



Robert G. Bethell Joint Committee on Home and Community Based
Services and KanCare Oversight: KDADS Update
August 27, 2019



Update on Following Topics:

- HCBS
- Waiting Lists
- Explanation of HCBS Waiver Services and Constraints on State's provision of services
- HCBS Waiver Renewals
- Quarterly Report on Savings Transferred to HCBS Savings Fund and Fund Balance
- I/DD HCBS Waiver Update/Long Term Services and Supports
- Monthly Brainstorming meeting Facilitated by Wichita State University
- Long-term Care
- National Association of State Mental Health Program Directors PRTF Study
- Behavioral Health
- Receiverships
- State Hospitals



KDADS's Strategic Planning Document

- Modernize
 - Modernize the continuum of care in the state through technology, collaboration, and innovation
 - Implement enhanced technology
 - Expand telehealth
 - Integrate primary care and behavioral health
 - Modernize the Care and Treatment Act
 - Implement mobile competency
 - Address gaps in continuum of care for children and adults
 - Redefine roles of state hospitals
- Self Direction and Self Determination
 - Revitalize self-direction offerings/Support self-direction and self-determination through programming and policies
 - Revise waivers to promote self-direction, self-determination and dignity
 - Review current background check requirements and update policies
 - Work with partners to provide staff training and capacity building
 - Clarify roles of FMS providers



KDADS's Strategic Planning Document

- Decision Making
 - Improve consumer driven-decision making and program design
 - Expand the number of families and consumers participating in subcommittees, advisory boards and other stakeholder groups
 - Establish a consumer engagement strategy for State Hospitals
 - Revise 1915(c) waiver to better articulate stakeholder engagement
 - Ensure that partners are engaging families and consumers as appropriate in local and regional governance of service delivery
- Workforce
 - Improve workforce development across the state
 - Assess current service delivery workforce status
 - Value direct care providers more highly
 - Partner with community colleges/secondary educational institutions to recruit and develop workforce
 - Identify technical assistance options for this area
 - Create internship programs for State Hospitals
 - Quantify the extent to which HRSA loan repayment grants are utilized
 - Educate providers on staff retention options



KDADS's Strategic Planning Document

- Employment
 - Increase meaningful and community-integrated employment opportunities for populations served by KDADS
 - Implement supported employment pilot for KanCare waiver
 - Hire an employment coordinator/champion
 - Collaborate with Departments of Labor and Commerce regarding employment for persons with disabilities
 - Fully implement and comply with HCBS Final Settings Rule
- Housing
 - Implement comprehensive approaches to link target populations to accessible community-based housing
 - Establish working group across state agencies to explore multi-disciplinary housing approaches
 - Hire a housing coordinator/champion
 - Implement Operation Community Integration (OCI) – Housing First principles
 - Encourage MCO's to support housing linkage and attainment
 - Develop a business case that quantifies the need for housing to help identify new housing partners and funding sources



KDADS's Strategic Planning Document

- Prevention
 - Adopt strategic prevention framework
 - Complete departmental training on strategic prevention framework
 - Define "harm" to better socialize concept within various programs
 - Strengthen discharge planning process and implement prevention strategies into the discharge planning method
 - Pilot the sequential intercept model with a targeted population; potentially with the population of KDADS consumers interfacing with the criminal justice system
 - Establish a strategy for educating and partnering with law enforcement
- Data
 - Movement toward data-informed continuous quality improvement
 - Establish increased standard operating procedures, establish communication strategy with stakeholders
 - Develop meaningful measurement metrics, then identify data to support them
 - Inventory current data collection resources, take advantage of opportunities to capture new data
 - Establish targets for key measures, establish access to data for data team
 - Implement a process to identify lessons learned – how do we become a learning organization?

HOME AND COMMUNITY BASED SERVICES (HCBS)

HCBS Waiver Program Basics

What is a HCBS Waiver?

Within broad federal guidelines, states can develop home and community-based services waivers (HCBS waivers) to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.



HCBS Waiver Program Basics

State HCBS Waiver programs must:

- Demonstrate that providing waiver services won't cost more than providing these services in an institution.
- Ensure the protection of people's health and welfare.
- Provide adequate and reasonable provider standards to meet the needs of the target population.
- Ensure that services follow an individualized and person-centered plan of care.

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HCBS Waiver Program Basics

States can waive certain Medicaid program requirements under HCBS Waivers, including:

- State-wideness – states can target waivers to areas of the state
- Comparability of services – lets states make waiver services available only to certain groups of people who are at risk of institutionalization (i.e. elderly, technology-dependent children)
- Income and resource rules applicable in the community – lets states provide Medicaid to people who would otherwise be eligible only in an institutional setting, often due to the income and resources of a spouse or parent

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HCBS Waiver Program Basics

Who Can Get Coverage?

- HCBS Waivers allow states to tailor services to meet the needs of a particular targeted group.
- States are permitted to establish additional criteria, such as age or diagnosis.
- Eligible individuals must demonstrate the need for a Level of Care that would meet the state's eligibility requirements for services in an institutional setting.
- States choose the maximum number of people that will be served under a HCBS Waiver program.



HCBS Waiver Program Basics

What is Covered?

- States can offer a variety of services under a HCBS Waiver program.
- Programs can provide a combination of standard medical services and non-medical services.
- Examples of services include homemaker, home health aide, personal care, adult day and/or residential services, and respite care.
- States can also propose other types of services that may assist in diverting or transitioning individuals from institutional settings into their homes and community.



Kansas Medicaid HCBS Waivers

The 7 Kansas HCBS Waiver Programs are:

- Autism, for children who begin receiving services before the age of 6.
- Frail Elderly (FE), for individuals 65 years of age and older who need help with the tasks of daily life in order to remain in their homes.
- Intellectual and Developmental Disability (IDD) for individuals over the age of 5 years.
- Physical Disability (PD), for individuals age 16-64.
- Serious Emotional Disturbance (SED) for individuals between the ages of 4 and 18.
- Technology Assisted (TA), for individuals from birth to age 21.
- Brain Injury (BI), for individuals between the ages of 16 and 64.



HCBS Waiver Enrollment – July

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	49		304 (as of 7/31/2019)
Serious Emotional Disturbance (SED)	3,327		
Technology Assisted (TA)	565		
Frail Elderly (FE)	4,571		
Traumatic Brain Injury (TBI)*	400		
Intellectual and Developmental Disabilities (I/DD)	8,975	4,035	
Physical Disability (PD)	5,660	1,805	

Notes:

- *Approved as BI waiver August 5, 2019
- Data as of August 13, 2019
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at [http://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)](http://kdads.ks.gov/commissions/home-community-based-services-(hcbs))





Current Efforts to Reduce the Waiting List

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Offers
Intellectual and Developmental Disabilities (I/DD)	8,975	4,035	107 offers made YTD 2019
Physical Disability (PD)	5,660	1,805	900 offers made YTD 2019



Protected Income Level & Waiver Renewal

KDADS and KDHE Found a Way

Working collaboratively, KDADS, KDHE and CMS are coordinating efforts to meet three objectives:

1. Receive formal approval from CMS on the proposed I/DD Waiver renewal language, as written and posted on the KDADS website, to comply with CMS procedural requirements.
2. Implement the Protected Income Level (PIL) increase to \$1,177 to be effective September 1, 2019, across all waivers.
3. Engage with participants, providers and stakeholders to evaluate and ensure that the state's direction with the waiver programs remains true to long-held Kansas values surrounding home and community-based services.

KDADS and KDHE are pleased to be working collaboratively with CMS to improve the HCBS waivers for Kansans.





Waiver Renewal Listening Sessions

- As part of our commitment to increasing collaboration with stakeholders, KDADS has started conducting listening sessions with participants, families, stakeholders and providers regarding the I/DD Waiver.
- KDADS visited Great Bend and Garden City on July 31st and August 1st to kick off the listening sessions.
- Additional meetings are being scheduled with interested groups. If interested, please contact Amy Penrod at Amy.Penrod1@ks.gov.
- Listening sessions focused on the Frail Elderly and Physical Disability Waivers will begin soon. If interested, please contact Amy Penrod at Amy.Penrod1@ks.gov.



Brain Injury Waiver

- Kansas received formal approval from CMS for the adult population of the new Brain Injury Waiver August 5, 2019.
- The first participant with an acquired brain injury (stroke) was approved and added to the new waiver on August 8, 2019.
- Approval for the youth population is expected later this fall after finalization of a BI youth assessment tool and subsequent approval from CMS.



Community Connections

What is the HCBS Settings Final Rule?

- Published in the Federal Register on January 16, 2014.
- The HCBS Settings Final Rule defines the qualities of settings that are eligible to receive HCBS funding.
- The Final Rule is designed with the intent to improve people's quality of life, increase their choices for services and settings, and provide them with more protections.
- Aims to ensure that individuals receiving long-term services and supports through home and community based service programs have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.
- The Final Rule applies to all settings where Home and Community Based Services are delivered.
- HCBS Settings include non-residential settings, such as adult day service centers, as well as residential settings, such as assisted living facilities.
- HCBS Settings are required to come into compliance by March 17, 2022.



Community Connections

- Kansas received initial approval on its Statewide Transition Plan May 21, 2019.
- KDADS has launched Community Connections as we begin the process of coming into compliance with the provisions of the final settings rule.
- KDADS staff, led by HCBS Director Michele Heydon, visited Wichita, Olathe and Hays in July to provide updates on the work that the state will need to do.
- Site-specific assessments are expected to begin in September 2019 with providers. Additional information and training on the assessment tool will be made available.
- A Community Connections website will be launching that will contain resources and tools for providers and interested parties to obtain information and guidance through the process.



MONTHLY BRAINSTORMING MEETING FACILITATED BY WICHITA STATE UNIVERSITY

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Monthly Meetings with Stakeholders and MCOs – Facilitated by Wichita State University

- KDHE and KDADS have been meeting with stakeholders and the MCOs for several years.
- Wichita State University (WSU) staff facilitate the meetings.
- The purpose of the meetings is to provide feedback and input from stakeholders regarding KanCare concerns and issues.
- More recently, the purpose of the meetings shifted to create a collaborative opportunity to seek input and involvement from stakeholders and consumers specific to KanCare with an emphasis on the social determinants of health (e.g., housing, transportation, employment, education, nutrition).

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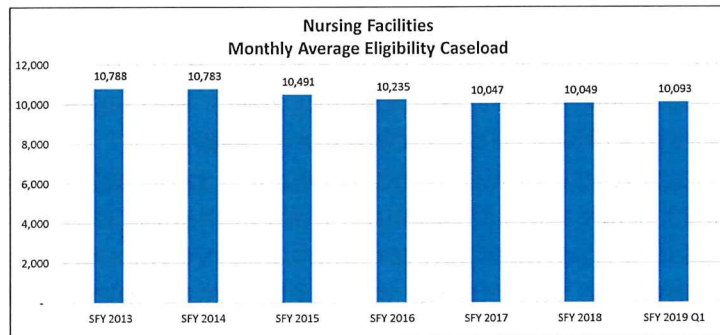
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LONG-TERM CARE

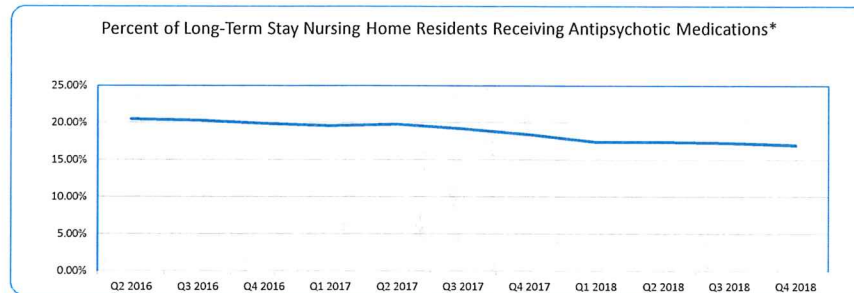
Average Census for State Institutions and Long-Term Care Facilities

- The monthly Medicaid average eligibility caseload for nursing facilities has remained steady.



Kansas is Making Progress in Reducing the Use of Anti-Psychotic Drugs in Nursing Homes

- In 2011, Kansas ranked 51st in the nation in the use of anti-psychotic drugs in nursing facilities.
- Kansas now ranks 42nd in the nation and expects to continue to show improvement based on the activities undertaken.



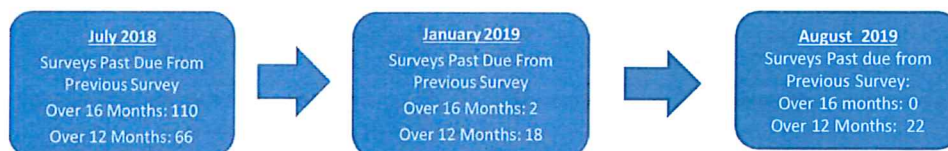
*Excludes residents diagnosed with schizophrenia, Huntington's Disease, or Tourette's Syndrome

Source: National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (April 2019)

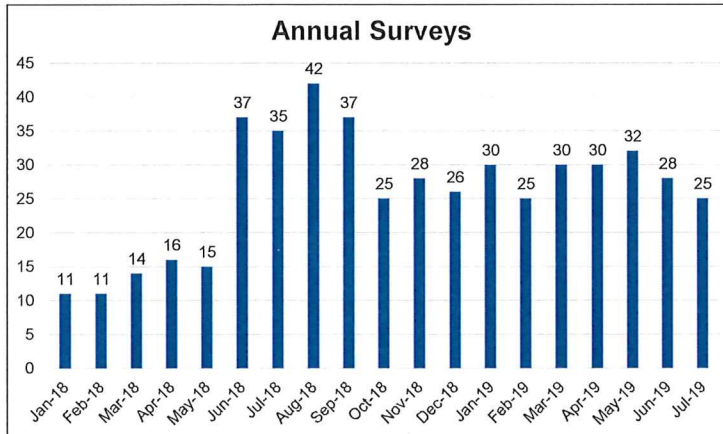
<https://qioprogram.org/sites/default/files/Overall%20Data%20Report%20FINAL.pdf>

Long-Term Care Survey Update

- Survey and Certification licenses approximately 350 nursing facilities and 450 assisted living, residential health care, home plus and adult day care facilities (approx. 100 are attached to nursing facilities).
- CMS requires KDADS to conduct standard surveys of all skilled nursing facilities (SNF) and nursing facilities (NF) no later than 15.9 months after the previous standard survey, with a statewide average of 12.9 months.



Long-Term Care Surveys Completed



Long-Term Care Survey Update

Year	Total SNF/NF Immediate Jeopardy Citations
2013	28
2014	43
2015	60
2016	133
2017	128
2018	72
2019 (Jan 1 – July 31)	31



Long-Term Care Survey Update

KDADS Current Surveyor Positions Authorized Full-Time Equivalents (FTEs) (8/27/2019)

	Total Positions	# Vacant Positions
Certified Facilities – Nursing Homes (Medicare/Medicaid)		
Regional Managers	4 FTE	0 FTE
Quality Improvement	5 FTE	1 FTE
Health Facility Surveyors	57 FTE	17 FTE
State Only Surveyors		
Regional Manager	1 FTE	0 FTE
Health Facility Surveyors	7 FTE	0 FTE



Criminal Record Checks

- National Fingerprint-Based Background Check Bill (Passed 2018).
- Changes to law prohibited offenses to allow for quicker processing time.
- Number of criminal record checks has increased after new law requiring them for HCBS and BH.

Timeframe -- SFY	Total Criminal Record Checks
2015 (Prior to HCBS Requirement)	38,033
2016 (HCBS Law Passed)	43,421
2017 (Memo Dated 3/17 Deadline 7/1/17)	63,514
2018	69,222
2019	73,693



BEHAVIORAL HEALTH

Independent Study on PRTFs

- National Association of State Mental Health Program Directors Research Institute (NRI) has completed a study regarding the use of PRTFs in Kansas:

An overall recommendation is that KDADS use a broad-based approach to address system challenges:

- Ensure that youth and families have access to timely and evidence-based health services
- Develop a comprehensive and cross-agency strategy to build a strong wraparound environment
- Utilize data to monitor and drive PRTF policy and program decisions
- Identify strategies to strengthen information dissemination
- Develop a mechanism to review situations with youth with highest needs
- Research solutions to reimbursement barriers



PRTF Update


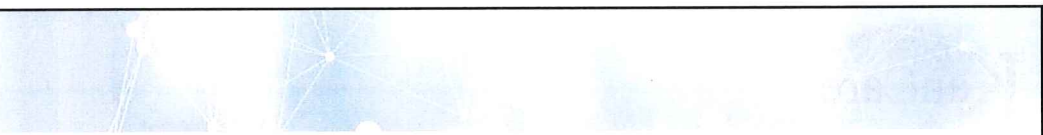
- Current MCO wait list as of 8/19/19 was 155 individuals.
 - Of the 155 individuals, 49 were in foster care.
- Increased number of PRTF beds to 318 in the system, additional relief on the system is anticipated with the launch of QRTPs by DCF in October.
- Continuing to work with PRTF Medical Necessity work group with a focus on admission and continued stay criteria.
- Meeting with MCOs and DCF to review individual cases on the wait list.



Interagency Collaboration with BHS

- SB 179 – Meeting regularly with DCF, KDHE, KDOC about the Children’s System of Care for Behavioral Health Services
 - Will be seeking proposals through a competitive process for Juvenile Crisis Intervention Centers later this month.
 - Approximately \$2M in initial funding

	Crisis Intervention Center Beds Funding Source: No Current Appropriation	• Definition: Crisis Intervention Center under Crisis Intervention Act KSA 59-29C01 et seq • (e) "Crisis intervention center" means any entity licensed by the Kansas department for aging and disability services that is open 24 hours a day, 365 days a year, equipped to serve voluntary and involuntary individuals in crisis due to mental illness, substance abuse or a co-occurring condition, and that uses certified peer specialists. 72 hour admissions. • 0 locations
	Crisis Stabilization Services Funding Source: Lottery Operating Fund	• Definition: Stabilization Services • Voluntary, patients are free to leave • Contracted with CMHCs • Current Bed Capacity based on contracts: 66 • 5 locations- Topeka, Wichita, Salina, Manhattan, Kansas City
	Regional Beds Funding Source: No Current Appropriation	• Definition: Regional Treatment Facility under Care and Treatment Act KSA 59-2945 et seq • (n) "Treatment facility" means any mental health center or clinic, psychiatric unit of a medical care facility, state psychiatric hospital, psychologist, physician or other institution or person authorized or licensed by law to provide either inpatient or outpatient treatment to any patient. • 0 locations • Immediate Growth Opportunity: 36-60 beds as recommended by MHTF
	OSH (Osawatimie) Psychiatric Beds Funding Source: State Appropriation	• Definition: State Psychiatric Hospital for the Acutely Mentally Ill under Care and Treatment Act KSA 59-2945 et seq • Current capacity: 166
	LSH (Larned) Psychiatric Beds Funding Source: State Appropriation	• Definition: State Psychiatric Hospital for the Acutely Mentally Ill under Care and Treatment Act KSA 59-2945 et seq • Current capacity: 90
Mental Health Adult Inpatient Bed Capacity Strategy		

Prevention Efforts

- KDADS strategic planning includes addressing the prevention of behavioral health related public health issues, such as substance use, problem gambling, suicide, homelessness, and unemployment.
- By adopting the strategic prevention framework, KDADS will: complete departmental training on the strategic prevention framework; strengthen discharge planning processes and implement prevention strategies into the discharge planning method, pilot the intercept model to assist in identifying gaps in the continuum of care and establish a strategy for educating and partnering with law enforcement.

RECEIVERSHIPS

Receivership Statute: K.S.A. 39-954

- Allows the Secretary to file an application for an order appointing her as the receiver to operate an adult care home whenever:
 - Conditions exist in the adult care home that are life threatening or endangering to the residents of the adult care home,
 - The adult care home is insolvent, or
 - The Secretary has issued an order revoking the license of the adult care home.
- Changes to the receivership statutes became effective May 9, 2019. Changes included:
 - Increased scrutiny of initial application and change of ownership process.
 - Ineligibility for Adult Care Home License for 10 years after receivership.
 - Definition of insolvent was added to K.S.A. 39-923(a)(30).
 - Amendments to the Receiver's powers and duties under K.S.A. 39-959.
 - Procedural Amendments to K.S.A. 39-955 through K.S.A. 39-958.



List of Skyline Receivership Facilities

Chase County Care & Rehabilitation Center, Cottonwood Falls, Crawford County	Downs Care & Rehabilitation Center, Downs, Osborne County	Edwardsville Care & Rehabilitation Center, Edwardsville, Wyandotte County	El Dorado Care & Rehabilitation Center, El Dorado, Butler County	Eskridge Care & Rehabilitation Center, Eskridge, Wabaunsee County
Kaw River Care & Rehabilitation Center, Edwardsville, Wyandotte County	Lansing Care & Rehabilitation Center, Lansing, Leavenworth County	Neodesha Care & Rehabilitation Center, Neodesha, Wilson County	Parkway Care & Rehabilitation Center, Edwardsville, Wyandotte County	Pittsburg Care & Rehabilitation Center, Pittsburg, Crawford County
Spring Hill Care & Rehabilitation Center, Spring Hill, Johnson County	Wakefield Care & Rehabilitation Center, Wakefield, Clay County	Wellington Care & Rehabilitation Center, Wellington, Sumner County	Wichita Care & Rehabilitation Center, Wichita, Sedgwick County	Wilson Care & Rehabilitation Center, Wilson, Ellsworth County



Skyline Receivership

- \$4.6 million returned to the Civil Monetary Penalty (CMP) fund.
- A potential new operator has been identified for the 15 facilities and KDADS is hopeful the receivership will be finalized by the fall.

List of Pinnacle Receivership Facilities

Village Villa
Village Villa Estates
Nortonville,
Jefferson County

Providence Living Center
Topeka,
Shawnee County

Flint Hills Care Center
Emporia,
Lyon County

- The facilities are being marketed for sale.

Great Bend and Westview of Peabody Facilities

Westview Manor of Peabody
Peabody,
Marion County

Great Bend Health &
Rehabilitation,
Great Bend,
Barton County

Great Bend and Peabody Receiverships

- Secretary has been appointed as Receiver for both facilities.
- Both facilities were operated by companies affiliated with Doug Mittleider.
- Omega, the real-estate owner, is currently working on locating a new operator(s).

STATE HOSPITALS



STATE HOSPITAL COMMISSION

- The Secretary created the State Hospital Commission on June 2, 2019.
- Purpose of the Commission:
 - To provide leadership and development, innovation, guidance, direction, oversight, training and support to the five State Hospitals: Kansas Neurological Institute, Parsons State Hospital and Training Center, Larned State Hospital, Osawatomie State Hospital and Adair Acute Care.
 - Act as the governing body, responsible for ensuring compliance with all state and federal laws, including conditions of participation for certification with Centers for Medicaid and Medicare Services (CMS) and accreditation with the Joint Commission, along with all licensure requirements with the State of Kansas.
 - Strengthen stakeholder relations to support and increase the services provided in the community for individuals with intellectual disabilities and or behavioral health needs.



STATE HOSPITAL COMMISSION continued

Preliminary goals of the Commission:

- Implement mobile competency
- Modernize the Care and Treatment Act
- Develop a plan to lift the moratorium

The Commission is utilizing the Franklin Covey process to effectuate positive changes and assist the hospitals' in achieving lasting results. This process flattens the organization allowing all levels of staff a voice in organizational change.



State Hospital Highlights

- Osawatomie State Hospital (OSH)
 - In response to the proviso, the Commission is working closely with OSH and our community partners in developing a plan to lift the moratorium.
 - The plan will be completed and presented to the legislature by January of 2020.

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Protecting Kansans, Promoting Recovery, Supporting Self Sufficiency



State Hospital Highlights

- Larned State Hospital (LSH)
 - Mobile Competency - LSH has started and will continue to work with Kansas counties, the courts, and licensed clinical staff to begin completing forensic evaluations not only at LSH, but additionally in secured confinement settings, where the individual is located.
 - By performing evaluations and restoration treatment both at LSH and at other secured confinement settings, we hope to:
 - Increase the staff to patient ratio
 - Lower employee mandates and overtime
 - Reduce the wait times for evaluations
 - Reduce transportation costs.

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Protecting Kansans, Promoting Recovery, Supporting Self Sufficiency





State Hospital Highlights

- Kansas Neurological Institute (KNI)
 - **Adaptive and Assistive Technology**
 - The Adaptive and Assistive Technology Department at KNI designs and constructs custom products to increase, maintain or improve functional capacities of KNI residents and community persons with Intellectual and Developmental Disabilities (IDD).
 - KNI also assists with providing all-inclusive resources for community persons in need of wheelchairs. This includes coordination between KNI, physical therapist, nurse practitioner, a rehab vendor, Medicare, Medicaid and often private insurance.



State Hospital Highlights

- Parsons State Hospital & Training Center (PSH&TC)
 - **Outreach Services**
 - PSH&TC's Outreach Services program provides on-site delivery of psychological and behavioral management consultation to individuals, as well as training to parents, families, schools and staff of community service providers.
 - Of those served, less than five percent have required admission to PSH&TC for treatment.
 - In FY 2019, the Outreach Service Program provided consult services to 176 individuals with 91 of those being new consults and additional 85 for follow-up services. These consults were conducted in 52 Kansas communities, Osawatomie State Hospital and Larned State Hospital.





APPENDIX



Osawatomie State Hospital – State Hospital Weekly Vacancy Rate

Hospital & Position	Week August 7, 2019 - August 14, 2019					Break Down For Week August 7, 2019 - August 14, 2019						
	FTE's	Filled (Include FMLA, W/C)	Vacant (No Incumbent)	Total of Filled + Vacant = FTE's	Vacancy Rate %	On Leave (FMLA; W/C No Vacations)	Terms	Hires	Have not completed the Application Process	Ready to be set up for Interview	Interviewed Offer Pending	Offer Made & Accepted
OSH												
Safety & Security Officer	30	26	4	30	13.3%	0	1	0	0	8	0	0
Physician	16	15	1	16	6.3%	0	0	0	0	0	0	0
RN	72	55	17	72	23.6%	1	1	0	1	0	0	1
RN Temp (PRN)	24	4	20	24	83.3%	0	0	0	0	0	0	0
LPN	11	8	3	11	27.3%	0	0	0	0	0	0	0
LPN Temp	20	2	18	20	90.0%	0	0	0	0	0	0	0
LMHT	18	18	0	18	0.0%	0	0	0	0	0	0	0
MHDD Technician	133	101	32	133	24.1%	1	0	4	4	0	1	4
MHDD Technician- Temp	13	11	2	13	15.4%	0	0	1	0	0	0	1

Agency Staff	Current Headcount	Hired	Hiring in Progress	Total Percentage to Vacancy
RNs	12	0	3	0.2%
LPNs	6	0	1	0.6%
CNA's	0	0	0	0.0%

Turnover Rate (percentage) For Week August 7, 2019 - August 14, 2019	
Positions on this Report	All Hospital Positions
36.6%	34.3%

Overall Average Vacancy Rate (percentage)
All Hospital Positions
17.2%





Osawatomie State Hospital – State Hospital Weekly Vacancy Rate

Week August 7, 2019 - August 14, 2019						Break Down For Week August 7, 2019 - August 14, 2019						
Hospital & Position	FTE's	Filled (Include FMLA, W/C)	Vacant (No Incumbent)	Total of Filled + Vacant = FTE's	Vacancy Rate %	On Leave (FMLA; W/C No Vacations)	Terms	Hires	Have not completed the Application Process	Ready to be set up for Interview	Interviewed Offer Pending	Offer Made & Accepted
OSH												
Safety & Security Officer	30	26	4	30	13.3%	0	1	0	0	8	0	0
Physician	16	15	1	16	6.3%	0	0	0	0	0	0	0
RN	72	55	17	72	23.6%	1	1	0	1	0	0	1
RN Temp (PRN)	24	4	20	24	83.3%	0	0	0	0	0	0	0
LPN	11	8	3	11	27.3%	0	0	0	0	0	0	0
LPN Temp	20	2	18	20	90.0%	0	0	0	0	0	0	0
LMHT	18	18	0	18	0.0%	0	0	0	0	0	0	0
MHDD Technician	133	101	32	133	24.1%	1	0	4	4	0	1	4
MHDD Technician- Temp	13	11	2	13	15.4%	0	0	1	0	0	0	1

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LPNs	6	0	1	0.6%
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Turnover Rate (percentage) For Week August 7, 2019 - August 14, 2019		Overall Average Vacancy Rate (percentage)
Positions on this Report	All Hospital Positions	All Hospital Positions
36.6%	34.3%	17.2%



Larned State Hospital – State Hospital Weekly Vacancy Rate

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LSH												
Safety & Security Officer	79	67	12	79	15.2%	1	0	0	5	0	1	1
Physician	14	8	6	14	42.9%	0	0	0	0	0	0	0
RN	121	54	67	121	55.4%	7	0	1	0	1	0	1
RN Temp (PRN)	9	2	7	9	77.8%	0	1	0	0	0	0	0
LPN	67	19	48	67	71.6%	0	0	0	0	0	0	1
LPN Temp	12	4	8	12	66.7%	0	0	0	0	0	1	2
LMHT	14	4	10	14	71.4%	2	0	0	0	0	0	0
MHDD Technician	386	257	129	386	33.4%	45	4	0	10	3	5	7
MHDD Technician- Temp	40	38	2	40	5.0%	0	2	3	0	0	0	2

Agency Staff	Current Headcount	Hired	Hiring in Progress	Total Percentage to Vacancy
RNs	24	0	0	0.3%
LPNs	17	0	0	2.0%
CNA's	14	0	0	0.0%

Turnover Rate (percentage) For Week August 7, 2019 - August 14, 2019		Overall Average Vacancy Rate (percentage)
Positions on this Report	All Hospital Positions	All Hospital Positions
18.0%	12.4%	42.0%





Kansas Neurological Institute – Weekly Vacancy Rate

Hospital & Positions	Week August 7, 2019 - August 14, 2019					Break Down For Week August 7, 2019 - August 14, 2019						
	FTE's	Filled (Include FMLA, W/C)	Vacant (No Incumbent)	Total of Filled + Vacant = FTE's	Vacancy Rate %	On Leave (FMLA; W/C No Vacations)	Terms	Hires	Have not completed the Application Process	Ready to be set up for Interview	Interviewed Offer Pending	Offer Made & Accepted
KNI												
Safety & Security Officer	11	9	2	11	18.2%	0	0	0	3	2	1	0
Physician	0	0	0	0	#DIV/0!	0	0	0	0	0	0	0
RN	11	10	1	11	9.1%	0	0	0	5	1	0	0
RN Temp (PRN)	4	2	2	4	50.0%	0	0	0	0	0	0	0
LPN	20	17	3	20	15.0%	0	0	0	1	0	0	0
LPN Temp	5	4	1	5	20.0%	0	0	0	0	0	0	0
LMHT	0	0	0	0	#DIV/0!	0	0	0	0	0	0	0
MHDD Technician	268	248	20	268	7.5%	6	1	1	37	12	1	1
MHDD Technician- Temp	4	2	2	4	50.0%	0	0	0	0	0	0	0

Turnover Rate (percentage) For Week August 7, 2019 - August 14, 2019	
Positions on this Report	11.0%
All Hospital Positions	12.0%

Overall Average Vacancy Rate (percentage)	
All Hospital Positions	9.0%



Parsons State Hospital & Training Center– Weekly Vacancy Rate

Hospital & Positions	Week August 7, 2019 - August 14, 2019					Break Down For Week August 7, 2019 - August 14, 2019						
	FTE's	Filled (Include FMLA, W/C)	Vacant (No Incumbent)	Total of Filled + Vacant = FTE's	Vacancy Rate %	On Leave (FMLA; W/C No Vacations)	Terms	Hires	Have not completed the Application Process	Ready to be set up for Interview	Interviewed Offer Pending	Offer Made & Accepted
PSH&TC												
Safety & Security Officer	9	8	1	9	11.1%	1	0	0	0	0	0	0
Physician	1	1	0	1	0.0%	0	0	0	0	0	0	0
RN	26	21	5	26	19.2%	0	0	0	4	0	0	1
RN Temp (PRN)	6	3	3	6	50.0%	0	0	0	2	0	0	0
LPN	16	14	2	16	12.5%	0	0	0	1	0	0	1
LPN Temp	3	2	1	3	33.3%	0	0	0	1	0	0	0
LMHT	0	0	0	0	#DIV/0!	0	0	0	0	0	0	0
MHDD Technician	224	209	15	224	6.7%	5	1	0	9	2	1	1
MHDD Technician- Temp	36	20	16	36	44.4%	0	2	1	1	0	0	0

Turnover Rate (percentage) For Week August 7, 2019 - August 14, 2019	
Positions on this Report	18.1%
All Hospital Positions	14.4%

Overall Average Vacancy Rate (percentage)	
All Hospital Positions	10.0%





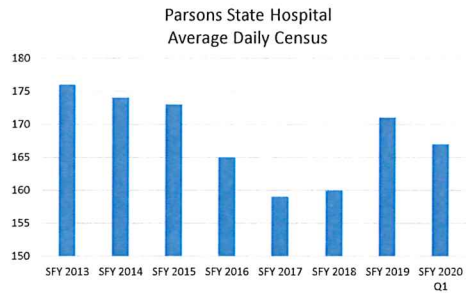
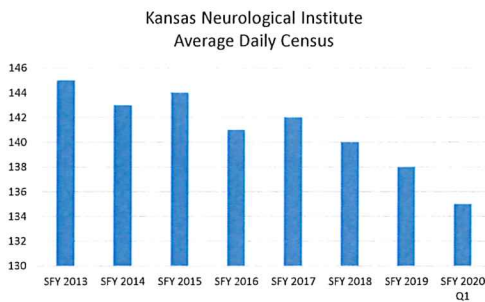
State Mental Health Hospitals: Overtime Trends

Pay Period End	Hours of Overtime	Percent Δ From Last Report	Cost of Overtime	Hours of Overtime	Percent Δ From Last Report	Cost of Overtime	Average Hours of Overtime	Average Percent Δ From Last Report	Average Cost of Overtime
#####	6,398.50	-3.92%	\$167,830.22	2,375.00	39.95%	\$68,006.76	4,386.75	18.02%	\$117,918.49
#####	6,500.00	1.59%	\$175,084.05	1,686.50	-28.99%	\$52,012.62	4,093.25	-13.70%	\$113,548.34
#####							0.00	0.00%	\$0.00
#####							0.00	0.00%	\$0.00
#####							0.00	0.00%	\$0.00
#####							0.00	0.00%	\$0.00
Σ Average	6,449.25	-1.17%	\$171,457.14	2,030.75	5.48%	\$60,009.69	4,240.00	2.16%	\$115,733.41



Average Census for State IDD Facilities

- Kansas Neurological Institute average daily census has decreased
- Parsons State Hospital average daily census increased in SFY 2019





Questions?