

# UnitedHealthcare Responses

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

No.	General Issues	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
1	<p>The growth of the waiting list for I/DD services attributable to shifting demographics; 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</p> <p>Roxanne Hidaka, Case Management Services, Inc.</p>	<p>2/15/2019</p> <p>4/29/2019</p>	<p>KDADS</p>		<p>Continue to monitor</p> <p>**Combined item</p>	<p><b>August 2019 Response:</b> KDADS hears the concerns of the conferee.</p> <p><b>February 2020 Response KDADS:</b> KDADS continues to monitor the waiver waitlists and make offers as funding permits. KDADS is collaborating with its stakeholders to plan strategically for the future of the program in Kansas, including priority services and design. Additional appropriation for the I/DD waiver will be necessary to affect movement on the waitlist and investments in system capacity will be critical. KDADS is committed to working with its stakeholders for the benefit of the individuals we serve.</p> <p><b>June 2020 Response KDADS:</b> KDADS continues to work with stakeholders on how to address the growth of the I/DD waiting list. We appreciate the concerns of the conferees.</p> <p><b>June 2020 Response KDADS:</b> KDADS acknowledges the strong interest in developing a plan to eliminate the wait lists and will continue to accept feedback and ideas about potential changes.</p> <p><b>August 2019 Response:</b> KDADS hears the concerns of the conferee.</p> <p><b>February 2020 Response KDADS:</b> As noted previously, KDADS continues to monitor the waiver waitlists and make offers as funding permits. KDADS is collaborating with its stakeholders to plan strategically for the future of the program in Kansas, including priority services and design. Additional appropriation for the I/DD waiver will be necessary to effect movement on the waitlist and investments in system capacity will be critical. KDADS is committed to working with its stakeholders for the benefit of the individuals we serve.</p> <p><b>June 2020 Response KDADS:</b> KDADS continues to work with stakeholders on how to address the I/DD waiting list.</p>
1	<p>1 continued...</p> <p>It is time to develop a strategic plan for elimination of the I/DD waiver list. Examination of the waiver list, including review other state plans on eliminating the waiver lists, should be a priority.</p>	<p>Matt Fletcher, Interhab</p>	<p>2/28/20</p>				<p><b>June 2020 Response KDADS:</b> KDADS acknowledges the strong interest in developing a plan to eliminate the wait lists and will continue to accept feedback and ideas about potential changes.</p>

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2	MCO care coordinator turnover continues to be problematic.	Dynel Wood, Options Services	2/15/2019		MCOs	Continue to monitor	<p><b>August 2019 Response:</b> KDADS and KDHE will continue to bring this concern to the attention of the MCOs.</p> <p><b>November 2019 Response UHC:</b> UHC currently has 167 Care Coordinator positions with four vacancies</p> <p><b>February 2020 Response KDADS:</b> KDADS is monitoring care coordinator turnover via required reporting from each MCO. If there are specific concerns regarding a care coordinator, KDADS will address it with respective MCO.</p> <p><b>February 2020 Response Aetna:</b> Aetna currently has 159 care coordinator positions with 2 vacancies.</p> <p><b>February 2020 Response UHC:</b> We have 2 openings out of 167 currently.</p> <p><b>June 2020 Response KDADS:</b> KDADS respectfully asks that this item be considered addressed and removed from the spreadsheet.</p> <p><b>June 2020 UHC Response:</b> We continue to maintain a 1 to 3 percent turnover rate in our Care Coordination staff. We currently have 2 openings out of 167 staff. We report our staff numbers and turnover rates to KDADS monthly for review and month to month monitoring.</p> <p><b>June 2020 Sunflower Response:</b> When this concern was expressed, there was a very significant shift in membership with Amerigroup leaving and Aetna starting. While Sunflower's turnover in care coordinators was low, there was an increase in membership after KanCare 2.0 open enrollment, and we did shift member caseloads across care coordinators. This caused providers to feel that there was higher turnover than what was actually occurring. Our average length of service at Sunflower is 4 years.</p> <p><b>June 2020 Aetna Response:</b> Aetna currently has 156 care coordinator positions with 2 vacancies.</p> <p><b>September 2020 UHC Response:</b> <b>We continue to maintain a 1 to 3 percent turnover rate in our Care Coordination staff. We currently have 2 openings out of 167 staff. We report our staff numbers and turnover rates to KDADS monthly for review and month to month monitoring.</b></p>
3	<p>Amerigroup still owes providers thousands of dollars in claims. They stopped providing Explanations of Payments on the web portal.</p> <p><b>November:</b> KHA's June 30, 2019, KanCare accounts receivable survey for hospitals reflected over \$14.3 million in charges outstanding from Amerigroup</p>	Dynel Wood, Options Services Tish Hollingsworth, KHA	2/15/2019 11/18/2019	KDHE	Amerigroup	Continue to monitor	<p><b>August 2019 Response:</b> KDHE has worked with Amerigroup to finalize payments and resolve.</p> <p><b>Note:</b> KDHE indicated this was resolved, but continued concerns were expressed.</p> <p><b>February 2020 Update KDHE:</b> 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><b>June 2020 Update KDHE:</b> No additional update.</p>

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4	MCOs are writing the individual service plans, figuring out how many hours of support are needed and, at the same time, threatening to take away services if the family cannot find a provider to work with their sons/daughters.	Roxanne Hidaka, Case Management Services, Inc.	2/15/2019	KDHE/ KDADS	MCOs	Continue to monitor	<p><b>August 2019 Response:</b> The State recently sent thousands of ISPs back to the MCOs to have them re-written, and is reviewing the re-submissions to ensure they provide the detail and care required.</p> <p><b>November 2019 Response UHC:</b> UHC Care Coordinators meet with the member/DPOA/guardian face-to-face to complete needs assessments and determine hours of support needed to include in the service plan. Members may select self-direct or agency directed services. If a member chooses self-direction but is unable to find workers, the Care Coordinator works with the member to select a participating agency for services.</p> <p><b>February 2020 Response KDADS:</b> KDADS continues to monitor person-centered service plans to ensure the plan addresses the identified needs of each individual. This is accomplished through access to the systems that house each MCO's service plans for periodic reviews, as well as case work should a specific case be brought to KDADS' attention.</p> <p><b>February 2020 Response UHC:</b> Same response from November.</p> <p><b>February 2020 Response Aetna:</b> Aetna Care coordinators meet with the member/designated power of attorney (DPOA)/guardian face-to-face to complete needs assessments and decide on the number of support hours needed in the service plan. Members then select self-directed or agency-directed services. If a member chooses self-direction, but is unable to find workers, the Aetna Care Coordinator works with the member to select a participating agency for services needed.</p>
4	4 continued...					Continue to monitor	<p><b>June 2020 Response Aetna:</b> Same response from February.</p> <p><b>June 2020 Response UHC:</b> Our response continues to be consistent with what we have previously provided.</p> <p><b>June 2020 Response Sunflower:</b> The Sunflower Care Coordinator meets with members and their teams to jointly complete the assessment. MCOs are responsible for evaluating services and authorizations for overuse, and ultimately the goal is to make sure services meet the member's need. In cases where we find a member is not using their services, we ask to understand whether it's because the member feels he/she no longer needs the service, or if they cannot find caregivers, or the agency isn't providing the service, or another reason. The State does require MCOs to report when a member has not utilized a HCBS service in 30 or more days. This may impact the member's HCBS eligibility with the State.</p> <p><b>June 2020 Response KDADS:</b> KDADS respectfully asks that this item be considered addressed and removed from the spreadsheet.</p> <p><b>September 2020 Response UHC:</b> <b>UHC Care Coordinators meet with the member/DPOA/guardian face-to-face to complete needs assessments and determine hours of support needed to include in the service plan. Members may select self-direct or agency directed services. If a member chooses self-direction but is unable to find workers, the Care Coordinator works with the member to select a participating agency for services. Please note since March, when COVID-19 hit, all meetings with members have been completed via telephone or televideo.</b></p>

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5	Managed care system does not fit the I/DD population's needs, it is not conflict free, and services are duplicative (care coordinator services done by targeted case managers).	Roxanne Hidaka, Case Management Services, Inc.	4/29/2019 2/28/2020	KDADS	Continue to monitor	<p><b>August 2019 Response:</b> KDADS appreciates the insight and perspective.</p> <p><b>February 2020 Response KDADS:</b> In collaboration with stakeholders, KDADS is reviewing conflicts of interest within the system as defined by CMS, as well as roles and responsibilities of the various providers within the system.</p> <p><b>June 2020 Response KDADS:</b> One of the stakeholder forums regarding the conflict of interest had been scheduled for April 2020, but had to cancel due to the public health emergency and to adhere to social distancing requirements. This meeting will be rescheduled.</p>
6	Need to explore a better model for managed care LTSS than that available under KanCare.	Matt Fletcher, InterHab	4/29/2019	KDADS	Continue to monitor	<p><b>August 2019 Response:</b> KDADS appreciates the insight and perspective.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> KDADS continues to work with stakeholders and national associations to identify new managed care models.</p>
7	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><b>Note:</b> KDADS indicated the agency would follow up with staff on this topic.</p> <p><b>February 2020 response KDADS:</b> 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><b>June 2020 Response KDADS:</b> Funding provided to nursing facilities is based on the amount of the annual appropriation.</p>

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8	<p>Need to address the misuse/overuse of anti-psychotic 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 are data on anti-psychotic use and misuse rates for each Kansas nursing facility. There are no data on use in assisted living facilities, home plus, or residential care facilities.</p>	Mitzi McFatrigh, KABC	2/15/2019  11/18/2019	KDHE KDADS	<p style="text-align: center;"><i>Continue to monitor</i></p> <p style="text-align: center;"><i>*Combine d item</i></p>	<p><b>August 2019 Response:</b> The percent of Long-Term Stay nursing home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, the percent was 17.4 and that had dropped to 17 by December 2018 (last date CMS data is available). Continue monitoring and review during certification survey.</p> <p><b>February 2020 Response KDADS:</b> The percent of Long-term Stay nursing home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, it was 17.4 percent and had dropped to 17 percent by September 2018. Kansas has continued to decrease this rate; by March 2019 it was 16.1 percent. KDADS continues monitoring and review during annual certification survey.</p> <p><b>June 2020 Response KDADS:</b> KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other anti-psychotic drug use concern line items.</p> <p><b>February 2020 Response KDADS:</b> Currently there are no reporting requirements for state-licensed-only adult care homes to report use of anti-psychotic drug use. Nursing facilities are required to report this information as part of their minimum data set (MDS) which allows data to be generated.</p> <p><b>June 2020 Response KDADS:</b> KDADS does not have the statutory authority to require state licensed only adult care homes 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 anti-psychotic drug use concern line items.</p>
9	<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 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	2/15/2019  8/26/2019	KDHE	<p style="text-align: center;"><i>Update needed on timeline of the plan.</i></p> <p style="text-align: center;"><i>**Updated information to staff a.s.a.p.-- do not wait until</i></p>	<p><b>November 2019 Response:</b> 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 07/10/19, due to the eligibility restriction proviso from the 2018 budget bill. Will require fiscal note and accompanying funding to operationalize.</p> <p><b>February 2020 Response KDHE:</b> 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><b>June 2020 Update KDHE:</b> The pilot continues to be designed with the guidance from an advisory board. Implementation date July 2021.</p>
10	Need for community service coordination to assist KanCare beneficiaries.	Mike Oxford, TILRC	2/15/2019	KDHE	<p style="text-align: center;">Pending, will provide updates</p>	<p><b>November 2019 Response:</b> Project has been placed on hold for the time being, with goal of rebooting within next fiscal year.</p> <p><b>June 2020 Response KDHE:</b> Still on hold.</p>

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11	Need to implement TCM provided by neutral, conflict-free entities separate from the MCOs, home health agencies, or an affiliated sister company of those entities.	Heather Matty, HCBS Consumer	8/26/2019	KDADS	Continue to monitor	<p><b>November 2019 Response UHC:</b> MCOs are following contract and state policies.</p> <p><b>November 2019 Response Aetna:</b> Follow KDHE and KDADS policies on these and let members have a choice in TCM.</p> <p><b>November 2019 Response KDADS:</b> KDADS hears the concern and will continue to work closely with KDHE and CMS to ensure services and systems are conflict free.</p> <p><b>February 2020 Response KDADS:</b> In collaboration with stakeholders, KDADS is reviewing conflicts of interest within the system as defined by CMS, as well as roles and responsibilities of the various providers with the system.</p> <p><b>February 2020 Response Aetna:</b> Aetna continues to follow KDHE and KDADS policies on these items and lets members have a choice in TCM.</p> <p><b>June 2020 Response KDADS:</b> A TCM forum planned for early April had to be cancelled due to COVID-19. KDADS is looking at rescheduling, possibly using a virtual platform.</p> <p><b>June 2020 Response UHC:</b> Our response remains consistent with information previously provided. MCOs are following contract and state policies in regard to conflict free services.</p> <p><b>June 2020 Response Sunflower:</b> Sunflower continues to comply with KDHE/KDADS policy on this.</p> <p><b>June 2020 Response Aetna:</b> Aetna continues to follow KDHE and KDADS policies on these items and let members have a choice in TCM.</p>
12	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, he or she 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><b>November 2019 Response KDADS:</b> KDADS acknowledges the conferee's perspective; however, the agency has no plan to amend the policy and process at this time.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> Refer to response provided in February. KDADS respectfully requests this item be considered closed and removed from the spreadsheet.</p>

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13	<p>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.</p>	<p>Nick Wood, InterHab</p>	<p>8/26/2019 2/28/2020</p>	<p>KDADS</p>	<p><i>Continue to monitor</i></p>	<p><b>November 2019 Response:</b> KDADS invites the conferee to share additional information at our monthly meetings with InterHab.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> No further update is available at this time, however KDADS will continue discussions with stakeholders on this topic. Virtual meetngs will be scheduled.</p>
14	<p>Need to adopt a best practice, system of care approach toward crisis intervention for Kansans with I/DD or autism in crisis.</p>	<p>Nick Wood, InterHab</p>	<p>8/26/2019 11/18/2019</p>	<p>KDADS</p>	<p><i>Continue to monitor</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS invites the conferee to share additional information at our monthly meetings with InterHab.</p> <p><b>February 2020 Response KDADS:</b> KDADS has had multiple conversations with InterHab and we agree crisis intervention gaps and solutions need to be explored.</p> <p><b>June 2020 Response KDADS:</b> No further update is available at this time. KDADS continues to be open to discussion and suggestions regarding crisis intervention programming.</p>
15	<p>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.</p>	<p>Nick Wood, InterHab</p>	<p>8/26/2019</p>	<p>KDADS</p>	<p><i>Continue to monitor</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS has been engaged with InterHab and others at the Judicial Council Subcommittee reviewing options.</p> <p><b>February 2020 Response KDADS:</b> KDADS staff participated in the Judicial Subcommittee with InterHab and other key stakeholders. SB 333 proposes changes to the current system. KDADS has included in the fiscal note for SB 333 a cost of \$20,000- \$30,000 to receive technical assistance from SAMHSA to bring in expertise specific to the SIM model. In addition, KDADS has provided an updated fiscal note to SB 333 that includes estimates for the cost of services.</p> <p><b>June 2020 Response KDADS:</b> KDADS agrees.</p>

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16	<p>The adult care home providers credentialing process was to be standardized across the three MCOs. However, KHCA/KCAL was recently told that is not the case, and adult care home providers do not even use the credentialing portal.</p>	Cindy Luxem, KHCA/KCAL	8/26/2019	KDHE	MCOs	<p><i>Continue to monitor</i></p>	<p><b>November 2019 Response UHC:</b> NF/SNF's continue to follow the process in place prior to the portal being available. MCOs continue to receive notification of these facilities through the previous process. If UHC receives these applications via the portal, UHC rejects the applications and waits for the application to come through the process starting with KDADS.</p> <p><b>November 2019 Response KDADS:</b> KDADS will defer to KDHE.</p> <p><b>November 2019 Response KDHE:</b> Should be a core set of credentialing items that all MCOs agree on. Then MCOs have specific credentialing criteria. Core criteria are in place but will have to connect with this specific provider.</p> <p><b>November 2019 Response Aetna:</b> Process is the same as others.</p> <p><b>February 2020 Response Aetna:</b> Aetna utilizes the State Provider Portal process and follows all contractual requirements.</p> <p><b>June 2020 Response Sunflower:</b> Previously, the nursing facilities and other adult care home providers were enrolling in the network using a process outside the State's portal, but now they can enroll via the portal. All parties have streamlined the process since the time the portal was implemented.</p> <p><b>June 2020 Response UHC:</b> Nursing facility providers continue to submit all required forms and documents directly to KDADS as part of their application for a license. Once this process is completed the MCO's now receive the packet of information via the Provider Enrollment Portal to begin the credentialing and contracting process. This process changed in April.</p> <p><b>June 2020 Response Aetna:</b> Aetna utilizes the State Provider Portal process and follows all contractual requirements.</p> <p><b>September 2020 Response UHC:</b> <b>Nursing facility providers continue to submit all required forms and documents directly to KDADS as part of their application for a license. Once this process is completed the MCO's now receive the packet of information via the Provider Enrollment Portal to begin the credentialing and contracting process. Since KDADS does not collect all the required documents necessary to complete credentialing and contracting, Nursing facilities do have to work directly with MCO's to complete the process. This process changed in April 2020.</b></p>
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17	<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 Hyten, TILRC; Lou Ann Kibbee, SKIL; Sean Gatewood, KAN Joan Kelley, Private citizen</p> <p>Mike Burgess, DRC</p> <p>Kathy Lobb, self advocate, SACK; Stephanie Sanford; Ami 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		<p><i>Continue to monitor</i></p> <p><i>**Combined item</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS hears the assertion of the conferee and appreciates the expertise.</p> <p><b>February 2020 Response:</b> 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><b>June 2020 Response KDADS:</b> 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><b>February 2020 Response KDADS:</b> KDADS has been invited to the stakeholder-led meetings to initiate an <i>Olmstead</i> Plan</p> <p><b>June 2020 Response KDADS:</b> KDADS will participate in the stakeholder-led efforts to discuss an <i>Olmstead</i> Plan.</p>
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18	<p>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.</p> <p>Need assurance the State will not reduce the PIL and also need the PIL to be indexed to 300 percent of SSI.</p> <p>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.</p> <p>PIL needs to be changed permanently</p>	<p>Ami Hyten, TILRC; Lou Ann Kibbee, SKIL</p> <p>Lou Ann Kibbee, SKIL: Sean Gatewood, KAN; Mike Burgess, DRC; Mitzi McFatrigh, KABC</p> <p>Heather Matty, HCBS Consumer;</p> <p>Janet Williams, Mind Matters</p>	<p>8/26/2019 11/18/2019</p> <p>8/26/2019 2/28/2020</p> <p>8/26/2019</p> <p>11/18/2019</p>	KDHE		<p><i>Continue to monitor</i></p> <p><i>**Combined item</i></p>	<p><b>November 2019 Response KDHE:</b> 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 complete during the 2020 Legislative Session.</p> <p><b>June 2020 Response KDHE:</b> Language was included in the appropriation bill to continue PIL at \$1,177/month for 2021. All 6 waivers have been amended with the new PIL and approved by CMS. Amendment to KAR 129-6-103(c) in progress.</p> <p><b>November 2019 Response KDHE:</b> 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.</p> <p><b>November 2019 Response KDHE:</b> 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.</p> <p><b>February 2020 Response KDHE:</b> KDADS has updated language in all waivers to reflect new level. KDHE is working on updating through rules and regulations, which is where the limit currently sits. HB 2549 had a hearing in House Social Services Budget Committee meeting of 02/19/20, and would place this change in statute.</p> <p><b>February 2020 Response KDADS:</b> HB 2549 was introduced on 2/3/2020. A hearing was conducted by the House Social Services Budget Committee on 2/19/2020.</p>
19	<p>The Kansas structure for in-home workers, and the low wages available, place health insurance out of reach for many direct support workers. Aside from increased wages, offering health insurance through Medicaid expansion would help keep direct support workers at work.</p>	<p>Ami Hyten, TILRC; Lou Ann Kibbee, SKIL</p>	<p>8/26/2019 2/28/2020</p>	KDHE		<p><i>Continue to monitor, Pending Expansion</i></p>	<p><b>November 2019 Response KDHE:</b> Would be addressed if Medicaid Expansion is enacted during 2020 legislative session.</p> <p><b>June 2020 Response KDHE:</b> No changes. No additional update.</p>

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20	<p>Need 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.</p>	<p>Ami Hyten, TILRC; Lou Ann Kibbee, SKIL</p>	8/26/2019	KDADS	<p><i>Continue to monitor</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS invites the conferee to share additional information.</p> <p><b>February 2020 Response KDADS:</b> KDADS remains committed to collaborating with our stakeholders to develop programs that promote person-centered choice and supports. KDADS would like to hear more from Ami and Lou Ann as we agree 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 we build and maintain a robust service system.</p> <p><b>June 2020 Response KDADS:</b> No further update is available at this time.</p>
21	<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><b>**Combined item</b></p>	<p><b>November 2019 Response KDADS:</b> KDADS agrees.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> KDADS continues to work with the stakeholders to address these shortages and continues that work during the current pandemic with the authority of EO 41 and EO 39.</p> <p><b>November 2019 Response KDADS:</b> KDADS appreciates the initiative and supports additional collaboration.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> KDADS appreciates the work being done on direct care workforces concerns.</p>

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21	21 continued...						
	Lack of attendant training is creating shortages of persons willing and/or able to work with consumers, especially persons with brain injuries.	Heather Matty, HCBS Consumer	8/26/2019				<p><b>November 2019 Response KDADS:</b> KDADS hears the concerns and invites the conferee to share additional information with KDADS.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> KDADS welcomes opportunities to work with stakeholders, MCOs, and others on strategies to recruit, retain, and train attendants.</p>
	Personal care attendants should be paid a higher, more competitive rate.	Heather Matty, HCBS Consumer	8/26/2019	KDADS		<p><i>Continue to monitor</i></p> <p><i>**Combined item</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS hears the concerns of the conferee.</p> <p><b>February 2020 Response KDADS:</b> In order to accommodate an increase in costs for any HCBS service, additional funding would need to be appropriated for this purpose.</p> <p><b>June 2020 Response KDADS:</b> KDADS appreciates the concerns of the conferee and will continue to support HCBS.</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.	Lou Ann Kibbee, SKIL	6/22/2020					

## UnitedHealthcare Responses

22	<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 15-20 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/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 style="text-align: center;"><i>Continue to monitor</i></p> <p style="text-align: center;"><i>*Combine d Item</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS hears the concerns of the conferee.</p> <p><b>February 2020 Response KDADS:</b> KDADS currently holds no regulatory authority over health care staffing agencies. HB 2629, which would require 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><b>June 2020 Response KDADS:</b> HB 2629, which would require the Secretary of KDADS 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><b>November 2019 Response:</b> Fiscal note would accompany any legislation that would be considered.</p> <p><b>June 2020 Response KDHE:</b> No change.</p> <p><b>February 2020 Response KDADS:</b> KDADS currently holds no regulatory authority over health care staffing agencies. HB 2629, which would require 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><b>June 2020 Response KDADS:</b> HB 2629, which would require the Secretary of KDADS 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>
23	<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 style="text-align: center;"><i>Continue to monitor</i></p>	<p><b>November 2019 Response:</b> Fiscal note would accompany any legislation that would be considered.</p> <p><b>June 2020 Response KDHE:</b> No change.</p>

## UnitedHealthcare Responses

24	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><b>November 2019 Response KDADS:</b> KDADS will report on the Louisiana model at the Tuesday KanCare meeting.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> KDADS reoported on the Louisiana model in February.</p>
25	Kansas should incentivize competitive, integrated employment. There should be at least a +10 percent incentive toward competitive, integrated employment built into the rate structure, but the opposite is true for the I/DD HCBS waiver, with the day service rate provided in a congregate setting being higher than the supported employment rate. This disincentive is a major barrier to helping Kansans with disabilities achieve employment in a competitive, integrated setting.	Mike Burgess, DRC	8/26/2019	KDADS	Continue to monitor  ***KDAD S will provide an update on the Final Settings Rule.	<p><b>November 2019 Response KDADS:</b> KDADS continues to meet with the conferees and hears their concerns.</p> <p><b>February 2020 Response KDADS:</b> KDADS is actively working with stakeholders as we draft I/DD waiver amendments and implement the HCBS Final Settings Rule to ensure emphasis is placed on competitive, integrated employment. This work includes analysis of existing waiver services, as well as the possibility of new waiver services that appropriately incentivize meaningful employment for individuals who wish to participate.</p> <p><b>June 2020 Response KDADS:</b> No further updates are available due to focus on COVID-19 response. As normal business resumes, KDADS plans to continue its work regarding employment.</p>
26	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><b>November 2019 Response KDADS:</b> KDADS appreciates the perspective of the conferee.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> KDADS has a standing monthly meeting with KAN with mulitple KDADS staff participating.</p>

## UnitedHealthcare Responses

27	<p>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.</p>	<p>Leslie Anderson, k4ad</p>	8/26/2019	KDADS	<p><i>Continue to monitor</i></p> <p><i>**May have KDADS make a presentation on the Final Settings Rule at the September meeting.</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS appreciates the perspective of the conferee.</p> <p><b>February 2020 Response KDADS:</b> 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><b>June 2020 Response KDADS:</b> 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>
28	<p>A conflict of interest exists when CDDOs provide all services or when community service providers hire their TCM to provide services for those individuals. Kansas needs to be held to the intent of the federal conflict-of-interest law and be required to provide separate CDDO and provider of day, residential, and TCM services to eliminate the conflict of interest.</p>	<p>Wilma Day, Advocacy Services of Western Kansas, Inc.</p>	8/26/2019	KDADS	<p><i>Continue to monitor</i></p> <p><i>***Report back on TCM forum.</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS hears the concern and will continue to work closely with KDHE and CMS to ensure services and systems are conflict-free.</p> <p><b>February 2020 Response KDADS:</b> In collaboration with stakeholders, KDADS is reviewing conflicts of interest within the system as defined by CMS, as well as roles and responsibilities of the various providers within the system.</p> <p><b>June 2020 Response KDADS:</b> A TCM forum planned for early April had to be cancelled due to COVID-19. KDADS is looking at rescheduling, possibly using a virtual platform.</p>
29	<p>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.</p>	<p>Mitzi McFatrigh, KABC</p>	8/26/2019	KDADS	<p><i>Continue to monitor</i></p>	<p><b>November 2019 Response KDADS:</b> KDADS, in conjunction with CMS, maintains a fund for civil monetary penalties (CMP) 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><b>February 2020 Response KDADS:</b> The KDADS response is the same as above; however, we can add that the sale of the receivership facilities continues. A slide is provided in the KDADS slidedeck.</p> <p><b>June 2020 Response KDADS:</b> Please refer to the slide in KDADS presentation about the current status of selling facilities that were in receivership.</p>

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30	<p>PEAK program is being poorly executed. More than half of our surveyed members have responded that they started out in the PEAK program and have since dropped out. Reasons include too much discretionary determination by the PEAK employees, inconsistent criteria, too much time constraints on staff that are already overwhelmed, no variance for the concept of "culture change" being implemented differently for each facility. Most members feel PEAK has not improved the quality of care for their residents and elders.</p>	Haely Ordoyne, KACE	11/18/2019	KDADS		<p><b>February 2020 Response KDADS:</b> KDADS is working with stakeholders and PEAK researchers to review the current program. Since its initial inception, the PEAK program has transformed significantly. KDADS and PEAK have reinstated the PEAK advisory committee which is composed of program participants from facilities, PEAK researchers, and KDADS staff.</p> <p><b>June 2020 Response KDADS:</b> PEAK is using the 2020-21 year to evaluate the purpose of the program and identify the most important criteria for inclusion in the person centered care approaches targeted for PEAK incentives. With the COVID-19 pandemic, KDADS has directed PEAK to continue working with the PEAK designated nursing facilities to make incentive payments without requiring additional measurement activity during the management of the pandemic.</p>
31	<p>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.</p>	Laura Singer, Targeted Case Manager, Case Management Services, Inc.	11/18/2019	KDADS		<p><b>February 2020 Response KDADS:</b> Services for individuals with I/DD who have co-occurring behavioral health issues are of great importance. SB 333 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 our system.</p> <p><b>June 2020 Response KDADS:</b> KDADS will continue to work with stakeholders on this concern, as noted earlier.</p>

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32	<p>KanCare Clearinghouse is inaccessible to individuals with disabilities.</p> <p>The crisis process is not streamlined (MCO approval need first, then CDDO, then KDADS). When individuals are in crisis, waiting days or even weeks does not work.</p> <p>We do not have a system in place in Kansas to keep I/DD individuals who are dual diagnosed out of the judicial system.</p>	Roxanne Hidaka, Case Management Services, Inc.	2/28/2020	KDADS or KDHE	MCOs	<p>Closed</p> <p><b>**KDHE to get information to KLRD staff as soon as possible after contacting Ms. Hidaka about the ADA issues at the Clearinghouse. All other issues are closed.</b></p>	<p><b>June 2020 Response KDADS:</b> Defer to KDHE regarding the clearinghouse. KDADS makes every effort to quickly and efficiently process every crisis request. Because individuals submitting crisis exceptions bypass the individuals on the waiting list, every effort is made to ensure that alternative options have been explored. KDADS continues to explore intervention options for I/DD individuals involved with the judicial system.</p> <p><b>June 2020 Response KDHE:</b> The facilities are both ADA compliant. KDHE will contact Ms. Hidaka about her specific concern.</p> <p><b>June 2020 Response Sunflower:</b> There is a crisis support process for persons on the State's HCBS waiting lists. When the MCO receives a crisis request, we offer any existing services that may meet the member's need, and report this on the appropriate form to KDADS. Regarding persons with I/DD who are dual diagnosed, Sunflower is participating in a Dual Diagnosis training initiative with Sedgwick County and offering training to providers. We also began to discuss a potential pilot with KDADS, but the ongoing work has been delayed due to COVID19.</p> <p><b>June 2020 Response UHC:</b> UHC follows all state policies in regards to managing crisis exceptions.</p> <p><b>June 2020 Response Aetna:</b> Aetna does not approve a crisis exception, but we make a recommendation which is forwarded on to the CDDO and then KDADS. KDADS makes the final determination regarding approval or not for a crisis exception, and this information is shared with KDHE who would give final approval and determine the member's eligibility status. We are willing to collaborate with state agency partners, the other MCOs, and the CDDOs to review the current process and look for opportunities to make it more streamlined and efficient at the request of state agency partners.</p>
33	<p>Hearing from members that the change of ownership process is still extremely burdensome and is taking six to eight months to complete. We would request that this process be looked at by this committee to help business thrive in Kansas.</p>	Linda MowBray, KHCA/KCAL	2/28/2020	KDADS		Continue to monitor	<p><b>June 2020 Response KDADS:</b> KDADS is happy to review specific examples of long waits to review changes in ownership. The process itself has not changed and follow federal requirements for documentation and reporting. KDADS will be updating the regulatory requirements to match SB 15 passed in May 2019. We would welcome stakeholders to add input to these regulations.</p>

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34	<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>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</p> <p>11/18/2019</p> <p>6/22/2020</p>	<p>KDHE or KDADS</p>	<p>MCOs</p>	<p>Continue to monitor</p> <p>**combined item</p>	<p><b>June 2020 KDADS Response:</b> Funding for an increase in reimbursement rate for Specialized Medical Care on the Technology Assisted Waiver was included in the appropriations bill passed by the 2020 Legislature.</p> <p><b>June 2020 KDHE Response:</b> KDHE provided an analysis of the fiscal impact to increase the T1000 and potential savings due to potential decreases in inpatient days.</p> <p><b>February 2020 Response KDHE:</b> 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 group to develop sustainable solutions, which go well beyond rate discussion.</p> <p><b>February 2020 Response KDADS:</b> In order to accommodate an increase in costs for any HCBS service, additional funding would need to be appropriated for this purpose.</p> <p><b>February 2020 Response Aetna:</b> Aetna supports any provider fee schedule increases and would pass these through to our contracted providers.</p> <p><b>June 2020 Response Sunflower:</b> Sunflower also supports the provider fee increase for this service and is passing the increase to the contracted providers.</p> <p><b>June 2020 Response KDHE:</b> No changes to the previous statement.</p> <p><b>June 2020 Response KDADS:</b> Funding for an increase in reimbursement rate for Specialized Medical Care on the Technology Assisted Waiver was included in the appropriations bill passed by the 2020 Legislature.</p> <p><b>June 2020 Response UHC:</b> UHC will implement the rate increase approved for code T1000 as soon as we receive permission to move forward from KDHE/KDADS.</p> <p><b>June 2020 Response Aetna:</b> Aetna supports any provider fee schedule increases and would pass these through to our contracted providers.</p> <p><b>September 2020 Response UHC: UHC supports any KDHE/KDADS approved and funded rate increase for TA waiver code T1000. We will be ready and able to implement this change once the funding is fully approved and an approved KDHE policy is received.</b></p>
35	<p>There is a need to increase access to benefits planners at KDHE to help Kansans with disabilities work and navigate the complex system.</p>	<p>Mike Burgess, DRC</p>	<p>2/28/2020</p>	<p>KDHE</p>		<p>Continue to monitor</p>	<p><b>June 2020 Response KDHE:</b> The request is acknowledged. No action taken at this time.</p>
36	<p>Kansas should adopt an insulin administration training program for certified medication aides working in skilled nursing facilities, assisted living facilities, residential healthcare facilities, or home plus homes. In Kansas, the certified medication aide is permitted to dose the insulin medication amount in an insulin pen, but not permitted to assist the residents in self-administration of the medication injection. This discrepancy places Kansas long-term care facilities at a competitive disadvantage.</p>	<p>Scott Schultz, Morningstar Care Homes</p>	<p>2/28/2020</p>	<p>KDADS</p>		<p>Continue to monitor</p>	<p><b>June 2020 Response KDADS:</b> This would require revision of KAR 26-41-205(d)(2), KAR 26-42-205(d)(2), and KAR 26-43-205(d)(2) as they currently include the following language "Medication aides shall not administer medication through parenteral route." Parenteral means taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injections. As well as CMA course curriculum.</p>

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37	<p>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.</p>	<p>Mitzi McFatrigh, KABC</p>	2/28/2020	KDADS	Continue to monitor	<p><b>June 2020 Response KDADS:</b> As noted by KLRD, this change to Senior Care Act would require legislative action. KDADS will continue to collaborate with stakeholders on this potential change to the Senior Care Act statute.</p>
38	<p>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.</p>	<p>Leslie Anderson, k4ad</p>	2/28/2020	KDHE	Continue to monitor	<p><b>June 2020 Response KDHE:</b> Will be addressed as part of a Medicaid expansion implementation.</p>
39	<p>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, our 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.</p>	<p>Leslie Anderson, k4ad</p>	2/28/2020	KDHE	Continue to monitor	<p><b>June 2020 Response KDHE:</b> Concern acknowledged. Current eligibility policies do not include conditions intended to divert applicants to private insurance plans.</p>

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40	<p>Continued issues with eligibility processing. One KACE member facility has 10 percent of its population in Medicaid pending status; every month that applications are pending means the facility is operating without \$24,140.75 of its budget. Need accountability and transparency during the eligibility processing transition.</p> <p>We are still concerned about the uptick in backlogged nursing home eligibility applications and slower processing for HCBS applications. We hope that KDHE will find effective strategies to address these delays as soon as possible.</p>	<p>Haely Ordoyne, KACE</p> <p>Rachel Monger, LeadingAge Kansas</p>	<p>8/26/2019</p> <p>2/28/2020</p>		Continue to monitor	<p><b>November 2019 Response KDHE:</b> KDHE, with the Legislature's support, assumed responsibility for training and quality of eligibility staff effective January 2019. Training curriculum was updated, duration of sessions extended, more hands on experience, and trainees are certified they can process cases prior to being released to production. In addition, with legislative support, KDHE is assuming more complex eligibility programs: elderly, disabled, long-term care. This will be completed December 2019.</p> <p><b>June 2020 Response KDHE:</b> The State has assumed processing of eligibility for the elderly, disabled and long term care programs in January 2020. The processing timelines as well as the number of unprocessed applications over 45 days old have significantly improved.</p> <p><b>June 2020 Response KDHE:</b> The State has assumed processing of the eligibility for the elderly, disabled, and long-term care programs in January 2020. They processing timelines as well as the number of unprocessed applications over 45 days old have significantly improved.</p>
41	<p>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 COVID-19. 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.</p>	<p>Matt Fletcher, InterHab</p>	<p>6/22/2020</p>	<p>KDHE or KDADS</p>		



## UnitedHealthcare Responses

44	<p>Costs incurred by nursing homes to protect their residents from COVID-19 are enormous. PPE and sanitization supplies related to COVID-19 by nursing homes has increased by 4-5 times the usual amount. Additional staffing costs related to COVID-19 have also increased.</p> <p>Access to 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>	<p>Mark Schulte, KACE</p>	6/22/2020	KDADS			
45	<p>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.</p>	<p>Lou Ann Kibbee, SKIL</p> <p>Mitzi McFatrach, KABC</p>	6/22/2020	KDHE or KDADS			
46	<p>Due to 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.</p>	<p>Mark Schulte, KACE</p>	6/22/2020	KDHE or KDADS			
47	<p>77% of Kansas facilities were cited for non-compliance with infection control practices which in turn deprived residents of basic protections from infection. There is a need to recognize and restore residents' right to have essential visitors.</p>	<p>Mitzi McFatrach, KABC</p>	6/22/2020	KDHE or KDADS			

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48	<p>We encourage the State to restore targeted case management services to support people in the home setting of their choice, which is not only more cost-effective but safer during times of emergency.</p>	<p>Barb Conant and Sean Gatewood, KAN</p>	6/22/2020	<p>KDADS or KDHE</p>	<p><i>Would require some Legislative action.</i></p>
49	<p>There is no public health reporting that identifies assisted living and home plus 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. It is imperative to have transparent, public data in a public health crisis and more so when individual rights are suspended.</p> <p>We also urge 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 McFatrigh, KABC</p> <p>Barb Conant and Sean Gatewood, KAN;</p> <p>Mike Burgess, DRC</p>	6/22/2020	<p>KDHE or KDADS</p>	
50	<p>We strongly urge the State to reinstate a MFP program to support people in moving out of nursing homes.</p>	<p>Mike Burgess, DRC</p>	6/22/2020	<p>KDADS or KDHE</p>	<p><i>Would require some Legislative action</i></p>

## UnitedHealthcare Responses

51	<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>	Jill Dudley, KACIL; GRAIL	6/22/2020	KDADS		
52	<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. We would like to see state support for CILs formalized.</p>	GRAIL	6/22/2020	KDADS		