

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—Specific Issues Resolution Quarter 3 of 2022**  
**Prepared by Kansas Legislative Research Department**

Item	Specific Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status	Resolution
	<p>There are no active specific issues currently.</p>						

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/ Update	Resolution Reported by State Agency
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 <b>Rick Elskamp, private citizen</b></p>	<p>2/15/2019</p> <p>4/29/2019 2/4/2022</p> <p>12/13/2021 <b>9/26/2022</b></p>	KDADS		<p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p>	<p><b>August 2019 Response, KDADS:</b> KDADS hears the concerns of the conferee.</p> <p><b>February 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> 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><b>August 2019, Response, KDADS:</b> KDADS hears the concerns of the conferee.</p> <p><b>February 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> KDADS continues to work with stakeholders on how to address the I/DD waiting list.</p>

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1	<p><b>Item No. 1 continued</b></p> <p>It is time to develop a strategic plan for elimination of the I/DD waiver list. Examination of the waiver list, including review of other state plans on eliminating the waiver lists, should be a priority.</p> <p>There is a need to find a better solution to reduce the I/DD waiting list than adding a few slots every year, which is not keeping up with the rate of growth. Efforts undertaken in Louisiana were cited as an example of a successful plan that eliminated the waiting list.</p> <p><i>A significant investment needs to be made to increase HCBS waiver slots to reduce waiting lists for HCBS waivers.</i></p>	<p>Matt Fletcher, InterHab</p> <p>Steve Gieber, KCDD</p> <p><i>Mike Burgess, DRC</i> <i>Tera Jackson, private citizen</i></p>	<p>2/28/2020 2/21/2021</p> <p>8/26/2019</p> <p><i>9/26/2022</i></p>	<p>KDADS</p>			<p><b>June 2020 Response, KDADS:</b> 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><b>December 2020 Response, KDADS:</b> No further updates at this time.</p> <p><b>February 2021 Response, KDADS:</b> KDADS is meeting with stakeholders to develop a plan to evaluate the needs of the individuals on the I/DD waiver waitlist. This will require an assessment or survey of each individual listed on the waitlist to determine the services they need. KDADS would require additional funding in order to complete the wait list study with our stakeholder partners. If such as study is able to be completed, the results would inform decision making in the efforts to reduce or eliminate the I/DD waiver waitlist.</p> <p><b>April 2021 Response, KDADS:</b> KDADS is meeting with stakeholders to design a study of the needs of the individuals on the I/DD waiver 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>

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1	<p><b>Item No. 1 continued</b></p> <p>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, DRC; 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 9/26/2022</p> <p>4/22/2021</p> <p>2/4/2022</p>	<p></p> <p></p> <p>KDADS</p> <p></p> <p></p>			<p><b>April 2021 Response, KDADS:</b> 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><b>September 2021 Response, KDADS:</b> 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><b>December 2021 Response, KDADS:</b> 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><b>February 2022 Response, KDADS:</b> 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><b>April 2022 Response, KDADS:</b> 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> <p><b>September 2022 Response, KDADS:</b> The I/DD &amp; PD waiting list study is in the final stages of the procurement process with an announcement of the selected vendor expected within the next month. KDADS is encouraged by the interest in the study and its results, as well as the upcoming Interim Committee on the I/DD Waiver as a path to addressing the current waiting list.</p>



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2	<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>	<p>Mitzi McFatrigh, KABC</p> <p>Mitzi McFatrigh, KABC</p>	<p>2/15/2019</p> <p>11/18/2019</p>	<p>KDADS</p>		<p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p>	<p><b>August 2019 Response, KDADS:</b> The percent of Long-Term Stay nursing 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><b>February 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> 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><b>February 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> 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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2	<p>Item No. 2 continued</p> <p>Committee support is needed for legislation that would require written informed consent before administering an antipsychotic medication to an adult care home resident.</p>	Dan Goodman, KABC	9/26/2022	KDADS		<p>Continue to monitor</p> <p>*Combined item</p>	<p><b>April 2021 Response, KDADS:</b> No further update at this time.</p> <p><b>September 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>December 2021 Response, KDADS:</b> 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><b>February 2022 Response, KDADS:</b> KDADS will continue to monitor NFs, more information can be found on state NF performance in the agency slide presentation.</p> <p><b>April 2022 Response, KDADS:</b> 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>

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2	Item No. 2 continued						<p><b>September 2022 Response, KDADS:</b> KDADS continues to monitor trends quarterly and 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. State licensed only homes are not required to report antipsychotic usage rates; therefore, KDADS does not have any information for those residents.</p> <p><b>November 2022, KDADS:</b> The national partnership to improve dementia care is often used as a benchmark and reporting tool for both state agencies and industry stakeholders. This metric ranks all 50 states every quarter since the initiative began in 2011 from first to last based on prevalence of antipsychotic use for long-stay residents' percentage. Kansas began in 42<sup>nd</sup> place, then moved to 37<sup>th</sup> place and is currently in 39<sup>th</sup> place, however, to date since the program's inception only 22 states have had a greater decrease in the percentage point difference. Kansas continues to monitor this data as well as the pay for performance metric required of the MCO's.</p>

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3	There is a need for community service coordination to assist KanCare beneficiaries.	Mike Oxford, TILRC	2/15/2019	KDHE		Continue to monitor	<p><b>November 2019 Response, KDHE:</b> Project has been placed on hold for the time being, with goal of rebooting within next fiscal year.</p> <p><b>June 2020 Response, KDHE:</b> The project remains on hold.</p> <p><b>September 2020 Response, KDHE:</b> The project is still on hold.</p> <p><b>December 2020 Response, KDHE:</b> The project is still on hold.</p> <p><b>February 2021 Response, KDHE:</b> The project is still on hold.</p> <p><b>April 2021 Response, KDHE:</b> No further update.</p> <p><b>September 2021 Response, KDHE:</b> No further update.</p> <p><b>December 2021 Response, KDHE:</b> No further update. This is one of many topics that will be discussed during KanCare 3.0 stakeholder meetings.</p> <p><b>February 2022 Response, KDHE:</b> No further update.</p> <p><b>April 2022 Response, KDHE:</b> No further update.</p> <p><b>September 2022 Response, KDHE:</b> No further update.</p> <p><b>November 2022 Response, KDHE:</b> No further update.</p>

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4	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 4/20/2022	KDADS		Continue to monitor  *Combined item	<p><b>November 2019 Response, KDADS:</b> KDADS has been engaged with InterHab and others at the Judicial Council Subcommittee reviewing options.</p> <p><b>February 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> KDADS agrees.</p> <p><b>December 2020 Response, KDADS:</b> No further update available at this time.</p> <p><b>February 2021 Response, KDADS:</b> 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><b>April 2021 Response, KDADS:</b> KDADS continues to be interested in employing the Sequential Intercept Model to help guide the need for system change in this area.</p> <p><b>September 2021 Response, KDADS:</b> 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><b>December 2021 Response, KDADS:</b> 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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4	<p><b>Issue No. 4 continued</b></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><b>February 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> KDADS will continue to work with stakeholders on this concern, as noted earlier.</p> <p><b>December 2020 Response, KDADS:</b> 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><b>February 2021 Response, KDADS:</b> 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><b>April 2021 Response, KDADS:</b> Please refer to the February 2021 response.</p> <p><b>September 2021 Response, KDADS:</b> 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><b>December 2021 Response, KDADS:</b> No further updates.</p> <p><b>February 2022 Response, KDADS:</b> 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>

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4	<b>Item No. 4 continued</b>	Laura Singer, Targeted Case Manager, Case Management Services, Inc.	2/19/2021	KDADS			<p><b>April 2022 Response, KDADS:</b> 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> <p><b>September 2022 Response, KDADS:</b> The Sequential Intercept Model Workshop has been scheduled for November 9th and 10th and will be held in Lawrence. Additional information about the workshop is forthcoming. This opportunity will bring together stakeholders from across Kansas to identify both existing services and service gaps in order to lay the groundwork for strategic planning to serve individuals with dual I/DD and BH diagnoses.</p> <p><b>November 2022 Response, KDADS:</b> The Sequential Intercept Model (SIM) Workshop has been scheduled for November 9th and 10th in Lawrence. This opportunity will bring together stakeholders from across Kansas to identify both existing services and service gaps in order to lay the groundwork for strategic planning to serve individuals with dual I/DD and BH diagnoses. Additional information was provided in yesterday's agency presentation.</p>

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5	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><b>November 2019 Response, KDADS:</b> KDADS invites the conferees to share additional information.</p> <p><b>February 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> No further update is available at this time.</p> <p><b>December 2020 Response, KDADS:</b> No further update is available at this time.</p> <p><b>February 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>April 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>September 2021 Response, KDADS:</b> No further updates are available.</p> <p><b>December 2021 Response, KDADS:</b> 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><b>February 2022 Response, KDADS:</b> 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><b>April 2022 Response, KDADS:</b> 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> <p><b>September 2022 Response, KDADS:</b> No additional updates are available. It is expected that further discussions and feedback will be obtained from stakeholders at such time that the state agencies are able to plan for KanCare MCO contract renewals.</p>
5	<b>Item No. 5 continued</b>						<p><b>November 2022 Response, KDADS:</b> No additional updates are available. It is expected that further discussions and feedback will be obtained from stakeholders at such time that the state agencies are able to plan for KanCare MCO contract renewals.</p>

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6	<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><b>February 2020 Response, KDADS:</b> 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><b>June 2020 Response, KDADS:</b> 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><b>December 2020 Response, KDADS:</b> The KDADS PEAK process is being revisited. KDADS plans to reconvene a PEAK work group.</p> <p><b>February 2021 Response, KDADS:</b> 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><b>April 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>September 2021 Response, KDADS:</b> The PEAK Advisory Board has begun the process of revisioning the current PEAK program incentive levels and expanding best practices through education.</p> <p><b>December 2021 Response, KDADS:</b> 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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6	Item No. 6 continued	Haely Ordoyne, KACE	11/18/2019	KDADS		Continue to monitor	<p><b>February 2022 Response, KDADS:</b> 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><b>April 2022 Response, KDADS:</b> The PEAK team has completed check-in calls with all enrolled homes who desired to do this via Zoom. These calls talked them through the transition to the new program and impact on incentives. Homes that did not do a check-in via Zoom were contacted by phone or email, so all homes have received the information in some format. The PEAK team completed follow-up calls from the check-ins to review self-audits for homes where it applied. The PEAK team completed one-on-one action plan coaching calls and are now tracking the submission of plans. We will review plans in the month of May. The PEAK team is also managing new enrollment. We are up to about 25 new enrollments (or enrollment from homes that have been out of the program for some time).</p> <p><b>September 2022 Response, KDADS:</b> The PEAK program has resumed full activity after a re-evaluation of the program. Currently, the program is working with over 50 homes on person-centered care education. Throughout the month of September there are six “Mentor Home Experience” trainings scheduled at upper-level PEAK homes throughout the state. KDADS provide updates on the status and progress of the program in its agency presentation. KDADS respectfully requests that this item be closed.</p>
6	Item No. 6 continued						<p><b>November 2022 Response, KDADS:</b> As mentioned in yesterday’s presentation, the PEAK program is working with over 50 homes on person-centered care education. In the last month, KDADS held 5 trainings at 5 different Mentor Homes. New PEAK training materials will be released on the KSU PEAK website in January 2023. KDADS provide updates on the status and progress of the program in its agency presentation. KDADS respectfully requests that this item be closed.</p>

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7	<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><i>KDADS to come up with path to address the issue--either a change in scope or a new course.</i></p>	<p><b>June 2020 Response, KDADS:</b> 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><b>February 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>April 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>September 2021 Response, KDADS:</b> No further updates are available.</p> <p><b>December 2021 Response, KDADS:</b> 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><b>February 2022 Response, KDADS:</b> KDADS is soliciting stakeholder involvement to form a CMA regulations working group to review and revise current regulations.</p> <p><b>April 2022 Response, KDADS:</b> CMA curriculum revision group had their first meeting dividing into workgroups and setting group expectations. Next meeting is set for 4/29/22.</p> <p><b>September 2022 Response, KDADS:</b> CMA curriculum revision group has completed their review of the current curriculum and determined that insulin administration in particular reading a glucometer and assess how much insulin should be administered is beyond the scope and practice of a certified medication aid. The curriculum revision group was open for anyone to join and included invitations to all the current course sponsors and the Board of Nursing Board of Adult Care Home Administrators. The final committee volunteers consisted of LTCO, KABC, KHCA and two current course sponsors.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
**Prepared by Kansas Legislative Research Department**

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/ Update	Resolution Reported by State Agency
7	Item No. 7 continued						<p><i>November 2022 Response, KDADS:</i> 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."</p> <p>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>In recent polls of our course sponsors and CMA curriculum committee KDADS found that neither group feel this is a task that CMAs should be eligible to do and put an emphasis on their inability to assess a glucose reading. KDADS has reached out the KS Board of Nursing and ask that their agency weigh in as well.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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8	Information is requested on state agency workforce recruitment and retention efforts to attract direct service providers to allow evaluation of such efforts by the Bethell Joint Committee.	Bethell Joint Committee Request	4/20/2022	KDADS		<p align="center"><i>Continue to monitor.</i></p> <p align="center"><i>Removed KDHE.</i></p>	<p><b>September 2022 Response, KDHE:</b> KDADS is implementing a bonus payment program to help recruit and retain direct support workers; however, that funding is time-limited. Appropriations would be needed to adopt recommendations offered by the conferees. KDHE agrees that this is a top area of concern for the Medicaid program.</p> <p><b>September 2022 Response, KDADS:</b> KDADS launched a Workforce Recruitment and Retention Bonus Initiative on March 28, 2022. The Initiative aims to provide bonus pay to direct service workers and their immediate supervisors that are delivering critical HCBS services to both self-directed and agency directed participants. It is estimated that direct service workers and their immediate supervisors will receive \$2,000 for retention bonuses and \$1,500 for recruitment bonuses. KDADS received 212 applications for the program benefitting 28,574 Direct Service Workers and their Immediate Supervisors. A total of \$50.9 million has distributed to Provider Agencies for the bonus program through the Managed Care Organizations. KDADS has held two webinars, and multiple meetings with stakeholders to promote the initiative, answer questions, and provide technical assistance. All program materials, including FAQ documents were available on the KDADS website during the open application period.</p> <p>In addition, the RFP for the Training Grants project is written and currently working through the State procurement process in preparation for release. KDADS is working to draft RFP language for the Study &amp; Design Career Ladder project with stakeholder input.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/ Update	Resolution Reported by State Agency
8	Item No. 8 continued						<p><b>September 2022 Response, KDADS :</b> KDADS launched a Workforce Recruitment and Retention Bonus Initiative on March 28, 2022. The Initiative provided bonus pay to Direct Service Workers and their immediate supervisors that are delivering critical HCBS services to both self-directed and agency directed participants. Direct Service Workers and their immediate supervisors received \$2,000 for retention bonuses and \$1,500 for recruitment bonuses. KDADS received 212 applications for the program benefitting 28,574 employees. A total of \$50.9 million has been distributed to provider agencies for the bonus program through the MCOs and those providers are distributing payments to their employees. KDADS will complete an exit survey with providers at the end of March 2023 to identify if incentives improved their recruitment and retention rates.</p> <p>Additionally, KDADS is working to draft RFP language for another HCBS FMAP enhancement project about Study &amp; Design Career Ladder with stakeholder input. The Career Ladder RFP is in the final stages of development and will be submitted to procurement at the end of November.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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9	<p>There is a need to address the lack of direct support workers and their benefits. The following action needs to be taken: rules need to be changed to allow overtime pay, ensure recent pay raises go directly to workers, and provide medical benefits.</p> <p>Home health regulations need to regulate the right things.</p> <p>Individuals with I/DD continue to struggle to find direct service providers. These providers need increased wages, training, and the benefits of health care, paid leave, and retirement. This could be accomplished by allowing them to join the state health and retirement programs.</p> <p>There is a lack of community-based service providers. Pay parity is needed across the HCBS waivers, and pay needs to increase.</p>	<p>Askia Adams, private citizen            Kathy Keck, private citizen            Joanne Bauman, private citizen            Matt Fletcher, InterHab</p> <p>Janet M. Williams, Minds Matter, LLC.</p> <p>Janet M. Williams, Minds Matter, LLC.</p> <p>Liz Long, KCDD</p> <p>Lou Ann Kibbee, SKIL            Mike Burgess, DRC            Audrey Schremmer, KACIL            Susan Moffitt-Roberson, private citizen            Kathy Keck, private citizen</p>	<p>4/20/2022</p> <p>4/20/2022            9/26/2022</p> <p>4/20/2022            9/26/2022</p> <p>9/26/2022</p> <p>9/26/2022</p> <p>4/20/2022</p>	<p>KDADS</p>		<p>Continue to Monitor</p>	<p><b>September 2022 Response, KDADS:</b> KDADS, though the Governor’s Budget Recommendations to the 2022 Legislature, proposed standardizing and increasing Personal Care Services rates across applicable waivers. KDADS was pleased that the proposal was included in the final budget approved by the Legislature. Further increases to services on the Frail Elderly and I/DD waivers were included in the budget, as well. While this is excellent for those two waivers, it put the remaining waivers that offer similar services at a disadvantage. KDADS will continue to look for opportunities to promote parity between the HCBS waivers. In addition, KDADS recently closed the public comment period for the HCBS waiver amendment package that includes continuing the flexibility for paid family caregivers and virtual service delivery options. It is expected that these amendments will be submitted to CMS in the upcoming month.</p> <p><b>November 2022 Response, KDADS:</b> In addressing specific testimony, allowing DSW’s to join the state employee health and retirement programs, provide pay parity between HCBS waivers, and increase to TCM rates would all require legislative action and/or appropriation. KDADS will continue to look for opportunities to promote parity between the HCBS waivers. In addition, KDADS recently closed the public comment period for the HCBS waiver amendment package that includes continuing the flexibility for paid family caregivers and virtual service delivery options. It is expected that these amendments will be submitted to CMS in the upcoming month.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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9	<p><b>Item No. 9 continued</b></p> <p>Direct care wages need to increase beyond \$14/hour.</p> <p>Funding is needed to bring rate parity across all HCBS waivers. A logical, on-going process for reviewing and adjusting HCBS reimbursement rates should be developed.</p> <p>There have been a few additions in HCBS provider rates in the last couple of years, but TCM rates have remained flat. There should be an increase in TCM rates. Benefits and a living wage are needed.</p> <p>There is a need to look at how to support the aging population in the community to give them a choice for care at home.</p> <p>Parent Pay needs to continue to help address needs not being met due to workforce shortage.</p>	<p>Janet M. Williams, Minds Matter, LLC. Samantha Brant, private citizen</p> <p>Sean Gatewood, KAN</p> <p>Mike Burgess, DRC Colin Olenick, SACK Angie Reinking, The Arc of Douglas County Matt Fletcher, InterHab</p> <p>Kelly Sommers, Kansas State Nurses Association</p> <p>Sara Watkins-Mace, private citizen</p>	<p>9/26/2022</p> <p>9/26/2022</p> <p>9/26/2022</p> <p>4/20/2022</p> <p>4/20/2022</p>				

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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9	<p><b>Item No. 9 continued</b></p> <p>The "parent as a paid caregiver" program needs to be made permanent.</p> <p>There is a need to add \$15 million to increase and equalize rates for personal care services across all HCBS waivers.</p> <p>Stability is needed for direct care worker pay. Single case agreements allowing an HCBS waiver services recipient's FMS to pay the recipient's direct care worker more than a waiver's going rate are only good for one year. Most individuals with disabilities and their families do not realize the agreements expire, and they must make sure the agreements are renewed to retain the higher pay for their direct care worker. A way for families and self-advocates to renew these agreements before they expire would provide stability.</p> <p>A percentage cap on agencies (or removal of them completely) should be considered. Agencies should be forced to give the money to the front-lines of caregiving, where it is really needed.</p>	<p>Emily Trester, private citizen  Janet M. Williams, Minds Matter, LLC.  Dan Seitz, private citizen  Samantha Brant, private citizen  Monica Murphy, private citizen</p> <p>Mike Burgess, DRC</p> <p>Askia Adams, private citizen</p> <p>Dan Seitz, private citizen</p>	<p>9/26/2022</p> <p>9/26/2022</p> <p>9/26/2022</p> <p>9/29/2022</p>	<p>KDADS</p>			

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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10	All three MCOs have different criteria and a different process for obtaining a pay rate change for attendant care through the single case agreement process.	Janet M. Williams, Minds Matter, LLC.	9/26/2022		MCOs		<p><b>November 2022 Response, Aetna:</b> Aetna reviews each single case agreement request on an individual basis, and the reimbursement is determined on a case-by-case basis according to each member’s unique needs. Aetna is willing to work with others to develop a streamlined process on how to go about requesting a single case agreement, however each negotiation will still need to be individualized to the situation.</p> <p><b>November 2022 Response, Sunflower:</b> Sunflower reimburses attendant care according to the State fee schedule with very limited exceptions. For those exceptions, we have a Single Case Agreement process outside of our standardized Contracting Process. Each MCO has their own process for this.</p> <p><b>November 2022 Response, UHC:</b> UHC reimburses attendant care according to the state fee schedule with limited exceptions. Single case agreements are a tool the MCO has the option to use to pay for non-covered items through the use of EPSDT or ILO funding. Each MCO has their own process for specialized payment agreements which is outside of the standard contracting process.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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11	<p>There is no official structure that supports transitioning individuals out of NHs or institutional settings. Each MCO has developed its own process, with none being efficient or successful in supporting individuals through transitioning.</p> <p>Kansas needs to pursue the new notice of funding opportunity available to states not currently participating in the MFP program.</p>	<p>Lou Ann Kibbee, SKIL Ami Hyten, TILRC Audrey Schremmer, KACIL</p> <p>Lou Ann Kibbee, SKIL Ami Hyten, TILRC</p>	4/20/2022	KDADS	MCOs	<p><i>Continue to Monitor</i></p>	<p><b>September 2022 Response, Aetna:</b> Aetna has a transition program with processes that align with the state transition of care policy. Aetna is contracted with several providers to deliver transitional coordination services and transition funds to members transitioning to the community. Service Coordinators work closely with members, families and nursing facility staff to ensure community based service options are explored, barriers are addressed, and discharge plans are developed for members interested in transitioning to the community. Aetna is supportive of any funding opportunities available to improve transition outcomes for members.</p> <p><b>September 2022 Response, Sunflower:</b> Sunflower utilizes contracted Transition Coordination Providers, including Centers for Independent Living, IDD providers and BH providers to assist with finding housing, household supplies and with transition activities. This is through a Value-Based Payment arrangement that includes incentives for successful placements. We have a designated, internal team that works with these providers to support transitions. We offer value-added services such as home meals, wellness checks and transition funds to members who are placed. It is our understanding that KDADS applied for, and Kansas has been approved, the new MFP program.</p> <p><b>September 2022 Response, UHC:</b> Same response as #1. UHC has a comprehensive community transition program including dedicated transition coordinators located throughout the state who assist with complicated transitions. Transitioning to the community is discussed with each member residing in a LTC NF every 6 months. Those who are interested in transitioning participate in a comprehensive transition plan including connections to community supports. UHC engages community and provider partners in securing transition resources and supports. Appropriate ILO funding is used to facilitate a successful transition. Following transition members continue to be closely followed by their assigned Care Coordinator.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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11	Item No. 11 continued						<p><b>September 2022 Response, KDADS:</b> KDADS received notification on August 29, 2022 that it would be receiving \$4.97 million to reinstate the federal Money Follows the Person Grant program. The cooperative agreement with CMS allows for a planning period during which KDADS will meet with stakeholders and CMS to design a program that can be implemented successfully in Kansas.</p> <p><b>November 2022 Response, Aetna:</b> Aetna's transition program's processes align with the state transition of care policy. We are contracted with several providers to deliver transitional coordination services and transition funds to members transitioning to the community. Aetna's Service Coordinators work closely with members, families, and nursing facility staff to ensure community based service options are explored, barriers are addressed, and discharge plans are developed for members interested in transitioning to the community. In 2022, we have averaged eight institutional-to-community transitions per month. Aetna is supportive of any funding opportunities available to improve transition outcomes for members. We work to continuously adjust and adapt our internal processes as our members may need.</p> <p><b>November 2022 Response, Sunflower:</b> Sunflower follows the KDADS Institutional Transitions Policy for transitioning members from Nursing Facilities. As indicated in our Sept. 2022 response, we also offer a comprehensive transition program including transition coordination support, transition funds and extra services to help members transition successfully and remain safely in their homes.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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11	Item No. 11 continued						<p><i>November 2022 Response, UHC:</i> UHC follows KDAD’s Institutional Transition Policy for transitioning individuals out of an institutional setting which defines the transition process. UHC has a comprehensive community transition program including dedicated transition coordinators located throughout the state who assist with complicated transitions. Transitioning to the community is discussed with each member residing in a LTC NF every 6 months. Those who are interested in transitioning participate in a comprehensive transition plan including connections to community supports. UHC engages community and provider partners in securing transition resources and supports. Appropriate ILO funding is used to facilitate a successful transition. Post transition to the community, members are followed closely by their assigned Care Coordinator.</p> <p><i>November 2022 Response, KDADS:</i> KDADS will be receiving \$4.97 million to reinstate the federal Money Follows the Person Grant program over a five-year period. The cooperative agreement with CMS allows for a planning period during which KDADS will meet with stakeholders and CMS to design a program that can be implemented successfully in Kansas. KDADS has developed a Director of Money Follows the person position that is currently with HR. KDADS will be meeting with CMS to discuss implementation</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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12	Concern was expressed that individuals will be removed from KanCare during redetermination at the end of the PHE for resolvable reasons due to the large number of renewals and documentation requirements the agency will face. The state agency will need to work with stakeholders and providers to make this a smoother transition.	Lou Ann Kibbee, SKIL  Heather Braum, KAC Linda MowBray, KHCA/KCAL	4/20/2022  9/26/2022	KDHE	MCOs		<p><b>September 2022 Response, Aetna:</b> Aetna is closely following the PHE and actively preparing to support members during the redetermination process. Service Coordinators are actively checking member addresses during regular touch points and educating members on the importance of keeping contact information up to date. Person Centered planning will be prioritized as the PHE ends to ensure continuity of care.</p> <p><b>September 2022 Response, Sunflower:</b> KDHE and the MCO's workgroup meet bi-weekly to discuss preparation of the end of PHE. Sunflower can identify all members by redetermination date which KDHE sends on the eligibility files for the MCOs. Sunflower's LTSS team will know which of their members will be coming up for redetermination and will remind them of the steps they need to take during regular contacts and their person-centered planning meetings.</p> <p><b>September 2022 Response, UHC:</b> Person-centered care coordination is a priority for UHC and will continue to be a priority when the PHE ends. We will continue to work closely with our members to ensure they are offered choice in selecting services and supports available through the HCBS waivers. MCOs are assisting with communications to members, public, providers, and assister organizations with general information and raising awareness. Member services call centers are helping members in updating addresses directly (without having to call the state agency), providing members with renewal dates and information on how to resolve issues such as: how to create an online account, what to do if a form has not been received or was lost, where to go for more assistance. MCOs are also contacting members individually via different methods, to remind them about their renewal date coming, and to remind them to turn in their review forms.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
**Prepared by Kansas Legislative Research Department**

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12	<p><b>Item No. 12 continued</b></p> <p>MCOs need to make person-centered care coordination a priority as the PHE ends.</p>	Sean Gatewood, KAN	4/20/2022	KDHE	MCOs		<p><b>September 2022 Response, KDHE:</b> KDHE has been planning for the Public Health Emergency unwinding since the PHE began. In partnership with the MCOs, stakeholders, and community groups, the agency has engaged in ongoing outreach to beneficiaries, providers, and stakeholders to ensure Medicaid beneficiaries know to update their contact information with the Clearinghouse. KDHE staff have presented PHE unwinding information at numerous stakeholder meetings and PHE-related information is posted on the KanCare website. KDHE received CMS approval for various flexibilities to reduce the likelihood that Medicaid members will be terminated from eligibility for administrative reasons, including allowing the Clearinghouse to rely on address update information provided to the MCOs rather than requiring the members to contact the Clearinghouse directly. The agency continues to monitor the status of the PHE and update unwinding plans accordingly.</p> <p><b>November 2022 Response, Aetna:</b> Aetna continues to closely follow the PHE and is actively preparing to support members during the redetermination process. Service Coordinators are actively checking member addresses during regular touch points and educating members on the importance of keeping contact information up to date. Person Centered planning will be prioritized as the PHE ends to ensure continuity of care. Aetna continues to engage with KDHE on PHE unwinding preparation and communications to providers and members.</p> <p><b>November 2022 Response, Sunflower:</b> The initiatives we described in our Sept. 2022 response are continuing.</p> <p><b>November 2022 Response, UHC:</b> Efforts reported in September continue.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
**Prepared by Kansas Legislative Research Department**

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12	<b>Item No. 12 continued</b>						<p><b>November 2022 Response, KDHE:</b> As noted in agency's September 2022 presentation, KDHE has been actively working with the MCOs, advocates, providers, and non-profits to make Medicaid beneficiaries aware of the PHE unwinding and encourage them to update their address information with the Clearinghouse. These efforts have been underway since 2021. The agency continues to fine-tune its unwinding plans with the goal of minimizing the number of beneficiaries who lose eligibility during PHE unwinding for reasons other than being determined ineligible for Medicaid.</p>
13	<p>The following adult care home concerns need to be addressed: Kansas has 790 fewer beds available in 2022 than in 2021, with a trend away from higher levels of care that require more time, staff, and resources; home closures are more often in rural areas and openings are in urban areas.</p>	Haely Ordoyne, KACE	4/20/2022	KDADS			<p><b>September 2022 Response, KDADS:</b> KDADS has seen a large number of nursing home beds close since 2017. This trend started pre-pandemic and continues to reinforce the impact of the direct care staff workforce shortage. Please refer to the KDADS Power point that covers all adult care home bed trends for further information.</p> <p><b>November 2022 Response, KDADS:</b> KDADS continues to see the total number of NF beds decrease in the form of bed reductions, temporary closures, low census and permanent facility closures.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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14	<p>The following concerns were expressed by the conferee that were cited in the Medicaid Inspector General audit. The agency responsible for administering the HCBS program lacks an effective system for tracking redetermination of beneficiaries in the HCBS program. No claims were filed for a total of 12 months or more during the audit period on behalf of 2,854 individuals identified as enrolled in an HCBS waiver, but payments to MCOs contracted to provide services to these beneficiaries totaled more than \$193 million.</p>	<p>Roxanne Hidaka, Case Management Services, Inc.</p>	<p>4/20/2022</p>	<p>KDADS</p>			<p><b>September 2022 Response, KDADS:</b> The Office of the Medicaid Inspector General’s HCBS Audit recommended that a yearly program review be conducted to identify individuals that should be removed from the HCBS program. KDADS agrees to implement a review of each HCBS waiver at least annually to identify individuals enrolled on the waiver that are not meeting the requirements to utilize one HCBS waiver service per month. Individuals that are not receiving services will be evaluated for removal from waiver enrollment. MCOs will be expected to provide information regarding their respective members who are not receiving the required waiver service per month. KDADS and KDHE will verify the information provided by the MCOs and determine the actions to be taken regarding each individual’s continued eligibility. Further, the agencies will utilize the review to evaluate MCO performance with regards to their contractual responsibilities to report for eligibility closure those members not meeting monthly service requirements.</p> <p><b>November 2022 Response, KDADS:</b> No update available at this time. Based on The Office of the Medicaid Inspector General’s HCBS Audit, KDADS agrees to implement a review of each HCBS waiver at least annually to identify individuals enrolled on the waiver that are not meeting the requirements to utilize one HCBS waiver service per month. Individuals that are not receiving services will be evaluated for removal from waiver enrollment. MCOs will be expected to provide information regarding their respective members who are not receiving the required waiver service per month. KDADS and KDHE will verify the information provided by the MCOs and determine the actions to be taken regarding each individual’s continued eligibility. Further, the agencies will utilize the review to evaluate MCO performance with regards to their contractual responsibilities to report for eligibility closure those members not meeting monthly service requirements.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
**Prepared by Kansas Legislative Research Department**

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15	There is a need for a statewide mobile crisis support program to provide behavioral supports for people with I/DD and Autism that focuses on prevention.	Nick Wood, InterHab	4/20/2022	KDADS			<p><b>September 2022 Response, KDADS:</b> KDADS is working to implement mobile crisis and had identified training for mobile response team members on I/DD crisis resolution from Relias, KDADS is currently working to make that training available to providers.</p> <p><b>November 2022 Response, KDADS:</b> KDADS is working to implement mobile crisis and had identified training for mobile response team members on I/DD crisis resolution from Relias, KDADS is currently working to make that training available to providers. Additionally, KDADS Crisis Team has met with InterHab and we are paying to send our Mobile Crisis Project Coordinator through their recommended training to see how it compares the training we have been reviewing with Wheatstate and HIS. We are also planning to use federal 988 funding to contract with TBD Solutions to further develop mobile crisis training/certification processes that align with CMS expectations. They have recently done this work in another state.</p>
16	KDADS is 3-6 months behind on reviewing the clinical assessment referrals and evaluation scores related to admission and qualifications for level 2 facilities. These facilities typically serve individuals with mental health needs, and the backlog causes strain on both mental health and long-term care system.	The Committee Haely Ordoyne, KACE Rachel Monger, LeadingAge Kansas	9/26/2022	KDADS			<p><b>November 2022 Response, KDADS:</b> KDADS continues to monitor and work on the CARE backlog with investments and hiring in temporary staffing and working with the Area Agencies on Aging for staffing help through their existing contracts with the state. KDADS is also looking at every option for efficiency of responding to CARE scores through IT updates, evaluating process and policies, and continuing to evaluate ways to fully automate the CARE process.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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17	<p>There is a need to address the systemic issue and hold providers, MCOs, and the State accountable for not providing medically necessary nursing care for children on the TA waiver. This should include caps on allowable administrative costs for providers. If nurses are making an average of \$28/hr. and the reimbursement rate is \$47/hr. that means 59.6 percent is being used for administrative cost. Research needs to be done to determine a way for Specialized Medical Care to be a self-directed service. A state-wide impact campaign should be funded to help educate people on the critical roles that nurses provide to children on the TA waiver as well as adults who require personal care assistance.</p> <p>The pay for home care nurses needs to be raised to reduce the extreme disparity and draw nurses to the home health field.</p> <p>A plan is needed to increase the SMC T1000 rate each year in order to facilitate broader access to the services statewide and to never again fall so far behind regional market rates. We suggest adding \$3/hr. the first year with additional increases in subsequent years.</p>	<p>Kathy Keck Private Citizen</p> <p>Emily Trester, private citizen</p> <p>Matt Johnston, Maxim Healthcare Services</p>	<p>9/26/2022</p> <p>9/26/2022</p> <p>9/26/2022</p>	<p>KDHE KDADS</p>	<p>MCOs</p>		<p><b>November 2022 Response, Aetna:</b> Aetna maintains its support of any provider fee schedule increases and would pass these through to our contracted providers.</p> <p><b>November 2022 Response, Sunflower:</b> Sunflower makes every effort to arrange for approved services to be provided to members, including Specialized Medical Care. We reimburse providers at the State fee schedule with a few exceptions where we have paid a higher rate to access services. We contract with all available, qualified providers. When a member has an issue accessing services through their provider we offer to help meet with the provider, or offer a choice of other providers. KDADS has also allowed the MCOs to be able to approve parents to be paid to provide this care when a nurse is not available, during the pandemic.</p> <p><b>November 2022 Response, UHC:</b> UHC makes every effort to assist families with securing workers for all assessed hours. We are contracted with all available providers in the state and the list of providers is given to the family so they can choose who they would like to provide care for their loved one. When the family and the UHC Care Coordinator are unable to secure an agency who can fill all the assessed hours on the service plan, UHC may offer an enhanced rate to assist the agency in recruitment of additional nursing staff. Under Appendix K, families may choose to be paid caregivers using personal care attendant hours instead of specialized medical care.</p>
17	<p><b>Item No. 17 continued</b></p>						<p><b>November 2022 Response, KDHE:</b> Neither KDHE nor KDADS has the legal authority to cap administrative overhead costs for home health providers.</p> <p><b>November 2022 Response, KDADS:</b> We are not allowed to regulate administrative costs. Increasing rates would require an appropriation from the legislature. We respectfully request this item be moved to “requires legislative action”.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
**Prepared by Kansas Legislative Research Department**

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18	<p>The Brain Injury Waiver reimbursement rate was set by the state in 2002 at \$750 per day and has not changed since then. A calculation based on inflation rates alone would put this number at over \$1,200 per day, and that does not take into consideration any other factors. We do not believe it will be possible for the hospital to prevent losses unless a new rate of at least \$1,400 per day is set.</p>	<p>Tony Johnson Recover-Care</p>	<p>9/26/2022</p>	<p>KDHE KDADS</p>			<p><b>November 2022 Response, KDHE:</b> KDADS would need an appropriation to increase this rate.</p> <p><b>November 2022 Response, KDADS:</b> This increase would require legislative appropriation; KDADS has included an enhancement request in our submitted budget for consideration by the legislature. We respectfully request this item be moved to “requires legislative action”.</p>
19	<p>All three MCOs have a different process for people to obtain equipment on the brain injury waiver. All three MCOs have a different process for completing home modifications on the brain injury waiver.</p>	<p>Janet M. Williams, Minds Matter, LLC</p>	<p>9/26/2022</p>		<p>MCOs</p>		<p><b>November 2022 Response, Aetna:</b> 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> <p><b>November 2022 Response, Sunflower:</b> Sunflower participated in a collaborative workgroup with the other MCOs to review our processes for authorizing assistive services and home modifications for consistency. A standardized Assisted Services Resource Checklist was created and submitted to KDADS for review and approval. 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><b>November 2022 Response, UHC:</b> 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. (NOTE THIS IS THE SAME AS #10 ON THE LAST LOG)</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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20	<p>The Committee should recommend the 2023 Legislature permanently fix the error in statute tying CHIP eligibility threshold percentage to the 2008 fixed poverty level by removing the year-specific language for the federal poverty level income guidelines from the CHIP statute. The 2008 year reference accidental error was never updated or removed. The error has reduced eligibility for the CHIP program for almost 15 years.</p>	Heather Braum, KAC	9/26/2022	KDHE			<p><b>November 2022 Response, KDHE:</b> KDHE agrees with the conferee. This would require a statutory amendment; the agency cannot accomplish this without legislative action.</p>
21	<p>Dental benefits should be expanded to provide all individuals who rely on KanCare restorative care, such as dentures and partials. The Committee should recommend the 2023 Legislature appropriate funding for dentures and partials.</p>	Sean Gatewood, KAN Tanya Dorf Brunner Oral Health Kansas	9/26/2022	KDHE			<p><b>November 2022 Response, KDHE:</b> KDHE agrees with the conferee. This would require an appropriation; the agency cannot accomplish this without legislative action.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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22	<p>The KanCare MCO contracts are structured in a way that institutionalizes a glaring conflict of interest. The MCOs not only determine the services their customers receive, they also control who provides those services and how often they are provided. This provides an incentive for MCOs to keep plans of care low and services provided at a minimum level to save costs. KAN asked KDADS to include funding for additional state oversight to ensure people receive the hours and services that are documented in their care plans. These issues need to be addressed in the upcoming MCO contracts.</p>	Sean Gatewood, KAN	9/26/2022	KDHE KDADS	MCOs		<p><b>November 2022 Response, Aetna:</b> MCO contracts include the specific care that members are able to receive through KanCare, and MCOs are paid based on those services utilized by members, with incentives for clearly impacting the quality of care and care outcomes of members.</p> <p><b>November 2022 Response, Sunflower:</b> In accordance with our State contract and CMS requirements, Sunflower provides care coordination for all members in Home &amp; Community Based Services. We conduct a comprehensive assessment which includes an assessment of health, behavioral health and daily living needs. We conduct a Person-Centered Plan with the member and member's Person-Centered Team to determine the member's individualized goals and approved services. The member and his/her guardian, when applicable, choose the provider for each approved service. Sunflower has conducted an independent, annual LTSS Member Satisfaction Survey since 2017. Members have indicated 94% or above satisfaction with our care coordination program and 90% or above satisfaction with their HCBS services during each annual survey for the past 5 years. MCOs are incentivized through the State's P4P program for placing persons from institutional settings and helping them remain successfully in their homes.</p> <p><b>November 2022 Response, UHC:</b> MCO's complete a needs assessment with the member/family/care giver to determine authorized services. The member/guardian choose who provides the service. MCO's are not incentivized to keep the care plans low. MCO's are incentivized through the rate structure and P4P measures to keep members safely at home and out of the institutional setting.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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22	<b>Item No. 22 continued</b>						<p><b>November 2022 Response, KDHE:</b> Plans of care are developed by the MCOs but cannot be implemented without approval from the KanCare member or their medical representative. There is no financial incentive for the MCOs to cut plans of care hours or prevent in-home care from being accessed: (1) MCO payments are based on service utilization, and lower utilization leads to lower payments to the MCOs; (2) the MCOs are at risk for more expensive hospital costs if a member eventually requires hospitalization due to problems caused by a lack of in-home services. The agency understands the conferee's concern but disagrees that the current MCO contract structure incentivizes withholding of care.</p> <p><b>November 2022 Response, KDADS:</b> Funding for additional KDADS oversight would require legislative appropriation. Structure of the MCO contracts will be addressed at such time that the state agencies are able to plan for KanCare MCO contract renewals. We respectfully request this item be moved to "requires legislative action".</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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23	<p>Access to housing is pivotal to successfully keeping people in the community and/or transition them out of institutions. The Legislature should appropriate funds to support innovative programs to increase housing options. This could include, but not be limited to, additional assistance with home modifications, rental assistance, and transition assistance. Access to housing continues to be a barrier to persons living successfully in the community. Appropriations are needed to eliminate those barriers.</p> <p>There is a housing crisis for people who need wheelchair accessible housing they can afford on Social Security income. The MCOs should work with the Department of Commerce to find a way to create more housing options.</p>	<p>Sean Gatewood, KAN</p> <p>Janet Williams, Minds Matter, LLC</p>	9/26/2022	KDADS	MCOs		<p><i>November 2022 Response, Aetna:</i> Aetna understands the importance of housing and its impact on the health outcomes of Kansans, which is why we continue to invest in Kansas organizations and within communities to specially combat homelessness. We have provided monetary support to the Kansas Statewide Homeless Coalition (KSHC) and the Greater Kansas City Coalition to End Homelessness. We have also established a value-added benefit, specifically aimed at assisting members with accessing and/or maintaining housing. Additionally, Aetna participates in local and statewide affordable housing strategy workgroups, has provided trainings to mental health center housing specialists, and recently reached an agreement with KSHC that will support member access to specialized housing systems and cross-training between Aetna and KSHC colleagues.</p> <p><i>November 2022 Response, Sunflower:</i> Sunflower has a Housing Navigator who assists our members with accessing housing benefits and information about affordable, accessible housing. In addition, we offer Transition Coordination services through our providers for persons transitioning out of an institutional setting, including Nursing Facilities. This coordinator helps individuals with locating affordable, accessible housing and to identify any home modifications, environmental adaptations and/or assistive devices needed. Home modifications and Assistive Services are covered under the HCBS waivers, subject to the definitions and limitations specified in each waiver. We have also covered these under In Lieu Of services when the criteria for those is met.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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23	Item No. 23 continued						<p><i>November 2022 Response, UHC:</i> UHC has testified in previous committees on our housing initiatives which include a Housing + Health solution in Sedgwick County. The purpose is to serve the most socially and medically complex members experiencing homeless and to make a positive impact one member at a time. The program launched in August 2020 and we have served 18 members to date. Our community partner for this program is the Mental Health Association of South Central Kansas. We are working towards expanding the program into Wyandotte county the end of the year. Additionally, we have a dedicated Housing Navigator on staff who assists approximately 300 members per year with housing assistance which may include funding to prevent homelessness or secure housing. We are proud of the work we are doing in the housing space and continue to look for additional opportunities to make an impact.</p> <p><i>November 2022 Response, KDADS:</i> Money Follows the Person will be working on the housing crisis with stakeholder group. Stakeholder group includes staff from the Kansas Housing Corporation. KDADS hopes that work completed with Money Follows the Person in creating accessible housing can be a starting point to improve housing accessibility for all.</p>
24	Committee support is requested for Charlie's Bill, which would permit a resident of an adult residential care facility to file an appeal with the Secretary for Aging and Disability Services within 15 days after the date of a pending involuntary transfer or discharge. Adequate funding would be needed to support administrative costs associated with the passage of Charlie's Bill.	Dan Goodman, KABC	9/26/2022	KDADS			<p><i>November 2022 Response, KDADS:</i> This item was previously closed as we are awaiting review by the Judicial Council, which is expected by the end of the month. This issue will also be mentioned in the report from the Senior Care Task Force. Changes will likely require legislative action and we respectfully request this item be moved to "requires legislative action".</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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25	<p>More attention and focus is needed on how to improve and better coordinate long-term care for those suffering from dementia. KABC supports the Alzheimer's Association's request for a Dementia Services Coordinator within KDADS to address this need.</p>	<p>Dan Goodman, KABC</p>	<p>9/26/2022</p>	<p>KDADS</p>			<p><i>November 2022 Response, KDADS:</i> Funding for this position would require legislative appropriation. We respectfully request this item be moved to "requires legislative action".</p>
26	<p>There is a need to re-establish or expand independent case management services to the Frail Elderly, Physically Disabled, and Brain Injury Waiver populations. KABC requests \$7.5 million in SGF with matching \$7.5 million in Medicaid funding totaling \$15 million to provide case management services under these waivers. Should the Legislature not wish to allocate new resources for this service, KABC would remind this committee that the case management funding previously utilized for such services were rolled into the managed care contracts with the onset of KanCare and could potentially be withdrawn from upcoming new managed care contracts to re-establish the service.</p> <p>There is a great need for a type of service coordination or case management under some of the HCBS waivers for individuals who self-direct. This is different from TCM. Prior to managed care, there were independent living counselors who helped with a variety of needs to ensure waiver beneficiaries did not fall through the cracks.</p>	<p>Dan Goodman, KABC</p> <p>Lou Ann Kibbee, SKIL</p>	<p>9/26/2022</p> <p>9/26/2022</p>	<p>KDADS</p>			<p><i>November 2022 Response, KDADS:</i> Independent case management would require legislative appropriation or specific mention in new MCO contracts at a time state agencies are allowed to plan for KanCare MCO renewal.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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27	<p>An audit by the Kansas Medicaid Office of the Inspector General, dated April 13, 2022, found KAMIS only sends out a single notification that annual assessments are due. The system does not automatically generate reports to KDADS that the annual assessment for a Medicaid beneficiary has not been completed for BI, BE, and PD waiver recipients for which AAAs through the ADRC perform functional assessments. The KAMIS reports are inaccurate. As such, k4d requests convening a management information system steering committee of expert internal and external stakeholders to analyze KAMIS system functions, measure performance, and generate reports and dashboards to develop a logical, phased implementation schedule required to maximize the value and performance of a management information system to maintain and report accurate data, including interface capability with KDHE systems managing Medicaid, and make recommendations to implement an optimal, functional management information system.</p>	Leslie Anderson, k4d	9/26/2022	KDADS			<p><b>November 2022 Response, KDADS:</b> KAMIS modernization is an important task. We will convene stakeholders to discuss changes in concert with planning for modernization. Of note, part of that answer is the Medicaid eligibility system, which KAMIS is not the system of record for. The long-term solution would be enhancing KMMS to include all eligibility data, including functional components.</p>
28	<p>Adult care home reimbursement rates need to be increased. This could be accomplished with a full rebase with inflation to the midpoint, and overall rate percentage increase, or a review of the caps to the cost centers in the annual cost reports.</p> <p>Medicaid reimbursement rates need to be fully funded.</p>	<p>Haely Ordoyne, KACE</p> <p>Rachel Monger, LeadingAge Kansas</p>	<p>9/26/2022</p> <p>9/26/2022</p>	KDADS			<p><b>November 2022 Response, KDADS:</b> This item was previously closed after the 2022 Legislature provided funding to fully rebase rates. A full rebase of NF rates and inflation adjustment for FY24 would require additional appropriation. Very early estimates indicate a full rebase with inflation adjustments for NFs could cost an additional 10%, which is \$72M all funds including \$29M SGF, annually beginning in SFY24. It should be noted that this is just an estimate. Actual impact will not be determined until April/May 2023 after the agency receives and processes all CY 2022 cost reports for each Nursing Facility. We respectfully request this item be moved to “requires legislative action”.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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29	<p>There is a need to reign in the price gouging and restrictive labor practices of temporary staffing agencies. Accountability is needed for healthcare staffing agencies who continue to charge Medicaid providers more than triple the going wage for essential healthcare workers during a horrendous workforce shortage and frequently restrict workers' freedom to join a provider full-time.</p>	<p>Rachel Monger, LeadingAge Kansas</p>	<p>9/26/2022</p>	<p>KDHE KDADS</p>			<p><b>November 2022 Response, KDHE:</b> Legislative action would be required to give state agencies the authority to regulate staffing agency practices in this manner.</p> <p><b>November 2022 Response, KDADS:</b> This item was previously closed after HB 2004 did not advance in the 2021-2022 legislative biennium. We respectfully request this item be moved to “requires legislative action”.</p>
30	<p>Long term care providers need the Legislature’s help to invest in more workforce-friendly initiatives such as expansion of health care training programs, tuition assistance, childcare assistance, and investment in rural communities and infrastructure, while also removing unnecessary regulatory barriers that may hinder the expansion of health care services, childcare services and worker certification and licensure programs.</p>	<p>Rachel Monger, LeadingAge Kansas</p>	<p>9/26/2022</p>	<p>KDHE KDADS</p>			<p><b>November 2022 Response, KDHE:</b> Legislative action would be required to authorize and fund these initiatives.</p> <p><b>November 2022 Response, KDADS:</b> KDADS is working on several initiatives funded through the HCBS FMAP enhancement develop a training program for direct service workers a career ladder for DSW’s. This program will look at providing training and other educational opportunities to support DSW’s to have the skills to promote in their field. The Career Ladder will also identify ways to create a path for DSW’s to transfer their job experience into potential credits to obtain licensure in other allied health fields that provide other needed supports to the people we serve.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
**Prepared by Kansas Legislative Research Department**

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31	<p>There is a lack of one-on-one supports for day service programs, a lack of residential services for individuals with profound needs, a lack of nursing provided to those with medical complexity, a lack of personal care attendants, and no respite. ABA therapy should not end at age 21 because my son's autism does not stop at age 21. There is no choice to continue the ABA therapy. He will be deprived of an impactful therapy that is working.</p>	<p>Dana Peterson, private citizen</p>	<p>9/26/2022</p>	<p>KDADS</p>			<p><b>November 2022 Response, KDADS:</b> ABA therapy is a state plan service that only goes to age 21. If we were to extend it past that it would require adding a service to the state plan for those above 21.</p> <p>One-on-one supports is something that could possibly be added by the MCO as identified by need and if the provider puts in a request to the MCO for exceptional funding.</p>
32	<p>The TILRC is concerned that people in the community are not receiving the support they need through the care coordination offered by the MCOs. KanCare beneficiaries would be better served by having access to a community resource, such as a community supports coordinator, to help them effectively use the services KanCare offers and experience the rewards KanCare has promised in terms of improved health outcomes.</p>	<p>Ami Hyten, TILRC</p>	<p>9/26/2022</p>	<p>KDADS</p>	<p>MCOs</p>		<p><b>November 2022 Response, Aetna:</b> Aetna's Case Management team works diligently to contact our members in the community to offer care management support, care coordination, education, and resources. We regularly outreach our members in an effort to engage them in case management and work with our community development team to reach members throughout the community. Members who are participating in case management are offered face-to-face visits as part of their case management participation, and improved quality of care and health outcomes remain our top priorities.</p> <p><b>November 2022 Response, Sunflower:</b> In accordance with our State contract and CMS requirements, Sunflower provides care coordination for all members in HCBS. We conduct a comprehensive assessment which includes an assessment of health, behavioral health and daily living needs. We conduct a Person-Centered Plan with the member and member's Person-Centered Team to determine the member's individualized goals and approved services, and provide regular follow up contacts, and as-needed assessments, to make any necessary changes to the Plan, and assist the member with connecting to approved services, community resources and other needed supports. Sunflower has conducted an independent, annual LTSS Member Satisfaction Survey since 2017. Members have indicated 94% or above satisfaction with our care coordination program during each annual survey for the past 5 years.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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32	<b>Item No. 32 continued</b>						<p><i>November 2022 Response, UHC:</i> UHC has a comprehensive person-centered service planning process which is defined by HCBS waiver and state policy.</p> <p><i>November 2022 Response, KDADS:</i> Such services could be considered at such time that the state agencies are able to plan for KanCare MCO contract renewals. We respectfully request this item be combined with #5.</p>
33	The CMS Final Settings rule would require that any Medicaid funds that provide support to people with disabilities must be used in an integrated setting. Although being the first state to have Employment First, Kansas is far behind other states in implementing such a policy. The consequences of this could mean loss of critical funding and opportunities for people with disabilities to be gainfully employed.	Colin Olenick, SACK	9/26/2022	KDADS			<p><i>November 2022 Response, KDADS:</i> KDADS has conducted three meetings with stakeholders regarding the Employment First RFP. KDADS has received feedback on the proposed request for proposal and is in the process of developing the final draft based on Stakeholder input. KDADS will request more feedback on the Scope of Work from Stakeholders in the next few weeks. From there, KDADS will submit RFP for the procurement process.</p>
34	There is a need for access to respite care.	Kacy Seitz Private Citizen Dan Seitz Private Citizen	9/26/2022	KDADS			<p><i>November 2022 Response:</i> KDADS is working with MCOs to expand the provider network.</p>
35	Nearly every EMS agency in the state still faces a shortage of personnel and equipment. The shortage is largely due to funding as EMS agencies compete with non-traditional entities such as hospitals and clinics for certified Kansas EMS professionals, as well as the difficult task of retaining staff due to the day-to-day stress of doing the job for low pay.	David Adams, Kansas EMS Association	9/26/2022	KDHE			<p><i>November 2022 Response, KDHE:</i> The 2022 Legislature added \$10 million in funding for EMS services. The agency would welcome any recommendations from the committee on how to better support EMS providers through Medicaid.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/ Update	Resolution Reported by State Agency
36	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		Requires legislative action	<p><b>December 2020 Response, KDHE:</b> 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><b>February 2021 Response, KDHE:</b> No further update.</p> <p><b>April 2021 Response, KDHE:</b> No further update.</p> <p><b>September 2021 Response, KDHE:</b> 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><b>December 2021 Response, KDHE:</b> A bulletin had been released announcing the dental rate increase. The agency would recommend closing the rate portion of this item.</p> <p><b>February 2022 Response, KDHE:</b> No further update; this item appears to have become a legislative matter.</p>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
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37	<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><b>There is a need for increased funding for CILs.</b></p>	<p>Jill Dudley, KACIL; GRAIL</p> <p>GRAIL</p> <p>Lou Ann Kibbee, SKIL</p>	<p>6/22/2020</p> <p>6/22/2020 9/28/2020</p> <p>9/26/2022</p>	<p>KDADS</p>		<p>Requires legislative action</p>	<p><b>September 2020 Response, KDADS:</b> 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><b>September 2020 Response, KDADS:</b> 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><b>December 2020 Response, KDADS:</b> No further update is available at this time.</p> <p><b>February 2021 Response, KDADS:</b> No further update is available at this time.</p> <p><b>April 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>September 2021 Response, KDADS:</b> No further updates are available. KDADS respectfully requests this item be considered closed.</p> <p><b>December 2021 Response, KDADS:</b> 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><b>February 2022 Response, KDADS:</b> 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>

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution Quarter 3 of 2022**  
**Prepared by Kansas Legislative Research Department**

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/ Update	Resolution Reported by State Agency
37	Item No. 37 continued			KDADS		Requires legislative action	<p><b>April 2022 Response, KDADS:</b> 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.</p> <p><b>September 2022 Response, KDADS:</b> Requires legislative appropriation. The CILs receive funding through KS Rehabilitation Services, a Division of DCF.</p>
38	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		Requires legislative action	<p><b>June 2020 Response, KDHE:</b> This will be addressed as part of a Medicaid expansion implementation.</p> <p><b>April 2021 Response, KDHE:</b> No further update.</p> <p><b>September 2021 Response, KDHE:</b> No further update.</p> <p><b>December 2021 Response, KDHE:</b> No further update.</p> <p><b>February 2022 Response, KDHE:</b> No further update.</p> <p><b>April 2022 Response, KDHE:</b> No further update.</p> <p><b>September 2022 Response, KDHE:</b> No further update. This item would require legislative action.</p>

# Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—Special and General Issues Resolution 2022

## Legend

AAA	Area Agency on Aging
ABA	Applied Behavioral Analysis
ADRC	Aging and Disability Resource Center
BH	Behavioral Health
CARE	Client Assessment Referral and Evaluation
CHIP	Children's Health Insurance Program
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
DRC	Disability Rights Center of Kansas
DSW	Direct Service Worker
EMS	Emergency Medical Services
EPSDT	Early and Periodic Screening, Diagnostic, Treatment
FMAP	Federal Medical Assistance Percentage
FMS	Financial Management Services
GRAIL	GrassRoots Advocates for Independent Living
HCBS	Home and Community Based Services
HR	Human Resources
I/DD	Intellectual and Developmental Disability
ILO	In Lieu Of or In Lieu of Services
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
KAMIS	Kansas Aging Management Information System
KAN	KanCare Advocates Network
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
KLRD	Kansas Legislative Research Department

**Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—Special and General Issues Resolution  
2022**

KMAP	Kansas Medical Assistance Program
KSNA	Kansas State Nurses Association
KSU	Kansas State University
KUCDD	Kansas University Center on Developmental Disabilities
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MDS	Minimum Data Set
MFP	Money Follows the Person
NF	Nursing Facility
OT	Occupational Therapy
P4P	Pay For Performance
PACE	Program for All-Inclusive Care for the Elderly
PCS	Personal Care Services
PD	Physical Disability
PEAK	Promoting Excellent Alternative in Kansas Nursing Homes
PHE	Public Health Emergency
PRTF	Psychiatric Residential Treatment Facility
PT	Physical Therapy
RFP	Request for Proposal
SACK	Self Advocate Coalition of Kansas
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	State Innovation Model
SKIL	Southeast Kansas Independent Living Resource Center
SPA	State Plan Amendment
TA	Technology Assisted
TCM	Targeted Case Management
TILRC	Topeka Independent Living Resource Center
TNA	Temporary Nurse Aide
UHC	United Healthcare Community Plan of Kansas