

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

Item	Specific Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status	Resolution
1	TILRC has over \$80,000 in unpaid reimbursement and fees for transitioning services. TILRC is owed \$34,000 in receivables from Aetna and, even with assistance from Aetna staff, it took two weeks to move the process along and have been told the Aetna staff member will likely be assisting TILRC further, as most of these claims are denied. TILRC is owed \$7,800 from Sunflower because it has hard caps on transition payments and does not authorize sufficient funds to help individuals move safely into the community; TILRC also spent an additional \$3,100 in expenses for which reimbursement will not be provided, but the assistance was needed to facilitate a safe transition. UHC does not connect its members with peers to help with the transition. Although TILRC provided UHC with a long-standing form TILRC prepared to assist with transitions, UHC amended the form to suit its purposes and continues not to work with community providers on the transition process.	Ami Hyten, TILRC	4/20/2022		MCOs		<p><b>September 2022 Response, Aetna:</b> Aetna resolved the outstanding TILRC claims in April, and we continue to stay in contact with TILRC to ensure that claims are being adjudicated and paid appropriately.</p> <p><b>September 2022 Response, Sunflower:</b> Sunflower researched this issue and found claims had not been received from TILRC for the \$7,800 in services. We worked with TILRC to get the claims submitted.</p> <p><b>September 2022, UHC:</b> UHC has a comprehensive community transition program including dedicated transition coordinators located throughout the state who assist with complicated transitions. Transitioning to the community is discussed with each member residing in a LTC NF every 6 months. Those who are interested in transitioning participate in a comprehensive transition plan including connections to community supports. UHC engages community and provider partners in securing transition resources and supports. Appropriate ILO funding is used to facilitate a successful transition. Following transition members continue to be closely followed by their assigned Care Coordinator.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
1	The growth of the waiting list for I/DD services is attributable to shifting demographics and unproductive use of funds due to current waiver design and priorities.  I/DD waiting list and crisis process need to be addressed.	Craig Knutson, KCDD; Roxanne Hidaka, Case Management Services, Inc.  Roxanne Hidaka, Case Management Services, Inc.  Anna Slattery, Private Citizen Roxane Hidaka, Case Management Services	2/15/2019  4/29/2019 2/4/2022  12/13/2021		KDADS	<i>Continue to monitor</i>  <i>*Combined item</i>	<p><b>August 2019 Response, KDADS:</b> KDADS hears the concerns of the conferee.</p> <p><b>February 2020 Response, KDADS:</b> KDADS continues to monitor the waiver waitlists and make offers as funding permits. KDADS is collaborating with its stakeholders to plan strategically for the future of the program in Kansas, including priority services and design. Additional appropriation for the I/DD waiver will be necessary to affect movement on the waitlist and investments in system capacity will be critical. KDADS is committed to working with its stakeholders for the benefit of the individuals we serve.</p> <p><b>June 2020 Response, KDADS:</b> KDADS continues to work with stakeholders on how to address the growth of the I/DD waitlist. We appreciate the concerns of the conferees.</p> <p><b>June 2020 Response, KDADS:</b> KDADS acknowledges the strong interest in developing a plan to eliminate the waitlists and will continue to accept feedback and ideas about potential changes.</p> <p><b>August 2019, Response, KDADS:</b> KDADS hears the concerns of the conferee.</p> <p><b>February 2020 Response, KDADS:</b> As noted previously, KDADS continues to monitor the waiver waitlists and make offers as funding permits. KDADS is collaborating with its stakeholders to plan strategically for the future of the program in Kansas, including priority services and design. Additional appropriation for the I/DD waiver will be necessary to affect movement on the waitlist and investments in system capacity will be critical. KDADS is committed to working with its stakeholders for the benefit of the individuals we serve.</p> <p><b>June 2020 Response, KDADS:</b> KDADS continues to work with stakeholders on how to address the I/DD waiting list.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
1	<p><b>Item No. 1 continued</b></p> <p>It is time to develop a strategic plan for elimination of the I/DD waiver list. Examination of the waiver list, including review of other state plans on eliminating the waiver lists, should be a priority.</p> <p>There is a need to find a better solution to reduce the I/DD waiting list than adding a few slots every year, which is not keeping up with the rate of growth. Efforts undertaken in Louisiana were cited as an example of a successful plan that eliminated the waiting list.</p>	<p>Matt Fletcher, InterHab</p> <p>Steve Gieber, KCDD</p>	<p>2/28/2020 2/21/2021</p> <p>8/26/2019</p>	KDADS			<p><b>June 2020 Response, KDADS:</b> KDADS acknowledges the strong interest in developing a plan to eliminate the waitlists and will continue to accept feedback and ideas about potential changes.</p> <p><b>December 2020 Response, KDADS:</b> No further updates at this time.</p> <p><b>February 2021 Response, KDADS:</b> KDADS is meeting with stakeholders to develop a plan to evaluate the needs of the individuals on the I/DD waiver waitlist. This will require an assessment or survey of each individual listed on the waitlist to determine the services they need. KDADS would require additional funding in order to complete the wait list study with our stakeholder partners. If such a study is able to be completed, the results would inform decision making in the efforts to reduce or eliminate the I/DD waiver waitlist.</p> <p><b>April 2021 Response, KDADS:</b> KDADS is meeting with stakeholders to design a study of the needs of the individuals on the I/DD waiver waiting list. The data collected from the study will assist the agency and other decision-makers to make data-informed decisions as we work toward the goal of reducing and eliminating the waiting list. KDADS would require additional funding to conduct the study and is currently evaluating the feasibility of using American Rescue Plan Act funding to do so.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
1	<p><b>Item No. 1 continued</b></p> <p>The Kansas I/DD waiting list continues to grow and no organized, strategic effort has been initiated by policy makers to address the erosion of capacity. Staff capacity for I/DD service providers is a serious obstacle to eliminating the waiting list.</p> <p>A comprehensive study of the needs and demographics of those currently on the I/DD waitlist is needed to better understand the nature of the waitlist and how to reduce the number of people on the waiting list.</p> <p>There is a need to study all waitlists and appropriate adequate funding to support the growing demand for HCBS.</p> <p>To impact the I/DD waiting list, Kansans need new and different options for supports and services that are person-centered and focused on the family, independence, and employment. Kansas lags behind the rest of the country in individual and family support spending, spending 1/50th of the national average. Kansas needs a Family Supports waiver, a Community Supports waiver, or both.</p>	<p>Matt Fletcher, InterHab</p> <p>Mike Burgess, Disability Rights Center of Kansas; Matt Fletcher, InterHab;</p> <p>Craig Knutson, KCDD</p> <p>Leslie Anderson, k4ad</p> <p>Craig Knutson, KCDD</p>	<p>4/22/2021</p> <p>2/19/2021</p> <p>2/19/2021 2/4/2022</p> <p>4/22/2021</p> <p>2/4/2022</p>	KDADS			<p><b>April 2021 Response, KDADS:</b> KDADS is meeting with stakeholders to design a study of the needs of the individuals on the I/DD waivers waiting list. The data collected from the study will assist the agency and other decision makers to make data-informed decisions as we work toward the goal of reducing and eliminating the waiting list. KDADS would require additional funding to conduct the study and is currently evaluating the feasibility of using American Rescue Plan Act funding to do so.</p> <p><b>September 2021 Response, KDADS:</b> KDADS is currently developing a scope of work for the study of the I/DD and PD waiting lists. It is expected the study will be funded as one of the community-based 10 percent FMAP Bump investment projects.</p> <p><b>December 2021 Response, KDADS:</b> KDADS has developed an RFP that is in the final stages of preparation to study the I/DD and PD waiting lists. As has been discussed at previous Committee meetings, the study is expected to be funded through the 10 percent FMAP enhancement for HCBS.</p> <p><b>February 2022 Response, KDADS:</b> The study of the I/DD and PD waiting lists RFP development is still in progress. KDADS is working to add resources to help move the 10 percent FMAP projects forward.</p> <p><b>April 2022 Response, KDADS:</b> The RFP for the I/DD and PD waiting list study is written and is in the procurement pipeline. It is the expectation that the results of this study will help inform the agency and stakeholders about current and future needs of individuals with disabilities so that resources can be allocated in a data-informed manner.</p> <p><b>September 2022 Response, KDADS:</b> The I/DD &amp; PD waiting list study is in the final stages of the procurement process with an announcement of the selected vendor expected within the next month. KDADS is encouraged by the interest in the study and its results, as well as the upcoming Interim Committee on the I/DD Waiver as a path to addressing the current waiting list.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
2	<p>There is a need to address the misuse/overuse of antipsychotic drugs in the senior population.</p> <p>Chemical restraints are used on persons with dementia in nursing homes in Kansas. It is a clearly defined problem and there is data on antipsychotic use and misuse rates for each Kansas nursing facility. There is no data on use in assisted living facilities, home plus, or residential care facilities.</p>	<p>Mitzi McFatrich, KABC</p>	<p>2/15/2019</p> <p>11/18/2019</p>	<p>KDADS</p>		<i>Continue to monitor</i> <i>*Combined item</i>	<p><b>August 2019 Response, KDADS:</b> The percent of Long-Term Stay nursing home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, the percent was 17.4 and that had dropped to 17 percent by December 2018 (last date CMS data is available). Continue to monitor and review during certification survey.</p> <p><b>February 2020 Response, KDADS:</b> The percent of Long-term Stay nursing home residents receiving antipsychotic medications in January 2017 was 19.6 percent. In January 2018, it was 17.4 percent and had dropped to 17 percent by September 2018. Kansas has continued to decrease this rate; by March 2019 it was 16.1 percent. KDADS continues to monitor and review during annual certification survey.</p> <p><b>June 2020 Response, KDADS:</b> KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other antipsychotic drug use concern line items.</p> <p><b>February 2020 Response, KDADS:</b> Currently there are no reporting requirements for state-licensed-only adult care homes to report use of antipsychotic drug use. Nursing facilities are required to report this information as part of their minimum data set (MDS) which allows data to be generated.</p> <p><b>June 2020 Response, KDADS:</b> KDADS does not have the statutory authority to require adult care homes that are only state licensed to report this information. KDADS continues to monitor and review during annual survey. KDADS would respectfully request this item be consolidated and monitored with other antipsychotic drug use concern line items.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
2	Item No. 2 continued	Mitzi McFatrich, KABC	2/15/2019  11/18/2019	KDADS		Continue to monitor  <i>*Combined item</i>	<p><b>April 2021 Response, KDADS:</b> No further update at this time.</p> <p><b>September 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>December 2021 Response, KDADS:</b> KDADS will continue to report on the data required for reporting through the MCO contract. Because of the formalized reporting requirement, KDADS requests this item be removed from the issues log.</p> <p><b>February 2022 Response, KDADS:</b> KDADS will continue to monitor NFs, more information can be found on state NF performance in the agency slide presentation.</p> <p><b>April 2022 Response, KDADS:</b> No updates at this time. We continue to monitor trends quarterly and to work with our partners to reduce inappropriate usage of antipsychotic drugs. Additionally, CMS intends to launch a new effort to identify problematic diagnoses and refocus efforts to continue to bring down the inappropriate use of antipsychotic medications. We do not yet have details about this initiative.</p> <p><b>September 2022 Response, KDADS:</b> KDADS continues to monitor trends quarterly and work with our partners to reduce inappropriate usage of antipsychotic drugs. Additionally, CMS intends to launch a new effort to identify problematic diagnoses and refocus efforts to continue to bring down the inappropriate use of antipsychotic medications. We do not yet have details about this initiative. State licensed only homes are not required to report antipsychotic usage rates; therefore, KDADS does not have any information for those residents.</p>
3	There is a need for community service coordination to assist KanCare beneficiaries.	Mike Oxford, TILRC	2/15/2019	KDHE		Continue to monitor	<p><b>November 2019 Response, KDHE:</b> Project has been placed on hold for the time being, with goal of rebooting within next fiscal year.</p> <p><b>June 2020 Response, KDHE:</b> The project remains on hold.</p> <p><b>September 2020 Response, KDHE:</b> The project is still on hold.</p> <p><b>December 2020 Response, KDHE:</b> The project is still on hold.</p> <p><b>February 2021 Response, KDHE:</b> The project is still on hold.</p> <p><b>April 2021 Response, KDHE:</b> No further update.</p> <p><b>September 2021 Response, KDHE:</b> No further update.</p> <p><b>December 2021 Response, KDHE:</b> No further update. This is one of many topics that will be discussed during KanCare 3.0 stakeholder meetings.</p> <p><b>February 2022 Response, KDHE:</b> No further update.</p> <p><b>April 2022 Response, KDHE:</b> No further update.</p> <p><b>September 2022 Response, KDHE:</b> No further update.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
4	There is a need to develop models for intensive community support as an alternative to incarceration for Kansans with I/DD accused of a crime or who have been discharged from a state psychiatric hospital following a civil commitment.	Nick Wood, InterHab	11/18/2019 <i>4/20/2022</i>	KDADS		<i>Continue to monitor *Combined item</i>	<p><b>November 2019 Response, KDADS:</b> KDADS has been engaged with InterHab and others at the Judicial Council Subcommittee reviewing options.</p> <p><b>February 2020 Response, KDADS:</b> KDADS staff participated in the Judicial Subcommittee with InterHab and other key stakeholders. SB 333 proposes changes to the current system. KDADS has included in the fiscal note for SB 333 a cost of \$20,000 to \$30,000 to receive technical assistance from SAMHSA to bring in expertise specific to the SIM. In addition, KDADS has provided an updated fiscal note to SB 333 that includes estimates for the cost of services.</p> <p><b>June 2020 Response, KDADS:</b> KDADS agrees.</p> <p><b>December 2020 Response, KDADS:</b> No further update available at this time.</p> <p><b>February 2021 Response, KDADS:</b> KDADS continues to discuss this topic and remains interested in engaging the Sequential Intercept Model to help guide the need for system change.</p> <p><b>April 2021 Response, KDADS:</b> KDADS continues to be interested in employing the Sequential Intercept Model to help guide the need for system change in this area.</p> <p><b>September 2021 Response, KDADS:</b> As one of its community-based 10 percent FMAP Bump investment projects, KDADS proposes to bring in Sequential Intercept Model (SIM) facilitators to help guide the need for system change in this area.</p> <p><b>December 2021 Response, KDADS:</b> KDADS continues to believe that a good step in identifying service gaps is to utilize the Sequential Intercept Model (SIM) tool to help guide the need for system change in this area. This project remains on the agency's list of projects utilizing the HCBS 10 percent FMAP enhancement funds and is scheduled as an out-year project of the 12 projects.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
4	<p><b>Issue No. 4 continued</b></p> <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.	2/19/2021	KDADS		<i>Continue to monitor</i> <i>*Combined item</i>	<p><b>February 2020 Response, KDADS:</b> Services for individuals with I/DD who have co-occurring behavioral health issues are of great importance. SB 333 (2020) has been introduced this Session to assist in addressing the concerns as expressed by this conferee. In addition, KDADS is hopeful a tool supported by SAMHSA called the Sequential Intercept Model can be utilized in Kansas to help us identify gaps and solutions in its system.</p> <p><b>June 2020 Response, KDADS:</b> KDADS will continue to work with stakeholders on this concern, as noted earlier.</p> <p><b>December 2020 Response, KDADS:</b> No further update is available at this time, though KDADS continues conversations with stakeholders regarding I/DD participants with significant behavioral health treatment needs.</p> <p><b>February 2021 Response, KDADS:</b> No further update at this time, though KDADS continues to engage with stakeholders regarding the behavioral health and treatment needs of individuals with I/DD.</p> <p><b>April 2021 Response, KDADS:</b> Please refer to the February 2021 response.</p> <p><b>September 2021 Response, KDADS:</b> No further update at this time, though KDADS continues to engage with stakeholders regarding the behavioral health and treatment needs of individuals with I/DD.</p> <p><b>December 2021 Response, KDADS:</b> No further updates.</p> <p><b>February 2022 Response, KDADS:</b> As stated previously, identifying service gaps through the use of the Sequential Intercept Model (SIM) is a key part of identifying alternatives to incarceration for individuals with I/DD. This continues to be on the list of the agency's projects utilizing the HCBS 10 percent FMAP enhancement funding, though it is scheduled as an out-year project.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
4	<b>Item No. 4 continued</b>	Laura Singer, Targeted Case Manager, Case Management Services, Inc.	2/19/2021	KDADS			<p><b>April 2022 Response, KDADS:</b> As in previous updates, identifying service gaps through the use of the Sequential Intercept Model is a key part of KDADS' plan in identifying alternatives to incarceration for individuals with I/DD and other cognitive disabilities. While originally slated as an out-year project utilizing the 10 percent HCBS FMAP enhancement, KDADS has been presented with an opportunity to work with stakeholders and a sponsoring MCO to conduct a statewide Sequential Intercept Model summit later this summer. This work will identify existing services, as well as service gaps and lay the groundwork for strategic planning to best serve this population.</p> <p><b>September 2022 Response, KDADS:</b> The Sequential Intercept Model Workshop has been scheduled for November 9th and 10th and will be held in Lawrence. Additional information about the workshop is forthcoming. This opportunity will bring together stakeholders from across Kansas to identify both existing services and service gaps in order to lay the groundwork for strategic planning to serve individuals with dual I/DD and BH diagnoses.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
5	There is a need for some kind of small-caseload, person-centered support system that is tied to, and has a deep history with, local communities to realize the goals of person-centered philosophy of planning and service and support provision.	Ami Weidler-Hyten, TILRC; Lou Ann Kibbee, SKIL	4/22/2021	KDADS		Continue to monitor	<p><b>November 2019 Response, KDADS:</b> KDADS invites the conferees to share additional information.</p> <p><b>February 2020 Response, KDADS:</b> KDADS remains committed to collaborating with its stakeholders to develop programs that promote person-centered choice and supports. KDADS would like to hear more from Ami and Lou Ann as it agrees connections at the local level have been lost, particularly with the centers for independent living and the area agencies on aging. Also, as the State works on compliance with federal Final Rule regulations, it will be key to incorporate stakeholder feedback to ensure KDADS builds and maintains a robust service system.</p> <p><b>June 2020 Response, KDADS:</b> No further update is available at this time.</p> <p><b>December 2020 Response, KDADS:</b> No further update is available at this time.</p> <p><b>February 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>April 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>September 2021 Response, KDADS:</b> No further updates are available.</p> <p><b>December 2021 Response, KDADS:</b> Person-centered choice and supports are critical components of HCBS. KDADS proposes further discussions with stakeholders as the state begins analyzing needs for the next 1115 waiver renewal.</p> <p><b>February 2022 Response, KDADS:</b> No further updates are available, but KDADS supports this conversation as the State begins its analysis of needs for the next 1115 waiver renewal.</p> <p><b>April 2022 Response, KDADS:</b> No additional updates are available, though KDADS anticipates additional conversation with stakeholders at such time that the state Medicaid agencies are able to plan for KanCare renewals.</p> <p><b>September 2022 Response, KDADS:</b> No additional updates are available. It is expected that further discussions and feedback will be obtained from stakeholders at such time that the state agencies are able to plan for KanCare MCO contract renewals.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
6	The PEAK program is being poorly executed. More than half of surveyed members have responded that they started out in the PEAK program and have since dropped out. Reasons include too much discretionary determination by the PEAK employees, inconsistent criteria, too much time constraints on staff that are already overwhelmed, no variance for the concept of "culture change" being implemented differently for each facility. Most members feel PEAK has not improved the quality of care for their residents and elders.	Haely Ordoyne, KACE	11/18/2019	KDADS		Continue to monitor	<p><b>February 2020 Response, KDADS:</b> KDADS is working with stakeholders and PEAK researchers to review the current program. Since its initial inception, the PEAK program has transformed significantly. KDADS and PEAK have reinstated the PEAK advisory committee which is composed of program participants from facilities, PEAK researchers, and KDADS staff.</p> <p><b>June 2020 Response, KDADS:</b> PEAK is using the 2020-21 year to evaluate the purpose of the program and identify the most important criteria for inclusion in the person-centered care approaches targeted for PEAK incentives. With the COVID-19 pandemic, KDADS has directed PEAK to continue working with the PEAK designated nursing facilities to make incentive payments without requiring additional measurement activity during the management of the pandemic.</p> <p><b>December 2020 Response, KDADS:</b> The KDADS PEAK process is being revisited. KDADS plans to reconvene a PEAK work group.</p> <p><b>February 2021 Response, KDADS:</b> KDADS and KSU have re-instated the PEAK advisory panel-this group is made up of PEAK facility representatives and KSU PEAK staff. The advisory board meets on a regular basis and has taken on the task of revisioning the PEAK program.</p> <p><b>April 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>September 2021 Response, KDADS:</b> The PEAK Advisory Board has begun the process of revisioning the current PEAK program incentive levels and expanding best practices through education.</p> <p><b>December 2021 Response, KDADS:</b> New members were added to the PEAK Advisory Board over the summer and established work groups on recruiting and retaining homes in PEAK, communication with the public about PEAK, and COVID planning focused on person-centered care. The revised PEAK criteria will be announced in January 2023 for FY 2024.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
6	Item No. 6 continued	Haely Ordoyne, KACE	11/18/2019	KDADS		Continue to monitor	<p><b>February 2022 Response, KDADS:</b> The PEAK Advisory Board work groups are still actively working and will be presenting recommendations to the full Advisory Board at their meeting later this month. Staff is meeting with all homes in the program as well as conducting interviews with frontline workers about their workplace experience to learn about what may be driving workplace shortages. There will be more details in our slide presentation this afternoon.</p> <p><b>April 2022 Response, KDADS:</b> The PEAK team has completed check-in calls with all enrolled homes who desired to do this via Zoom. These calls talked them through the transition to the new program and impact on incentives. Homes that did not do a check-in via Zoom were contacted by phone or email, so all homes have received the information in some format.</p> <p>The PEAK team completed follow-up calls from the check-ins to review self-audits for homes where it applied.</p> <p>The PEAK team completed one-on-one action plan coaching calls and are now tracking the submission of plans. We will review plans in the month of May.</p> <p>The PEAK team is also managing new enrollment. We are up to about 25 new enrollments (or enrollment from homes that have been out of the program for some time).</p> <p><b>September 2022 Response, KDADS:</b> The PEAK program has resumed full activity after a re-evaluation of the program. Currently, the program is working with over 50 homes on person-centered care education. Throughout the month of September there are six “Mentor Home Experience” trainings scheduled at upper-level PEAK homes throughout the state. KDADS provide updates on the status and progress of the program in its agency presentation. KDADS respectfully requests that this item be closed.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
7	Kansas should adopt an insulin administration training program for certified medication aides (CMAs) working in skilled nursing facilities, assisted living facilities, residential healthcare facilities, or home plus homes. In Kansas, the certified medication aide is permitted to dose the insulin medication amount in an insulin pen, but not permitted to assist the residents in self-administration of the medication injection. This discrepancy places Kansas long-term care facilities at a competitive disadvantage.	Scott Schultz, Morningstar Care Homes	2/28/2020	KDADS		Continue to monitor	<p><b>June 2020 Response, KDADS:</b> This would require revision of KAR 26-41-205(d)(2), KAR 26-42-205(d)(2), and KAR 26-43-205(d)(2) as they currently include the following language "Medication aides shall not administer medication through parenteral route." Parenteral means taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injections. CMA course curriculum would also need to be revised.</p> <p><b>February 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>April 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>September 2021 Response, KDADS:</b> No further updates are available.</p> <p><b>December 2021 Response, KDADS:</b> Feedback from current course providers is that at a minimum the CMA curriculum would need to be revised but there is also the continued concern of the ability of a CMA to be able to review a blood glucose level and make a decision on the amount of insulin to inject and the responsibilities that come with this process.</p> <p><b>February 2022 Response, KDADS:</b> KDADS is soliciting stakeholder involvement to form a CMA regulations working group to review and revise current regulations.</p> <p><b>April 2022 Response, KDADS:</b> CMA curriculum revision group had their first meeting dividing into workgroups and setting group expectations. Next meeting is set for 4/29/22.</p> <p><b>September 2022 Response, KDADS:</b> CMA curriculum revision group has completed their review of the current curriculum and determined that insulin administration in particular reading a glucometer and assess how much insulin should be administered is beyond the scope and practice of a certified medication aid. The curriculum revision group was open for anyone to join and included invitations to all the current course sponsors and the Board of Nursing Board of Adult Care Home Administrators. The final committee volunteers consisted of LTCO, KABC, KHCA and two current course sponsors.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
8	If Medicaid expansion is implemented, k4ad recommends that evidence-based interventions and programs are implemented to support measurable gains realized by expansion. Our system of care should use incentives when addressing social determinants of health, which can occur under Medicaid expansion.	Leslie Anderson, k4ad	2/28/2020	KDHE		Continue to monitor	<p><i>June 2020 Response, KDHE:</i> This will be addressed as part of a Medicaid expansion implementation.</p> <p><i>April 2021 Response, KDHE:</i> No further update.</p> <p><i>September 2021 Response, KDHE:</i> No further update.</p> <p><i>December 2021 Response, KDHE:</i> No further update.</p> <p><i>February 2022 Response, KDHE:</i> No further update.</p> <p><i>April 2022 Response, KDHE:</i> No further update.</p> <p><b>September 2022 Response, KDHE:</b> No further update. This item would require legislative action.</p>
9	To assist CMHCs during the COVID-19 pandemic, several policy recommendations would help: approval of Medicaid Code 90846 would allow for billing therapy without the patient being present; continue to allow telemedicine parity for treatment by telephone and televideo; increase the Medicaid reimbursement rate; and expand Medicaid.	Kyle Kessler, Association of Community Mental Health Centers of Kansas, Inc.	9/28/2020	KDHE		Continue to Monitor	<p><i>December 2020 Response, KDHE:</i> KDHE is evaluating whether it can code 90846 in accordance with CMS requirements. There are presently no plans to close telehealth codes that are currently open. Reimbursement rate increases and Medicaid expansion would require legislative action.</p> <p><i>February 2021 Response, KDHE:</i> No further update.</p> <p><i>April 2021 Response, KDHE:</i> No further update.</p> <p><i>September 2021 Response, KDHE:</i> KDHE is resuming its research on how the state could cover this code while complying within existing appropriations.</p> <p><i>December 2021 Response, KDHE:</i> KDADS is drafting a policy to start covering this code.</p> <p><i>February 2022 Response, KDHE:</i> No further update.</p> <p><i>April 2022 Response, KDHE:</i> Notice of the SPA was published in the <i>Kansas Register</i> on March 3, 2022. The SPA was submitted to CMS on April 7, 2022 with a proposed effective date of May 1, 2022. We are currently awaiting CMS approval.</p> <p><b>September 2022 Response, KDHE:</b> The State Plan Amendment allowing coverage of code 90846 was approved by CMS, retroactive to May 1, 2022.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
10	For a home modification for an individual that is losing the ability to walk due to her degenerative disease, and after requesting a grant and receiving the grant, the MCO started to pursue more grant options. A copy of their guidelines regarding what was needed to do for a prior authorization was requested, but no guidelines exist. Each MCO should have specific guidelines regarding what is needed prior to authorizing a home modification, so that case managers can use those guidelines before turning in the request. There is an inconsistency with how each MCO makes their own rules and guidelines.	Roxanne Hidaka, Case Management Services, Inc.	4/22/2021	KDADS	MCOs		<p><b>September 2021 Response, UHC:</b> Home modification is not yet a separate service through the I/DD waiver, so the request would have to meet the same criteria that is listed under assistive services (the criteria and limitations are available in both the approved waiver and the KMAP manual). In addition to that, Medicaid is always the payor of last resort, so again ensuring there are no other additional community resources available to assist is an act of being good stewards of taxpayer funds. The MCOs are collaborating on ways to make this process more streamlined and would welcome ideas and suggestions from stakeholders.</p> <p><b>September 2021 Response, Aetna:</b> Aetna is participating in a workgroup with the other MCOs to evaluate the home modification process and look for opportunities to create consistencies and a streamlined process. As a result of this collaboration, a one page resource document was created and submitted to KDADS for review.</p> <p><b>September 2021 Response, Sunflower:</b> Sunflower is participating in a work group with the other two MCOs to review our process for authorizing home modifications and assistive services and to determine opportunities for standardizing the process. So far, we found our processes are very similar. We plan to report back on any further standardization achieved.</p> <p><b>December 2021 Response, UHC:</b> The MCOs collaborated together to define and streamline the process. A draft document was submitted to KDADS for review. We are awaiting further guidance from KDADS.</p> <p><b>December 2021 Response, Aetna:</b> Aetna participated in a collaborative workgroup with the other two MCOs to review the process for authorizing assistive services and home modifications for consistency across all three MCOs. A standardized Assisted Services Resource Checklist was created and submitted to KDADS for review.</p> <p><b>December 2021 Response, Sunflower:</b> The three MCOs proposed a standardized checklist to KDADS for requesting and approving home modifications/assistive services.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
10	<p><b>Item No. 10 continued</b></p> <p>There are three MCO processes for home modifications and for equipment in the BI waiver. The three MCOs need to get together with KDADS and come up with a process that is efficient, streamlined and quick.</p>	Janet M. Williams, Minds Matter, LLC	12/13/2021	KDADS	MCOs		<p><b>February 2022 Response, Sunflower:</b> The MCOs proposed a standardized checklist to KDADS for home modification/assistive services requests. KDADS has indicated they are in the process of unbundling Assistive Services and need to complete that work before moving forward on a standardized process.</p> <p><b>February 2022 Response, Aetna:</b> In 2021, Aetna participated in several collaborative workgroup meetings with our MCO counterparts to evaluate and identify opportunities to create a streamlined, consistent process for home modification/assistive service procedures. The workgroup created an Assistive Service resource document that outlined a standard process for provider reference. Unfortunately, this work has been temporarily paused due to an anticipated update to the KDADS Assistive Services policy. Aetna would be happy to reengage with the State and MCO counterparts to implement an efficient, standardized process.</p> <p><b>February 2022 Response, UHC:</b> The MCO's participated in a collaborative workgroup to review the process for authorizing assistive services and home modifications for consistency across all three MCOs. A standardized Assisted Services Resource Checklist was created and submitted to KDADS for review. KDADS requested the MCO's not make changes to their current processes until KDADS' policy for unbundling assistive services is completed end of 2022.</p> <p><b>February 2022 Response, KDADS:</b> KDADS will work with the three MCOs to coordinate a more efficient process for the approval of home modifications and equipment. MCOs will be responsible for developing and implementing the streamlined processes.</p> <p><b>April 2022 Response, Aetna:</b> Aetna is collaborating with the other MCOs and KDADS to review recommendations and assessment criteria for unbundling assistive services in anticipation of the Assistive Service policy revision, continuing our focus on creating consistent and standardized processes for modifications and equipment for HCBS members.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
10	<p><b>Item No. 10 continued</b></p> <p>There are three MCO processes for home modifications and for equipment in the BI waiver. The three MCOs need to get together with KDADS and come up with a process that is efficient, streamlined and quick.</p>	Janet M. Williams, Minds Matter, LLC	12/13/2021	KDADS	MCOs		<p><b>April 2022 Response, Sunflower:</b> Sunflower participated in a collaborative workgroup with the three MCOs and KDADS to discuss the unbundling of the assistive services. The workgroup is going to continue working to refine the Assistive Service resource document and move forward with a standardized process when the KDADS Assistive Services policy is revised and approved.</p> <p><b>April 2022 Response, UHC:</b> The MCOs participated in a collaborative workgroup to review the process for authorizing assistive services and home modifications for consistency across all three MCOs. A standardized Assisted Services Resource Checklist was created and submitted to KDADS for review. KDADS requested the MCOs not make changes to their current processes until KDADS' policy for unbundling assistive services is completed end of 2022.</p> <p><b>April 2022 Response, KDADS:</b> KDADS is currently in the process of amending the "Assistive Services" service for the applicable waivers to comply with a request from CMS. As the agency works through the amendment process, it will work with the MCOs to ensure the approval processes are streamlined. It is expected that the waiver amendments will be submitted to CMS in September after public comment in Summer 2022.</p> <p><b>September 2022 Response, Aetna:</b> Aetna has continued to meet on a regular basis with the other two MCOs, and KDADS, regarding policy revisions and a streamlined process. Internally, Aetna meets regularly to ensure Service Coordinators are educated on this benefit and our members are receiving assistive services timely.</p> <p><b>September 2022 Response, Sunflower:</b> The workgroup will continue working to refine the standardized process once the KDADS Assistive Services policy is finalized.</p> <p><b>September 2022 Response, UHC:</b> No change from April response.</p> <p><b>September 2022 Response, KDADS:</b> KDADS has completed its public comment period for a set of waiver amendments that includes "unbundling" the current Assistive Services service into three separate services to comply with a CMS directive. KDADS appreciates the MCOs willingness to work collaboratively to develop an uniform and streamlined process for approvals of these services.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
11	Prior authorizations for extra TCM units can take up to six weeks to be approved by UHC. UHC has an e-mail address to send prior authorizations to, but Sunflower has TCMs send the case notes directly to the case coordinator and they are approved within seven days.	Roxanne Hidaka, Case Management Services, Inc.	2/4/2022		UHC		<p><b>April 2022 Response, UHC:</b> UHC has been in communication with Ms. Hidaka to better understand her concern. UHC strives for a 10-day turnaround from the time we receive the request for additional TCM units. When we receive a request for additional units on the TCM portal in KAMIS, we verify we've received the necessary documentation. If the necessary documentation hasn't been submitted, we request it. When all the necessary documentation is received it is reviewed to confirm the documented time supports activities that fall under the scope of TCM. The TCM portal, the authorization and the service plan are updated with the new TCM units. We are reviewing how we can streamline our process to allow a quicker turnaround time while continuing to ensure appropriate authorization of TCM services.</p> <p><b>September 2022 Response, UHC:</b> UHC has been in communication with Ms. Hidaka to better understand her concern. When we receive a request for additional units on the TCM portal in KAMIS, we verify we've received the necessary documentation. If the necessary documentation hasn't been submitted, we request it. When all the necessary documentation is received it is reviewed to confirm the documented time supports activities that fall under the scope of TCM. The TCM portal, the authorization and the service plan are updated with the new TCM units. UHC updated our internal processes and are consistently meeting a 7 day TAT. Can this be closed?</p>
12	With UHC, all LTSS correspondence goes to a general e-mail. TCMs should be able to get ISPs and any other information from the care coordinators. Sunflower gives their care coordinators the ability to send TCMs any information needed.	Roxanne Hidaka, Case Management Services, Inc.	2/4/2022		UHC		<p><b>April 2022 Response, UHC:</b> UHC utilizes a centralized email and an administrative support team to respond to provider inquiries regarding authorizations or service plans. The centralized email is worked daily and allows for timely response.</p> <p><b>September 2022 Response, UHC:</b> No changes from April. We are up to date on all requests. Can this be closed?</p>
13	A clear explanation of an individual's loss of TCM upon participation in OneCare Kansas is needed to prevent confusion and frustration for the impacted individuals and to protect targeted case managers from providing services for which they will receive no compensation.	Colin Olenick, private citizen	2/4/2022	KDHE KDADS			<p><b>April 2022 Response, KDADS:</b> OneCare Kansas is administered by KDHE. KDADS has worked with KDHE to clarify the requirements of OneCare participation and to ensure that appropriate choice is provided to potential participants.</p> <p><b>September 2022 Response, KDHE:</b> OneCare Kansas materials alert potential members that TCM services will not be available if the member opts in to OneCare. The MCOs notify TCM providers within a business day or two when a member opts in to OneCare.</p> <p><b>September 2022 Response, KDADS:</b> No further update from KDADS.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
14	Information Is requested on state agency workforce recruitment and retention efforts to attract direct service providers to allow evaluation of such efforts by the Bethell Joint Committee.	Bethell Joint Committee Request	4/20/2022	KDHE KDADS			<p><b>September 2022 Response, KDHE:</b> KDADS is implementing a bonus payment program to help recruit and retain direct support workers; however, that funding is time-limited. Appropriations would be needed to adopt recommendations offered by the conferees. KDHE agrees that this is a top area of concern for the Medicaid program.</p> <p><b>September 2022 Response, KDADS:</b> KDADS launched a Workforce Recruitment and Retention Bonus Initiative on March 28, 2022. The Initiative aims to provide bonus pay to direct service workers and their immediate supervisors that are delivering critical HCBS services to both self-directed and agency directed participants. It is estimated that direct service workers and their immediate supervisors will receive \$2,000 for retention bonuses and \$1,500 for recruitment bonuses. KDADS received 212 applications for the program benefitting 28,574 Direct Service Workers and their Immediate Supervisors. A total of \$50.9 million has distributed to Provider Agencies for the bonus program through the Managed Care Organizations. KDADS has held two webinars, and multiple meetings with stakeholders to promote the initiative, answer questions, and provide technical assistance. All program materials, including FAQ documents were available on the KDADS website during the open application period.</p> <p>In addition, the RFP for the Training Grants project is written and currently working through the State procurement process in preparation for release. KDADS is working to draft RFP language for the Study &amp; Design Career Ladder project with stakeholder input.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
15	<p>There is a need to address the lack of direct support workers and their benefits. The following action needs to be taken: rules need to be changed to allow overtime pay, ensure recent pay raises go directly to workers, and provide medical benefits.</p> <p>There is a lack of community-based service providers. Pay parity is needed across the HCBS waivers, and pay needs to increase.</p> <p>There is a need to look at how to support the aging population in the community to give them a choice for care at home.</p> <p>Parent Pay needs to continue to help address needs not being met due to workforce shortage.</p>	Askia Adams, private citizen Kathy Keck, private citizen Joanne Bauman, private citizen Janet M. Williams, Minds Matter, LLC. Matt Fletcher, InterHab  Lou Ann Kibbee, SKIL Mike Burgess, DRC Audrey Schremmer, KACIL Susan Moffitt-Roberson, private citizen Kathy Keck, private citizen  Kelly Sommers, Kansas State Nurses Association  Sara Watkins-Mace, private citizen	4/20/2022	KDADS			<p><b>September 2022 Response, KDADS:</b> KDADS, through the Governor's Budget Recommendations to the 2022 Legislature, proposed standardizing and increasing Personal Care Services rates across applicable waivers. KDADS was pleased that the proposal was included in the final budget approved by the Legislature. Further increases to services on the Frail Elderly and I/DD waivers were included in the budget, as well. While this is excellent for those two waivers, it put the remaining waivers that offer similar services at a disadvantage. KDADS will continue to look for opportunities to promote parity between the HCBS waivers. In addition, KDADS recently closed the public comment period for the HCBS waiver amendment package that includes continuing the flexibility for paid family caregivers and virtual service delivery options. It is expected that these amendments will be submitted to CMS in the upcoming month.</p>
16	Concerns were expressed about extending the KanCare MCO contracts without going through the RFP and procurement process. Stakeholders who have provided input regarding changes that need to be made in the next RFP expressed concern the proposed extension would delay the changes needed in KanCare.	Colin Olenick, private citizen Sean Gatewood, KAN Rachel Mayberry, Heartspring Audrey Schremmer, KACIL Lou Ann Kibbee, SKIL	4/20/2022	KDHE			<p><b>September 2022 Response, KDHE:</b> HB 2387 delays the issuance of the KanCare MCO RFP until February 2023 or later.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
17	A consistent authorization process is needed for all MCOs, as well as monthly performance metrics. Sunflower requires providers to go through a unique authorization process by outsourcing the authorizations for OT, PT, and Speech-Language Therapy. Sunflower is the only MCO that requires authorizations for rehabilitative therapy.	Rachel Mayberry, Heartspring	4/20/2022	KDHE	Sunflower		<p><b>September 2022 Response, Sunflower:</b> Thank you for the opportunity to address the concern regarding the prior authorization of therapies (PT, OT, ST) at Sunflower Health Plan. We take this issue seriously and have compared our requirements and process with the other two MCOs. We are working internally to develop a new process for the management of therapies at Sunflower. Once it is completed and is being implemented, we will inform our providers of the changes. We anticipate having the new process defined within 30 days, with implementation to follow.</p> <p><b>September 2022 Response, KDHE:</b> The MCO contracts allow each MCO to establish its own prior authorization process, and the state must approve each MCO's utilization management processes. The state agencies review complaints concerning prior auth processes for compliance with contractual timelines and address any concerns with the MCOs at our regular meetings.</p>
18	Maternity centers need to be added as a defined health care provider in statute to provide access to the Availability Plan and Health Care Stabilization Fund, as a malpractice line of insurance of last resort. KanCare member access to primary birth options and KanCare utilization and sustainability of the Birth Center Model of Care need to increase.	Kendra Wyatt, New Birth Company	4/20/2022	KDHE			<p><b>September 2022 Response, KDHE:</b> The proposed statutory change would require legislative action. KanCare members have the ability to choose a birth center as their provider.</p>
19	Both the availability of adult dental services and provider reimbursement rates for pediatric primary care services (prioritizing first for newborns) need to increase.	Heather Braum, Kansas Action for Children	4/20/2022	KDHE			<p><b>September 2022 Response, KDHE:</b> H Sub for Sub SB 267 included funding for both of these service categories.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
20	The approval process for assistive services, durable medical equipment, and home modifications are not responsive and timely. Each MCO has a different process that is not clear for individuals and advocates.	Lou Ann Kibbee, SKIL	4/20/2022		MCOs		<p><b>September 2022 Response, Aetna:</b> Aetna is collaborating with the other MCOs and KDADS to review recommendations and assessment criteria for unbundling assistive services in anticipation of the Assistive Service policy revision, continuing our focus on creating consistent and standardized processes for modifications and equipment for HCBS members. Aetna will ensure internal processes align with the new policy revisions, including timeliness of approvals, and we continue to provide regular colleague education about this benefit.</p> <p><b>September 2022 Response, Sunflower:</b> Sunflower is participating in a collaborative workgroup with the three MCOs and KDADS to discuss the unbundling of the assistive services and to develop a standardized process for requests and determinations. KDADS is in the process of unbundling Assistive Services and revising their waivers and policy. The workgroup will continue to refine the draft, standardized process once KDADS Assistive Services Policy is finalized.</p> <p><b>September 2022 Response, UHC:</b> This is the same as #10. The MCO's participated in a collaborative workgroup to review the process for authorizing assistive services and home modifications for consistency across all three MCOs. A standardized Assisted Services Resource Checklist was created and submitted to KDADS for review. KDADS requested the MCO's not make changes to their current processes until KDADS' policy for unbundling assistive services is completed end of 2022.</p>
21	There is a conflict of interest with MCOs determining plans of care and being paid for the services.	Lou Ann Kibbee, SKIL Sean Gatewood, KAN	4/20/2022	KDHE			<p><b>September 2022 Response, KDHE:</b> The current MCO contracts require the MCOs to create the person-centered plan of care. The Plan of Care must include specific data elements and must be signed by the member before it is implemented.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
22	<p>There is no official structure that supports transitioning individuals out of NHs or institutional settings. Each MCO has developed its own process, with none being efficient or successful in supporting individuals through transitioning.</p> <p>Kansas needs to pursue the new notice of funding opportunity available to states not currently participating in the MFP program.</p>	<p>Lou Ann Kibbee, SKIL Ami Hyten, TILRC Audrey Schremmer, KACIL</p> <p>Lou Ann Kibbee, SKIL Ami Hyten, TILRC</p>	4/20/2022	<p>KDHE KDADS</p>	MCOs		<p><b>September 2022 Response, Aetna:</b> Aetna has a transition program with processes that align with the state transition of care policy. Aetna is contracted with several providers to deliver transitional coordination services and transition funds to members transitioning to the community. Service Coordinators work closely with members, families and nursing facility staff to ensure community based service options are explored, barriers are addressed, and discharge plans are developed for members interested in transitioning to the community. Aetna is supportive of any funding opportunities available to improve transition outcomes for members.</p> <p><b>September 2022 Response, Sunflower:</b> Sunflower utilizes contracted Transition Coordination Providers, including Centers for Independent Living, IDD providers and BH providers to assist with finding housing, household supplies and with transition activities. This is through a Value-Based Payment arrangement that includes incentives for successful placements. We have a designated, internal team that works with these providers to support transitions. We offer value-added services such as home meals, wellness checks and transition funds to members who are placed. It is our understanding that KDADS applied for, and Kansas has been approved, the new MFP program.</p> <p><b>September 2022 Response, UHC:</b> Same response as #1. UHC has a comprehensive community transition program including dedicated transition coordinators located throughout the state who assist with complicated transitions. Transitioning to the community is discussed with each member residing in a LTC NF every 6 months. Those who are interested in transitioning participate in a comprehensive transition plan including connections to community supports. UHC engages community and provider partners in securing transition resources and supports. Appropriate ILO funding is used to facilitate a successful transition. Following transition members continue to be closely followed by their assigned Care Coordinator.</p>
22	<b>Item No. 22 continued</b>						<p><b>September 2022 Response, KDADS:</b> KDADS received notification on August 29, 2022 that it would be receiving \$4.97 million to reinstate the federal Money Follows the Person Grant program. The cooperative agreement with CMS allows for a planning period during which KDADS will meet with stakeholders and CMS to design a program that can be implemented successfully in Kansas.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
23	<p>Concern was expressed that individuals will be removed from KanCare during redetermination at the end of the PHE for resolvable reasons due to the large number of renewals and documentation requirements the agency will face. The state agency will need to work with stakeholders and providers to make this a smoother transition.</p> <p>MCOs need to make person-centered care coordination a priority as the PHE ends.</p>	Lou Ann Kibbee, SKIL  Sean Gatewood, KAN	4/20/2022	KDHE	MCOs		<p><b>September 2022 Response, Aetna:</b> Aetna is closely following the PHE and actively preparing to support members during the redetermination process. Service Coordinators are actively checking member addresses during regular touch points and educating members on the importance of keeping contact information up to date. Person Centered planning will be prioritized as the PHE ends to ensure continuity of care.</p> <p><b>September 2022 Response, Sunflower:</b> KDHE and the MCO's workgroup meet bi-weekly to discuss preparation of the end of PHE. Sunflower can identify all members by redetermination date which KDHE sends on the eligibility files for the MCOs. Sunflower's LTSS team will know which of their members will be coming up for redetermination and will remind them of the steps they need to take during regular contacts and their person-centered planning meetings.</p> <p><b>September 2022 Response, UHC:</b> Person-centered care coordination is a priority for UHC and will continue to be a priority when the PHE ends. We will continue to work closely with our members to ensure they are offered choice in selecting services and supports available through the HCBS waivers. MCOs are assisting with communications to members, public, providers, and assister organizations with general information and raising awareness. Member services call centers are helping members in updating addresses directly (without having to call the state agency), providing members with renewal dates and information on how to resolve issues such as: how to create an online account, what to do if a form has not been received or was lost, where to go for more assistance. MCOs are also contacting members individually via different methods, to remind them about their renewal date coming, and to remind them to turn in their review forms.</p>
23	<b>Item No. 23 continued</b>	Lou Ann Kibbee, SKIL  Sean Gatewood, KAN	4/20/2022	KDHE	MCOs		<p><b>September 2022 Response, KDHE:</b> KDHE has been planning for the Public Health Emergency unwinding since the PHE began. In partnership with the MCOs, stakeholders, and community groups, the agency has engaged in ongoing outreach to beneficiaries, providers, and stakeholders to ensure Medicaid beneficiaries know to update their contact information with the Clearinghouse. KDHE staff have presented PHE unwinding information at numerous stakeholder meetings and PHE-related information is posted on the KanCare website. KDHE received CMS approval for various flexibilities to reduce the likelihood that Medicaid members will be terminated from eligibility for administrative reasons, including allowing the Clearinghouse to rely on address update information provided to the MCOs rather than requiring the members to contact the Clearinghouse directly. The agency continues to monitor the status of the PHE and update unwinding plans accordingly.</p>

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
24	The following adult care home concerns need to be addressed: Kansas has 790 fewer beds available in 2022 than in 2021, with a trend away from higher levels of care that require more time, staff, and resources; home closures are more often in rural areas and openings are in urban areas.	Haely Ordoyne, KACE	4/20/2022	KDADS			<b>September 2022 Response, KDADS:</b> KDADS has seen a large number of nursing home beds close since 2017. This trend started pre-pandemic and continues to reinforce the impact of the direct care staff workforce shortage. Please refer to the KDADS Power point that covers all adult care home bed trends for further information.
25	Supplemental nursing agency oversight is needed. In addition to staffing agencies charging high rates and a lack of accountability, agencies are demanding bonuses be given to their employees in the adult care homes if such bonuses are given to the permanent facility staff.	Haely Ordoyne, KACE	4/20/2022	KDADS			<b>September 2022 Response, KDADS:</b> HB 2524 was introduced in Jan. 2022 and passed out of the House Children & Seniors Committee but was not brought above the line for debate in the House. The bill called for KDADS to oversee and regulate staffing agencies that provide health care staff such as RN, LPN and CNA.
26	The conferees shared their struggle in obtaining PRTF services for their son. Aetna provided them with an option for HCBS PCS services in combination with Children's Residential services that worked well for their son and family and allowed for the needed respite. The services were stopped after three weeks because KDADS determined there could not be two different billing codes for the two separate services. A billing solution is needed to enable this option for families in crisis.	Michelle and Eric Quinn, private citizens	4/20/2022	KDADS	Aetna		<b>September 2022 Response, Aetna:</b> Aetna collaborated with KDADS to find a service option that will provide much needed respite services to the member's family. A provider has been identified, and services have been approved for personal care services and over-night respite, two weekends a month.  <b>September 2022 Response, KDADS:</b> At issue with this case is the desire to utilize Children's Residential (a 24/7 rehabilitative service, billed as such) as Respite Care, which is billed incrementally based on use of hours authorized in the plan of care. Children's Residential service providers are subject to restrictions on the number of placements they may take, as well as other requirements from child placement agencies. One potential option would be for the provider to become credentialed as a Respite service provider, so that the family could maintain the current HCBS services and utilize the Respite Care service when needed.
27	The conferee expressed concern with plans of care being developed with less than 10 hours of services per week and some with 1 hour per week. This leads to two areas of concern: either individuals do not receive enough services to ensure health, safety, and well-being, or these individuals should not be on a HCBS waiver, taking a valuable spot from someone who needs significant services.	Audrey Schremmer, KACIL	4/20/2022	KDADS			<b>September 2022 Response, KDADS:</b> An individual's plan of care should reflect the services that individual needs to ensure their health, safety and welfare while living in the community with the support of home and community-based services. The current language in each of the HCBS waivers requires that a functionally eligible participant receive at least one HCBS service per month in order to remain on the waiver.

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
28	The new KMAP portal needs to be fixed to allow providers to bill the MCOs.	Roxanne Hidaka, Case Management Services, Inc.	4/20/2022	KDHE			<b>September 2022 Response, KDHE:</b> The state's new Medicaid management information system, KMMS, went live on April 4, 2022. The roll-out was successful; however, as with any major IT systems overhaul, there were incidents reported after go-live. KDHE monitored the KMMS contractor throughout the go-live process, with an emphasis on quickly resolving problems reported by providers. The KMMS system is in the process of stabilizing and the number of reported incidents has decreased significantly.
29	The process for individuals to change MCOs needs to be reviewed. The choice to change MCOs should be with the parent, guardian, or individual. Some providers are choosing to contract with one MCO, but individuals are being told they must remain with the current MCO until the end of the 12-month period.	Roxanne Hidaka, Case Management Services, Inc.	4/20/2022	KDHE			<b>September 2022 Response, KDHE:</b> MCO members can change to a different MCO for any reason during the annual open enrollment period. After the open enrollment period has ended, members need a good cause reason to change. An example of a good cause reason is if the member requires a specialist or specialty care that is not available under their current MCO.
30	The following concerns were expressed by the conferee that were cited in the Medicaid Inspector General audit. The agency responsible for administering the HCBS program lacks an effective system for tracking redetermination of beneficiaries in the HCBS program. No claims were filed for a total of 12 months or more during the audit period on behalf of 2,854 individuals identified as enrolled in an HCBS waiver, but payments to MCOs contracted to provide services to these beneficiaries totaled more than \$193 million.	Roxanne Hidaka, Case Management Services, Inc.	4/20/2022	KDADS			<b>September 2022 Response, KDADS:</b> The Office of the Medicaid Inspector General's HCBS Audit recommended that a yearly program review be conducted to identify individuals that should be removed from the HCBS program. KDADS agrees to implement a review of each HCBS waiver at least annually to identify individuals enrolled on the waiver that are not meeting the requirements to utilize one HCBS waiver service per month. Individuals that are not receiving services will be evaluated for removal from waiver enrollment. MCOs will be expected to provide information regarding their respective members who are not receiving the required waiver service per month. KDADS and KDHE will verify the information provided by the MCOs and determine the actions to be taken regarding each individual's continued eligibility.  Further, the agencies will utilize the review to evaluate MCO performance with regards to their contractual responsibilities to report for eligibility closure those members not meeting monthly service requirements.
31	There is a need for a statewide mobile crisis support program to provide behavioral supports for people with I/DD and Autism that focuses on prevention.	Nick Wood, InterHab	4/20/2022	KDADS			<b>September 2022 Response, KDADS:</b> KDADS is working to implement mobile crisis and had identified training for mobile response team members on I/DD crisis resolution from Relias, KDADS is currently working to make that training available to providers.

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
32	Reimbursement information for a CNA needs to be openly shared with all nursing facilities. KSNA cannot support a TNA transitioning to becoming a CNA with limited work experience. Programs are in place to pay for the full cost of CNA education programs if offered employment as a nurse aide.	Kelly Sommers, KSNA	4/20/2022	KDADS			<b>September 2022 Response, KDADS:</b> HB 2477 allows for the use of certified nursing aids that have completed minimal training (TNA) through Jan. 20, 2023. This allowance mimics a federal allowance issued in a blanket waiver from CMS in 2020. This waiver, which made it possible for TNAs to work in nursing facilities, along with many of the other waivers, have expired per QSO 22-15 NF on 4/7/22, further revised on 8/29/22. The original memo outlines that TNAs would not be able to work in a NF after 10/6/22 which is 4 months from the expiration of the allowance. The revision on 8/29 allowed for facilities or state survey agencies to request an extension if certain parameters are met. At this time, KDADS has not identified any facilities that meet the needs outlined in the memo for an extension. KDADS continues to work with stakeholder, engage and speaking opportunities and create guidance documents and for providers outlining these changes, allowances and expiration date.
33	Authorizing teledentistry is a way to make dental care as easy to access as possible as the pandemic continues. The Committee should include a recommendation that teledentistry be authorized in the State of Kansas.	Tanya Dorf Brunner, Oral Health Kansas	9/28/2020	KDHE		Requires legislative action	<b>December 2020 Response, KDHE:</b> KDHE received a \$3.0 million appropriation to increase dental rates. The codes selected for increased rates were chosen in order to impact the majority of Medicaid dental providers, and therefore affect a greater number of Medicaid beneficiaries. KDHE would support increasing the reimbursement rate for code D9420 if appropriations allowed. <b>February 2021 Response, KDHE:</b> No further update. <b>April 2021 Response, KDHE:</b> No further update. <b>September 2021 Response, KDHE:</b> This code will see a rate increase effective January 1, 2022. KDHE reviewed the conferee's request and determined that the rate increase was warranted and could be accommodated within existing appropriations. <b>December 2021 Response, KDHE:</b> A bulletin had been released announcing the dental rate increase. The agency would recommend closing the rate portion of this item. <b>February 2022 Response, KDHE:</b> No further update; this item appears to have become a legislative matter.

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

No.	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Status/Update	Resolution Reported by State Agency
34	<p>What is being done to ensure network adequacy for CILs? Consumers were having difficulty finding providers who accepted Medicaid before the pandemic. CILs throughout Kansas have worked to provide uninterrupted service and will continue the dialogue with state agencies to strengthen systems that support our consumers.</p> <p>Unlike service providers in any other community-based segment, CILs do not have a designated source of support or a line item in the state budget. When extraordinary funding was made available for other providers, the CILs that received only state funds were not included. GRAIL would like to see state support for CILs formalized.</p>	Jill Dudley, KACIL; GRAIL  GRAIL	6/22/2020  6/22/2020 9/28/2020	KDADS		Requires legislative action	<p><b>September 2020 Response, KDADS:</b> MCO provider networks are monitored on a continual basis with KDHE. That said, KDADS recognizes and appreciates the work of the CILs during these unprecedented times. The COVID-19 pandemic has presented many challenges and opportunities for our service delivery system. As KDADS reflects on these challenges and opportunities, we will be looking for ways to improve upon the system weaknesses that presented during the crisis and to seize the opportunities to benefit the individuals we serve. KDADS appreciate stakeholders' willingness to share their experiences and ideas for improving service delivery.</p> <p><b>September 2020 Response, KDADS:</b> KDADS acknowledges the request for formalized support for CILs via a designated source of support or a line item in the state budget. To provide funding to CILs through KDADS would require the additional appropriation of funds.</p> <p><b>December 2020 Response, KDADS:</b> No further update is available at this time.</p> <p><b>February 2021 Response, KDADS:</b> No further update is available at this time.</p> <p><b>April 2021 Response, KDADS:</b> No further updates at this time.</p> <p><b>September 2021 Response, KDADS:</b> No further updates are available. KDADS respectfully requests this item be considered closed.</p> <p><b>December 2021 Response, KDADS:</b> Additional appropriations to provide designated funding to CILs would require legislative action. KDADS respectfully requests this item be moved to the "requires legislative action" portion of the issues log.</p> <p><b>February 2022 Response, KDADS:</b> To provide funding to CILs through KDADS would require the additional appropriation of funds. KDADS budget hearings are coming up in the next few weeks in the budget subcommittees in each chamber.</p>
34	<b>Item No. 34 continued</b>	Jill Dudley, KACIL; GRAIL  GRAIL	6/22/2020  6/22/2020 9/28/2020	KDADS		Requires legislative action	<p><b>April 2022 Response, KDADS:</b> Additional appropriations to provide designated funding to CILs would require legislative action. No additional funding was appropriated in the budget bill passed by the 2022 Legislature.</p> <p><b>September 2022 Response, KDADS:</b> Requires legislative appropriation. The CILs receive funding through KS Rehabilitation Services, a Division of DCF.</p>

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

## **Legend**

CIL	Center for Independent Living
CMA	Certified Medication Aide
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nurse Aide
DRC	Disability Rights Center of Kansas
FMAP	Federal Medical Assistance Percentage
GRAIL	GrassRoots Advocates for Independent Living
HCBS	Home and Community Based Services
I/DD	Intellectual and Developmental Disability
ISP	Individual Service Plan
k4ad	Kansas Association of Area Agencies on Aging and Disabilities
KABC	Kansas Advocates for Better Care
KACE	Kansas Adult Care Executives
KACIL	Kansas Association of Centers for Independent Living
KAN	KanCare Advocates Network
KAR	Kansas Administrative Regulations
KCDD	Kansas Council on Developmental Disabilities
KDADS	Kansas Department for Aging and Disability Services
KDHE	Kansas Department of Health and Environment
KHA	Kansas Hospital Association
KLRD	Kansas Legislative Research Department
KMAP	Kansas Medical Assistance Program
KSNA	Kansas State Nurses Association
KSU	Kansas State University
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MDS	Minimum Data Set
MFP	Money Follows the Person
NF	Nursing Facility
OT	Occupational Therapy
PACE	Program for All-Inclusive Care for the Elderly
PCS	Personal Care Services
PD	Physical Disability
PEAK	Promoting Excellent Alternative in Kansas Nursing Homes

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

PHE	Public Health Emergency
PRTF	Psychiatric Residential Treatment Facility
PT	Physical Therapy
RFP	Request for Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	State Innovation Model
SKIL	Southeast Kansas Independent Living Resource Center
SPA	State Plan Amendment
TCM	Targeted Case Management
TILRC	Topeka Independent Living Resource Center
TNA	Temporary Nurse Aide
UHC	United Healthcare Community Plan of Kansas