

Kansas Legislative Research Department (KLRD) Section											Agency Section							KLRD Section								
Issue or Concern	Presenter Topic	KSA 39-7,160 topic list	Quarterly Meeting				Presenter Topics				Assigned		Agency Answer	Federal Cite	State can change Y/N	Source of Issue Drop Down	Time Frame Agency Estimates for Change Drop Down	Cite or Reference	Q2	Q3	Q4	Status	Date of Committee Action	Committee		
			2/3/2023	4/21/2023	Q3	Q4	Organization	First Name	Last Name	who is responsible	Assigned Response	Legislation needed y/n												Statute at issue		
1	Dental Passport Update	access	x				Oral Health Kansas, Inc.	Tonya	Dorf Brunner	Agency	KDHE	KDHE	N/A	yes	Other	less than 3 months	N/A	Oral Health Kansas provided its Dental Passport document for KDHE review. That review was completed. Oral Health Kansas and the MCOs are partnering to distribute the passport and educate members on its use.				Closed	4.21.23			
2	What are the seating requirements and who should do these?	access	x				Infant Toddler Services of Johnson County	Carrie	Grosdidier	Agency	KDADS	KDADS			Workforce			The provider of the durable medical equipment (DME) submits a prior authorization request. The MCOs have a 14 day turnaround time to respond to the request. If there is a delay it could be from the servicing provider not having all the information needed to request a prior authorization. MCOs can provide more information.				Closed	4.21.23			
3	What is the delay in access to DME for pre-Kindergarten children and the timeline to obtain seating related DME prior to entering school?	access	x				Infant Toddler Services of Johnson County	Carrie	Grosdidier	Agency	KDADS	KDADS			Workforce			The provider of the DME submits a prior authorization request. The MCOs have a 14 day turnaround time to respond to the request. If there is a delay it could be from the servicing provider not having all the information needed to request a prior authorization. MCOs can provide more information.				Closed	4.21.23			
4	KDADS is 3-6 months behind on reviewing the clinical assessment referrals and evaluation scores related to admissions and qualifications for level 2 facilities. (prior spreadsheet #8)	effectiveness	x				Kansas Association of Area Agencies on Aging and Disabilities (K4ad)	Leslie	Anderson	Agency	KDADS	KDADS	Preadmission Screening and Resident Review (PASRR) is a federal requirement to assess all individuals entering a Medicaid certified nursing facility.	yes	Other			The PASRR Medicaid response backlog has been eliminated with assessments and evaluations pending data entry being worked down to manageable levels. The Client Assessment, Referral and Evaluation (CARE) team has been able to relieve temporary work staff because of the work lightening and the tactics and strategies deployed to help with efficiency of the CARE responses for Medicaid applications. More detailed information will be included in the agency's report out and presentation, but we would respectfully ask this item be removed as resolved.				Closed	4.21.23			
5	What internships/apprenticeships are available in the programs your agency oversees?	workforce funding	x				KHCA/KCAL	Linda	MowBray	Agency	Both Agencies	KDHE	N/A	yes	Funding	less than 12 months	N/A	KDHE is in the process of establishing an agency internship program to help support our agency workforce. The Public Health and Environment divisions of KDHE collectively have three internship opportunities. The Medicaid division is working to create internships in areas where recruitment is particularly challenging, including Medicaid finance, policy, and clinical divisions.	As of July 6, 2023, KDHE has 13 filled intern positions across the following divisions: Legal, IT, Environment, and Public Health. KDHE also has five Medicaid eligibility internship positions that are not currently filled. KDHE is planning to recruit for those positions in late summer.				Closed	8.3.23		
												KDADS		yes	Workforce			The Governor's creation of the Kansas Office of Apprenticeship last fall included training opportunities for positions such as Certified Nursing Assistant, Phlebotomist, Surgical Technician, Medical Coding Specialist, and other high-demand, high-wage health care occupations. The program will be developed and administered over the next year by Hamilton Ryker, a staffing and workforce solutions agency partnering with the Kansas Office of Apprenticeship and will be supported by the Kansas Hospital Association (KHA). Currently, Kansas does have these occupations being apprenticed and some are in long term care facilities. We are seeing a significant uptick in interest and new programs getting registered. Additionally, the Legislature passed HB 2292 regarding apprenticeships this session and KDADS will continue to work with KHA and their members to find opportunities to increase the introductory into healthcare.	KDADS met with the Office of Apprenticeship to gain more information about health care apprenticeships. We are exploring options of utilizing this model to help recruit, retain, and provide a career ladder for direct care workers at state hospitals.	Specific to adult care homes, Barton County Community College is in the early phase of development of a certified nurse aide (CNA) apprenticeship program in partnership with Medicalodges. The individual completing the apprenticeship while employed would not be allowed to provide direct care until completion of Part 1 of the CNA course. It is anticipated the apprenticeship will help financially and ensure a place of employment after completion.				Closed	8.3.23	
6	What restrictions apply to limit internships/apprenticeships in the programs your agency oversees?	workforce funding	x				KHCA/KCAL	Linda	MowBray	Agency	Both Agencies	KDHE	N/A	yes	Funding	less than 12 months	N/A	KDHE's ability to offer internship opportunities is limited by funding available to pay interns.				Closed	4.21.23			
												KDADS			Federal Regulation			Restrictions for a CNA include that the person must be a Trainee II before providing direct resident care in Kansas and must have completed 16 hours of supervised practical training prior to resident care per the Code of Federal Regulations (42 CFR 483.152).	More broadly, internships and apprenticeships are two very different things. Internships are not federally regulated and can be a good option; however, they also do not have the proven success nor employer and employee protections that apprenticeships have. All registered apprenticeships in the state of Kansas must meet the 6 pillars of high quality apprenticeships: be an employer-designed and driven program that includes structured on-the-job learning, job-related education, W2 wage progression, mentorship, and valued credentials.				Closed	4.21.23		
7	What is the history of centralized credentialing in Kansas?	workforce funding	x				Representative	Concannon	Agency	Both Agencies	KDHE	N/A	yes	Funding	1-2 years	N/A	Kansas has never implemented centralized credentialing in Medicaid.				Closed	4.21.23				
											KDADS		yes	Kansas Statute			The Legislature adopted the CCR on SB 66, which includes HB 2388, as introduced, regarding electronic credentialing. KDADS will assist the Secretary of Administration as needed to fulfill the provisions of the bill.				Closed	4.21.23				

16	An audit by the Kansas OMIG, dated April 13, 2022, found the Kansas Assessment Management Information System (KAMIS) only sends out a single notification that annual assessments are due. The system does not automatically generate reports to KDADS that the annual assessment for a Medicaid beneficiary has not been completed for Brain Injury (BI), Frail Elderly (FE), and Physical Disability (PD) waiver recipients for which the Area Agencies on Aging (AAAs) through the Aging and Disability Resource Centers (ADRCs) perform functional assessments. The KAMIS reports are inaccurate. (#15)	2022 spreadsheet item	x				Item #15 from prior spreadsheet	Agency	KDADS	KDADS		yes	Other	more than 2 years		KDADS met with representatives from the Kansas Association of Area Agencies on Aging and Disabilities (k4ad) and ADRCs on January 9, 2023, to discuss concerns related to eligibility data in both the Medicaid and KDADS' KAMIS system. KDADS will be providing more timely and routine reporting to the ADRCs to help ensure information is available to assist with timely HCBS assessments. KDADS continues to work to establish meetings with KAMIS system users and stakeholders in order to seek input on modernization opportunities for the future. The Legislature has proposed funding in SFY 2024 to study KAMIS which can include looking at improved integrations with other systems including KDHE's Medicaid system.	The FY 2024 budget includes \$1M SGF for KAMIS enhancements. KDADS will procure a vendor to assist with the analysis of the KAMIS system. Additionally, KDADS will continue to work with the AAAs on data/reporting opportunities with the current system.	The FY 2024 budget includes \$1M SGF to analyze the KAMIS system. The agency is in the process of hiring a project team for this effort, which will include a project manager and business analyst. Once the project is staffed, KDADS will procure a vendor to assist with an analysis of the KAMIS system that will include recommendations. Additionally, KDADS continues to work with the AAAs on data/reporting opportunities with the current system.								
17	Applied Behavior Analysis (ABA) therapy (#17)	2022 spreadsheet item	x				Item #17 from prior spreadsheet	Agency	KDADS	KDADS	Changes to the State Plan require CMS approval	yes	Workforce	more than 2 years		The State has increased the rate to \$175 an hour in 2019. The State expanded the types and number of providers who can bill KanCare. While we're certifying a lot of ABA providers, we aren't seeing many as KanCare providers.	KDADS is reviewing ABA codes for a state plan amendment which would allow for group sessions and extend the ability to serve more children. Looking into what is a competitive rate. KDHE and KDADS are working together to address the lack of providers.	KDADS and KDHE are to submit policy changes this quarter to include group codes to serve children in groups for ABA therapy. The State will also submit a state plan amendment to allow for counseling for parents of children with autism.								
18	There is a need for access to respite care. (#19)	2022 spreadsheet item	x				Item #19 from prior spreadsheet	Agency	KDADS	KDADS	Changes to Waiver Services require CMS approval	yes	Workforce	more than 2 years		For the Technology Assisted (TA) Waiver, Respite Care has to be provided by a registered nurse provider. We have always struggled to find nurses to be providers of this service. We are looking at other options such as self-directed respite by someone trained by the family who is not a nurse.	TA workgroups are meeting to recommend a waiver amendment to allow for self-directed non-nurse respite care.	No updates here. We are in the process of hiring a new TA Program Manager, and we have paused the workgroup.								
19	Hold times at DCF Lenexa office	access		x			Case Management Services	Roxanne	Hidaka	Agency	DCF	DCF Written	N/A	yes	Workforce	less than 3 months	N/A	Current Kansas City regional office hold times have averaged 13.5 minutes for the months of September, October, and November. As noted, DCF has experienced higher-than-normal call volume and hold times during the 2023 calendar year. This can be attributed to both workforce turnover / vacancies and an increased need for economic and employment benefits services (applications, annual redeterminations, and changes caused by the unwinding of the federal public health emergency). The agency implemented various strategies to reduce those hold times and respond to client needs in a timely manner and will reimplement those methods if hold times begin to increase again.	Current Kansas City regional office hold times have averaged three hours for the months of August and September. As noted, DCF has experienced higher-than-normal call volume and hold times during the 2023 calendar year. This can be attributed to both workforce turnover / vacancies and an increased need for economic and employment benefits services (applications, annual redeterminations, and changes caused by the unwinding of the federal public health emergency). The agency is implementing a combination of strategies to reduce hold times and respond to client needs in a timely manner.	DCF would note that the prior-quarter calculation has been reviewed and it also reflects a three-hour hold time.						
20	How many people are currently on the Brain Injury (BI) waiver who are not receiving a rehabilitative therapy (Rehabilitation Therapies: Behavior Therapy, Cognitive Rehabilitation, Physical Therapy, Speech-Language Therapy, and Occupational Therapy)? (A requirement to be on the waiver)	access			x		Minds Matter, LLC	Janet	Williams	Agency	KDADS	KDADS						Of the 948 HCBS/BI participants in July 2023, 260 did not have a therapy service billed in the prior three months (April/May/June). In reviewing this list, we found that many of the youth were receiving therapies through the state plan and/or their schools.	Throughout the federal public health emergency, the Centers for Medicare and Medicaid (CMS) provided direction for states. Although we could bring new participants on the waiver, we could not remove participants who did not want to end their enrollment on the BI waiver. We anticipate we will be able to move forward with those transitions and closures after the emergency period closes in November, ending Appendix K exceptions.	Since legislative changes in 2019 that expanded the age limit of the waiver and included ABI, we have expanded the waiver by approximately 400 people. Providers are working to hire therapists to meet the demand, but if a participant wants a particular agency, they may have to wait for a therapist to become available. While we do not have a waitlist for the BI waiver, we are discovering we have people waiting for therapies. We are actively working with the MCOs to identify the scope of this issue and what is needed to resolve it.						
21	How many people have come on to the BI waiver each year for the last five years?	access			x		Minds Matter, LLC	Janet	Williams	Agency	KDADS	KDADS							CY2018: 111 CY2019: 201 CY2020: 356 CY2021: 429 CY2022: 264 CY2023 (through Aug.): 264							
22	How many people have come off the BI waiver (no longer in need of BI waiver services) for each year for the past five years?	access			x		Minds Matter, LLC	Janet	Williams	Agency	KDADS	KDADS								CY2018: 172 CY2019: 155 CY2020: 157 CY2021: 280 CY2022: 329 CY2023 (through Aug.): 227						
23	How many people have transitioned to other waivers from the BI waiver? Please list each waiver.	waiver capacity					Minds Matter, LLC	Janet	Williams	Agency	KDADS	KDADS								Number of transitions in FY23: BI to IDD: 9 BI to PD: 79 BI to FE: 7 Total: 95						
24	For the people who have been on the BI waiver without rehabilitative therapy, is the managed care organization (MCO) still collecting the entire payment per member per month (PMPM)?	operation			x		Minds Matter, LLC	Janet	Williams	Agency	KDADS	KDADS									If the individual is on the BI waiver with active HCBS eligibility, the MCO will be receiving a monthly PMPM payment.					

Kansas Legislative Research Department (KLRD) Section										Managed Care Organizations (MCOs) Section										KLRD Section										
Presenter Topic		KSA 39-7,160 topic list	Quarterly Meeting				Presenter Topics			Assigned		MCO Review								Status	Date of Committee Action	Committee								
Issue or Concern			3-Feb-23	21-Apr-23	3-Aug-23	Q4	Organization	First Name	Last Name	who is responsible	Assigned Response	MCO Answer	MCO can change Y/N	Source of Issue	Time Frame MCO estimates for change	Cite/Reference	Q2	Q3	Q4				Legislation needed y/n	Statute at issue						
9	What is the average wait time on prior authorizations? (MCOs)	access	x				Committee Member	Representative	Concannon	MCO	All MCOs	Aetna	no	KanCare Contract	in compliance		Average turn around time (TAT) in Hours: 38.5. This is the time between receipt of request to provider notification of decision.				Closed	4.21.23								
												UHC	no	KanCare Contract	in compliance		Average TAT in Hours: 37.0. TAT contractual requirement is 72 hours. UHC TAT is receipt of request to provider notification of decision.				Closed	4.21.23								
												Sunflower	no	KanCare Contract	in compliance		Average TAT in Hours: 19.8. TAT contractual requirement is 72 hours.				Closed	4.21.23								
10	What is the number of prior authorizations requests received for your MCO in the 2022 calendar year?	access	x				Committee Member	Representative	Concannon	MCO	All MCOs	Aetna	not applicable	Other	not applicable		Total count of prior authorization requests received: 11,458. These only include inpatient admissions, and does not include OB/Maternity - as Aetna does not require a prior authorization for these. Aetna did not include other levels of care.	For the last hearing on April 21, 2023, Aetna provided the prior authorization data requested. The three MCOs each agreed to meet with the Kansas Hospital Association (KHA) and, to date, no substantial issues with Medicaid prior authorizations have been brought forward.				Closed	8.3.23							
												UHC	not applicable	Other	not applicable		Total count of prior authorization requests received: 20,630. Data represents acute inpatient only.	For the April 21, 2023, hearing, UnitedHealthcare provided the prior authorization data requested. The three MCOs each agreed to meet with the KHA and, to date, no substantial issues with Medicaid prior authorizations have been brought forward.				Closed	8.3.23							
												Sunflower	not applicable	Other	not applicable		Total count of prior authorization requests received: 19,076. Data represents acute inpatient only.	At the April 21, 2023 hearing, Sunflower provided the prior authorization data requested. The three MCOs each agreed to meet with the KHA and, to date, no substantial issues with Medicaid prior authorizations have been brought forward.				Closed	8.3.23							
11	What is the number of outright and denied admissions in your MCO for the 2022 calendar year?	access	x				Committee Member	Representative	Concannon	MCO	All MCOs	Aetna	not applicable	Other	not applicable		Denied: 1,834; Percentage Denied: 16%. Denial Rate is initial full denial.	For the April 21, 2023, hearing, Aetna provided the prior authorization data requested. The three MCOs each agreed to meet with the KHA and, to date, no substantial issues with Medicaid prior authorizations have been brought forward.				Closed	8.3.23							
												UHC	not applicable	Other	not applicable		Denied: 2,353; Percentage Denied: 11%. Denial Rate is initial full denial.	For the last hearing on April 21, 2023, UnitedHealthcare provided the prior authorization data requested. The three MCOs each agreed to meet with the KHA and, to date, no substantial issues with Medicaid prior authorizations have been brought forward.				Closed	8.3.23							
												Sunflower	not applicable	Other	not applicable		Denied: 1,019; Percentage Denied: 5%. Denial Rate is initial full denial.	At the April 21, 2023 hearing, Sunflower provided the prior authorization data requested. The three MCOs each agreed to meet with the KHA and, to date, no substantial issues with Medicaid prior authorizations have been brought forward.				Closed	8.3.23							
26	How many people have transitioned off the BI waiver and become independent (i.e. no longer in need of BI waiver services) who were on a BI waiver for each of the last five years?	effectiveness			x		Minds Matter, LLC	Janet	Williams	MCO	All MCOs	Aetna																		
												UHC																		
												Sunflower																		
																	Category		2019	2020	2021	2022	2023 YTD							
																	No longer eligible with Aetna - no service		23	12	23	33	20							
																	Eligible with Aetna Medicaid		2	5	9	13	16							
																	Enrolled with Aetna under another waiver		32	43	60	98	55							
																	Total		57	60	92	144	91							
																	Category		2018	2019	2020	2021	2022	2023						
																	Total transitioning off of BI waiver		36	38	41	90	97	87						
																	Transitioned to other LTSS waiver		12	13	12	26	38	25						
																	Transitioned to other Medicaid eligibility with United		12	9	11	35	38	32						
																	Sunflower response:													
																	The State is responsible for disenrollments from Medicaid. The following data is based upon member eligibility with Sunflower.													
																	The data indicates the number of members we had who left the BI waiver each year, for the past five years. Of these, the data indicates the number that transitioned to a different long-term service eligibility, the number that stayed on Medicaid but were no longer eligible for Long-Term Supports & Services; and the number that transitioned out of Sunflower.													
																	Of note, the members who left Sunflower may have moved to a different MCO. Also of note, some members who moved off the BI waiver into other Medicaid (non-LTSS) may have returned to the BI waiver or other LTSS eligibility at a later time.													
																	Category		2019	2020	2021	2022	2023							
																	Total transitioning off of BI waiver		77	53	98	89	72							
																	Transitioned to other LTSS waiver services eligibility		25	17	34	33	30							
																	Transitioned to other Medicaid eligibility with Sunflower		27	20	41	37	17							
27	How many people have transitioned off the BI waiver and do not have any services in place who were on a BI waiver for each of the last five years?	effectiveness			x		Minds Matter, LLC	Janet	Williams	MCO	All MCOs	Aetna																		
												UHC																		
												Sunflower																		
																	Category		2019	2020	2021	2022	2023							
																	Total transitioning off of BI waiver		57	60	92	144	91							
																	Category		2018	2019	2020	2021	2022	2023						
																	Transitioned out of UHC		12	16	18	29	21	30						
																	Category		2019	2020	2021	2022	2023							
																	Transitioned out of Sunflower		25	16	23	19	25							

Legislative Action Items <i>Note: These are items the Committee has identified as needing legislation to be enacted to address the issue.</i>							
	General Issue(s)	Conferee(s)	Date Presented	State Agency	MCO	Resolution Reported by State Agency	Committee Action
1	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		<p>December 2020 Response, KDHE: 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.</p> <p>February 2021 Response, KDHE: No further update.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: 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.</p> <p>December 2021 Response, KDHE: A bulletin had been released announcing the dental rate increase. The agency would recommend closing the rate portion of this item.</p> <p>February 2022 Response, KDHE: No further update; this item appears to have become a legislative matter.</p>	First Quarter 2022 moved to legislative action
2	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		<p>June 2020 Response, KDHE: This will be addressed as part of a Medicaid expansion implementation.</p> <p>April 2021 Response, KDHE: No further update.</p> <p>September 2021 Response, KDHE: No further update.</p> <p>December 2021 Response, KDHE: No further update.</p> <p>February 2022 Response, KDHE: No further update.</p> <p>April 2022 Response, KDHE: No further update.</p> <p>September 2022 Response, KDHE: No further update. This item would require legislative action.</p>	Third Quarter 2022 moved to legislative action
3	Committee support is requested for Charlie's Bill, which would permit a resident of an adult residential care facility to file an appeal with the Secretary for Aging and Disability Services within 15 days after the date of a pending involuntary transfer or discharge. Adequate funding would be needed to support administrative costs associated with the passage of Charlie's Bill.	Dan Goodman, KABC	9/26/2022	KDADS		<p>November 2022 Response, KDADS: This item was previously closed as we are awaiting review by the Judicial Council, which is expected by the end of the month. This issue will also be mentioned in the report from the Senior Care Task Force. Changes will likely require legislative action and we respectfully request this item be moved to "requires legislative action".</p>	Fourth Quarter 2022 moved to legislative action.

4	<p>There is a need to reign in the price gouging and restrictive labor practices of temporary staffing agencies. Accountability is needed for healthcare staffing agencies who continue to charge Medicaid providers more than triple the going wage for essential healthcare workers during a horrendous workforce shortage and frequently restrict workers' freedom to join a provider full-time. (Item #16 from February 2023 Quarter 1 spreadsheet).</p>	<p>Rachel Monger, LeadingAge Kansas</p>	<p>9/26/2022</p>	<p>KDHE KDADS</p>	<p>November 2022 Response, KDHE : Legislative action would be required to give state agencies the authority to regulate staffing agency practices in this manner.</p> <p>November 2022 Response, KDADS: This item was previously closed after HB 2004 did not advance in the 2021-2022 legislative biennium. We respectfully request this item be moved to "requires legislative action".</p> <p>February 2023 Response, KDHE: No further update.</p> <p>February 2023 Response, KDADS: This item was previously closed after 2022 HB 2524 failed to advance in the Legislature. We respectfully request this item be moved to "requires legislative action."</p>	<p>First quarter 2023 moved to "legislative action required."</p>
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Legend	
AAA	Area Agency on Aging
ABA	Applied Behavioral Analysis
ABI	Acquired Brain Injury
ADRC	Aging and Disability Resource Center
Aetna or ABHKS	Aetna Better Health of Kansas
ARPA	American Rescue Plan Act
BH	Behavioral Health
BI	Brain Injury
CARE	Client Assessment Referral and Evaluation
CCR	Conference Committee Report
CHIP	Children's Health Insurance Program
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
DME	Durable Medical Equipment
DRC	Disability Rights Center of Kansas
DSW	Direct Service Worker
EMS	Emergency Medical Services
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FE	Frail Elderly
FMAP	Federal Medical Assistance Percentage
FMS	Financial Management Services
GRAIL	GrassRoots Advocates for Independent Living
HCBS	Home and Community Based Services
HR	Human Resources
ICFs/IDD	Intermediate Care Facilities/Intellectual and Developmental Disability
I/DD	Intellectual and Developmental Disability
ILO	In Lieu Of or In Lieu of Services
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
KAMIS	Kansas Aging Management Information System
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
KUCDD	Kansas University Center on Developmental Disabilities
LTC	Long-Term Care

LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MDS	Minimum Data Set
MFP	Money Follows the Person
NF	Nursing Facility
OMIG	Office of the Medicaid Inspector General
OT	Occupational Therapy
P4P	Pay For Performance
PACE	Program for All-Inclusive Care for the Elderly
PASRR	Preadmission Screening and Resident Review
PCS	Personal Care Services
PD	Physical Disability
PEAK	Promoting Excellent Alternative in Kansas Nursing Homes
PHE	Public Health Emergency
PMPM	Per Member Per Month
PRTF	Psychiatric Residential Treatment Facility
PT	Physical Therapy
RFA	Request for Application
RFP	Request for Proposal
RN	Registered Nurse
SACK	Self Advocate Coalition of Kansas
SAMHSA	Substance Abuse and Mental Health Services Administration
SFC	State Finance Council
SIM	State Innovation Model
SKIL	Southeast Kansas Independent Living Resource Center
SPA	State Plan Amendment
SPARK	Strengthening People and Revitalizing Kansas
Sunflower or SHP	Sunflower Health Plan
TA	Technology Assisted
TAT	Turnaround Time
TCM	Targeted Case Management
TILRC	Topeka Independent Living Resource Center
TNA	Temporary Nurse Aide
UHC	United Healthcare Community Plan