

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—Specific Issues Resolution 2021

Prepared by Kansas Legislative Research Department

Item	Specific Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status	Resolution
1	Current practice of submitting claims to clearinghouses blocks clean claims from ever being date stamped as received where the only error is in the State's claims system. If the MCO takes long enough to fix its error, the claim fails outside timely filing limits and the MCO pays nothing. The State should support existing authorities to instruct MCOs to pay claims where agency error caused a denial or when unusual circumstances warrant payment.	Keith Pankratz, Sunshine Meadows Retirement Community	12/9/2020	KDADS or KDHE	MCOs		<p>February 2021 Response, UHC : For a claim to be considered the member information (member name, date of birth, and Medicaid ID #) must e an exact match to what is noted on the state eligibility file. If these data elements do not match the claim is rejected. Rejected claims are not considered clean and are not assigned a received date as it was not a valid claim. Providers have 365 days (1 year) to make any necessary corrections (this includes working with the State or an MCO to make updates in their respective systems) to the claim so it can be resubmitted and considered clean. The time frame a provider has to make corrections and resend clear claims is clearly noted in the contract the provider signed with the MCO.</p> <p>February 2021 Response, Aetna : If a claim is held at the Clearinghouse due to an error outside of the provider's control, Aetna requires the Clearinghouse to send the file with the original receipt date to use when applying timely filing policies. Aetna's policy is to review all external issues that would impact the timeliness of the submission of a clean claim.</p>

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1	Item 1 continued...						<p><i>February 2021 Response, Sunflower:</i> Sunflower has reviewed the claims files and will continue to monitor the issue.</p> <p><i>February 2021 Response, KDHE:</i> The conferee contacted KDHE in December 2020 to ask for assistance with those claims. Neither KDHE nor the MCO have the legal authority to take the action the conferee is requesting.</p>

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

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1	Item 1 continued 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.	Matt Fletcher, Interhab	2/28/20				<p>June 2020 Response, KDADS: KDADS acknowledges the strong interest in developing a plan to eliminate the waitlists and will continue to accept feedback and ideas about potential changes.</p> <p>December 2020 Response, KDADS: No further updates at this time.</p> <p>February 2021 Response, KDADS: KDADS is meeting with stakeholders to develop a plan to evaluate the needs of the individuals on the IDD waiver wait list. This will require an assessment or survey of each individual listed on the wait list 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 IDD waiver wait list.</p>
2	Amerigroup still owes providers thousands of dollars in claims. They stopped providing Explanations of Payments on the web portal. November: KHA's June 30, 2019, KanCare accounts receivable survey for hospitals reflected over \$14.3 million in charges outstanding from Amerigroup.	Dynel Wood, Options Services Tish Hollingsworth, KHA	2/15/2019 11/18/2019	KDHE	Amerigroup	Continue to monitor	<p>August 2019 Response, KDHE: KDHE has worked with Amerigroup to finalize payments and resolve.</p> <p>Note: KDHE indicated this was resolved, but continued concerns were expressed.</p> <p>February 2020 Update, KDHE: KDHE continues to urge providers to follow the appeals process posted on the KanCare and KMAP websites; KDHE staff members have worked with individual providers.</p> <p>June 2020 Update, KDHE: No additional update.</p> <p>December 2020 Update, KDHE: As of August 2020, KHA reports \$4.1 million in Amerigroup accounts receivable; these amounts continue to dwindle.</p> <p>February 2021 Update, KDHE: No additional update.</p>
3	There is a need to explore a better model for managed care LTSS than is available under KanCare.	Matt Fletcher, InterHab	4/29/2019	KDADS		Continue to monitor	<p>August 2019 Response, KDADS: KDADS appreciates the insight and perspective.</p> <p>February 2020 Response, KDADS: As more and more states move toward managed care models for LTSS, Kansas will continue to be engaged in reviewing the models being implemented across the nation.</p> <p>June 2020 Response, KDADS: KDADS continues to work with stakeholders and national associations to identify new managed care models.</p> <p>December 2020 Response, KDADS: No further updates at this time.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p>

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4	There is a need to fund nursing homes in accordance with statutory formula based on past three years' actual costs.	Cindy Luxem, KHCA/KCAL	4/29/2019	KDADS		Continue to monitor	<p>(Note: KDADS indicated the agency would follow up with staff on this topic.)</p> <p>February 2020 Response, KDADS: As an entitlement program, the nursing facility caseload is included as part of the Consensus Caseload estimating process. Funding provided to nursing facilities is based on the amount of the annual appropriation.</p> <p>June 2020 Response, KDADS: Funding provided to nursing facilities is based on the amount of the annual appropriation.</p>
5	<p>There is a need to address the misuse/overuse of antipsychotic drugs in the senior population.</p> <p>Chemical restraints are used on persons with dementia in nursing homes in Kansas. It is a clearly defined problem and there is data on antipsychotic use and misuse rates for each Kansas nursing facility. There is no data on use in assisted living facilities, home plus, or residential care facilities.</p>	Mitzi McFatrach, KABC	<p>2/15/2019</p> <p>11/18/2019</p>	KDADS		<p>Continue to monitor</p> <p>*Combined item</p>	<p>August 2019 Response, KDADS: 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 monitoring and review during certification survey.</p> <p>February 2020 Response, KDADS: The percent of Long-term Stay nursing home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, it was 17.4 percent and had dropped to 17 percent by September 2018. Kansas has continued to decrease this rate; by March 2019 it was 16.1 percent. KDADS continues monitoring and review during annual certification survey.</p> <p>June 2020 Response, KDADS: KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other antipsychotic drug use concern line items.</p> <p>February 2020 Response, KDADS: Currently there are no reporting requirements for state-licensed-only adult care homes to report use of antipsychotic drug use. Nursing facilities are required to report this information as part of their minimum data set (MDS) which allows data to be generated.</p> <p>June 2020 Response, KDADS: KDADS does not have the statutory authority to require adult care homes that are only state licensed to report this information. KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other antipsychotic drug use concern line items.</p>

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6	<p>Status of CMS-approved supported employment pilot for 500 persons on the HCBS waiting lists or who have behavioral health needs (included in the Section 1115 waiver renewal process).</p> <p>According to 8/26/2019 DRC testimony, KDADS has placed this pilot as one of the items in its strategic plan.</p>	Mike Burgess, DRC	<p>2/15/2019</p> <p>8/26/2019</p>	KDHE		Continue to monitor	<p>November 2019 Response, KDHE: KDHE staff have conducted initial educational sessions with a multi-functional working group. In the waiver, the agency was not allowed to begin the pilot until at least 7/10/19, due to the eligibility restriction proviso from the 2018 budget bill. Will require fiscal note and accompanying funding to operationalize.</p> <p>February 2020 Response, KDHE: KDHE staff continues to conduct educational sessions with working groups, and is targeting a 1/01/21 implementation, although that date is not yet approved by CMS.</p> <p>June 2020 Update, KDHE: The pilot continues to be designed with the guidance from an advisory board. The implementation date is July 2021.</p> <p>September 2020 Update, KDHE: KDHE is in the process of securing outside resources to help build an implementation plan and program manual. The target implementation date is still July 2021.</p> <p>December 2020 Update, KDHE: KDHE has hired a contractor to work on this pilot. The contractor began work in early November.</p> <p>February 2021 Update, KDHE: The pilot is still on track for 7/1/21 roll-out.</p>
7	There is a need for community service coordination to assist KanCare beneficiaries.	Mike Oxford, TILRC	2/15/2019	KDHE		Continue to monitor	<p>November 2019 Response, KDHE: Project has been placed on hold for the time being, with goal of rebooting within next fiscal year.</p> <p>June 2020 Response, KDHE: The project remains on hold.</p> <p>September 2020 Response, KDHE: The project is still on hold.</p> <p>December 2020 Response, KDHE: The project is still on hold.</p> <p>February 2021 Response, KDHE: The project is still on hold.</p>

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8	There is a need to look at what happens to dual diagnosed individuals who are dropped from the SED waiver and are years away from getting I/DD services. Once a child leaves the SED waiver, they should transition to the I/DD waiver automatically with services to be included. The transition to the I/DD waiver is automatic for individuals on the TA and AU waivers.	Roxanne Hidaka, Case Management Services, Inc.	8/26/2019	KDADS		Continue to monitor *KDADS is to address how this item can be closed.	<p>November 2019 Response, KDADS: KDADS acknowledges the conferee's perspective; however, the agency has no plan to amend the policy and process at this time.</p> <p>February 2020 Response, KDADS: The current approved waiver does not allow for an automatic transition from the SED waiver to the I/DD waiver. A change in the waiver to allow for this would require extensive conversations with stakeholders. The agency does not have any plans to amend the waiver at this time.</p> <p>June 2020 Response, KDADS: Refer to response provided in February. KDADS respectfully requests this item be considered closed and removed from the spreadsheet.</p> <p>December 2020 Response, KDADS: No further updates at this time. Agency response from February 2020 still applies.</p> <p>February 2021 Response, KDADS: No further updates at this time. The agency response from February 2020 still applies as there are now approximately 4,500 individuals on the I/DD wait list.</p>
9	There is an urgent need for behavioral health services for Kansans with I/DD that could be addressed with a system-wide competency-based training and the development of specialized service delivery programs modeled after evidence-based practices from other states.	Nick Wood, InterHab	8/26/2019 2/28/2020	KDADS		Continue to monitor	<p>November 2019 KDADS Response: KDADS invites the conferee to share additional information at its monthly meetings with InterHab.</p> <p>February 2020 Response, KDADS: KDADS meets with the conferees on a regular basis and agrees behavioral health services for Kansas with I/DD are a concern. As noted earlier, one tool available is the SIM, which allows states and stakeholders to identify gaps and solutions.</p> <p>June 2020 Response, KDADS: No further update is available at this time; however, KDADS will continue discussions with stakeholders on this topic. Virtual meetings will be scheduled.</p> <p>December 2020 Response, KDADS: KDADS met with Matt Fletcher and Nick Wood on November 16 to continue discussions on this topic.</p> <p>February 2021 Response, KDADS: KDADS continues to engage with InterHab regarding behavioral health needs for individuals with I/DD. A mobile crisis system is currently in the Governor's Budget Recommendations to develop a mobile crisis system across Kansas.</p>

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10	There is a need to adopt a best practice, system of care approach toward crisis intervention for Kansans with I/DD or autism in crisis.	Nick Wood, InterHab	8/26/2019 11/18/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS invites the conferee to share additional information at its monthly meetings with InterHab.</p> <p>February 2020 Response, KDADS: KDADS has had multiple conversations with InterHab and agrees crisis intervention gaps and solutions need to be explored.</p> <p>June 2020 Response, KDADS: No further update is available at this time. KDADS continues to be open to discussion and suggestions regarding crisis intervention programming.</p> <p>December 2020 Response, KDADS: KDADS November 16 meeting with Interhab included discussion and suggestions regarding crisis intervention programming. There was also discussion regarding the Sequential Intercept Model concept and how we might tap into resources as needed.</p> <p>February 2021 Response, KDADS: KDADS continues to engage with InterHab regarding the behavioral health needs of individuals with I/DD. KDADS continues to be interested in employing the Sequential Intercept Model. In addition, the Governor's Budget Recommendations include funding for the development of a mobile crisis response system.</p>

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11	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	8/26/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS has been engaged with InterHab and others at the Judicial Council Subcommittee reviewing options.</p> <p>February 2020 Response, KDADS: KDADS staff participated in the Judicial Subcommittee with InterHab and other key stakeholders. SB 333 proposes changes to the current system. KDADS has included in the fiscal note for SB 333 a cost of \$20,000 to \$30,000 to receive technical assistance from SAMHSA to bring in expertise specific to the SIM. In addition, KDADS has provided an updated fiscal note to SB 333 that includes estimates for the cost of services.</p> <p>June 2020 Response, KDADS: KDADS agrees.</p> <p>December 2020 Response, KDADS: No further update available at this time.</p> <p>February 2021 Response, KDADS: KDADS continues to discuss this topic and remains interested in engaging the Sequential Intercept Model to help guide the need for system change.</p>
12	<p>Kansas needs an <i>Olmstead</i> Plan to move to a community-first system where institutions are the last resort backstop if home and community services and supports do not work. Kansas needs to allocate resources to develop a comprehensive <i>Olmstead</i> Plan. A robust ICF family involvement is important in creating the <i>Olmstead</i> Plan.</p> <p>KDADS should devote resources and engage stakeholders to create a State <i>Olmstead</i> Plan</p> <p>Kansas should make progress on an <i>Olmstead</i> plan that is embraced by advocates and that honors choice and community inclusion. Disabled Kansans would be better served if a "comprehensive, effectively working plan" were in place to guide the development of community-based services and supports instead of a patchwork of programs.</p>	<p>Ami Weidler-Hyten, TILRC; Lou Ann Kibbee, SKIL; Sean Gatewood, KAN; Joan Kelley, private citizen</p> <p>Mike Burgess, DRC</p> <p>Kathy Lobb, SACK; Stephanie Sanford, private citizen; Ami Weidler-Hyten, TILRC</p>	<p>8/26/2019 11/18/2019 2/28/2020</p> <p>11/18/19</p> <p>6/22/2020</p>	KDADS		Continue to monitor *Combined item	<p>November 2019 Response, KDADS: KDADS hears the assertion of the conferee and appreciates the expertise.</p> <p>February 2020 KDADS Response: KDADS secured the services of Mary Ellen O'Brien to provide a report on the history of community based services in Kansas and the <i>Olmstead</i> decision. The report will be available for release very soon.</p> <p>June 2020 Response, KDADS: A report providing the history of HCBS in Kansas and the <i>Olmstead</i> decision has been finalized and made available. KDADS will participate in the stakeholder-led efforts to discuss an <i>Olmstead</i> Plan.</p> <p>February 2020 Response, KDADS: KDADS has been invited to the stakeholder-led meetings to initiate an <i>Olmstead</i> Plan</p> <p>June 2020 Response, KDADS: KDADS will participate in the stakeholder-led efforts to discuss an <i>Olmstead</i> Plan.</p> <p>December 2020 Response, KDADS: See June 2020 KDADS response.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p>

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13	Work on the PIL is not done. The increased PIL passed during the 2019 Session was a one-time budget initiative in the flat amount of \$1,177, and the increase could go away this year.	Ami Weidler-Hyten, TILRC; Lou Ann Kibbee, SKIL	8/26/2019 11/18/2019	KDHE		Continue to monitor *Combined item	November 2019 Response, KDHE: PIL limits are set in rules and regulations; KDHE is in the process of updating the regulation specific to PIL, and hopes to have that completed during the 2020 Legislative Session. June 2020 Response, KDHE: Language was included in the appropriation bill to continue PIL at \$1,177/month for 2021. All six waivers have been amended with the new PIL and approved by CMS. Amendment to KAR 129-6-103(c) is in progress.
	There is a need for assurance the State will not reduce the PIL and also need the PIL to be indexed to 300 percent of SSI.	Lou Ann Kibbee, SKIL; Sean Gatewood, KAN; Mike Burgess, DRC; Mitzi McFatrach, KABC	8/26/2019 2/28/2020				November 2019 Response, KDHE: The 2019 Legislature authorized the PIL to increase \$1,177/month, or 150% of SSI, and appropriated funds equivalent to that level of need. KDHE is in the process of updating the regulation specific to PIL and hopes to have that complete during the 2020 Legislative Session.
	The client obligation needs to continue to be reviewed and expanded annually to include cost-of-living increases and consider medical deductibles and other disability-related expenses.	Heather Matty, HCBS Consumer	8/26/2019				November 2019 Response, KDHE: The 2019 Legislature authorized the PIL to increase \$1,177/month, or 150% of SSI, and appropriated funds equivalent to that level of need. KDHE is in the process of updating the regulation specific to PIL and hopes to have that complete during the 2020 Legislative Session.
	PIL needs to be changed permanently.	Janet Williams, Mind Matters	11/18/2019				February 2020 Response, KDHE: KDADS has updated language in all waivers to reflect the new level. KDHE is working on updating through rules and regulations, which is where the limit currently sits. 2020 HB 2549 had a hearing in House Social Services Budget Committee meeting of 02/19/20, and would place this change in statute. February 2020 Response, KDADS: HB 2549 (2020) was introduced on 2/3/2020. A hearing was conducted by the House Social Services Budget Committee on 2/19/2020.

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13	Item 13 continued						<p>September 2020 Response, KDHE: The proposed regulation changes have gone through the review and approval process. The public hearing will be set for early December.</p> <p>Note: The KDHE Division of Health Care Finance proposes to amend KAR 129-6-103 to increase the PIL from \$727 a month to \$1,177 a month. The hearing is set for December 3.</p> <p>December 2020 Response, KDHE: Public hearing was held on December 3. No changes were made to the proposed regulation. The anticipated effective date of the regulation is 1/1/21.</p> <p>February 2021 Response, KDHE: The revisions to K.A.R. 129-6-103 became effective 1/1/21.</p>
14	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	8/26/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS invites the conferee to share additional information.</p> <p>February 2020 Response, KDADS: KDADS remains committed to collaborating with its stakeholders to develop programs that promote person-centered choice and supports. KDADS would like to hear more from Ami and Lou Ann as it agrees connections at the local level have been lost, particularly with the centers for independent living and the area agencies on aging. Also, as the State works on compliance with federal Final Rule regulations, it will be key to incorporate stakeholder feedback to ensure KDADS builds and maintains a robust service system.</p> <p>June 2020 Response, KDADS: No further update is available at this time.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>2021 Response, KDADS: No further updates at this time.</p>

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15	<p>Kansas has a serious workforce crisis in LTSS. The lack of an abundant, stable, and well-trained workforce hampers any progress on the most basic of quality improvements.</p> <p>Kansas needs a direct care workforce initiative to address the crisis level shortage in the direct care workforce. Steps involved include securing funding to continue financing the maintenance fees for the Kansas Personal Care Directory, launching a coordinated direct care professional recruitment effort, and generating broad-based awareness of the direct care industry as a growing career field and the Kansas Personal Care Directory as a tool for connecting direct support professionals with caregiving jobs.</p>	<p>Rachel Monger, LeadingAge Kansas</p> <p>Gina Ervay, Kansas Lifespan Respite Coalition</p>	<p>8/26/2019 11/18/2019</p> <p>8/26/2019</p>	KDADS		<p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p>	<p>November 2019 Response, KDADS: KDADS agrees.</p> <p>February 2020 Response, KDADS: KDADS is currently working with CMS and state stakeholders to explore options such as hospitals serving as the training sites for CNA classes and stakeholders serving as course sponsors.</p> <p>June 2020 Response, KDADS: KDADS continues to work with the stakeholders to address these shortages and continues that work during the current pandemic with the authority of Executive Order (EO) 41 and EO 39.</p> <p>November 2019 Response, KDADS: KDADS appreciates the initiative and supports additional collaboration.</p> <p>February 2020 Response, KDADS: KDADS acknowledges the need for increased numbers of direct care workers to meet the needs of all of our HCBS Waiver populations. As the agency works with providers and stakeholders on strategies to increase the direct care workforce, KDADS appreciates the interest of the House Social Services Budget Committee by conducting an informational hearing on Direct Care Workforce Initiatives on January 22, 2020.</p> <p>June 2020 Response, KDADS: KDADS appreciates the work being done on direct care workforces concerns.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p>

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15	<p>Item 15 continued</p> <p>A lack of attendant training is creating shortages of persons willing and/or able to work with consumers, especially persons with brain injuries.</p> <p>Personal care attendants should be paid a higher, more competitive rate.</p> <p>Maintaining direct support workers has been an ongoing struggle. I have testified for some time about the shortage of workers prior to COVID-19. This pandemic has escalated that problem in rural Kansas. We have to figure a way how to treat direct support workers better, because the workforce availability declines while putting people with disabilities in danger.</p>	<p>Heather Matty, HCBS Consumer</p> <p>Heather Matty, HCBS Consumer</p> <p>Lou Ann Kibbee, SKIL</p>	<p>8/26/2019</p> <p>8/26/2019</p> <p>6/22/2020</p>	KDADS		<p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p>	<p>November 2019 Response, KDADS: KDADS hears the concerns and invites the conferee to share additional information with KDADS.</p> <p>February 2020 Response, KDADS: KDADS acknowledges the need for increased numbers of direct care workers to meet the needs of all of our HCBS Waiver populations. As the agency works with providers and stakeholders on strategies to increase the direct care workforce, KDADS will include training of direct care workers as a component of the discussion and plans.</p> <p>June 2020 Response, KDADS: KDADS welcomes opportunities to work with stakeholders, MCOs, and others on strategies to recruit, retain, and train attendants.</p> <p>November 2019 Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: In order to accommodate an increase in costs for any HCBS service, additional funding would need to be appropriated for this purpose.</p> <p>June 2020 Response, KDADS: KDADS appreciates the concerns of the conferee and will continue to support HCBS.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further update is available at this time.</p>

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16	<p>The troubling business practices of temporary health care staffing agencies are a continuing issue affecting the LTSS workforce. Kansas should enact laws to curb the most abusive practices of temporary health care staffing agencies.</p> <p>Insufficient reimbursement rates are contributing to the workforce shortage. Many providers are resorting to utilizing staffing agencies to fill the staffing needs at a higher cost to the provider. A 15 to 20 percent reimbursement rate increase would be essential to resolving the problem.</p> <p>Almost all KACE members surveyed have been approached by staffing agencies offering their services for staff shortages. Members have reported that, when contacted, the staffing agencies offer their assistance at a rate of more than \$10 per hour higher than the facility currently offers in that position. Some providers have reported the rate being charged is as high as double their normal rate. Stronger oversight is needed of staffing agencies.</p>	<p>Rachel Monger, LeadingAge Kansas</p> <p>Haely Ordoyne, KACE</p> <p>Haely Ordoyne, KACE</p>	<p>8/26/2019 11/18/2019 2/28/2020</p> <p>8/26/2019</p> <p>11/18/2019 2/28/2020</p>	KDADS		<p><i>Continue to monitor</i></p> <p><i>*Combined Item</i></p>	<p>November 2019 Response, KDADS: KDADS hears the concerns of the conferee.</p> <p>February 2020 Response, KDADS: KDADS currently holds no regulatory authority over health care staffing agencies. HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020.</p> <p>June 2020 Response, KDADS: HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020. KDADS respectfully asks that this item be consolidated with other temporary staffing issues line item.</p> <p>November 2019 Response, KDADS: Fiscal note would accompany any legislation that would be considered.</p> <p>June 2020 Response, KDHE: No change.</p> <p>February 2020 Response, KDADS: KDADS currently holds no regulatory authority over health care staffing agencies. HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020.</p> <p>June 2020 Response, KDADS: HB 2629 (2020), which would have required the Secretary for Aging and Disability Services to regulate supplemental nursing services agencies in the state of Kansas, was introduced on 2/11/2020. It was scheduled for a hearing with House Committee on Children and Seniors on 2/20/2020. KDADS respectfully asks that this item be consolidated with other temporary staffing issues line item.</p>
17	<p>With the provider tax up for renewal and reconsideration during the 2020 Legislative Session, the majority of KACE members support keeping the provider tax at its current rate, with no changes.</p>	<p>Haely Ordoyne, KACE</p>	<p>8/26/2019 2/28/2020</p>	KDHE		<p><i>Continue to monitor</i></p>	<p>November 2019 Response, KDHE: Fiscal note would accompany any legislation that would be considered.</p> <p>June 2020 Response, KDHE: No change.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
18	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.	Steve Gieber, KCDD	8/26/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS will report on the Louisiana model at the Tuesday KanCare meeting.</p> <p>February 2020 Response, KDADS: KDADS provided an overview of the methods Louisiana implemented in order to reduce the number of individuals waiting for HCBS services. 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.</p> <p>June 2020 Response, KDADS: KDADS reported on the Louisiana model in February.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: KDADS is meeting with stakeholders to develop a plan to evaluate the needs of the individuals on the I/DD waiver wait list. This will require an assessment or survey of each individual listed on the wait list 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 wait list.</p>
19	In its FY 2020 budget, KDADS should include funding for additional in-house staff and adequate resources to coordinate, facilitate, and oversee stakeholder engagement.	Sean Gatewood, KAN	8/26/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS appreciates the perspective of the conferee.</p> <p>February 2020 Response, KDADS: KDADS appreciates the support from KAN. KDADS meets with stakeholders on a regular basis and Deputy Secretary DeBoer has begun meeting with KAN on Friday mornings, monthly. KDADS has also extended an invite to KAN to reach out and schedule monthly meetings at KDADS in an attempt to meet with multiple staff at KDADS.</p> <p>June 2020 Response, KDADS: KDADS has a standing monthly meeting with KAN with multiple KDADS staff participating.</p> <p>December 2020 Response, KDADS: KDADS continues to meet monthly with KAN.</p> <p>February 2021 Response, KDADS: KDADS continues to meet routinely with KAN.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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20	The Committee should focus on the HCBS Settings Final Rule to ensure an individual's personal choice and quality of life are integral to all supports and services and work to eliminate the waiting lists for individuals needing supports and services to fully participate in their communities.	Leslie Anderson, k4ad	8/26/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS appreciates the perspective of the conferee.</p> <p>February 2020 Response, KDADS: KDADS remains committed to collaborating with our stakeholders to develop programs that promote person-centered choice and supports. As the State works on compliance with federal final rule regulations, it will be key to incorporate stakeholder feedback to ensure we build a robust service system.</p> <p>June 2020 Response, KDADS: KDADS has included an update on the HCBS Final Settings Rule in its agency presentation and plans to continue to update the committee as progress is made toward compliance with the rule.</p> <p>December 2020 Response, KDADS: KDADS will continue to update the committee on the HCBS Final Settings Rule in its agency presentation.</p> <p>February 2021 Response, KDADS: KDADS has included an update to the committee on the HCBS Final Settings Rule in its agency presentation.</p>
21	The need for the State to take LTC facilities into receivership has been an unbudgeted expense to KDADS and further undermined the agency's ability to keep current with inspections and confirming corrections. To avoid this happening again, KDADS should request appropriations necessary to review the licensing process for LTC providers, especially those owned and operated by corporate chains. This includes developing and implementing an adequate vetting and risk remediation process.	Mitzi McFatrach, KABC	8/26/2019	KDADS		Continue to monitor	<p>November 2019 Response, KDADS: KDADS, in conjunction with CMS, maintains a fund for civil monetary penalties, which is available for emergency situations such as the recent number of KDADS' receiverships. The survey process was not directly impacted by the receiverships. KDADS tackled the issue of vetting nursing facilities by strengthening our receivership statutory language.</p> <p>February 2020 Response, KDADS: The KDADS response is the same as above; however, it can add that the sale of the receivership facilities continues. A slide is provided in the KDADS slide deck.</p> <p>June 2020 Response, KDADS: Please refer to the slide in the KDADS presentation about the current status of selling facilities that were in receivership.</p> <p>February 2021 Response, KDADS: KDADS is pleased to report only one facility remains in receivership, recognizing COVID-19 has caused a great deal of stress on nursing facilities, across the nation.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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22	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.	Haely Ordoyne, KACE	11/18/2019	KDADS		<i>Continue to monitor</i>	<p>February 2020 Response, KDADS: KDADS is working with stakeholders and PEAK researchers to review the current program. Since its initial inception, the PEAK program has transformed significantly. KDADS and PEAK have reinstated the PEAK advisory committee which is composed of program participants from facilities, PEAK researchers, and KDADS staff.</p> <p>June 2020 Response, KDADS: PEAK is using the 2020-21 year to evaluate the purpose of the program and identify the most important criteria for inclusion in the person-centered care approaches targeted for PEAK incentives. With the COVID-19 pandemic, KDADS has directed PEAK to continue working with the PEAK designated nursing facilities to make incentive payments without requiring additional measurement activity during the management of the pandemic.</p> <p>December 2020 Response, KDADS: The KDADS PEAK process is being revisited. KDADS plans to reconvene a PEAK work group.</p> <p>February 2021 Response, KDADS: KDADS and KSU have re-instated the PEAK advisory panel-this group is made up of PEAK facility representatives and KSU PEAK staff. The advisory board meets on a regular basis and has taken on the task of revisioning the PEAK program.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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23	A client on the I/DD 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.	Laura Singer, Targeted Case Manager, Case Management Services, Inc.	11/18/2019	KDADS		<i>Continue to monitor, revisit later in 2020.</i>	<p>February 2020 Response, KDADS: Services for individuals with I/DD who have co-occurring behavioral health issues are of great importance. SB 333 (2020) has been introduced this Session to assist in addressing the concerns as expressed by this conferee. In addition, KDADS is hopeful a tool supported by SAMHSA called the sequential intercept model can be utilized in Kansas to help us identify gaps and solutions in its system.</p> <p>June 2020 Response, KDADS: KDADS will continue to work with stakeholders on this concern, as noted earlier.</p> <p>December 2020 Response, KDADS: No further update is available at this time, though KDADS continues conversations with stakeholders regarding I/DD participants with significant behavioral health treatment needs.</p> <p>February 2021 Response, KDADS: No further update at this time, though KDADS continues to engage with stakeholders regarding the behavioral health and treatment needs of individuals with I/DD.</p>
24	Hearing from members that the change of ownership process is still extremely burdensome and is taking six to eight months to complete. KHCA/KCAL would request that this process be looked at by this committee to help business thrive in Kansas.	Linda MowBray, KHCA/KCAL	2/28/2020	KDADS		Continue to monitor	<p>June 2020 Response, KDADS: KDADS is happy to review specific examples of long waits to review changes in ownership. The process itself has not changed, and it follows federal requirements for documentation and reporting. KDADS will be updating the regulatory requirements to match SB 15 passed in May 2019. KDADS would welcome stakeholders to add input to these regulations.</p> <p>February 2021 Response, KDADS: No specific examples have been raised to KDADS. No further update at this time.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021

Prepared by Kansas Legislative Research Department

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25	<p>Increase the provider reimbursement rate for the Specialized Medical Care (SMC, T1000) service code. Mr. Balke suggested adding \$9.6 million to the KDADS budget line item and offsetting the increase through savings in the KDADS Medicaid hospitalization budget.</p> <p>Need to increase the TA nursing reimbursement rate. This can help provide children care but also increase the home RN resources available in order to help shorten hospital stays and limit the impact of clinical deterioration in the home.</p>	<p>Sean Balke, Craig Home Care; Kathy Keck, private citizen</p> <p>Brian Pate, M.D.</p>	<p>2/28/2020 9/28/2020</p> <p>11/18/2019</p>	<p>KDHE or KDADS</p>	<p>MCOs</p>	<p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p> <p><i>(Note: Would require Legislative action)</i></p>	<p>June 2020 Response, KDADS: Funding for an increase in reimbursement rate for Specialized Medical Care on the TA Waiver was included in the appropriations bill passed by the 2020 Legislature.</p> <p>June 2020 Response, KDHE: KDHE provided an analysis of the fiscal impact to increase the T1000 rate and potential savings due to potential decreases in inpatient days.</p> <p>February 2020 Response, KDHE: Increase in TA nursing reimbursement rates will require an appropriation from the Legislature. Agencies have high-level estimates of costs, but would submit an official fiscal note for any legislation brought forward. Agencies continue to meet with multi-stakeholder groups to develop sustainable solutions, which go well beyond rate discussion.</p> <p>February 2020 Response, KDADS: In order to accommodate an increase in costs for any HCBS service, additional funding would need to be appropriated for this purpose.</p> <p>February 2020 Response, Aetna: Aetna supports any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>June 2020 Response, Sunflower: Sunflower also supports the provider fee increase for this service and is passing the increase to the contracted providers.</p> <p>June 2020 Response, KDHE: No changes to the previous statement.</p> <p>June 2020 Response, KDADS: Funding for an increase in reimbursement rate for Specialized Medical Care on the TA Waiver was included in the appropriations bill passed by the 2020 Legislature.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021

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25	<p>Item 25 continued</p> <p>The SMC rate should increase to \$47 per hour from \$37. This falls in line with the rates of surrounding states that have created strong programs to provide care to this patient population.</p>	<p>Sean Balke, Craig Home Care; Kathy Keck, private citizen</p> <p>Brian Pate, MD</p> <p>Matt Johnston, Maxim Healthcare Services</p>	<p>2/28/2020 9/28/2020</p> <p>11/18/2019</p> <p>6/22/2020 9/28/2020 12/09/20</p>	KDHE or KDADS	MCOs	Continue to monitor	<p>June 2020 Response, UHC: UHC will implement the rate increase approved for code T1000 as soon as we receive permission to move forward from KDHE/KDADS.</p> <p>June 2020 Response, Aetna: Aetna supports any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>September 2020 Response, Aetna: Aetna's response remains unchanged, as it continues to support any provider's fee schedule increases and would pass these through to our contracted providers.</p> <p>September 2020 Response, UHC: UHC supports any KDHE or KDADS approved and funded rate increase for TA Waiver code T1000. UHC will be ready and able to implement this change once the funding is fully approved and an approved KDHE policy is received.</p> <p>December 2020 Response, KDADS: A rate increase for Specialized Medical Care was included in the appropriations bill that was passed by the 2020 Legislature.</p> <p>December 2020 Response, Aetna: Aetna maintains its support of any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>December 2020 Response, Sunflower: Sunflower supports any rate increase approved by the State for this service; and if approved, is ready to implement it. The COVID-19 emergency protocols have allowed Sunflower to pay parents when the provider(s) are not able to find a nurse to provide part or all of the needed services. Sunflower implemented this and recommended the member also have monitoring visits provided by a RN when the parents are providing the primary support.</p> <p>December 2020 Response, UHC: UHC supports any changes made via policy in regards to the TA waiver rates and would implement as quickly as possible if approved by the Legislature followed by the required State policy from KDHE and KDADS.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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25	Item 25 continued...			KDHE or KDADS	MCOs	Continue to monitor	<p>February 2021 Response, UHC: UHC supports any provider rate increase for TA waiver code T1000 (specialized nursing care). We would implement this rate increase as soon as it is approved via the legislative process and issued to us via the KDHE policy process.</p> <p>February 2021 Response, Aetna: Aetna will support any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p> <p>February 2021 Response, Sunflower: Our response remains the same as in December 2020.</p>
26	There is a need to increase access to benefits planners at KDHE to help Kansans with disabilities work and navigate the complex system.	Mike Burgess, DRC	2/28/2020	KDHE		Continue to monitor	<p>June 2020 Response, KDHE: The request is acknowledged. No action taken at this time.</p> <p>December 2020 Response, KDHE: KDHE is in the process of filling two additional Benefits Specialists positions.</p> <p>February 2021 Response, KDHE: Two additional Benefits Specialists have been hired.</p>
27	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.	Scott Schultz, Morningstar Care Homes	2/28/2020	KDADS		Continue to monitor	<p>June 2020 Response, KDADS: This would require revision of KAR 26-41-205(d)(2), KAR 26-42-205(d)(2), and KAR 26-43-205(d)(2) as they currently include the following language "Medication aides shall not administer medication through parenteral route." Parenteral means taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injections. CMA course curriculum would also need to be revised.</p> <p>February 2021 Response, KDADS: No further updates at this time.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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28	The Senior Care Act should be amended to include those under 60 years of age in Kansas who have been diagnosed with younger-onset Alzheimer's or other dementias and add funding to cover additional individuals in this category.	Mitzi McFatrach, KABC	2/28/2020	KDADS		<i>Continue to monitor</i>	June 2020 Response, KDADS: As noted by KLRD, this change to the Senior Care Act would require legislative action. KDADS will continue to collaborate with stakeholders on this potential change to the Senior Care Act statute. December 2020 Response, KDADS: No further update is available at this time. February 2021 Response, KDADS: No further updates at this time.
29	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		<i>Continue to monitor</i>	June 2020 Response, KDHE: This will be addressed as part of a Medicaid expansion implementation.
30	States are invited to participate in demonstrations that offer greater flexibility and discretion related to coverage, cost-sharing, eligibility, and other requirements under current Medicaid programs. While states may design Medicaid programs using flexibilities, the concern is a state's ability to impose eligibility conditions intended to direct Medicaid participants to private insurance plans, which do not cover disability- or age-related needs (e.g., assistive technology, personal care, homemaker services). Additionally, transitions may occur during the demonstration, further complicating coverage to individuals originally eligible. K4ad understands the rising costs of health care and believes systems must demonstrate effectiveness and good stewardship of funding, although not at the cost where an individual is in jeopardy of harm.	Leslie Anderson, k4ad	2/28/2020	KDHE		<i>Continue to monitor</i>	June 2020 Response, KDHE: Concern acknowledged. Current eligibility policies do not include conditions intended to divert applicants to private insurance plans.

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
31	Nearly 100 days after many I/DD providers first were impacted by COVID-19, no relief has been provided by the State to these providers to help offset the impacts they've experienced due to the COVID-19 pandemic. I/DD service providers began proposing mechanisms for COVID-19-related relief to the Administration in March. These mechanisms, such as retainer payments and enhanced provider rates, have been employed successfully by a majority of other states. While KDADS and KDHE have done work on these mechanisms, they still have not been implemented for Kansas I/DD providers.	Matt Fletcher, InterHab	6/22/2020	KDHE or KDADS		<i>Continue to monitor</i>	<p>September 2020 Response, KDADS: The process of distributing retainer payments is underway. Providers had until September 15, 2020, to submit any remaining service claims for the period of January 2020 through July 2020. MCOs are pulling claims data and will be reviewing the revenue comparisons with KDADS the week of September 28. Outreach to providers will commence as soon as the data is received and approved. The process of distributing the five percent CARES Act Relief Payments went live September 3, 2020. Providers must submit a signed attestation form in order for a payment to be processed. These funds are to offset COVID-19-related expenses such as PPE, cleaning supplies, and other COVID-19-related operating adjustments.</p> <p>December 2020 Response, KDADS: Pre-qualified providers had until November 30, 2020, to submit an attestation for the retainer payment process. Payments to qualified providers will be distributed by the MCOs. CARES Act Relief Payments have been distributed to community-based providers in the amount of \$6.2 million.</p> <p>February 2021 Response, KDADS: The MCOs processed approximately \$1.2 million in retainer payments to qualified providers in December 2020.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
32	<p>Nursing homes need help and financial resources during the COVID-19 pandemic. Adult care homes have very little testing, and the vast majority lack adequate PPE for residents and staff. They have no priority access to masks, and no ability to compete for them on the open market.</p> <p>The State still has no more than a patchwork plan for protecting older Kansans' lives. Kansas needs a comprehensive plan to secure and deliver the life-saving supplies and resources that aging services providers need to keep people safe: testing, PPE, resources, and real support for care workers risking their lives everyday. LeadingAge need immediate access to ample and appropriate PPE for all providers who serve older Kansas. Facilities need on demand and fully funded access to rapid-results testing for older adults and their care providers. Facilities need funding and support for senior care providers and their workers. Adult care homes need more than state guidance that comes without tangible resources and hands-on help.</p>	<p>Linda MowBray, KHCA/KCAL</p> <p>Rachel Monger, LeadingAge Kansas</p>	<p>6/22/2020</p> <p>6/22/2020 9/28/2020</p>	KDADS		<p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p>	<p>September 2020 Response, KDADS: Summary of funding for testing and PPE supplies:</p> <ul style="list-style-type: none"> - Federal financial resources totaling \$69 million to 331 facilities from the \$4.9 billion in federal PRF Targeted Distribution and an additional \$33.4 million for 324 nursing homes from the \$2.5 billion in payments to Kansas facilities. - An additional \$38.4 million in SPARK funds is currently being distributed to federally licensed facilities. - \$10 million in SPARK funds for state-licensed facilities to purchase protective equipment and cleaning supplies was approved on September 18, 2020. - Vendor PPE contract will be executed by no later than October 1, 2020. - Supply chain distribution through local emergency management is ongoing. Resources have shifted from the main source outside of facilities person acquisition to only in emergency situations. - Kansas Division of Emergency Management temporarily extended PPE distributions to KDADS-licensed adult care homes to apply for PPE. This was a temporary stopgap that will supplement adult care home supplies until KDADS executes a scope of work with a vendor after State Finance Council approval from September 12 through September 20. - Rapid testing machines and a first round of testing was supplied by HHS. - KDADS is requesting \$10 million in additional funding in the state round of SPARK distributions for nursing facility and adult care home testing (the industry is asking for close to \$100 million). <p>December 2020 Response, KDADS: A document is attached that captures the funds provided to or available to Adult Care Homes and Long Term Care Units, across Kansas, in response to the COVID-19 pandemic.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
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32	<p>Item 32 continued</p> <p>Nursing homes have contacted their local emergency managers to request PPE but have not been successful in securing adequate amounts for direct care use. Most homes have not received FEMA and HHS shipments and those who have report that the shipments do not contain appropriate PPE for COVID-19 direct care.</p> <p>Costs incurred by nursing homes to protect their residents from COVID-19 are enormous. Use of PPE and sanitization supplies related to COVID-19 by nursing homes has increased by 4 to 5 times the usual amount. Costs have increased for additional staffing needed due to COVID-19.</p> <p>Access to COVID-19 testing varies from nursing home to nursing home, and with different challenges for rural and metropolitan providers. Developing laboratory relationships, especially in rural communities, remains elusive. Billing for these services is a complicated process that requires additional billing staff hours to execute. Metropolitan providers have reported bottlenecks with testing facilities when two or more providers submit tests for analysis.</p>	Mark Schulte, KACE	6/22/2020	KDADS		Continue to monitor	<p><i>February 2021 Response, KDADS:</i> A document is attached called the Super Tracker that captures the funds provided to or available to Adult Care Homes and Long Term Care Units, across Kansas, in response to the COVID-19 pandemic.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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33	PPE to keep clients and their direct care workers safe has not been as easy to come by during a pandemic as it should be. Frontline workers need protection with adequate PPE and testing supplies to be prepared for COVID-19.	Lou Ann Kibbee, SKIL Mitzi McFatrach, KABC	6/22/2020	KDADS		<i>Continue to monitor</i> <i>*Combined item</i>	September 2020 Response, KDADS: Please see summary of resources provided in item 40 for response in relation to adult care homes. KDADS would agree that for community providers, PPE is not as readily available as is needed. The MCOs, particularly Sunflower, have been helpful in procuring needed supplies for direct care workers. December 2020 KDADS, Response: In late November, KDADS made available \$1.4 million of the SPARK/CARES funding to the Centers for Independent Living (CILs). The CILs were provided budgets which allowed them to purchase PPE items and other supplies through the PPE Portal stood up by KDADS, in response to 2020 Special Session HB 2016. KDADS asked the CILs to focus on individuals who self-direct their care in order to provide PPE to their Direct Service workers. February 2021 Response, KDADS: KDADS provided an update to SPARK/CARES funding made available to Centers for Independent Living as well as funds provided to or available to Adult Care Homes and Long Term Care Units, across Kansas, in response to the COVID-19 pandemic.
34	Due to 2020 Special Session HB 2016 being signed into law exempting nursing homes from legal protections, liability insurance rates have increased dramatically, and nursing homes will close because of future predatory lawsuits.	Mark Schulte, KACE	6/22/2020	KDHE		<i>Continue to monitor</i>	September 2020 Response, KDHE: Any change to the provisions of 2020 Special Session HB 2016 would require legislative action.

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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35	In May, 77 percent of Kansas nursing home facilities were cited for non-compliance with infection control practices that deprived residents of basic protections from infection. There is a need to recognize and restore residents' right to have essential visitors.	Mitzi McFatrach, KABC	6/22/2020	KDADS		<i>Continue to monitor</i>	<p>September 2020 Response, KDADS: KDADS completed an infection control survey of all adult care homes between March and August 2020. The results of these surveys concluded that 21 percent of certified nursing facilities (68 of 327) and less than 1 percent for state-licensed only adult care homes (3 of 469).</p> <p>December 2020 Response, KDADS: KDADS included in its committee update a count of additional follow-up infection control surveys and complaint based investigations that have been completed by week. KDADS also issued guidance to all adult care homes on visitation on October 21 to outline how facilities can identify residents needs for visitation and how facilities can accommodate visitors. The guidance document specifies that visitation is a right for residents in adult care homes and facilities should make best efforts to facilitate visitation for residents and their loved ones or preferred visitors. Facilities must ensure that visits are conducted within the core principles and best practices to reduce the risk of COVID-19 transmission. The guidance document can be found at https://kdads.ks.gov/docs/default-source/covid-19/ach-data/vistation/visitation-guidance-for-long-term-care-settings.pdf?sfvrsn=d3bc01ee_2</p> <p>February 2021 Response, KDADS: KDADS included in its committee update a count of additional follow-up infection control surveys and complaint based investigations that have been completed by week. KDADS provided additional information regarding visitation in a FAQ document on 2/2/21. At this time neither the CDC or CMS has revised their guidance on visitation, quarantine or testing in health care facilities.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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36	<p>There is no public health reporting that identifies assisted living and home plus sites that have COVID-19 cases or outbreaks. Without it, older adults and their families lack critical information they deserved to have, or needed in order to consider a facility placement for rehab or long-term care. It is imperative to have transparent, public data in a public health crisis and more so when individual rights are suspended.</p> <p>KAN also urges State and local officials to make COVID-19-related data transparent and timely.</p> <p>Kansas should report cases of COVID-19 along with deaths in any congregate living facility licensed or overseen by the State of Kansas. This data is reported at the county level by some counties, but not all.</p>	<p>Mitzi McFatrach, KABC</p> <p>Barb Conant and Sean Gatewood, KAN</p> <p>Mike Burgess, DRC</p>	6/22/2020	KDHE or KDADS		Continue to monitor	<p>September 2020 Response, KDHE: Beginning September 9, 2020, KDHE began releasing the names of locations with COVID-19 outbreaks in accordance with the Agency's Outbreak Identification Policy. The list of active cluster locations is updated every Wednesday.</p> <p>September 2020 Response, KDADS: There is currently no reporting requirement for facilities to report COVID-related data to KDADS. KDHE is the entity to which facilities are required to report infectious disease data. Any further questions of this nature should be directed to KDHE, as the repository of such data.</p> <p>December 2020 Response, KDHE: Effective September 21, 2020, KDHE reports the names of congregate settings with five or more Kansas resident COVID-19 cases with symptom onset dates in the last 14 days. This report can be found at https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas.</p> <p>December 2020 Response, KDADS: KDHE has continued weekly updates to its outbreak reporting dashboard, including outbreaks in long-term care facilities.</p> <p>February 2021 Response, KDHE: No further update.</p> <p>February 2021 Response, KDADS: No further update at this time</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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37	Conferees strongly urge the State to reinstate a MFP program to support people in moving out of nursing homes.	Mike Burgess, DRC; Ami Weidler-Hyten, TILRC	6/22/2020 9/28/2020	KDADS		<i>Continue to monitor</i>	<p>September 2020 Response, KDADS: Transitions from NFs to community settings continue to be a priority for KDADS. KDADS has a full-time HCBS transition specialist who assists in coordinating the processes associated with individuals transitioning to community settings. The MCOs also have a pay-for-performance measure that addresses transitions from institutions to community settings. Further, KDADS continues to monitor the activity at the federal level regarding the MFP program. Since Kansas closed out its federal MFP grant in 2018, the "extension" that is often discussed by Congress would not impact Kansas. However, if a "reauthorization" of a federal MFP were to be approved by Congress, KDADS would be interested.</p> <p>December 2020 Response, KDADS: KDADS received notification from CMS of an opportunity to reinstate the now-closed Kansas MFP program. A letter of interest was submitted to CMS in mid-November and KDADS is currently awaiting a determination from CMS. If Kansas is approved to reinstate the federal MFP program. Kansas could be eligible for up to \$5.0 million in grant funds that can be used over a four-year period.</p> <p>February 2021 Response, KDADS: KDADS is working with interested stakeholders on the program design as it requests federal grant funding to reinstate the federal MFP program. KDADS looks forward to continued collaboration with stakeholders on this project.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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38	<p>What is being done to ensure network adequacy for CILs? Consumers were having difficulty finding providers who accepted Medicaid before the pandemic. CILs throughout Kansas have worked to provide uninterrupted service and will continue the dialogue with state agencies to strengthen systems that support our consumers.</p> <p>Unlike service providers in any other community-based segment, CILs do not have a designated source of support or a line item in the state budget. When extraordinary funding was made available for other providers, the CILs that received only state funds were not included. GRAIL would like to see state support for CILs formalized.</p>	<p>Jill Dudley, KACIL; GRAIL</p> <p>GRAIL</p>	<p>6/22/2020</p> <p>6/22/2020 9/28/2020</p>	KDADS		<p><i>Continue to monitor</i></p> <p><i>*Combined item</i></p>	<p>September 2020 Response, KDADS: MCO provider networks are monitored on a continual basis with KDHE. That said, KDADS recognizes and appreciates the work of the CILs during these unprecedented times. The COVID-19 pandemic has presented many challenges and opportunities for our service delivery system. As KDADS reflects on these challenges and opportunities, we will be looking for ways to improve upon the system weaknesses that presented during the crisis and to seize the opportunities to benefit the individuals we serve. KDADS appreciate stakeholders' willingness to share their experiences and ideas for improving service delivery.</p> <p>September 2020 Response, KDADS: KDADS acknowledges the request for formalized support for CILs <i>via</i> a designated source of support or a line item in the state budget. To provide funding to CILs through KDADS would require the additional appropriation of funds.</p> <p>December 2020 Response, KDADS: No further update is available at this time.</p> <p>February 2021 Response, KDADS: No further update is available at this time.</p>
39	<p>The \$8.9 million in State General Fund money included by the Legislature in its FY 2021 budget for I/DD funding should be restored in the next Legislative Session.</p>	<p>Matt Fletcher, InterHab</p>	<p>9/28/2020</p>	KDADS or KDHE		<p><i>Continue to monitor</i></p>	<p>December 2020 Response, KDADS: As noted by KLRD, funding for an I/DD provider rate increase would require legislative action. No further update is available from the agency at this time.</p> <p>February 2021 Response, KDADS: Legislative action would be required. No further update is available from the agency at this time.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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40	While adult care homes appreciate the KDADS and SPARK Task Force funding to assist adult care homes with PPE, staff labor, and testing during COVID-19, KACE is worried that this will not be enough to sustain facilities in the end. Many adult care homes have not received, nor are scheduled to receive, testing machines, and many are unable to secure testing supplies. The challenges on staff are very real and serious, and staff leaving the long-term care field will be detrimental to the workforce.	Holly Noble, KACE	9/28/2020	KDADS		<i>Continue to monitor</i>	December 2020 Response, KDADS: As of November 30, 2020 KDADS has provided funding to all adult care homes for the purchase of PPE and sanitation supplies through an online portal. Those purchases are funded with SPARK dollars and must be used by the end of December. KDHE has announced a SPARK funded unified testing strategy to provide access to COVID-19 testing for all staff and residents in adult care homes in Kansas through contracts with labs assigned to each county. KDHE also supplied a state wide physician's order for testing which can be used by anyone to obtain a COVID-19 test. Any adult care home can use the contracted labs for testing at no cost to the facility. February 2021 Response, KDADS: No further update is available at this time.
41	The proposed state plan amendment to increase Medicaid dental reimbursement rates appears to have left off several of the codes targeted for an increase with the previous Medicaid Director. One of the most important codes was D9420, which is for hospital calls. This code would increase dentists' ability to provide sedative dentistry within a hospital setting, which is often one of the only ways individuals with disabilities can access essential dental benefits. Authorizing teledentistry is a way to make dental care as easy to access as possible as the pandemic continues. The Committee should include a recommendation that teledentistry be authorized in the State of Kansas.	Tanya Dorf Brunner, Oral Health Kansas	9/28/2020	KDHE		<i>Continue to monitor</i>	December 2020 Response, KDHE: KDHE received a \$3 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. February 2021 Response, KDHE: No further update.

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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42	To assist CMHCs during the COVID-19 pandemic, several policy recommendations would help: approval of Medicaid Code 90846 would allow for billing therapy without the patient being present; continue to allow telemedicine parity for treatment by telephone and televideo; increase the Medicaid reimbursement rate; and expand Medicaid.	Kyle Kessler, Association of Community Mental Health Centers of Kansas, Inc.	9/28/2020	KDHE		<i>Continue to Monitor</i>	<i>December 2020 Response, KDHE:</i> KDHE is evaluating whether it can code 90846 in accordance with CMS requirements. There are presently no plans to close telehealth codes that are currently open. Reimbursement rate increases and Medicaid expansion would require legislative action. <i>February 2021 Response, KDHE:</i> No further update.
43	It is strongly appreciated that KDHE is now reporting COVID-19 clusters, as this helps Kansans who need to consider placing loved ones in long-term care facilities and nursing homes. While this data is very helpful to the public, additional data would be extremely useful to individuals transitioning to a facility. Mississippi has begun to release COVID-19 reports while respecting privacy rights of residents of state-licensed facilities, especially the rights of people with disabilities. Mississippi provides cumulative data of cases and deaths for each county in specific congregate settings. It is done not only in nursing homes, but ICFs, assisted living facilities, and residential care facilities.	Mike Burgess, DRC	9/28/2020	KDHE		<i>Continue to monitor</i>	<i>December 2020 Response, KDHE:</i> Effective September 21, 2020, KDHE reports the names of congregate settings with 5 or more Kansas resident COVID-19 cases with symptom onset dates in the last 14 days. This report can be found at https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas . <i>February 2021 Response, KDHE:</i> No further update.

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021

Prepared by Kansas Legislative Research Department

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44	<p>The current crisis at the long-term care facilities during the COVID-19 pandemic is staffing. Staff are leaving the industry at high rates because of testing mandates, additional stress and responsibilities, ever changing scheduling needs due to quarantine and positive cases. Solutions include future coronavirus relief funding tied directly to increasing staffing wages. A wage pass-through is an additional allocation of funds provided through Medicaid reimbursement for the express purposes of increasing compensation for direct-care workers and could also be a solution. Holding virtual clinicals for CNA courses and extending the temporary aide position that is currently tied to the Emergency Declaration are also solutions that would help ease the burden on staffing issues.</p>	Haely Ordoyne, KACE	12/9/2020	KDHE or KDADS		<div>Would require some Legislative action.</div>	<p><i>February 2021 Response, KDADS</i>: Future federal relief packages would be subject to federal requirements and allocation. A wage pass through in the Kansas nursing facility rates would require additional appropriations. KDADS has allowed for simulated labs in lieu of ACH clinical sites for CNA courses throughout the duration of the pandemic. KDADS continues to work closely with associations to find a solution for a smooth transition of temporary aides to permanent employment in long term care. The temporary aides have made a large impact during the pandemic and point out the need to find a way to ensure these essential workers have an avenue to continue providing care to the most vulnerable population while ensuring the staff caring for seniors are adequately trained and can maintain the higher standard Kansas has set for the direct care workforce.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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45	<p>Long-term care facilities continue to face staffing shortages due to the COVID-19 pandemic. Due to the increase in outbreaks across the state, nearly all Kansas nursing homes are required to test staff person twice a week. This is a massive undertaking logistically and financially. Point-of-care antigen testing supplies have improved, however accessing more expensive PCR tests still remains an issue. Providers continue to struggle with PPE supplies, as supply chains remain shaky. Nursing homes have been able to access KDADS' PPE ordering portal and this seems to be working well, however some issues have appeared with some of the quality of supplies received and a report that gloves are backordered for six weeks.</p> <p>While it is appreciated that health care workers and nursing home residents will be first to receive the vaccine, answers still need to be addressed: whether long-term care workers are included in "health care workers"; whether the term "long term care facility residents" includes all adult care home residents, such as assisted living and home plus; whether members who provide independent living and senior housing on their campuses to residents are included in the first priority for long-term care residents.</p>	Rachel Monger, LeadingAge Kansas	12/9/2020	KDHE and KDADS			<p>February 2021 Response, KDHE: KDHE has created a COVID-19 vaccine-specific website that includes FAQs for the vaccination phases. Please see http://www.kansasvaccine.gov. Questions about vaccine availability in a particular county should be directed to the local health department.</p> <p>February 2021 Response, KDADS: KDADS requests the first portion of this item be combined with item #40.</p> <p>The KDHE vaccination distribution schedule and phases was released on 1/7/2021 and can be found at https://governor.kansas.gov/wp-content/uploads/2021/01/Vaccine-Distribution-Order-1.pdf.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2021
Prepared by Kansas Legislative Research Department

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46	Due to the COVID-19 pandemic and increased hospitalization, hospitals play a chess game with finding spots for patients. On March 31, 2020 KHA and the Kansas Medical Society, sent a letter to the KanCare MCOs requesting their assistance in suspension and waiver of administrative requirements so that hospitals could keep their focus on patient care. We have appreciated their assistance in working with our Kansas hospitals; however, additional assistance is needed. This includes: removal of prior authorization and concurrent review requirements, especially for patients discharged from an acute bed into a skilled bed or other post-acute settings. Hospitals are reporting the inability to discharge patients to post-acute care because the MCOs only guarantee payment for the first three days; suspension of the review and audit of high-dollar inpatient claims for patients treated with COVID or other related illnesses. Many of the COVID-19 related patients require longer lengths of stay and additional costly treatments, which would place a number of these claims in automatic review; and provide timely billing guidance and education on the newly approved COVID-19 vaccinations and monoclonal antibody treatment to assist in timely billing and payment.	Audrey Dunkel, KHA	12/9/2020		MCOs		<p>February 2021 Response, UHC: (Regarding removal of prior authorization and concurrent review requirements) UHC continues to require hospitals to notify us when they admit one of our members but have removed the need to send any clinical documentation for admission related to COVID-19. UHC has no policy or process that would limit payment to a post-acute care facility to 3 days if the member is meeting the criteria for a post-acute care stay.</p> <p>February 2021 Response UHC: (Regarding suspension of the review and audit of high-dollar inpatient claims): UHC suspended post pay inpatient claim review during December and January for our Kansas hospitals when COVID-19 cases were at their highest. These post pay audits will be initiated again starting in February. COVID-19 admissions are not included in any of our post pay review.</p> <p>February 2021 Response UHC: (Regarding timely billing guidance and education) UHC is pushing out information about COVID-19 vaccinations and other related COVID-19 treatments and testing as soon as we receive approved policy documents from the State. Generally this information is pushed out to our providers within 24-48 hours after receiving the approved provider communications.</p> <p>February 2021 Response, Aetna: Aetna will support any provider fee schedule increases and would pass these through to our contracted providers.</p> <p>February 2021 Response, Sunflower: Sunflower has received this information and will take the requests into consideration.</p>
47	We request KDHE consider providing a temporary inpatient payment increase for patients treated for COVID-19, similar to the Medicare program and set the Medicaid payment rates for the COVID-19 vaccines and the monoclonal antibody treatments and administration similar to rates set by the Medicare program. These new vaccines and antibody treatments require additional staff, supplies, monitoring, and other resources to administer and will be an additional financial burden if not adequately reimbursed.	Audrey Dunkel, KHA	12/9/2020	KDHE			<p>February 2021 Response, KDHE: KDHE lacks funding to pay Medicare rates for COVID-19 vaccine administration. Assuming a 90% vaccination rate for all Medicaid beneficiaries, paying Medicare rates would cost an extra \$2.8 million.</p>

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2020

Legend

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

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight—General Issues Resolution 2020

KHA	Kansas Hospital Association
KHCA/KCAL	Kansas Health-Care Association/Kansas Center for Assisted Living
KLRD	Kansas Legislative Research Department
KMAP	Kansas Medical Assistance Program
KNI	Kansas Neurological Institute
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
PACE	Program for All-Inclusive Care for the Elderly
PD	Physical Disability
PEAK	Promoting Excellent Alternative in Kansas Nursing Homes
PIL	Protected Income Level
PPE	Personal Protective Equipment
PRF	Provider Relief Fund
RN	Registered Nurse
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious Emotional Disturbance
SIM	State Innovation Model
SKIL	Southeast Kansas Independent Living Resource Center
SMC	Specialized Medical Care
SNF	Skilled Nursing Facility
SPARK	Strengthening People and Revitalizing Kansas Task Force
SSI	Supplemental Security Income
TA	Technology Assisted
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
TILRC	Topeka Independent Living Resource Center
UHC	Unitedhealthcare Community Plan of Kansas