropriation of an additional \$26M-\$27M and respectfully request that this item be closed. |
| 28 | A clear explanation of an individual's loss of TCM upon participation in OneCare Kansas is needed to prevent confusion and frustration for the impacted individuals and to protect targeted case managers from providing services for which they will receive no compensation. | Colin Olenick, private citizen | 2/4/2022 | KDADS | | | April 2022 Response, KDADS: OneCare Kansas is administered by KDHE. KDADS has worked with KDHE to clarify the requirements of OneCare participation and to ensure that appropriate choice is provided to potential participants. |

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| 29 | Authorizing teledentistry is a way to make dental care as easy to access as possible as the pandemic continues. The Committee should include a recommendation that teledentistry be authorized in the State of Kansas. | Tanya Dorf Brunner, Oral Health Kansas | 9/28/2020 | KDHE | | <i>Requires legislative action</i> | <p>December 2020 Response, KDHE: KDHE received a \$3.0 million appropriation to increase dental rates. The codes selected for increased rates were chosen in order to impact the majority of Medicaid dental providers, and therefore affect a greater number of Medicaid beneficiaries. KDHE would support increasing the reimbursement rate for code D9420 if appropriations allowed.</p> <p>February 2021 Response, KDHE: No further update.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: This code will see a rate increase effective January 1, 2022. KDHE reviewed the conferee's request and determined that the rate increase was warranted and could be accommodated within existing appropriations.</p> <p>December 2021 Response, KDHE: A bulletin had been released announcing the dental rate increase. The agency would recommend closing the rate portion of this item.</p> <p>February 2022 Response, KDHE: No further update; this item appears to have become a legislative matter.</p> |

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| 30 | <p>What is being done to ensure network adequacy for CILs? Consumers were having difficulty finding providers who accepted Medicaid before the pandemic. CILs throughout Kansas have worked to provide uninterrupted service and will continue the dialogue with state agencies to strengthen systems that support our consumers.</p> <p>Unlike service providers in any other community-based segment, CILs do not have a designated source of support or a line item in the state budget. When extraordinary funding was made available for other providers, the CILs that received only state funds were not included. GRAIL would like to see state support for CILs formalized.</p> | <p>Jill Dudley, KACIL; GRAIL</p> <p>GRAIL</p> | <p>6/22/2020</p> <p>6/22/2020 9/28/2020</p> | <p>KDADS</p> | | <p>Requires legislative action</p> | <p>September 2020 Response, KDADS: MCO provider networks are monitored on a continual basis with KDHE. That said, KDADS recognizes and appreciates the work of the CILs during these unprecedented times. The COVID-19 pandemic has presented many challenges and opportunities for our service delivery system. As KDADS reflects on these challenges and opportunities, we will be looking for ways to improve upon the system weaknesses that presented during the crisis and to seize the opportunities to benefit the individuals we serve. KDADS appreciate stakeholders' willingness to share their experiences and ideas for improving service delivery.</p> <p>September 2020 Response, KDADS: KDADS acknowledges the request for formalized support for CILs via a designated source of support or a line item in the state budget. To provide funding to CILs through KDADS would require the additional appropriation of funds.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further update is available at this time.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available. KDADS respectfully requests this item be considered closed.</p> <p>December 2021 Response, KDADS: Additional appropriations to provide designated funding to CILs would require legislative action. KDADS respectfully requests this item be moved to the "requires legislative action" portion of the issues log.</p> <p>February 2022 Response, KDADS: To provide funding to CILs through KDADS would require the additional appropriation of funds. KDADS budget hearings are coming up in the next few weeks in the budget subcommittees in each chamber.</p> |

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| 30 | Item No. 30 continued | Jill Dudley, KACIL; GRAIL GRAIL | 6/22/2020 6/22/2020 9/28/2020 | KDADS | | Requires legislative action | April 2022 Response, KDADS: Additional appropriations to provide designated funding to CILs would require legislative action. No additional funding was appropriated in the budget bill passed by the 2022 Legislature. |
| 31 | <p>Authorize the licensure category "Limited Nurse Aide" in long-term care settings to assist with workforce shortages and count the 8 hours of training needed for LNA certification toward the 90 hour requirement to become a CNA.</p> <p>The emergency waiver for the use of temporary nurse aides in long term care must continue and the Legislature must explore ways to assist temporary aides to receive full nurse aide status once the COVID-19 emergency is over.</p> | Haely Ordoyne, KACE Rachel Monger, LeadingAge Kansas | 12/14/2021 12/9/2020 | KDADS | | Requires legislative action | <p>November 2019 Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: KDADS currently holds no regulatory authority over health care staffing agencies. HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020.</p> <p>June 2020 Response, KDADS: HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020. KDADS respectfully asks that this item be consolidated with other temporary staffing issues line item.</p> <p>November 2019 Response, KDADS: Fiscal note would accompany any legislation that would be considered.</p> <p>June 2020 Response, KDHE: No change.</p> <p>February 2020 Response, KDADS: KDADS currently holds no regulatory authority over health care staffing agencies. HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020.</p> |

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| 31 | <p>Issue No. 31 continued</p> <p>The current crisis at the long-term care facilities during the COVID-19 pandemic is staffing. Staff are leaving the industry at high rates because of testing mandates, additional stress and responsibilities, and ever changing scheduling needs due to quarantine and positive cases. Solutions include future coronavirus relief funding tied directly to increasing staffing wages. A wage pass-through is an additional allocation of funds provided through Medicaid reimbursement for the express purposes of increasing compensation for direct-care workers and could also be a solution. Holding virtual clinicals for CNA courses and extending the temporary aide position that is currently tied to the Emergency Declaration are also solutions that would help ease the burden on staffing issues.</p> | Haely Ordoyne, KACE | 12/9/2020 | KDADS | | | <p>February 2021 Response, KDADS: Future federal relief packages would be subject to federal requirements and allocation. A wage pass-through in the Kansas nursing facility rates would require additional appropriations. KDADS has allowed for simulated labs in lieu of ACH clinical sites for CNA courses throughout the duration of the pandemic. KDADS continues to work closely with associations to find a solution for a smooth transition of temporary aides to permanent employment in long term care. The temporary aides have made a large impact during the pandemic and point out the need to find a way to ensure these essential workers have an avenue to continue providing care to the most vulnerable population while ensuring the staff caring for seniors are adequately trained and can maintain the higher standard Kansas has set for the direct care workforce.</p> <p>April 2021 Response, KDADS: No further updates at this time.</p> <p>September 2021 Response, KDADS: No further updates are available at this time.</p> <p>December 2021 Response, KDADS: Temporary aides were authorized by executive order tied to the disaster declaration. KDADS does not have the authority to create a new class of worker authorized to provide patient care in long-term care facilities. KDADS has continued flexibilities in CNA training using simulated labs and allowing work experience to count for training requirements. KDADS respectfully requests this item be moved to the "requires legislative action" portion of the issues log.</p> |

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|-----|---|---|----------------|--------------|-----|---|--|
| 31 | <p>Item No. 31 continued</p> <p>The emergency waiver for the use of temporary nurse aides in long term care must continue and the Legislature must explore ways to assist temporary aides to receive full nurse aide status once the COVID-19 emergency is over.</p> | Rachel Monger, LeadingAge Kansas | 2/19/2021 | KDADS | | | <p>April 2021 Response, KDADS: KDADS has extended the current temporary aide authority through EO 21-12 which is set to expire on 5/28/21. KDADS has been working closely with stakeholder groups and course sponsors to ensure enough CNA courses are available for any temporary aide wanting to enroll, prior to 5/28/21.</p> <p>September 2021 Response, KDADS: KDADS extended temporary aide via EO 21-12 which expired with the ending of the State of Emergency on 6/15/21. KDADS has been working closely with stakeholder groups and course sponsors to ensure enough CNA courses are available for any temporary aide wishing to become fully certified since April of 2021.</p> <p>December 2021 Response, KDADS: Same update as item 26. [Note : Item 26 was combined with this issue at the December 2021 meeting.]</p> <p>February 2022 Response, KDADS: The Legislature moved quickly to pass HB 2477 extending the use of temporary aides through January 2023.</p> <p>April 2022 Response, KDADS: HB 2477 has been signed into law. See item #15.</p> |
| 32 | <p>The HCBS FMAP increase of 10 percent that is part of the American Rescue Plan should be used for services and programs that would directly impact individuals rather than benefit providers. These funds are of course one-time funds and are to "supplement, not supplant" the level of state funds expended for HCBS services for eligible individuals.</p> <p>The HCBS FMAP increase should be used to increase survey frequency for all adult care homes</p> | <p>Ami Hyten; TILRC; Sean Gatewood, KanCare Advocates Network; Margaret Farley, KABC; Lou Ann Kibbee, SKIL</p> <p>Lou Ann Kibbee, SKIL; Margaret Farley, KABC</p> | 4/22/2021 | KDADS | | <p><i>Would require Legislative action</i></p> <p><i>*Combined item</i></p> | <p>September 2021 Response, KDHE: The protected income level was increased to 300 percent of SSI effective July 1, 2021. KDHE would support legislation that would make this change permanent.</p> <p>December 2021 Response, KDHE: No further update.</p> <p>February 2022 Response, KDADS: The HCBS 10 percent FMAP enhancement funding has been approved for the 12 projects KDADS has presented to stakeholders and the Legislature previously. These projects are intended to strategically invest the one-time funding in ways that will bring benefit to waiver participants and strengthen the delivery system.</p> <p>April 2022 Response, KDADS: As included in the agency presentation, the HCBS 10 percent FMAP Enhancement funding is currently approved by CMS for a portfolio of 12 projects. The Workforce Recruitment and Retention Initiative is currently underway, while the I/DD and PD Waitlist, Sequential Intercept Model, TCM, Employment First, and Workforce Training and Career Ladder projects are in various stages of the implementation process.</p> |

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| 33 | The state hospitals are understaffed continually, the pay rate doesn't allow for getting staff that is competent, caring, and want to work in this field. | Roxanne Hidaka, Case Management Services, Inc. | 4/22/2021 | KDADS | | Would require Legislative action | <p>September 2021 Response, KDADS: KDADS worked with the Office of the Governor, Division of the Budget, and Personnel Services to raise the starting wages for direct care staff, activity therapy, and safety and security staff at KNI, Osawatomie State Hospital and Parsons State Hospital starting in July 2021. Executive Directive 21-537 and 21-538 targeted increases through raising the starting wage for direct care staff by approximately 15%. Those increases have helped recruiting and retention of positions at Parsons State Hospital and Training Center and KNI.</p> <p>December 2021 Response, KDADS: Governor Kelly announced an additional package of base compensation increases for nurses at the State Hospitals and proposed a series of temporary hourly increases that would require additional funding. The proposal is described in the KDADS presentation to the Committee.</p> <p>February 2022 Response, KDADS: KDADS encourages legislative support for FY 2023 budget request for the 24/7 state facilities pay plan.</p> <p>April 2022 Response, KDADS: The 24/7 Facilities Pay Plan is part of the budget, House Sub. for Sub. for SB 267. It does exclude hourly employees on the 24/7 Facilities Pay Plan from the across the board 5 percent salary adjustment for state employees. KDADS will be gathering data on retention rates of staff.</p> |

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| 34 | <p>A statement of support is needed from the MCOs to approve the crisis request be started. There is considerable discussion between the MCO and I/DD program manager prior to responding to the TCM. This is done without the full documentation of the crisis request, and prior to the TCM presenting the crisis and documentation to the CDDO crisis committee. The CDDO will not consider a request without the statement of support from the MCO. But the MCO states that even without the statement of support, we can pursue the crisis request. When requesting a statement of support from the MCO, we often have to follow-up more than once to our initial request. The process is inconsistent between the CDDO, MCOs, and KDADS. We need a clear set of guidelines, policies, and timelines between all entities.</p> | Roxanne Hidaka, Case Management Services, Inc. | 4/22/2021 | | MCOs | | <p>August 2021 Response, Sunflower: Sunflower will work with KDADS to determine if a more standardized process is needed across CDDOs, TCMs and MCOs. If so, Sunflower will collaborate with all parties to help develop this.</p> <p>September 2021 Response, UHC: MCOs are expected to fully research a request for a crisis exception, including providing any alternative solutions, prior to making a statement of support in line with KDADS expectations. Regardless of the MCO or the crisis situation, looking into the situation and attempting to find other possible solutions (which is what the state's expectation of the MCOs is) does not take longer and require more ongoing communication than requesting a simple statement of support so that the TCM can submit the request to the CDDO for their review.</p> <p>September 2021 Response, Aetna: Aetna has an Emergency Services System of Care Administrator who functions as a single point of contact for any requests related to I/DD crisis exceptions. The Emergency Services System of Care Administrator works with the Aetna Service Coordinator, Targeted Case Manager, CDDO, and member/guardian to review the request, assess member risk, and research the availability of community resources and services. Once this information has been reviewed, a letter of recommendation is provided to the I/DD Program Manager. Aetna welcomes the opportunity to collaborate and establish a standardized process to ensure crisis requests are addressed timely and consistently.</p> <p>September 2021 Response, KDADS: As KDADS reviews and updates policies and procedures, KDADS will include review of the processes of CDDOs, MCOs, and the agency itself to reconcile and streamline where possible.</p> |

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| 34 | Item No. 34 continued | Roxanne Hidaka, Case Management Services, Inc. | 4/22/2021 | | MCOs | | <p>December 2021 Response, UHC: UHC has a dedicated I/DD Program Manager who works with the KDADS Program Manager, TCM, and CDDO to review crisis requests. Other potential solutions including covered and non-covered services and community resources are explored prior to providing a recommendation to the KDADS Program Manager. We make every effort to respond expeditiously.</p> <p>December 2021 Response, Aetna: Aetna continues to utilize our Emergency Services System of Care Administrator who functions as a single point of contact for any requests related to I/DD crisis exceptions. The team described above collaboratively reviews the request, assesses member risk, and researches the availability of community resources and services. Once reviewed, a letter of recommendation is provided to the I/DD Program Manager. We still welcome to opportunities for collaboration to establish a standardized process to ensure crisis requests are addressed timely and consistently across the board.</p> <p>December 2021 Response, Sunflower: KDADS had indicated they would like to review the policy and process. Sunflower will comply with any process changes KDADS determines are needed.</p> <p>December 2021 Response, KDADS: No further updates at this time.</p> |

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| 34 | Item No. 34 continued | Roxanne Hidaka, Case Management Services, Inc. | 4/22/2021 | | MCOs | | <p>February 2022 Response, Sunflower: KDADS had indicated they would like to review the policy and process. Sunflower will comply with any process changes KDADS determines are needed.</p> <p>February 2022 Response, Aetna: Aetna continues to utilize our Emergency Services System of Care Administrator who functions as a single point of contact for any requests related to I/DD crisis exceptions. The team reviews the request, assesses member risk, and researches the availability of community resources and services. Once reviewed, a letter of recommendation is provided to the I/DD Program Manager. Aetna is still open to opportunities for collaboration to establish a standardized process to ensure crisis requests are addressed timely and consistently across the board. Additionally, Aetna will follow any changes made by KDADS to the current policy.</p> <p>February 2022 Response, UHC: UHC has a dedicated I/DD Program Manager who works with the KDADS Program Manager, TCM, and CDDO to review crisis requests. Other potential solutions including covered and non-covered services and community resources are explored prior to providing a recommendation to the KDADS Program Manager. We make every effort to respond expeditiously.</p> <p>April 2022 Response, Aetna: Aetna continues to utilize a single point of contact for I/DD waiver crisis exception requests. The Emergency Services System of Care Administrator works with the clinical team to review requests, assess member risks, and offer community resources and services, including our Value-Added Benefits. Once reviewed, a letter of recommendation is provided to the I/DD Program Manager. Aetna remains open to opportunities for collaboration to establish a standardized process to ensure crisis requests are addressed timely and consistently across the board, and we will ensure adherence to any changes made by KDADS to the current policy.</p> |

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Legend

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| ACM | Administrative Case Management |
| ADA | Americans with Disabilities Act |
| ANE | Abuse, Neglect and Exploitation |
| AU | Autism |
| BI | Brain Injury |
| CARES | Coronavirus Aid, Relief, and Economic Security Act |
| CCBHC | Certified Community Behavioral Health Clinic |
| CDDO | Community Developmental Disability Organization |
| CIL | Center for Independent Living |
| CMA | Certified Medication Aide |
| CMHC | Community Mental Health Center |
| CMS | Centers for Medicare and Medicaid Services |
| CNA | Certified Nurse Aide |
| DCF | Kansas Department for Children and Families |
| DME | Durable Medical Equipment |
| DPOA | Durable Power of Attorney |
| DRC | Disability Rights Center of Kansas |
| EO | Executive Order |
| FE | Frail Elderly |
| FEMA | Federal Emergency Management Agency |
| FMAP | Federal Medical Assistance Percentage |
| FMS | Financial Management Services |
| FPL | Federal Poverty Level |
| GRAIL | GrassRoots Advocates for Independent Living |
| HCBS | Home and Community Based Services |
| HHS | U.S. Department of Health and Human Services |
| HRSA | Health Resources and Services Administration |
| ICF | Intermediate Care Facility |
| I/DD | Intellectual and Developmental Disability |
| ISP | Individual Service Plan |
| k4ad | Kansas Association of Area Agencies on Aging and Disabilities |
| KABC | Kansas Advocates for Better Care |
| KACE | Kansas Adult Care Executives |
| KACIL | Kansas Association of Centers for Independent Living |
| KAN | KanCare Advocates Network |

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| KAR | Kansas Administrative Regulations |
| KCDD | Kansas Council on Developmental Disabilities |
| KDADS | Kansas Department for Aging and Disability Services |
| KDHE | Kansas Department of Health and Environment |
| KHA | Kansas Hospital Association |
| KHCA/KCAL | Kansas Health-Care Association/Kansas Center for Assisted Living |
| KLRD | Kansas Legislative Research Department |
| KMAP | Kansas Medical Assistance Program |
| KNI | Kansas Neurological Institute |
| KSU | Kansas State University |
| LTC | Long-Term Care |
| LTSS | Long-Term Services and Supports |
| MCO | Managed Care Organization |
| MDS | Minimum Data Set |
| MFP | Money Follows the Person |
| NATCEP | Nurse Aide Training and Competency Evaluation Program |
| NF | Nursing Facility |
| PACE | Program for All-Inclusive Care for the Elderly |
| PAR DME | Participating Provider of Durable Medical Equipment |
| PD | Physical Disability |
| PEAK | Promoting Excellent Alternative in Kansas Nursing Homes |
| PIL | Protected Income Level |
| PPE | Personal Protective Equipment |
| PRF | Provider Relief Fund |
| PRTF | Psychiatric Residential Treatment Facility |
| PSH | Parsons State Hospital |
| RFP | Request for Proposal |
| RN | Registered Nurse |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SED | Serious Emotional Disturbance |
| SIM | State Innovation Model |
| SKIL | Southeast Kansas Independent Living Resource Center |
| SMC | Specialized Medical Care |
| SNF | Skilled Nursing Facility |
| SPA | State Plan Amendment |
| SPARK | Strengthening People and Revitalizing Kansas Task Force |

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| SSI | Supplemental Security Income |
| SUD | Substance Use Disorder |
| TA | Technology Assisted |
| TBI | Traumatic Brain Injury |
| TCM | Targeted Case Management |
| TILRC | Topeka Independent Living Resource Center |
| UHC | United Healthcare Community Plan of Kansas |