

Summary of Annual KanCare Post Award Forum Held 12.16.2020

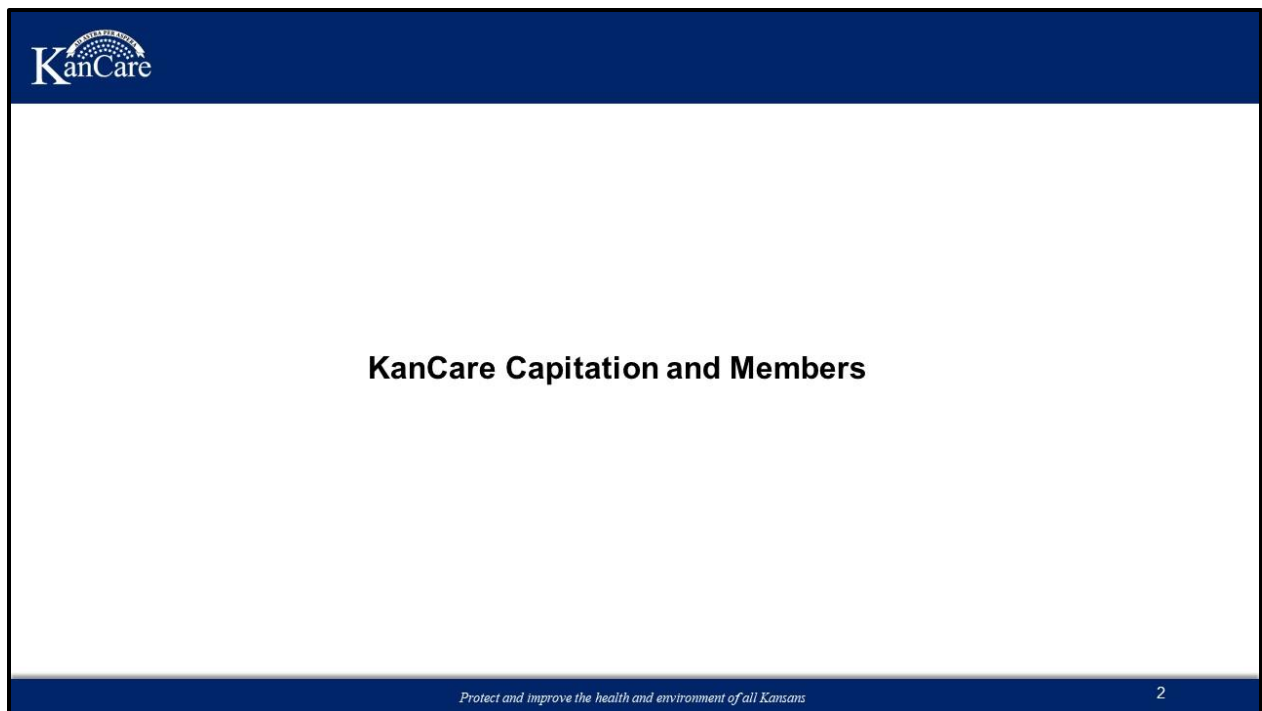
The KanCare Special Terms and Conditions, at item #71, provide that annually “the state will afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. The state must include a summary of the comments and issues raised by the public at the forum and include the summary in the quarterly report, as specified in STC64a, associated with the quarter in which the forum was held. The state must also include the summary of its annual report.

Consistent with this provision, Kansas held its 2020 KanCare Public Forum, providing updates and opportunity for input, on Wednesday, December 16, 2020, from 3:00-4:00 pm via Zoom virtual meeting. The forum was published on the home page of the www.KanCare.ks.gov website, starting in November 2020. A screen shot of the notice from the KanCare website face page is as follows:



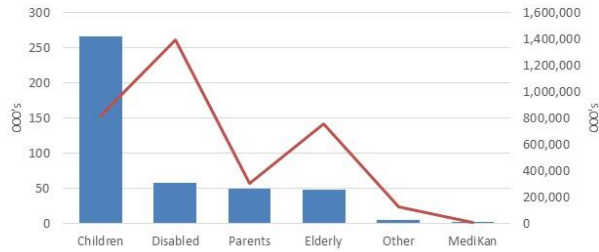
At the public forum, less than 20 KanCare program stakeholders (providers, members, and families) attended, as well staff from the Kansas Department of Health and Environment; staff from the Kansas Department of Aging and Disability Services; staff from the KanCare managed care organizations; and CMS. A summary of the information presented by state staff is included in the following PowerPoint documents:

KDHE:



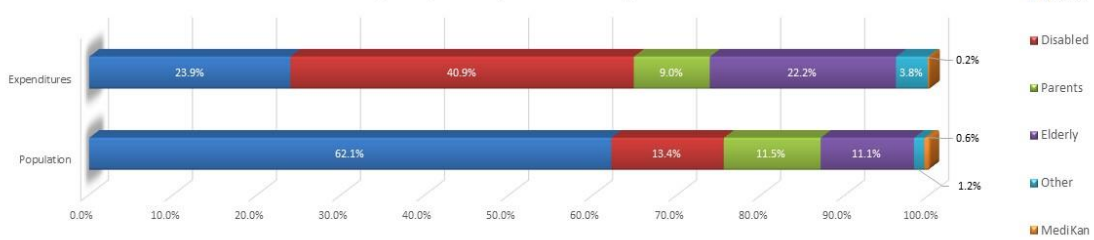


Medicaid/CHIP Member Eligibility and Expenditures Calendar Year 2020 (Jan – Oct)



	% Total	
	Population	Expenditures
Children	62.1%	23.9%
Disabled	13.4%	40.9%
Parents	11.5%	9.0%
Elderly	11.1%	22.2%
Other	1.2%	3.8%
MediKan	0.6%	0.2%

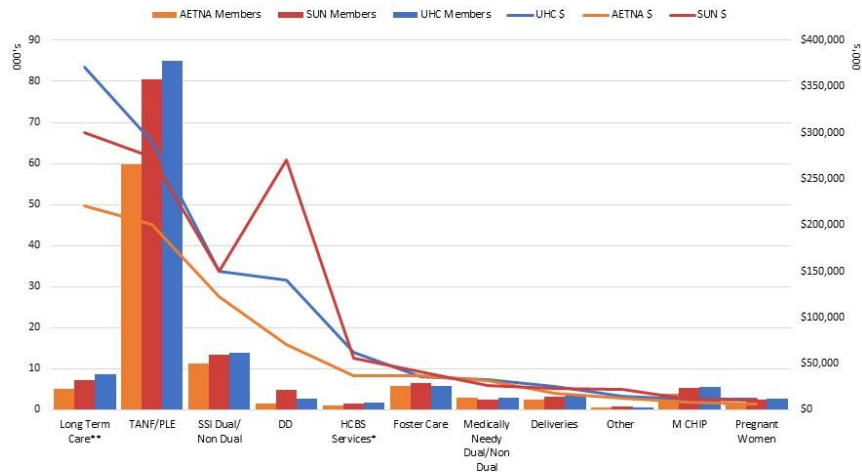
Eligibility and Expenditure Comparison



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Capitation Comparison with Members YTD CY 2020 (Jan - Oct)

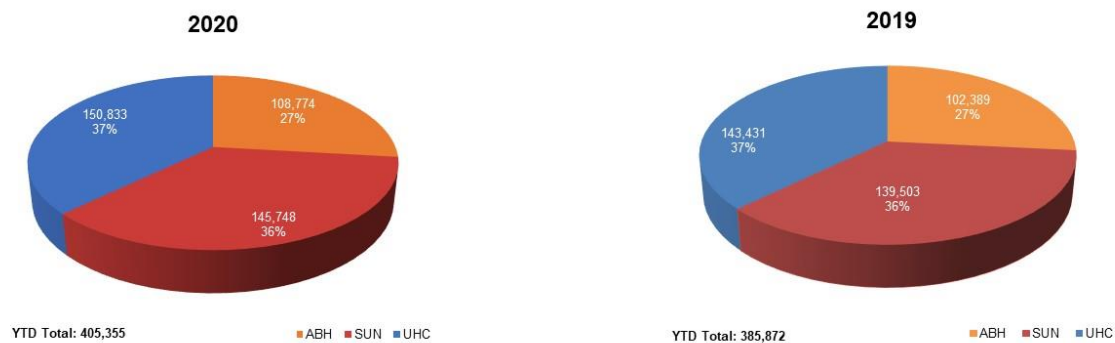


*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury
 **Long Term Care includes Nursing Facilities, and the Physically Disabled and Frail Elderly Waivers

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Average Members by MCO YTD



KanCare Provider Network



Provider Network

2019-2020 KanCare MCO	# of Unique Provider/ Locations			
	# of Unique Providers as of 12/31/2019	# of Unique Providers as of 3/31/2020	# of Unique Providers as of 6/30/2020	# of Unique Providers as of 9/30/2020*
Aetna	34,229	39,097	40,323	39,494
Sunflower	31,888	33,764	29,286	30,097
United	46,946	42,772	44,634	44,248

Note: *Beginning Quarter 1, 2020, the # of unique providers excludes out-of-state providers located more than 50 miles from a Kansas border.

The counts below represent the unique number of NPIs—or, where NPI is not available—provider name and service locations (based on the KanCare county designation identified in the KanCare Code Guide). This results in counts for the following:

Providers with a service location in a Kansas county are counted once for each county.

Providers with a service location in a border area are counted once for each state in which they have a service location that is within 50 miles of the KS border.

Out of state providers (>50 miles from KS border) are counted once.

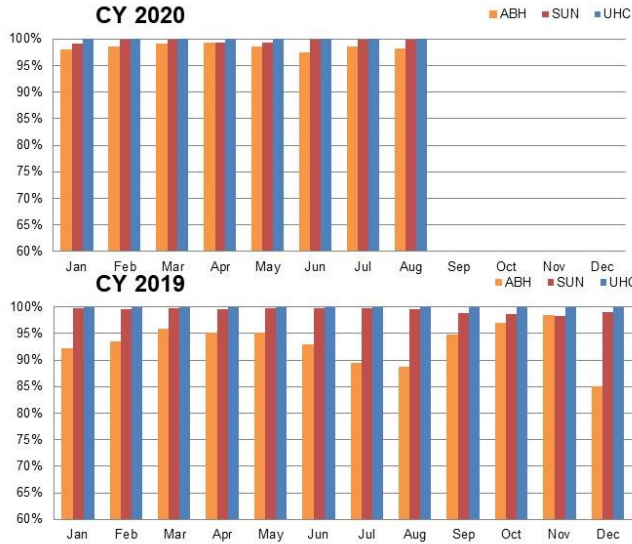
Providers for services provided in the home are counted once for each county in which they are contracted to provide services.



KanCare Claims Overview



Claims Data-% Clean Claims Processed Within 30 days



Claims Processed 2020 YTD (Jan-Sep)

Service Type	Total Claim Count			Total claim %		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	1,418,507	1,425,382	1,376,749	44%	33%	33%
Medical Other	1,001,848	1,232,385	1,215,627	31%	28%	29%
Behavioral Health	170,065	588,848	566,915	5%	13%	14%
HCBS	231,525	498,567	400,055	7%	11%	10%
Outpatient Hospital	168,342	245,835	243,322	5%	6%	6%
Dental	69,704	103,698	98,547	2%	2%	2%
NEMT	61,178	102,830	112,640	2%	2%	3%
Nursing Facilities	58,134	98,489	96,995	2%	2%	2%
Vision	5,779	64,137	53,433	0%	1%	1%
Inpatient Hospital	17,474	29,227	22,405	1%	1%	1%
Total All Services	3,202,556	4,369,398	4,186,688	100%	100%	100%

Contract Standard: 100% of Clean Claims Processed within 30 days

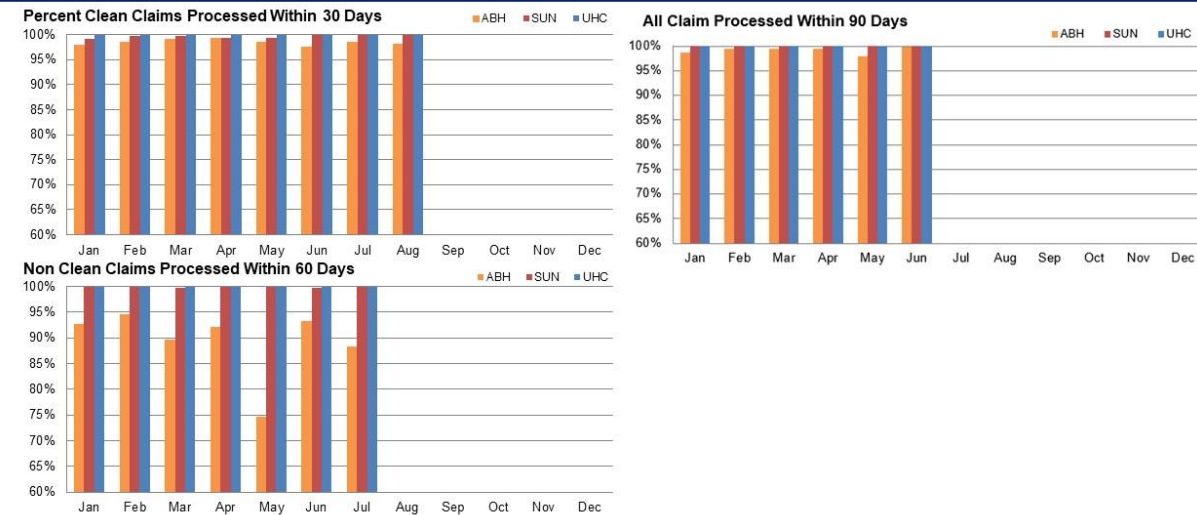
A clean claim is a claim that can be paid or denied with no additional intervention required and does not include: Adjusted or corrected claims, claims that require documentation (i.e., consent forms, medical records) for processing, claims from out-of-network providers that require research and setup of that provider in the system, claims from providers where the updated rates, benefits or policy changes were not provided by the State 30 days or more before the effective date (these claims may be pending until rates are loaded so the appropriate amounts can be paid)

Percent = Number of clean claims processed within 30 days divided by Number of claims received.

Processed = adjudication decision of a claim to approved to paid or denied status.



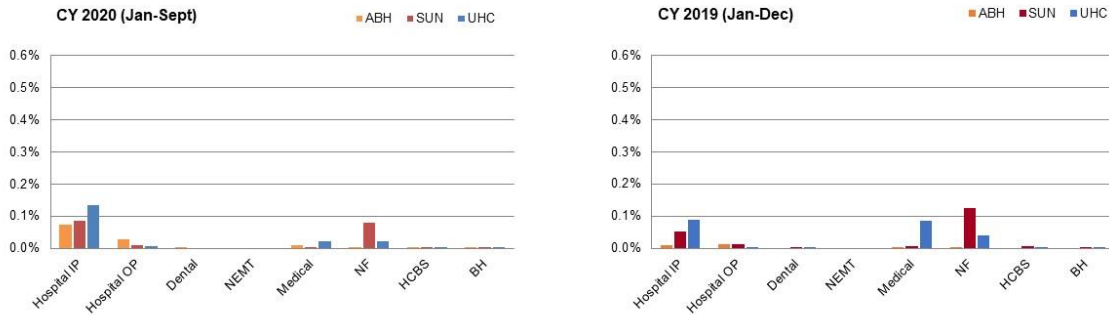
Claims Data-% Clean Claims Processed Within 30/60/90 days



Timely Claims Processing Standard: 100% of clean claims are processed within 30 calendar days; 99% of all non clean claims are processed within 60 calendar days; 100% of all claims are processed within 90 calendar days



Claims Data-Percent of Claims Adjusted more than 3 times



YTD Claim Requiring Adjustments Greater than 3 Times Represents Accuracy

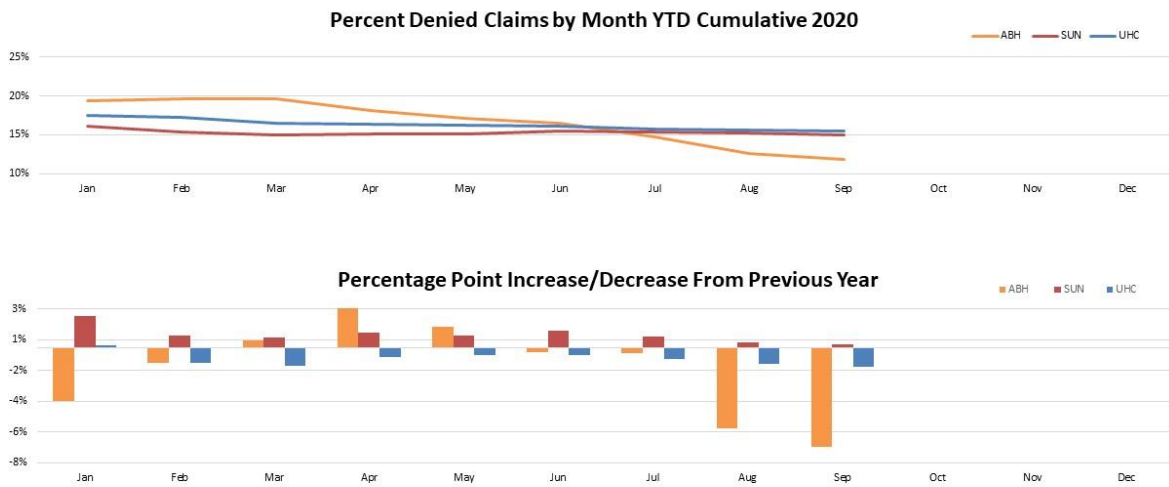
Purpose: The purpose is to review payment accuracy

Methodology: Monitoring the frequency of the claims adjustments by MCO in each category utilizing the total claims adjusted/claims processed (category provider type: Hospital Inpatient, Hospital Outpatient, Dental, Medical, Nursing Facilities, HCBS, BH). Pharmacy, Vision and NEMT Have had 0% adjustments over 3 times for over one year so have been dropped from this report. Pharmacy is point of sale processing so will not have adjustments

Total YTD claims adjusted 4 or more times divided by the YTD total number of claims processed by service type.



Claims Denial Data CY 2019-20





Claims Denial Data

Claims Processed 2020 YTD (Jan-Sep)	Total Claim Count			Total Claim %		
	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	1,418,507	1,425,382	1,376,749	44%	33%	33%
Medical Other	1,001,848	1,232,385	1,215,627	31%	28%	29%
Behavioral Health	170,065	568,848	566,915	5%	13%	14%
HCBS	231,525	498,567	400,055	7%	11%	10%
Outpatient Hospital	168,342	245,835	243,322	5%	6%	6%
Dental	69,704	103,698	98,547	2%	2%	2%
NEMT	61,178	102,830	112,640	2%	2%	3%
Nursing Facilities	58,134	98,489	96,995	2%	2%	2%
Vision	5,779	64,137	53,433	0%	1%	1%
Inpatient Hospital	17,474	29,227	22,405	1%	1%	1%
Total All Services	3,202,556	4,369,398	4,186,688	100%	100%	100%

Claims Processed 2020 YTD (Jan-Sep)	Total Claim Count			Total Claim Denied			Total Claim Denied %		
	ABH	SUN	UHC	ABH	SUN	UHC	ABH	SUN	UHC
Pharmacy	1,418,507	1,425,382	1,376,749	172,129	328,037	281,206	45%	50%	43%
Medical Other	1,001,848	1,232,385	1,215,627	140,920	172,949	218,053	37%	26%	34%
Behavioral Health	170,065	568,848	566,915	8,185	57,205	48,514	2%	9%	7%
Outpatient Hospital	168,342	245,835	243,322	30,865	35,579	50,336	8%	5%	8%
HCBS	231,525	498,567	400,055	6,236	23,339	8,489	2%	4%	1%
Dental	69,704	103,698	98,547	8,520	13,941	13,927	2%	2%	2%
Vision	5,779	64,137	53,433	540	9,926	9,218	0%	2%	1%
Nursing Facilities	58,134	98,489	96,995	5,725	8,302	13,937	2%	1%	2%
Inpatient Hospital	17,474	29,227	22,405	3,163	6,593	4,780	1%	1%	1%
NEMT	61,178	102,830	112,640	2,294	1,253	1,334	1%	0%	0%
Total All Services	3,202,556	4,369,398	4,186,688	378,577	657,124	649,794	100%	100%	100%

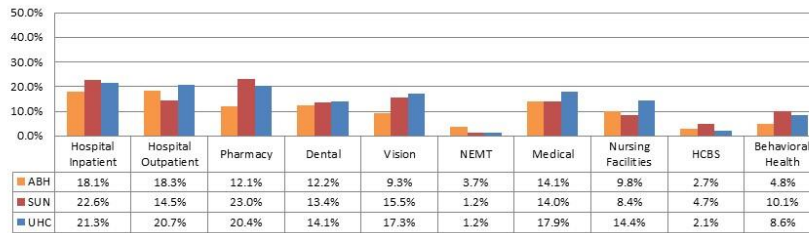
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Claims Denial Data (Jan-Sept)

Percent Denied YTD 2020



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KanCare Member Benefits

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Value Added Services - January-September 2020

Aetna				Sunflower				United			
	Members YTD	Total Units YTD	Total Value YTD		Members YTD	Total Units YTD	Total Value YTD		Members YTD	Total Units YTD	Total Value YTD
Healthy Rewards Gift Card	29,808	29,808	\$577,315	My Health Pays	58,419	58,419	\$625,365	Adult Dental Services	2,467	2,911	\$276,275
PROMISE Pregnancy Program Gift Card	4,275	4,275	\$319,355	Comprehensive Medication Review	8,161	11,379	\$299,645	Debit Card for Completing First Pre-Natal Visit	906	906	\$181,636
Ted E. Bear, M.D. Kids Club Program \$10 Gift Card	19,622	19,622	\$295,840	Dental visits for adults	2,291	3,983	\$122,048	Adult Dentures	112	165	\$129,436
Adult Dental	855	1,284	\$240,898	Farmers Market Vouchers	1,621	12,202	\$122,020	Home Helper Catalog Supplies	2,508	4,310	\$113,301
Healthy Teens Gift Card	4,571	4,571	\$114,275	In-home telemonitoring: Service	452	452	\$113,000	Healthy First Steps	727	727	\$87,240
Transportation Services	181	912	\$72,870	Caregiving Collaborations - Assessment Assistance	747	2,658	\$94,177	Happy and Healthy at Home	103	103	\$50,390
Dentures	21	25	\$33,472	Start Smart for Your Baby	1,845	1,845	\$51,935	UHC Health Rewards Program	2,608	2,608	\$31,486
Podiatry Visits	175	459	\$25,222	Caregiving Collaborations - Journals	681	681	\$24,312	Internet Access	211	211	\$15,379
OTC Medications and Supplies	570	570	\$14,250	Dentures	24	44	\$21,007	On My Way (OMW) Program	0	0	\$8,500
Healthy Teens Membership	138	138	\$6,900	Healthy Solutions for Life - Disease Management	9,875	9,875	\$19,750	Membership to Youth Organizations*	206	206	\$7,305
Weight Management	28	28	\$3,724	In-home telemonitoring: Install	96	96	\$16,800	Wellness Calendar	2,250	2,250	\$4,944
Pest Control Services	5	5	\$1,250	Sunny's Kids Club	4,529	4,529	\$16,526	Pest Control	21	21	\$4,750
Home-delivered meals	46	46	\$782	NF-Community Transition Meals	70	116	\$15,229	Seeking Safety Training Events	0	0	\$4,025
GED Support	8	8	\$264	Community Health Services Home Visiting Program	367	367	\$9,593	Mental Health First Aid Program	15	15	\$2,875
Respite Services	21	21	\$137	NF-Community Transition	8	8	\$4,859	Sesame Street - Food For Thought	45	45	\$1,575
Adult Vision	3	3	\$25	Boys & Girls Clubs	111	111	\$3,250	Community Baby Showers	200	200	\$1,200
				Healthy Solutions for Life - Weight Management Program	682	682	\$1,364	12 round trip rides, 10 miles each way max, for all adult members	47	125	\$1,170
				Employment - GED Test Vouchers	4	4	\$144	Respite Care Services**	13	8	\$701
				Peer Support Program	20	20	\$50	12 Additional Rides to Support Group Meetings	4	12	\$360
				Employment - GED Prep Test	6	6	\$36	A is for Asthma	249	249	\$125
				Internet Service	1	1	\$16				
TOTAL	60,327	61,775	\$1,706,579	TOTAL	92,067	109,535	\$1,561,127	TOTAL	12,692	15,072	\$922,672
KanCare Grand Total	165,086	186,382	\$4,190,378								

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In Lieu of Services January- September 2020

	Aetna			Sunflower			United		
	Unduplicated Members	Value of Service Provided	Value of Services Avoided	Unduplicated Members	Value of Service Provided	Value of Services Avoided	Unduplicated Members	Value of Service Provided	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services beyond existing waiver limitations, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	53	\$491,481	\$1,161,410	53	\$276,749	\$947,403	345	\$1,012,784	\$1,652,000
Non-Covered services including private nurse, PET scans, CPAP equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, home health, or more intensive physical or behavioral health services or nursing facility services	242	\$242,105	\$8,464,270	120	\$94,130	\$4,841,855	147	\$1,084,426	\$3,600,000
Totals	295	\$733,586	\$9,625,680	173	\$370,879	\$5,789,258	492	2,097,210	\$5,252,000

KanCare YTD Total

Unduplicated Members	Value of Service Provided	Value of Services Avoided
960	\$6,356,465	\$20,666,938

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KanCare Grievance, Appeal and State Fair Hearing

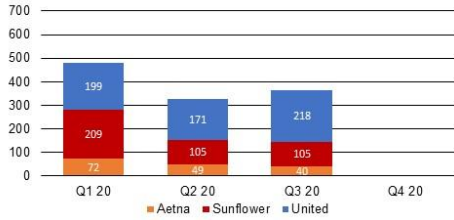
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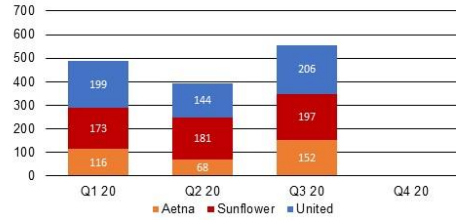


Member Grievance and Appeals Comparison

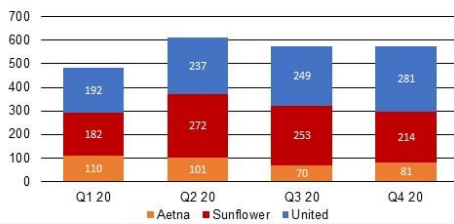
Resolved Member Grievances 2020



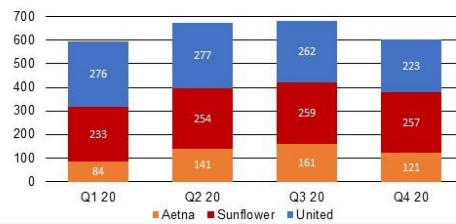
Resolved Member Appeals 2020



Resolved Member Grievances 2019



Resolved Member Appeals 2019



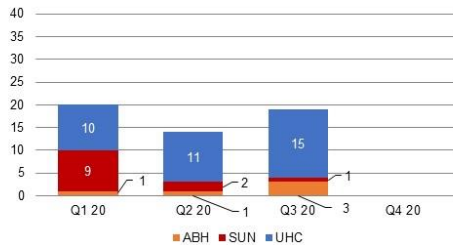
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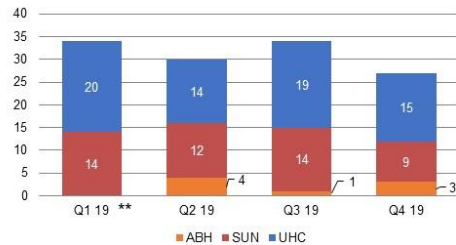


Member State Fair Hearing Comparison

Received Member State Fair Hearings 2020



Received Member State Fair Hearings 2019



*These totals reflect the number of member state fair hearings received. This includes requests withdrawn, decisions is reversed by the MCO, Overturned and Upheld.

** Aetna did not have any State Fair Hearing requests in the first quarter of their 2019.

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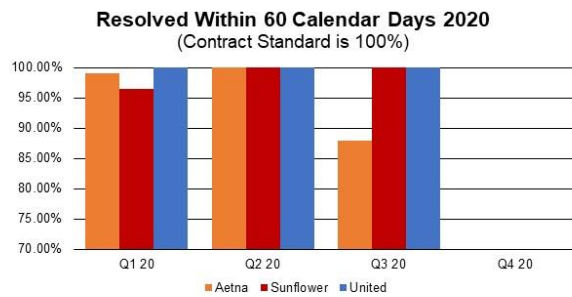
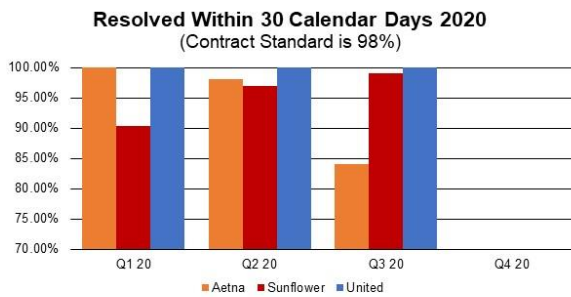
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Provider Appeal Compliance

Provider Appeals

Contract Standard is: 98% Resolved Within 30 Calendar Days, 100% Resolved Within 60 Calendar Days



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**KanCare Update: KanCare Advisory Council Public Forum
December 16, 2020**



Agenda

Sarah Fertig, State Medicaid Director

- KanCare Program
 - Status of Protected Income Limit Regulation Amendments
 - OneCare Kansas
 - Disability and Behavioral Health Employment Support Pilot Program
 - KanCare COVID-19 Update
 - KanCare Executive Summary

Christiane Swartz, Director of Medicaid Operations

- Eligibility Update
 - Medicaid Eligibility Applications Update
 - Federally Facilitated Marketplace Enrollment Update
 - Clearinghouse Contract



Update on Regulations: Protected Income Limit

Background:

- Effective September 1, 2019, the HCBS Protected Income Limit (PIL) increased from \$747/month to \$1,177/month.
- With new PIL, 92% of HCBS members have no client obligation, and an additional 2% have a client obligation <\$100.
- Provisos authorized the change, but KDHE regulations needed to catch up.

Since September:

- The public hearing on the proposed amendments to K.A.R. 129-6-103(c) was held on December 3, 2020.
- No changes were made following the public hearing, so the regulation will take effect 15 days after publication in the Kansas Register. Anticipated publication date: December 17, 2020.
- Anticipated effective date: January 1, 2021 (15 days after publication).

OneCare Kansas

- Program launched on April 1, 2020.
 - To date, 37 providers have applied to be OneCare providers. Of these applicants, 34 have met the standards and are fully contracted.
 - 581 members enrolled in Asthma population as of December 1, 2020.
 - 304 members enrolled in SMI population as of December 1, 2020.
- The 6 month audits of OneCare partners are currently underway. No systemic issues have been reported to the state. The audit tool is publicly posted on the [KanCare website](#).
- KDHE staff are conducting monthly provider Implementation Calls to answer OCK partner questions and facilitate program operation.
- The Learning Collaborative continues to be well-received. This is a monthly virtual gathering of OCK partners where success strategies and lessons learned can be shared.
- State staff continue to engage OCK partners and stakeholders in an effort to explore options for increasing program participation.

What is OneCare Kansas?

The term "OneCare Kansas" refers to a new Medicaid option to provide coordination of physical and behavioral health care with long term services and supports for people with chronic conditions. OneCare Kansas expands upon medical home models to include links to community and social supports. OneCare Kansas focuses on the whole person and all his or her needs to manage his or her conditions and be as healthy as possible. All the caregivers involved in a OneCare Kansas member's health communicate with one another so that all of a patient's needs are addressed in a comprehensive manner.

OneCare Kansas is intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be KanCare members. They can be members who also receive Medicare along with Medicaid.



Disability and Behavioral Health Employment Support Pilot Program

- Background:
 - KDHE will operate a voluntary pilot program for up to 500 eligible KanCare members through an 1115 demonstration.
 - This pilot will operate during the KanCare waiver period (2019-2023), with a possibility of renewal.
 - Pilot participants will have access to Benefits Specialists who will provide program guidance to potential participants so that they are aware of any impact participation in the pilot may have on benefits.
- KDHE continues to work with and receive guidance from an advisory board.

Disability and Behavioral Health Employment Support Pilot Program

- Update since September:
 - KDHE has begun the process of recruiting two additional Benefits Specialists and a Program Manager to support the pilot.
 - KDHE executed a contract with a subject matter expert to provide technical assistance on implementation and write a program manual. The contractor began work in November.
 - The Advisory Board met on October 22, 2020. Breakout groups of board members will work on an assessment tool, outreach strategies, and designing an effective referral process.
- Target go-live date remains July 2021.

KanCare COVID-19 Update - Recent Highlights

- KDHE received approval to use SPARK funding to continue providing coverage for CHIP and M-CHIP beneficiaries who aged out of the program (turned 19) during the pandemic.
- COVID-19 testing is covered by Medicaid with an order from a qualified provider. See KMAP Bulletin [20041](#).
- COVID-19 vaccines will be covered by Medicaid. The typical vaccine reimbursement structure is the cost of the vaccine + an administration fee.
- U.S. Department of Health & Human Services Secretary Alex Azar renewed the public health emergency (PHE) through January 21, 2021. Kansas will continue to receive 6.2% increased federal participation for Medicaid and 4.34% increased federal participation for CHIP through March 31, 2021, if the PHE is not further extended.
- KDHE and KDADS continue to have discussions with the MCOs, providers, and advocates about telehealth.



Overview of Changes to Program (Not Complete List)

- Delay annual eligibility reviews; will not remove anyone from program during the PHE except if the person moves away from the state or voluntarily withdraws from the program (required for enhanced FMAP)
- Applicants and beneficiaries have an additional 120 days to request a fair hearing, if the original 33 day deadline falls between March 2020 and the end of the Public Health Emergency
- Remove all cost sharing for testing/treatment of COVID for KanCare members
- Allow for greater flexibility of day service location for HCBS members
 - Services can be rendered in home by family member, with reimbursement to family member
- Suspend provider revalidation, allowing for continuity of care
- Allow for out of state, non-KanCare providers to provide services in KS
- Suspend PASRR Level 1 and Level 2 requirements for 30 days
- Temporarily cease all physical visits from MCOs to providers/members
- Allow for early refill of maintenance prescriptions; increase level of pharmacy delivery and mail order availability

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Eligibility Update

Christiane Swartz, Director of Medicaid Operations

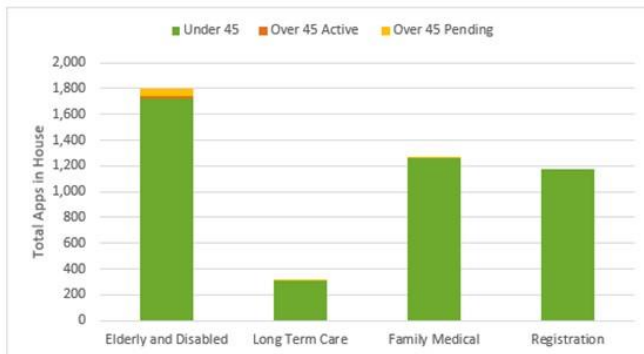
- Medicaid Eligibility Applications Update
- Federally Facilitated Marketplace Open Enrollment Update
- Status of Clearinghouse RFP

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Medicaid Eligibility Application Status

4,546 total applications in house

- 89 applications over 45 days, 2% of total applications 31 applications (1% of total) over 45 days in active status – ready to be processed
- 58 applications (1% of total) over 45 days in pending status – waiting for more information from applicant/provider/financial institution



	Under 45	Over 45 Active	Over 45 Pending	Total
Elderly and Disabled	1,722	24	50	1,796
Long Term Care	304	3	6	313
Family Medical	1,261	4	2	1,267
Registration	1,170	0	0	1,170
Total	4,457	31	58	4,546

	Under 45	Over 45 Active	Over 45 Pending	Total
Elderly and Disabled	95.9%	1.3%	2.8%	100.0%
Long Term Care	97.1%	1.0%	1.9%	100.0%
Family Medical	99.5%	0.3%	0.2%	100.0%
Registration	100.0%	0.0%	0.0%	100.0%
Total	98.0%	0.7%	1.3%	100.0%

Federally Facilitated Marketplace Open Enrollment Status

- The Federally Facilitated Marketplace open enrollment started 11/01 and ends 12/15
- As of 12/14/20, we have received 12,636 applications from the marketplace:
 - 7,259 Family Medical
 - 3,925 Elderly and Disabled
 - 253 Long Term Care
 - 1,199 in Registration

Clearinghouse Contract Update

- MAXIMUS to continue processing Family Medical applications through the end of the contract period (12/31/20)
- Procurement of a new Clearinghouse contract is complete and in August 2020 the contract was awarded to a new contractor: CONDUENT
- CONDUENT will begin processing Family Medical applications at the start of the new contract period 01/01/21
 - Delays in contract award caused by the COVID-19 pandemic are resulting in an extremely aggressive implementation timeline
 - KDHE and CONDUENT are engaged in multiple planning and implementation activities
 - KDHE and MAXIMUS are engaged in multiple end of contract and transition activities

Thank You/Questions




KDADS:

KDADS Updates

**Presentation - KanCare Public Forum
December 16, 2020**


Department for Aging and Disability Services

Laura Howard, Secretary

 12/16/2020

KDADS Updates

Thank you for the opportunity to share updates on the Kansas Department for Aging and Disability Services (KDADS).

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KDADS Updates

KDADS Update
Laura Howard, Secretary



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KDADS's Organizational Structure

- Office of the Secretary Laura Howard, Secretary

- Two Deputy Secretaries Janis DeBoer, Programs
 Scott Brunner, State Hospitals and Facilities

- Five Commissions Andy Brown, Behavioral Health Commissioner
 Amy Penrod, Aging & Disability Community Services and
 Programs Commissioner
 Vacant (new Commission), Long Term Care Commissioner
 Lacey Hunter, Survey, Certification and Credentialing
 Commissioner
 Mike Dixon, State Hospital Commissioner



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LTC Receiverships

LTC RECEIVERSHIPS

Deputy Secretary Janis DeBoer



5

Update Nursing Facility Receiverships

- KDADS took 22 adult care homes into receivership due to insolvency or because life-threatening or endangering conditions existed at the facilities.
- The Receivership Statute was updated during the 2019 legislative session: K.S.A. 39-954.
- Of the twenty two nursing facilities in receivership:
 - One facility closed in 2018, one sold in early 2019.
 - The fifteen Skyline facilities sold effective October 1, 2019.
 - One of the three Pinnacle Receivership facilities sold November 1, 2019.
 - One facility sold in June 1, 2020.
 - One facility sold in August, 2020.
 - A closing is scheduled in late December, 2020.
 - One facility remains on the market for sale.



6

Home and Community Based Services

HOME AND COMMUNITY BASED SERVICES (HCBS)

Commissioner Amy Penrod



7

HCBS Waiver Enrollment—October 2020

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	60		329 (as of 10/31/2020)
Serious Emotional Disturbance (SED)	3,287		
Technology Assisted (TA)	598		
Frail Elderly (FE)	5,550		
Brain Injury (BI)*	628		
Intellectual and Developmental Disabilities (I/DD)	9,102	4,394	
Physical Disability (PD)	6,107	1,872	

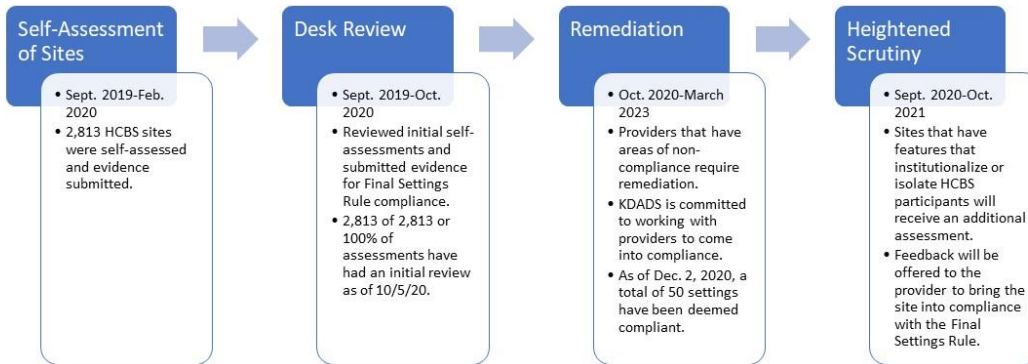
Notes:

- Data as of November 18, 2020
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at [http://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)](http://kdads.ks.gov/commissions/home-community-based-services-(hcbs))



8

HCBS Final Rule



Administrative Case Management

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

- Administrative Case Management services launched statewide on May 1, 2020.

Administrative Case Management			
Month	# Unduplicated Served	# Units	# Hours
May	108	595	148.75
June	288	1,636	409.00
July	316	1,879	469.75
August	305	1,682	420.50
September	410	1,976	494.00
October	481	2,298	574.50
Total	1,908	10,066	2,516.50

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

Via Christi Hope

- Sedgwick

Midland Care

- Douglas
- Jackson
- Jefferson
- Leavenworth
- Lyon
- Marshall
- Nemaha
- Osage
- Shawnee
- Pottawatomie
- Wabaunsee
- Wyandotte

Bluestem Communities

- McPherson
- Ottawa*
- Saline
- Rice*
- Marion
- Reno*
- Harvey

*PACE is available in limited zip codes within these counties.

Aging – State Unit on Aging State Plan



- Every four years, KDADS must update its State Unit on Aging State Plan. Comments and feedback are being received through March 31.

Behavioral Health Services

BEHAVIORAL HEALTH SERVICES

Commissioner Andrew Brown



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Psychiatric Residential Treatment Facilities

- KDADS has decreased PRTF MCO wait lists again in 2020, for the second year in a row.
 - As of 12/7/20 there were 107 individuals on the lists, down from 160 a year ago.
 - Of the 107 individuals; 15 were in foster care, down from 40 a year ago.
- KDADS has increased the current number of PRTF licensed beds.
 - As of 12/7/20 is 386 in the system of care, up from 298 a year ago.
- KDADS has updated PRTF Regulations which will be available for public comment after legal review is completed.
- KDADS meets with MCOs and DCF weekly to review individual cases on the wait list.
- KDADS is working with MCO Care Coordination to facilitate community-based services.
- PRTFs received access to the CARES/SPARK web portal for ordering PPE supplies.



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State Institution Alternatives

- In 2020, KDADS introduced new State Plan Amendment and KanCare policies for State Institution Alternatives (SIAs).
- SIA allows Private Hospitals to enroll in KanCare for the care and treatment of patients as if they were a State Hospital.
- These policies allow for members to be admitted to local regional hospitals as an alternative to hospitalization at a State Hospital.
- As the network of SIA hospitals is built up around the state, this will help reduce admissions to state hospitals and provide communities with greater access to care.
- The policy allows SIAs to bill KanCare MCOs using per diem rates, as though they were a State Hospital.
- This policy will also help reduce member wait times in local Emergency Departments.

Peer Support Expansion

- In 2020, KDADS expanded Peer Support in KanCare through a number of efforts.
- KDADS added a MCO performance measure requiring a 10% increase in Peer Support as a financial incentive for expansion.
- KDADS increased access to Peer Support provider training and certification to increase the workforce.
- KDADS increased the KanCare provider reimbursement rates for Peer Support by 10%.
- KDADS is currently working to add additional Peer Support categories for certification and specialization.
- KDADS included peer support in the expansion of telehealth under the national Public Health Emergency in 2020.

Substance Use Disorder Services IMD Exclusion Waiver

- KDADS completed the implementation and evaluation plans for the SUD IMD exclusion waiver and began reporting on initial progress to CMS in 2020.
- KDHE & KDADS worked together to add MAT services for OUD to KanCare.
- KDADS included SUD providers in Peer Support expansion efforts.
- KDADS is working with KDHE to explore opportunities for improving integration of SUD screening and services in KanCare.
- KDADS increased access to housing supports for KanCare members with SUD or in recovery.
- KDADS expanded options for SUD treatment through telehealth during the national Public Health Emergency in 2020.



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LTC Survey, Certification and Credentialing

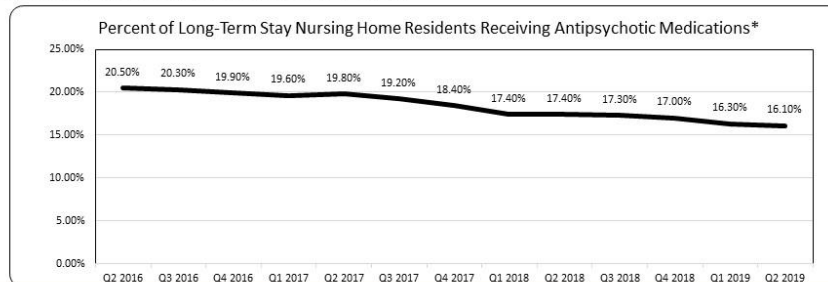
LONG TERM CARE SCC
Deputy Secretary Scott Brunner



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Kansas is Making Progress in Reducing the Use of Antipsychotic Drugs in Nursing Homes

- In 2011, Kansas ranked 51st in the nation (42nd in 2018), in the use of anti-psychotic drugs in nursing facilities.
- Kansas now ranks 37th in the nation and expects to continue to show improvement based on the activities undertaken.
- The national quarterly prevalence is 14.3%.



*Excludes residents diagnosed with schizophrenia, Huntington's Disease, or Tourette's Syndrome
 Source: National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use
 Data Report (April 2019) <https://qioprogram.org/sites/default/files/Overall%20Data%20Report%20FINAL.pdf>

19

Priorities and Issues COVID-19 and Adult Care Homes

Status of Required Adult Care Home Infection Control Surveys

- As of September 23, 2020 all Adult Care Homes have been surveyed for infection control policies, procedures and practices.

Plan to return to regular survey activity

- Nursing Facilities

At this time survey activity for certified nursing facilities includes:

- Federal Infection Control Surveys as outlined in [QSO Memo 20-31 All](#)
- Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
- Special Focus Facility and Special Focus Facility Candidate recertification surveys; and
- Recertification surveys in facilities where it has been over 15 months since the last standard survey
- Onsite revisits for surveys with end dates on, or after June 1, 2020



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Priorities and Issues COVID-19 and Adult Care Homes

Plan to return to regular survey activity (continued)

- State Licensed Only Adult Care Homes
 - Annual Licensure Surveys
 - Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non Immediate Jeopardy Medium
 - On-site Revisits
 - Initial Licensure Surveys



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State Hospitals

STATE HOSPITALS

Deputy Secretary Scott Brunner



22

Lifting the Moratorium Osawatomie State Hospital

A1 & A2 – AAC unit (certified) At the beginning of the pandemic, capacity was reduced to 30 (patients having private rooms) to provide adequate space for social distancing in case of COVID 19. After an increase in patients on the moratorium list, OSH Leadership increased AAC's capacity from 30 to 44 patients.

KDADS has begun interviewing contractors to begin the construction projects at OSH related to the approved budget.

OSH Leadership are working on recruiting and retaining staff needed to fill positions in the new and opened units needed to lift a moratorium.



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COVID Related Updates

COVID 19

Deputy Secretaries Janis DeBoer and Scott Brunner



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COVID-19 Response Funding

In June, KDADS began working closely with Governor Kelly's SPARK Recovery Office to receive dollars available from the CARES Act.

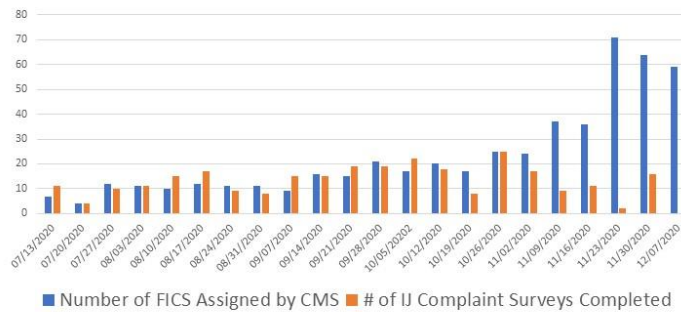
As of December, 2020, over \$81 million in SPARK/CARES dollars will have been distributed to KDADS and its stakeholders.

- \$33.7 million to Nursing Facilities
- \$9.7 million to Community Based providers
- \$19.2 million to Behavioral Health providers
- \$18 million to multiple stakeholders for Personal Protective Equipment, communications devices, visitation equipment
- \$0.4 million for administrative equipment



Priorities and Issues COVID-19 and Adult Care Homes

Per [QSO Memo 20-31-All](#) KDADS is required to perform on-site surveys (within three to five days of identification) of any nursing home with 3 or more new COVID-19 suspected and confirmed cases in its last NHSN COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free. State Survey Agencies are encouraged to communicate with their State Healthcare Associated Infection coordinators prior to initiating these surveys.



Testing Machines to Nursing Facilities

Health and Human Services sent point of care testing machine (BD Veritor System and Quidel Sofia2) with associated tests to all nursing homes with a current CLIA Certificate of Waiver across the country.

There were three waves of delivery: July 20-August 14, August 17-September 30, and November 2-6

These instruments and tests were sent to nursing homes from HHS free of charge.

- 319 Kansas nursing facilities received a point of care testing machine as of November 19, 2020



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CMS Visitation Guidance

On September 17, CMS replaced earlier restrictions on visitors in Nursing Facilities. CMS acknowledged the importance of visitation on Nursing Facility resident well being and health. The guidance generally allows visitation considering the person-centered needs of residents to support their quality of life and strongly encourages outside visitation whenever possible.

Nursing facilities should allow visitors as long as the community spread of COVID-19 is low, adequate infection control practices and social distancing practices are in place, facilities are conducting testing as required and visitors follow facility guidelines about visitation.

The guidance authorizes states to provide \$3,000 grants from Civil Monetary Penalty funds for facilities to purchase equipment to facilitate visitation such as tents or plexiglass screens. KDADS also used CARES Act funding to purchase telecommunication devices



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KDADS Visitation Guidance

On October 19th, KDADS issued visitation guidance for long term care settings.

KDADS recognizes the prolonged separation of long-term care residents from their loved ones has taken a significant toll on the health of everyone involved; as well as the need to continue to protect this vulnerable population. The guidance outlines 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 taking a person-centered approach.

Adult Care Homes should allow visitors as long as the community spread of COVID-19 is low, adequate infection control practices and social distancing practices are in place and visitors follow facility guidelines about visitation.



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HCBS COVID-19 Response

Appendix K for HCBS Waivers

Appendix K is a standalone appendix that may be utilized by states during emergency situations to request amendment to approved 1915(c) waivers. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency.

CMS-approved Appendix K flexibilities include:

- Suspend Settings Rules to Allow Services to be Provided in Homes or Temporary Settings
- Permit Payment to Family Caregivers to Provide Personal Care Services
- Expansion of Telehealth Opportunities
- Home-delivered Meals
- Permit Provisional Employment Pending Background Checks
- Provider Retainer Payments for Habilitation Services and Personal Care Services

KDADS-issued COVID-19 guidance can be found at <https://www.kdads.ks.gov/covid-19>



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Behavioral Health COVID-19 Response

Kansas Department of Aging and Disability Services (KDADS) has been working closely with KDHE to respond to COVID-19 in Behavioral Health Services.

KDADS quickly issued guidance to providers that allowed for the expansion of telehealth and verbal consent to facilitate social distancing during treatment service delivery in outpatient settings. KDADS also provided flexibility to providers to provide continuity of essential services allowing for additional infection control measures to be taken in residential treatment facilities.

KDADS worked with KDHE to establish new telehealth policies for KanCare providers and MCOs that helped mitigate some of the negative financial impact on providers and allowed for continuity of essential services during the pandemic.

KDADS has been working at the federal level to advocate for continued flexibility in CMS regulations for the telehealth delivery of behavioral health services in Medicaid and Medicare.



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COVID 19 State Hospitals

All four of the State Hospitals have experienced COVID 19 cases and have responded, as needed:

Larned State Hospital
Osawatomie State Hospital
Parsons State Hospital
Kansas Neurological Institute (KNI)



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After the presentations from both KDHE and KDADS, participants were offered the opportunity to present questions or comments for discussion. Director Sarah Fertig thanked all participants for joining the Public Forum.