

# **KDADS Updates on Requested Topics**

## **Presentation to The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight September 28, 2020**

### **Updates on Requested Topics**

Department for Aging and Disability Services

**Laura Howard, Secretary**

# KDADS Updates on Requested Topics

## KDADS Update on Requested Topics

Laura Howard, Secretary

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Chairman Landwehr, Vice Chair Suellentrop and members of the Committee:

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

# Receiverships

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## **RECEIVERSHIPS**

Deputy Secretary Janis DeBoer

# Priorities and Issues

## 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 is sold June 1, 2020.
  - One facility is closed on August 10, 2020.
  - Two facilities remain on the market for sale.

# Home and Community Based Services

## **HOME AND COMMUNITY BASED SERVICES (HCBS)**

Commissioner Amy Penrod

# HCBS Waiver Enrollment—August 2020

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	61		322 (as of 8/31/2020)
Serious Emotional Disturbance (SED)	3,244		
Technology Assisted (TA)	593		
Frail Elderly (FE)	5,355		
Brain Injury (BI)*	591		
Intellectual and Developmental Disabilities (I/DD)	9,128	4,314	
Physical Disability (PD)	6,140	1,609	

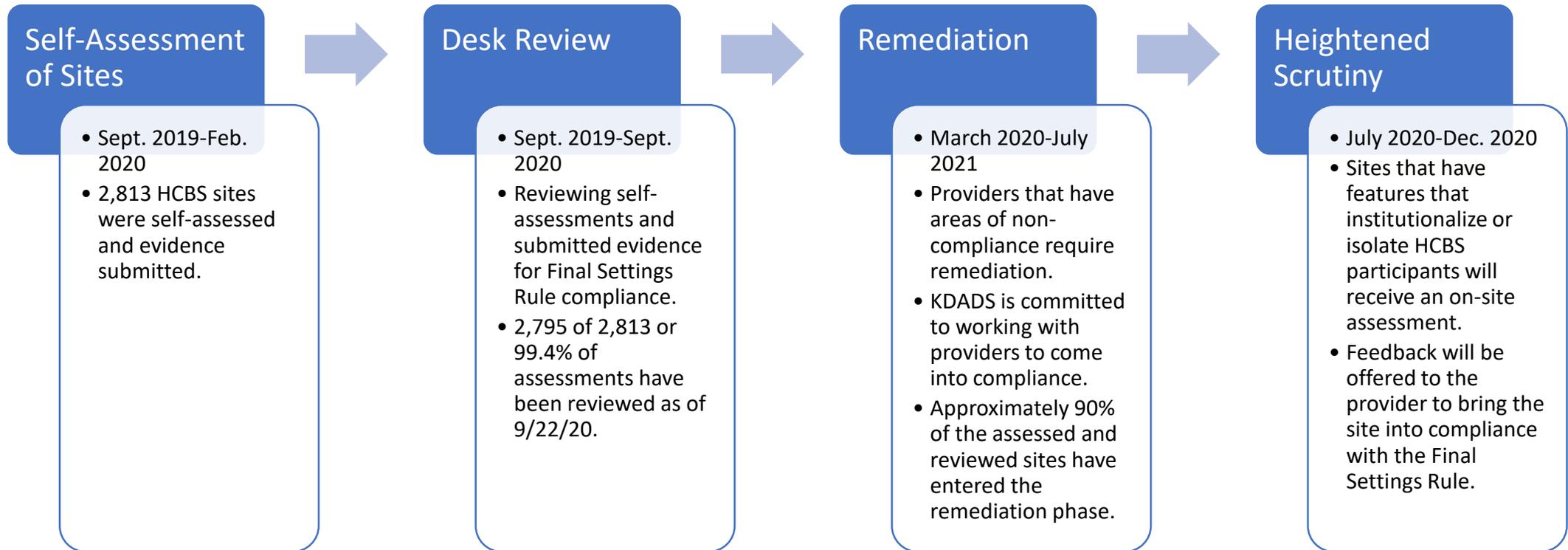
Notes:

- Data as of September 11, 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))

# HCBS Waiver Renewals & Proposed Amendments

- Currently, the Physical Disability and Frail Elderly Waivers are in the CMS waiver renewal process. Each are in final stages of review by CMS awaiting approval.
- Once the PD & FE Waivers are approved, KDADS will shift its focus on a number of proposed amendments to multiple waivers including:
  - Unbundling Assistive Services (DME, Home Modifications, Vehicle Modifications)
  - Updating Waiver Performance Measures
  - Lift Cap on Specialized Medical Care
  - Provisional Plan of Care Creation Process
- The following amendment proposals are under continued review as additional stakeholder engagement is needed:
  - Unbundling of IDD Day Services and IDD Prevocational Employment Services
  - Permit Additional Telehealth

# HCBS Final Rule



# Targeted Case Management Worgroup

## Targeted Case Management Workgroup

- KDADS initiated a Targeted Case Management workgroup focused on establishing a common vision for Targeted Case Management services into the future and to address issues such as conflict of interest.
- The workgroup has 40 members from all areas of the state.
- First meetings were held September 15<sup>th</sup> and 16<sup>th</sup> concentrating on goals, core values, practices, and vision of the service going forward.
- Additional meetings are being scheduled.

# 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
Total	712	4,110	1,027.50

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

## PACE Enrollment

PACE Program	Enrollment
Ascension Via Christi Hope	262
Midland Care	338
Bluestem Communities	89
Total PACE Enrollment	689

Note: Data as of September 22, 2020.

# 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.

# 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>

# Behavioral Health

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## **BEHAVIORAL HEALTH**

Commissioner Andrew Brown

# Behavioral Health

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. As a result there have been very few cases of positive COVID-19 cases among newly admitted patients and no reported transmissions between staff and patients.

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.

# Update on Planning

## Children's Psychiatric Hospital in Western Kansas

KDADS is responding to the legislation passed this past session that requires a Children's Psychiatric Hospital to be opened in Hays, Kansas.

KDADS is currently working to publish a RFP for opening and operating a State Institution Alternative (SIA) Children's Psychiatric Hospital in Hays, KS using funding allocated this year.

# Update on Plan to Lift the OSH Moratorium Regional Psychiatric Hospital Beds

The KanCare State Institution Alternative (SIA) policies were published by KDHE this summer, and application forms for hospitals interested in applying for SIA status are available now on the KDADS website. These policies allow for KanCare MCO members to be screened for state hospital admission and admitted at private SIA hospitals. Rate policies will be set for each SIA to enroll as a KanCare provider.

The SIA policy will allow hospitals around the state to serve Kansans closer to home and increase capacity in the system of care to allow for voluntary admissions at OSH.

# Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 9/18/20 was 90, down from 112 individuals in June.
  - Of the 90 individuals, 19 were in foster care down from 24 in June.
- Current number of PRTF licensed beds is 336 in the system of care.
- KDADS is currently working with providers to license additional PRTF facilities and anticipates between 50 to 120 beds being added to the system of care by January 2021.
- Updated PRTF Regulations are drafted and being reviewed by KDADS legal department.
- Meeting with MCOs and DCF weekly to review individual cases on the wait list.
- Working with MCO Care Coordination to facilitate community-based services.
- During COVID-19 PRTFs have continued operations as an essential service and implemented appropriate infection control policies to respond to the public emergency. In some cases this has also meant limiting home visits during treatment and using telehealth to deliver family therapy services instead of having family attend sessions at the PRTF.

# Long Term Care

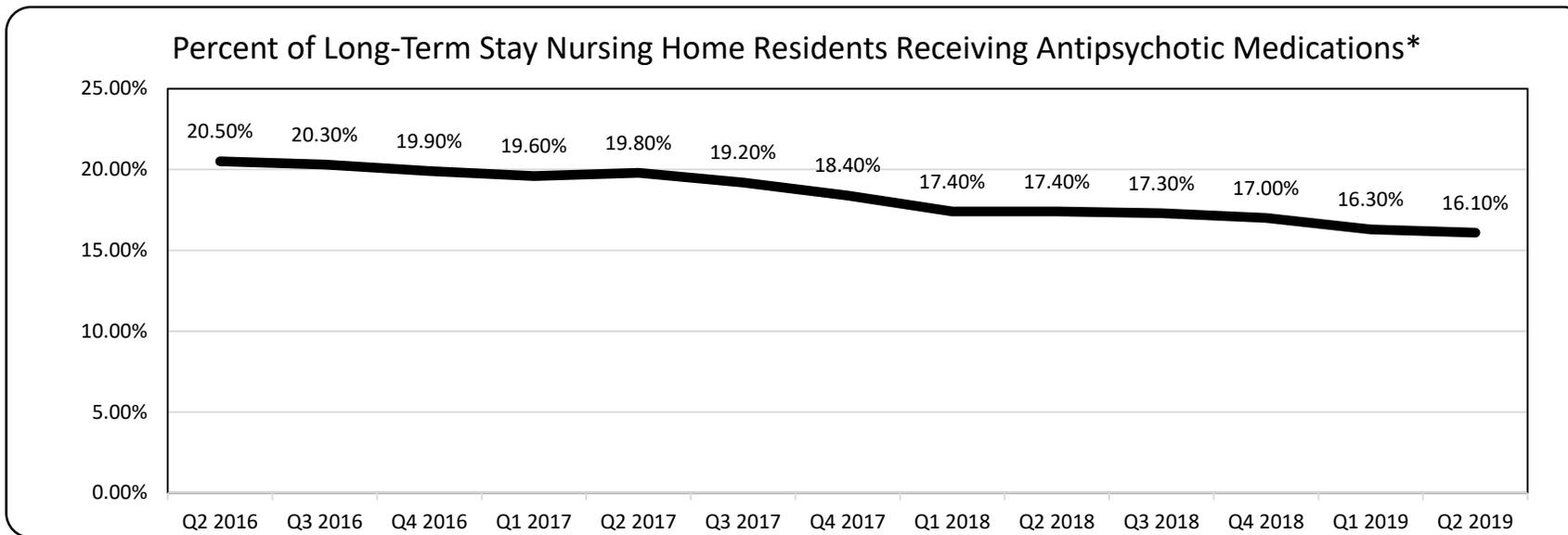
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## **LONG TERM CARE**

Deputy Secretary Scott Brunner

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

- In 2011, Kansas ranked 51<sup>st</sup> in the nation (42<sup>nd</sup> in 2018), in the use of anti-psychotic drugs in nursing facilities.
- Kansas now ranks 37<sup>th</sup> 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>

# MCO Efforts to Reduce Antipsychotic Misuse in Kansas

- The KanCare MCOs have a pay for performance measure tied to reducing inappropriate antipsychotic drug use in Nursing Facilities.

## Percent of Long-Term Stay Nursing Home Residents Receiving an Antipsychotic Medication, Excluding those Residents Diagnosed with Schizophrenia, Huntington's Disease, or Tourette's Syndrome

	United Health Care			Aetna Better Health			Sunflower Health Plan		
	Receiving an antipsychotic	NF or NFMH eligibility	Percentage	Receiving an antipsychotic	NF or NFMH eligibility	Percentage	Receiving an antipsychotic	NF or NFMH eligibility	Percentage
Quarter 1 2020	545	4,606	11.83	329	2,636	12.48	441	3,575	12.34
Quarter 2 2020	527	4,608	11.44	335	2,705	12.38	432	3,524	12.26
2020 Total	1,072	9,214	11.63	664	5,341	12.43	873	7,099	12.30

# MCO Efforts to Reduce Antipsychotic Misuse in Kansas

United HealthCare	Aetna Better Health	Sunflower Health Plan
<p>United Healthcare has implemented several initiatives to address Antipsychotic Misuse including:</p> <ul style="list-style-type: none"> <li>• Information sent to providers that have members identified as currently on an antipsychotic without an appropriate diagnosis</li> <li>• Formal requests for discontinued medication for members identified as currently on an antipsychotic without an appropriate diagnosis</li> <li>• Educational information sent to providers of primary insurance (for dual eligible members if identified)</li> <li>• Informational material to members and caregivers on inappropriate antipsychotic prescribing and use (In discussion, not yet implemented)</li> </ul> <p>Note: If a member is a dual eligible member and UHC is not the primary insurer, UHC does not always receive a claim as the primary insurer pays the entire claim so we do not identify those members. However, of the claims that we receive and members that we identify as potentially having an inappropriately prescribed antipsychotic medication, we do engage with the provider through the initiatives mentioned above.</p>	<p>Aetna's Behavioral Health Medical Director conducts nursing facility rounds each week.</p> <p>All members admitted to NF will be reviewed in detail including list of medication, diagnosis, history and physical and treatment plan to ensure use of antipsychotic use is appropriate.</p> <p>All existing NF members will be brought back to NF rounds at 30 days and then every 6 months to ensure appropriate drug use.</p> <p>If a member's antipsychotic drug use appears to be inappropriate the medical director will have a physician to physician discussion to make sure the antipsychotic drug use is appropriate. The following items are included in this review</p> <ul style="list-style-type: none"> <li>• Lab : lipids , glucose, etc.</li> <li>• HEDIS measures</li> <li>• Reduce risk factors related to antipsychotics</li> <li>• Provider education</li> <li>• Review with provider members' response</li> </ul>	<p>Sunflower Health Plans has several initiatives in place:</p> <ul style="list-style-type: none"> <li>• Provider Letter 1 – Sent to the nursing facility medical director. The letter identifies members at the nursing facility who are prescribed an antipsychotic without a proper diagnosis and suggests the director discuss the case with the provider.</li> <li>• Provider Letter 2 – Sent to the provider and uses MDS data to identify members who were not marked as having a proper diagnosis on the MDS and have filled an antipsychotic through claims.</li> <li>• Diagnosis Reconciliation – Sunflower utilizes internal data to identify missing appropriate diagnosis for the anti-psychotic medication. This information is provided to the Nursing Facility to ensure MDS and medical record accuracy.</li> <li>• Medication Optimization (Pending) – Sunflower has identified a cohort(s) of members with dementia, bipolar disorder, or major depressive disorder. Sunflower will conduct provider outreach to review the appropriate medication therapy utilization.</li> </ul>

# Priorities and Issues

## COVID-19 and Adult Care Homes

### Status of Required Adult Care Home Infection Control Surveys

- Home Plus/Adult Day Care/Boarding Care Home
  - 179 or 100% Infection Control Surveys (ICS) Completed
  - 4 Immediate Jeopardy (IJ) Complaint Investigations Completed
  - 1 IJ Citations
  - 2 Infection Control Citations / 0 IJ infection control citations
  
- Assisted Living/Residential Healthcare Facility
  - 293 Or 100% Infection Control Surveys (ICS) Completed
  - 14 IJ Complaint Investigations Completed
  - 3 IJ Citations
  - 3 Infection Control Citations / 1 IJ infection control citations

# Priorities and Issues

## COVID-19 and Adult Care Homes

- Nursing Facilities
  - 329 Facilities Inspected for Infection Control
  - 513 Federal Infection Control Surveys Completed
  - 215 IJ Complaint Investigations Completed
  - 25 IJ Citations
  - 75 Infection Control Citations at D, E and F Level 13 IJ level infection control citations

# Nursing Facility COVID-19 Testing

Before August 2020, Nursing Facility testing was guided by CDC, CMS and KDHE recommendations.

KDHE Testing Strategy released on June 10, 2020.

- For most testing through the state laboratory persons must meet the person under investigation (PUI) criteria promulgated by the State Epidemiologist.
- In some situations, such as outbreaks at congregate living facilities, both symptomatic and asymptomatic persons may be recommended for testing either at the state laboratory or at a private laboratory.
- General surveillance testing was not recommended.
- KDHE Epidemiologists worked with adult care homes on testing related to facility outbreaks through 2 rounds of testing.

KDADS used the KDHE testing strategy as part of the guidance to allow nursing facilities to reopen to visitors (June 12, 2020.)

- Nursing facilities must have a plan to respond to positive COVID-19 cases, including a testing approach, screening protocols for residents, staff and visitors
- Plans must be developed in coordination with reopening orders issued by Local Health Departments
- Facilities must report positive cases to residents, family members, and following reporting requirements to KDHE and the federal government.

# Nursing Facility COVID-19 Testing

CMS interim final rule requires testing in Long Term Care facilities (QSO-20-38 issued August 26, 2020)

Nursing facilities are required to test all staff (defined as employees regardless of job title, contractors, consultants, and volunteers.)

Facilities can meet the testing requirement using a rapid point of care test or with an off-site laboratory, preferably a lab that can return results within 48 hours.

The frequency of the routine testing depends on the prevalence of COVID-19 in the county measured by the positivity rate of testing.

- Low (<5%) = once a month
- Medium (5%-10%) = once a month
- High (>10%) = twice a week

Facilities must be prepared to test all residents if there are positive cases identified in the facility through the routine screening.

Facilities must report individual test results to KDHE and weekly to the National Health Safety Network.

# Testing Machines to Nursing Facilities

Health and Human Services sent a one-time shipment of the BD Veritor System and Quidel Sofia2 with associated tests to all nursing homes with a current CLIA Certificate of Waiver across the country.

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

281 Kansas nursing facilities were on the list to receive a testing a machine.

Facilities received enough tests and kits to complete one round of tests. Facilities were directed to reorder test kits from the manufacturers to be able to continue using the testing machines to meet the CMS staff testing requirement. Facilities have reported a backlog from the manufacturers to obtain more testing kits.

The machines test for COVID 19 antigens, using nasal swabs.

Positive results identified by the testing machines must be confirmed with a PCR test that detects the genetic material from the virus. Antigen tests only detect proteins on the surface of the virus.

# Federal Shipments of Additional Tests



The White House and HHS [announced](#) the purchase and production of 150 million rapid tests to be distributed across the country. Through Operation Warp Speed, Abbott Pharmaceutical will produce 50 million BinaxNOW test monthly.

Last week, HHS began shipping tests to nursing homes in red and yellow counties to support testing of staff. These tests are also free of charge and are prioritized to serve vulnerable populations including nursing homes, assisted living facilities, and home health agency workers.

HHS reported that Binax tests would be supplied to facilities for the next several months to address the shortage in supplies for the point of care testing machines in nursing facilities.

The Abbott Binax test uses a nasal swab and produces a rapid test result detecting COVID-19 antigens.

106 Assisted Living Facilities and 264 Nursing Facilities were on the initial list to receive Abbott test cards.

Access to these tests will leave a gap in testing for nursing facilities and other adult care homes in counties with lower positivity rates. 29

# Other Testing Considerations

## **Role of KDHE when there is a positive antigen test.**

If a facility gets a positive result from their point of care testing machine, they report to KDHE and then confirm the results with a more definitive PCR test that detects the genetic material of the virus.

Working with local health departments and KDHE, facilities can use the state lab for the conformation test.

## **Testing Frequency.**

Facilities reported that the CMS positivity rate and KDHE's reported rates did not match. KDADS and KDHE asked CMS for clarification. We received confirmation that a facility can use the KDHE rates if they document that decision and use the source consistently.

31 counties have a positivity rate 10% or higher requiring testing 2 times per week.

30 counties including Johnson, Wyandotte and Sedgwick have a 5-9.9% positive rate requiring weekly testing.

44 counties are subject to testing once a month with less than 5% positive tests.

# 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.

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.

CMS strongly encourages outside visitation whenever possible. 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 is working on the application process for facilities to request funding.

# CMS Visitation Guidance

The guidance allows for indoor visitation if there has been no new onset of COVID-19 cases in the past 14 days and the facility is not conducting outbreak testing in the facility per CMS guidelines.

The guidance also expands the definition of compassionate care visits. Compassionate care visits should extend to family members and others that can meet the resident's needs such as clergy or lay people providing spiritual support.

KDADS is working on clarifying operational issues from nursing facilities and health departments:

Can facilities require visitors to be tested before entering a building?

When can a visit happen in a resident's room?

What are reasonable limits on the number and frequency of visits and the visitor's relationship to the resident?

# Resources to Adult Care Homes

**\$38.4 million for Nursing Facilities from SPARK and approved by the State Finance Council.**

235 Nursing Facilities (66%) have agreed to accountability mechanisms for SPARK funding.

\$25.7 million in payments will be sent, as of October 1, and remaining amounts will go out as facilities send in attestation forms.

**\$10.0 million for State-licensed facilities from SPARK and approved by the State Finance Council**

Funding tied to HB 2016 requirement for personal protective equipment and testing supplies.

Targeted to facilities not receiving other SPARK funding or federal relief.

**\$102.4 million to Nursing Facilities from HHS Federal Relief and Testing Fund**

Funding directly connected to testing needs and additional operating costs.

**\$10 million for testing requested from SPARK and awaiting approval from the SFC**

**KDADS continue to work with KDHE and the Governor's Special Advisor on the state testing strategy to meet the needs of vulnerable Kansans and coordinate testing resources.**

# State Hospitals

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## **STATE HOSPITALS**

Deputy Secretary Scott Brunner

# Recruiting and Retaining Staff

## Larned State Hospital

Since the salary increases through the Executive Directive **(19-510)**, LSH has experienced decreases in vacancy rates for direct care staff:

	Direct Care Staff Vacancy Rate Comparison			Overall LSH Vacancy Rate	
	<u>1/1/2020</u>	<u>6/10/2020</u>	<u>9/16/2020</u>	1/1/2020	37.7%
RN	58.7%	50.5%	53.4%	6/10/2020	34.7%
LPN	73.1%	66.0%	68.1%	9/16/2020	33.8%
MHDD	31.9%	32.7%	25.0%		
Security	17.7%	11.6%	17.4%		

Although vacancy rates continue to be high, LSH has experienced some success in hiring direct care staff (MHDDs and Security) in 2020. The wage increases have been helpful as well as the increased unemployment rate.

The increase in the vacancy rate for Security officers in September is probably due to additional positions being filled to support the Psychiatric Services Program man-down system.

We expect nursing vacancy rates to increase as well during the last quarter of 2020 as LSH recruits for some additional unfilled nursing positions.

# Recruiting and Retaining Staff

## Larned State Hospital

LSH continues to focus on recruiting and retention of staff, including:

- Entering a contract with KSN for advertising on television and social media to target Nursing staff, Security and Social Work positions.
- Promoting LSH in the Pawnee County Source magazine.
- Actively promoting larnedcares.com and the “Be the One” brand through marketing and branded apparel to promote the agency in a positive manner.
- Concentrating on the positive aspects of LSH through an active Facebook page that highlights positive endeavors, accomplishments and events.
- Participating in virtual job fairs in spite of the COVID-19 pandemic.
- Contracting with the Rural Health Education & Services Recruitment and Retention Center to assist with recruiting Medical Staff.
- Actively recruiting on social media – Facebook, Simply Hired, and LinkedIn as well as advertising on Indeed.
- Offering two annual \$500 educational scholarships through LSH Endowment.

(cont.)

# Recruiting and Retaining Staff

## Larned State Hospital (continued)

- Recruiting social work students, engaging with Fort Hays State University Social Work Program and providing a practicum site for LBSW and MSW students.
- Utilizing agency RN, LPN, and CNA staff to provide supplemental unit coverage.
- Employing temporary staff to supplement the nursing department.
- Participating in the MHT Program with OSH to train MHDD staff working toward being LMHTs.

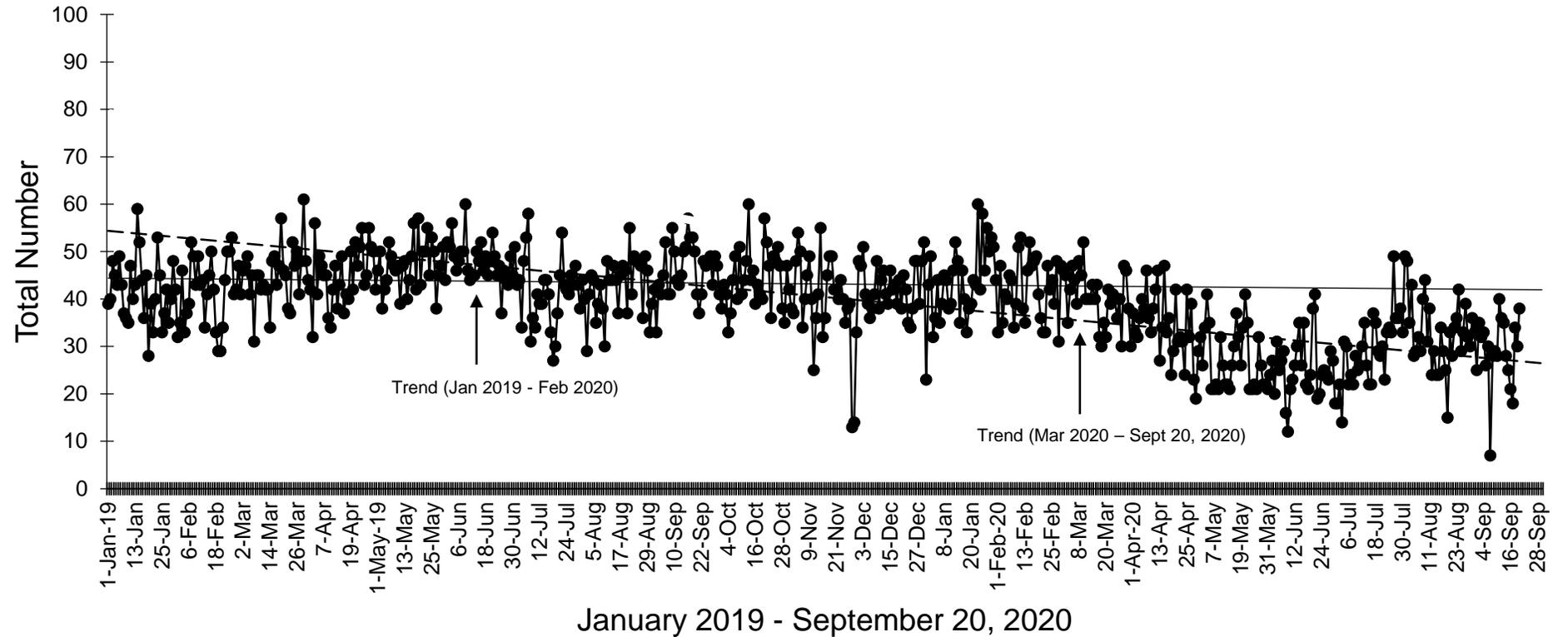
During the COVID-19 pandemic, LSH has held one State Security Program unit open and one SPTP unit open as well as the Infirmary for use as isolation units in the event LSH has a positive COVID-19 patient/resident.

As the pandemic continues, LSH sees an increase of the number of hold-overs and overtime needs in the Nursing Department.

# Nursing Staff Mandates

## LSH Nursing Department - Number of Mandates Per Day

This graph shows a reduction in mandatory hold-overs for direct care nursing staff with a downward trend since March, 2020.



# Lifting the Moratorium

## Osawatomie State Hospital

Lifting the moratorium on voluntary admissions includes a mix of bed capacity at OSH and increasing community-based capacity for inpatient treatment.

- FY 2021 Approved Budget for KDADS includes \$5.0 million from the State General Fund to expand the number of regional psychiatric hospital beds to serve individuals with mental illness meeting the criteria for state hospital admission.
- Expand the number and scope of community crisis stabilization programs and crisis intervention centers
- Allow involuntary commitment of patients at RSI, Inc. in Wyandotte as an alternative to placement at OSH
- FY 2021 Approved Budget includes \$2.0 million, including \$1.5 million from the State General Fund, to increase licensed beds at the Adair Building by 14.
- The Approved Budget also includes \$5.3 million from the State Institutions Building Fund in FY 2021 to renovate the Biddle Building to become CMS Certified space
- With additional space at OSH and in communities, KDADS plans to lift the moratorium in May 2021

# Lifting the Moratorium

## Osawatomie State Hospital

Since the end of the 2020 Legislative Session, several units at OSH have been repurposed to respond to COVID-19:

- **West Biddle – OSH unit (licensed)** This unit has a capacity of 17 for confirmed cases of COVID-19. This unit has been revamped with AIIR room airborne infection isolation room capabilities in patient rooms.
- **East Biddle – OSH unit (licensed)** continues to have the capacity of 30. The size of the rooms on this unit only allow for single occupancy.
- **B2 – OSH unit (licensed)** The unit had a capacity of 14 private patient rooms. This licensed unit was proposed to be remodeled with the lifting of the moratorium. Since April, B2 was used to quarantine new admissions to OSH for 14 days prior to integration to other OSH units. OSH has stopped using this unit for isolation since June 19.
- **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.

# Lifting the Moratorium

## Osawatomie State Hospital

KDADS have 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.

Current vacancy rates by position type for September 2020 are:

RN	28.1%
LPN	58.9%
LMHT	15.8%
MHDDT	53.3%

OSH is exploring a restructuring of direct care duties on units to retain and attract employees to those positions.

# Appendix

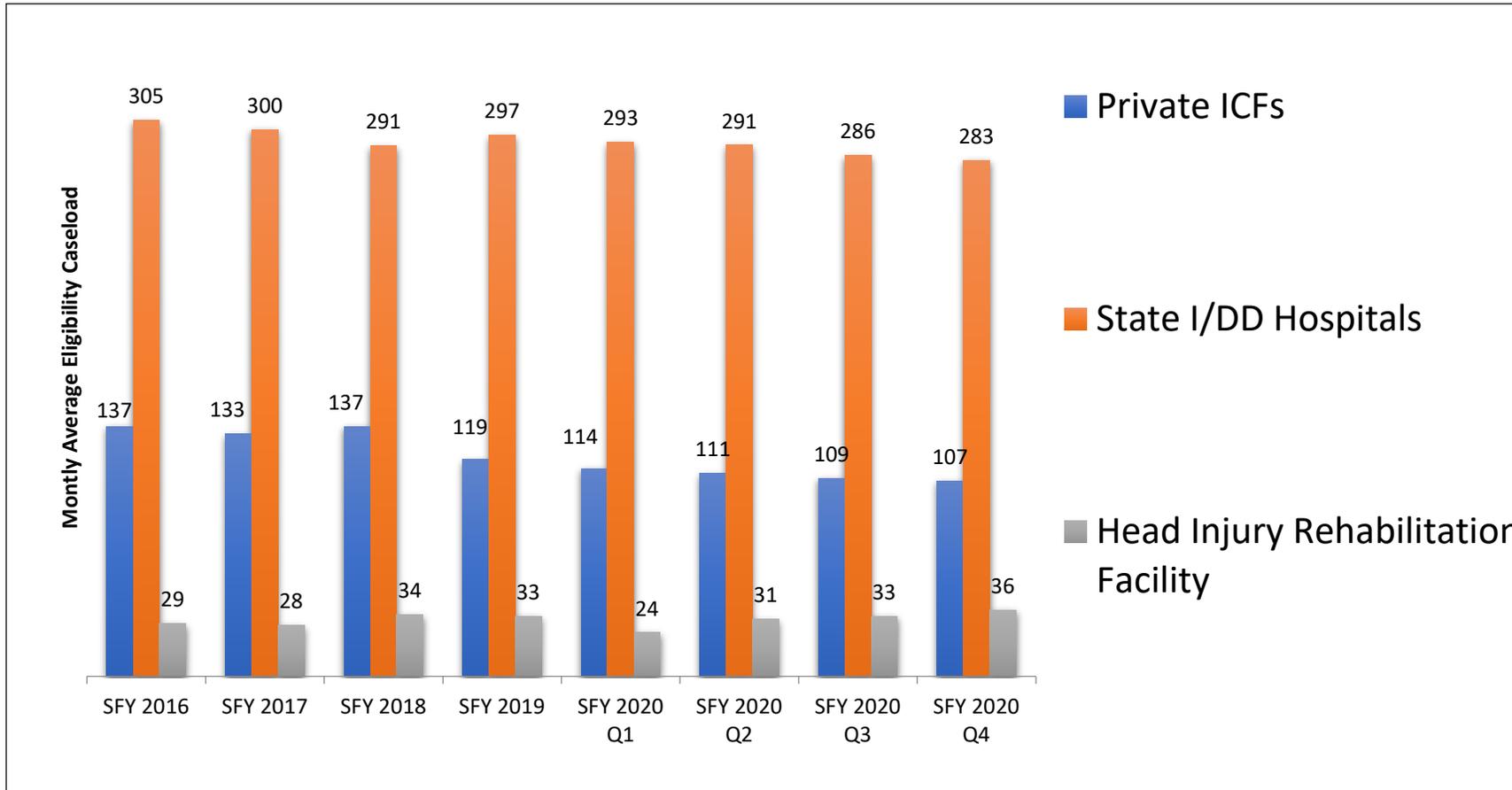
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## Appendix

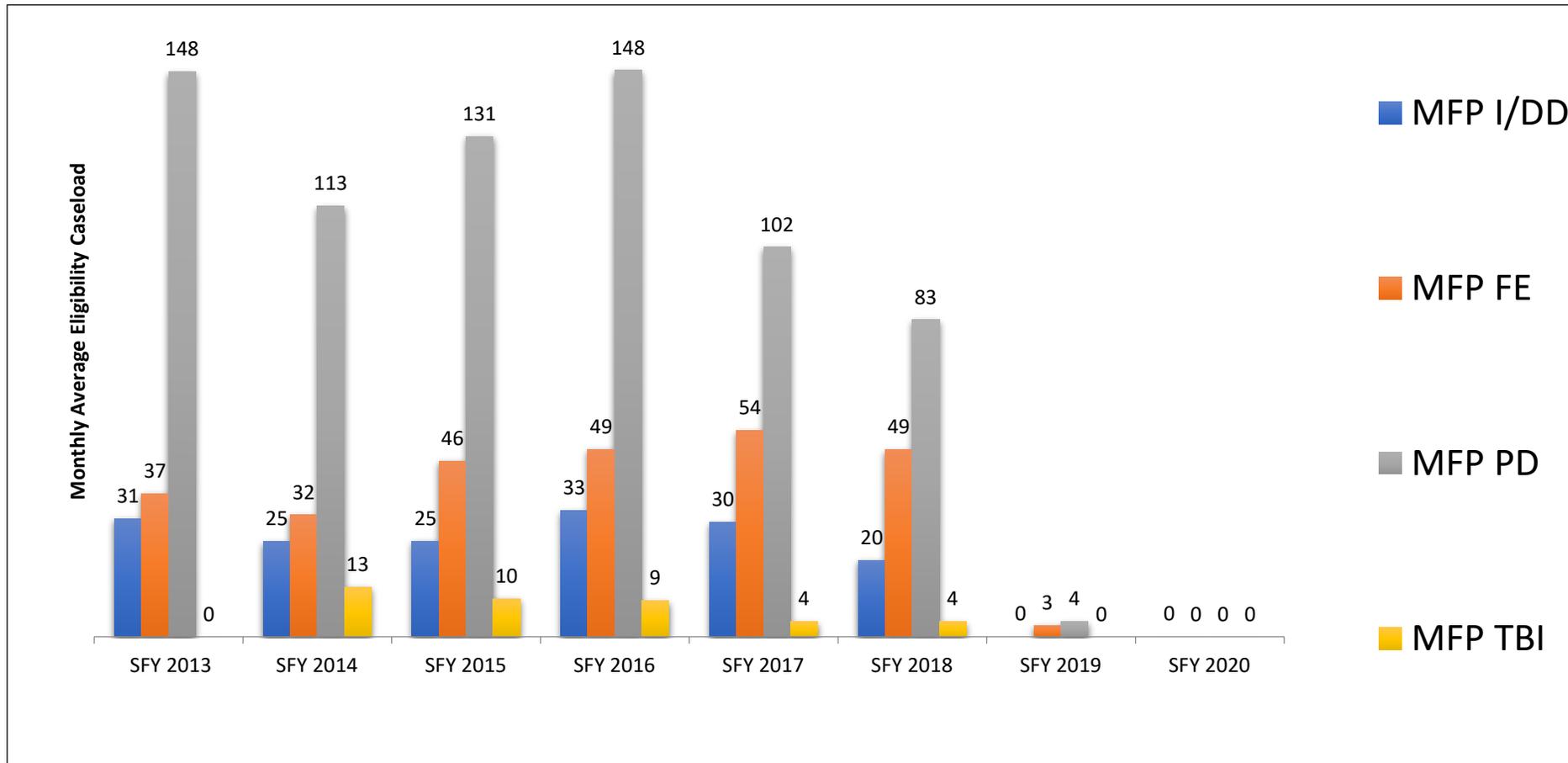
# Savings Resulting from Transfers to HCBS

- In most, but not all cases, services provided in the community do cost less than those provided in an institutional setting such as an ICF/IDD or a nursing facility.
- However, “savings” are only realized if a bed is closed behind the person transferring to HCBS.
- Due to demand, beds are typically refilled by individuals requiring the level of care provided by the facilities, therefore, the beds are not closed.
- As certified by the Secretary for Aging and Disability Services, despite individuals moving into community settings that does have the effect of cost avoidance, the savings resulting from moving the individuals to home and community based services, as of June 30, 2020, was \$0.
- The balance in the Kansas Department for Aging and Disability Services Home and Community Based Services Savings Fund as of June 30, 2020, was \$0.

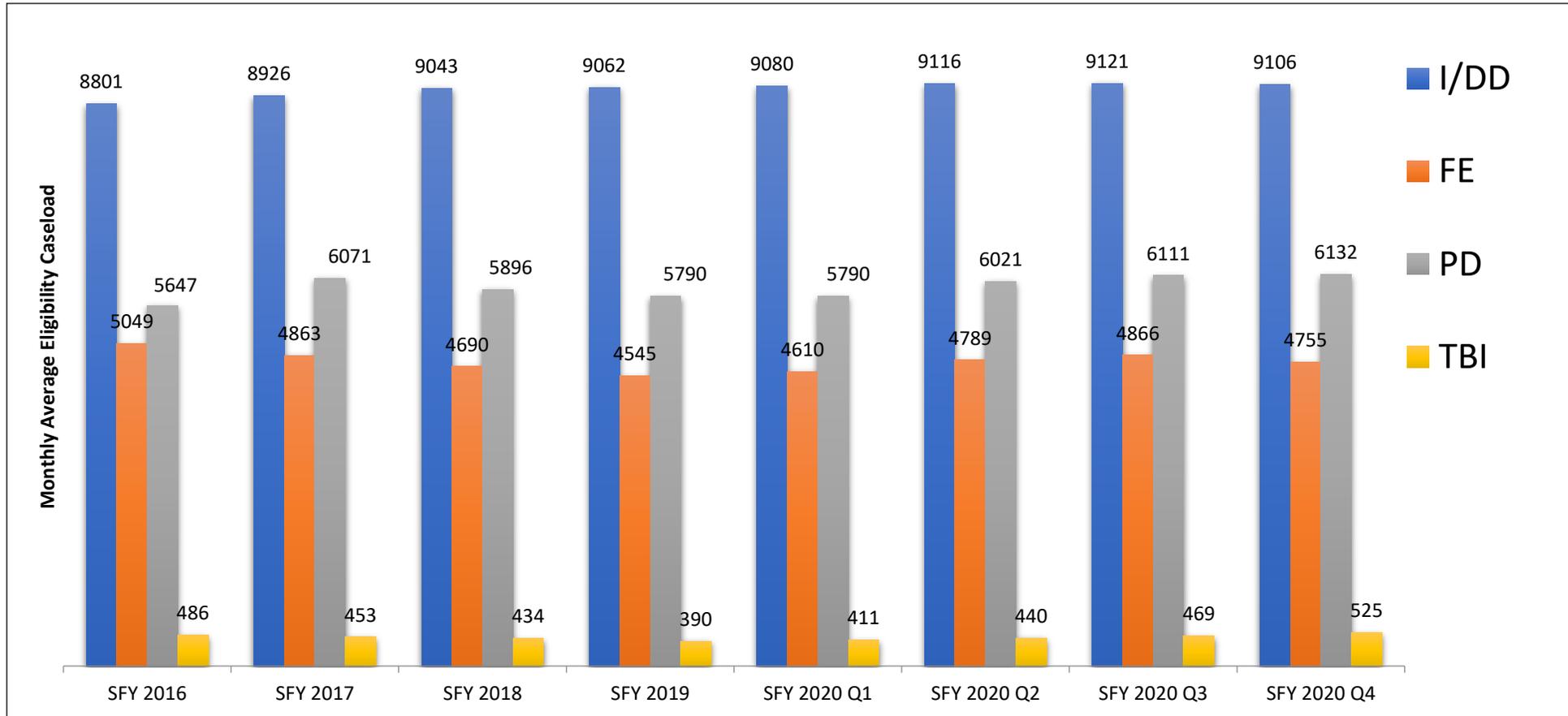
# Average Monthly Caseload for ICFs And Head Injury Facilities



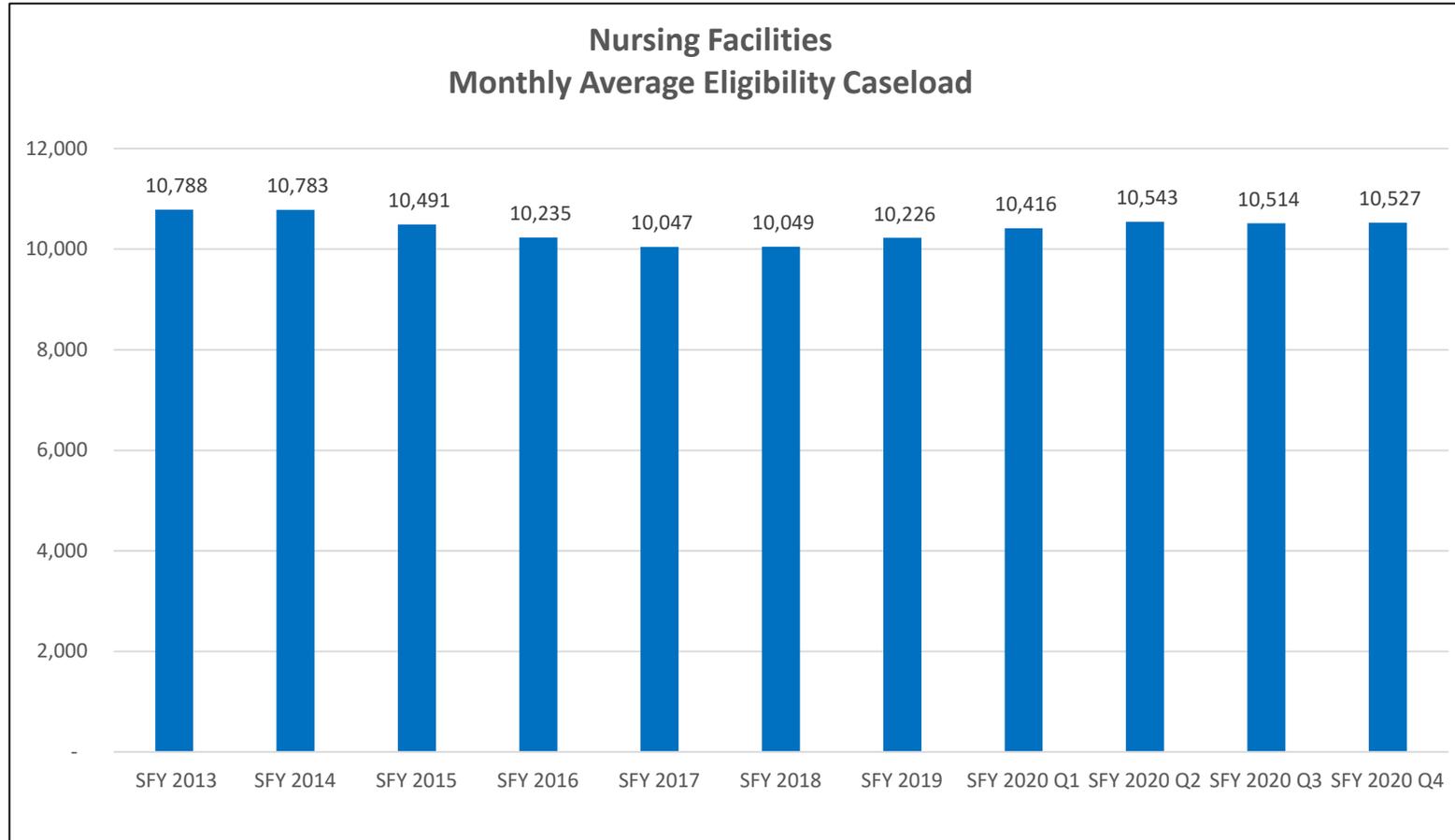
# Number of Persons Transitioned on Money Follows the Person (MFP)



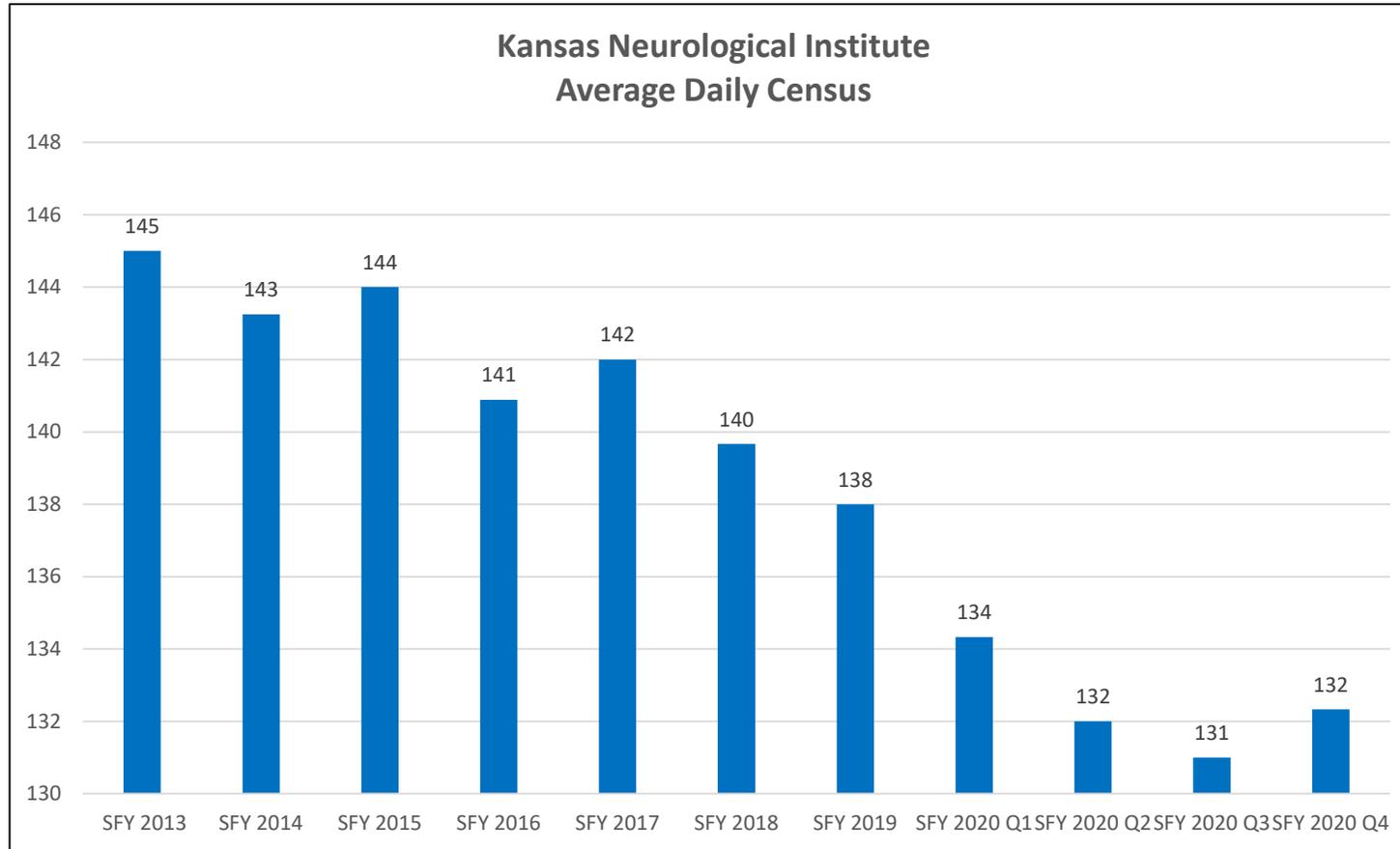
# Average Monthly Caseload for HCBS IDD/PD/FE/TBI Services



# Nursing Facilities Monthly Average Eligibility Caseload



# KNI Average Daily Census



# Parsons Average Daily Census

