Kansas Legislative Research Department (KLRD)					Kansas Department of Health and Environment (KDHE)					KLRD	
Item	Meeting Added to Spreadsheet	Issue or Concern	Organization	Agency Assigned	Agency time frame estimate for change	Q1 Response	Q2 Response	Q3 Response	Q4 Response	Status	Date of Committee Action
3	10/12/2023	In August 2023, CMS required states to submit stratified data in core sets. The Committee would like KDHE to provide a breakdown of what stratified data is included in each core set.	Joint Committee	KDHE		See PDFs: 2024 Adult Core Set; 2024 Child Core Set; and HHS 2023-2024 Core Set	No additional updates as Core Sets were provided at the Q1 meeting.				
5	10/12/2023	How do we have more child care facilities available and/or how do we increase the number of child care facilities and/or openings? What reasons are preventing Kansans from having more child care facilities and/or openings now?	Joint Committee	KDHE		Total licensed facilities decreased from 2012 – 2021 before leveling off in 2022 and beginning an upward trend in 2023 that has continued throughout the calendar year. Though total facility count has decreased in recent years before leveling off and increasing; total licensed capacity to serve has increased and as of November 30, 2023, was at its highest point since being recorded by KDHE, beginning in 2008. This difference can be attributed to a decrease in total facilities, most notably home settings, but an increase in the number of larger facilities that offer more slots (child care centers and group homes). There is a strong correlation between this increase in facility count and licensed capacity to serve and the additional funding opportunities that have been made available through items like the waiving of application and background check fees made possible by the Kansas Department for Children and Families (DCF), additional American Rescue Plan Act (ARPA) funding, the “Child Care Bonus Program” which paid out bonuses directly to child care providers, and other innovative funding and grant opportunities (startup grants, health & safety grants, Children’s Cabinet Accelerator grants, etc.) Since many of these efforts began in 2021, child care capacity has continued to increase. From the recorded value in 2021 (134,200 slots) to the most recent data point in November 2023 (143,174), this represents an increase in child care slots by 8,974. It is important to note that licensed child care slots are not the same as “desired” slots. Many child care providers elect to not fill all their licensed slots for a variety of reasons and capacity can vary from day-to-day. Specific needs also vary county-to-county and community-to-community. Yet, KDHE has seen a steady increase in licensed capacity year over year and is excited to offer additional flexibility and opportunity with updated regulations and actively operating pilot programs (Small Center Pilot) throughout Kansas. Anecdotal evidence and conversation with providers suggest that the root causes of child care access and workforce issues has persisted throughout time. We are losing current professionals and finding a dry pipeline even in cases where people love the work due to the demands of the job as well as the things that remain unaddressed by the federal and state governments, and system barriers	Out of 42 submitted exit surveys since August 2023 (which are optional), 7 providers (17%) indicated challenges related to rules and regulations. Of those 7 providers, 3 providers (7%) indicated issues directly with KDHE surveying staff. The other 4 indicated issues with either federal requirements (fingerprinting) or with parental relationships/competition with larger organizational providers. The remaining 35 providers (83%) indicated issues with financial and staffing sustainability, lack of benefits, retirement, took other jobs, and personal issues unrelated. From the KDHE licensing perspective – we have completed a regulatory overhaul intended to help reduce administrative burden for providers while increasing opportunity and/or making the career of being an early child care educator more attractive. This includes the consolidation of two separate home license types down to one, which provides flexibility for all home providers to accept up to 12 kids (based on state fire code). We have also changed age groupings to reflect 0-12 months, 12 months-5 years, and children 5-10. This lowers the age of the middle age group to allow for “graduation” of children into older age groups sooner and adds additional slots for the youngest children (infants). Additionally, we streamlined staff qualifications and made a concerted effort to account for experience in early childhood settings while opening qualifications to include those with early childhood backgrounds that may not be specific to child care. This respects the workforce while lowering barriers for entry into the field. The barriers to being a provider in Kansas are well-established. The most recent 2023 Child Care Aware of Kansas Supply Demand Report cites staffing shortages, low wages, lack of benefits (health insurance/retirement/PTO, etc.), and more. This is also supported by what we hear from providers out in the field. KDHE has engaged with local coalitions, organizations, and providers to assist and/or advise on some of these challenges. We have created strong partnerships at the local level that are leading to really productive open conversations about how we can all be the solution. There is an additional concern with pandemic relief funding coming to an end. Due to those sustainability funds ending, which have assisted in keeping providers open, we may see an increase in struggles or closures. KDHE did receive				

						(lack of compensation, benefits, education assistance, unified profession/field, etc.). Total closures submitted to KDHE has decreased since 2018 and 2019. KDHE and Child Care Aware of Kansas both participate in surveying providers that choose to resign their license to learn reasoning, identify problems and gaps, and devise solutions. This "exit survey" remains ongoing. It is a common misconception that regulations are cited as the most often reason for a provider choosing to close or to prevent potential providers from entering the workforce as an early childhood care and education professional. However, this is not feedback that we often receive. Still, KDHE has engaged in a thorough regulatory review and is excited to continue the formal promulgation of proposed regulatory revisions. These revisions were drafted in partnership with internal subject matter experts, existing and new partners, and child care professionals themselves. Due to this engagement, there is confidence that a consensus has been reached by program, providers, and partners regarding pressing items such as federal requirements, capacity tables and ratios, and staff qualifications.	$1.3 million via Children's Initiative Funds (CIF) for SFY24 to administer "health and safety" grants. These funds are intended to go directly to providers and assist them in coming into compliance with regulatory issues. For example, this could assist with purchasing new fencing, playground materials, sinks/toilets, etc. KDHE also has active "small center pilots" that are being evaluated for a potential new license type. These small center pilots are particularly helpful for our rural communities. KDHE is promoting nontraditional styles of care – intergenerational care in long-term care facilities, afterhours care for those that work beyond the normal 9-5, and more. KDHE is engaging in systems-level thinking and work to transform the way child care is offered and supported in Kansas. Additional legislative investment would be appreciated and hugely helpful. Child care providers are small businesses themselves and investment in child care provides economic stability for all as providers remain open, parents have better work attendance, and businesses have a more stable and happier workforce. This is in addition to the development of children in the most critical part of their lives – which is the most important byproduct of safe, healthy, high-quality early childhood care and education.				
	2/2/2024	Additional information on Home Providers				Provide details on why home providers are closing? And, how many and what type of exceptions are made to keep day care providers open?	Please see above statements. Home providers face the same struggles. See exceptions above. Please note "Day care" is an overarching older term for child care providers.				
6	10/12/2023	KDHE to review the performance audit on the TransMed program completed by the Office of Medicaid Inspector General and develop processes and procedures to address the audit.	Joint Committee	KDHE		At the conclusion of the TransMed (TMD) Audit, KDHE received the final findings report and acknowledged the recommendations by the Office of Medicaid Inspector General. Efforts to prevent additional months of coverage beyond 12, were in progress prior to the audit starting. System updates were made in 2020 to not allow eligibility to continue past 12 months on the TMD program. However, due to continuous eligibility requirements under section 6008 of the FFCRA, members were able to continue coverage past 12 months throughout the COVID-19 pandemic. Following the audit, KDHE formed a committee to review the findings and develop a plan to mitigate other issues moving forward. Enhanced processes and procedures were drafted and later implemented to correct and prevent TMD coverage beyond the 12-month timeframe after the expiration of the federal continuous eligibility requirement (April 2023). These modifications were implemented in 2023 and include but are not limited to: required training for all eligibility processing staff with a focus on TMD, a communication to all staff outlining key issues identified in the audit, enhancements for overpayment reporting processes, and a targeted audit of newly approved/denied TMD recipients at review, considering the resumption of renewals, and allowance of discontinuances in accordance with the Consolidated Appropriations Act.	The KDHE Training Department developed a computer-based training (CBT) for eligibility processing staff to review post-audit with regard to the Transitional Medical Program (TMD). This training was implemented and communicated to all Contractor and KDHE Leadership 03/31/2023. The purpose of this course is to bring awareness to TMD in general, in addition to ensuring staff are aware of the TMD program when processing reviews. To date, over 400 eligibility processing staff have completed the CBT. A communication through the Microsoft SharePoint was distributed to all users on 03/01/2023 regarding key issues identified in the TMD audit and provided key references for staff to refer to when processing eligibility at renewal. In August 2023, the KDHE Quality Department conducted a targeted audit of denied caretaker recipients at review to determine if coverage was correctly terminated in accordance with the Consolidated Appropriations Act and the resumption of renewals. Two main issues were identified - 1) Minor SSA income was counted in error and 2) A workaround was not followed to ensure KEES determined TMD at review. These cases were corrected and data shared with both the Contractor and KDHE in the same month along with the workaround that needed to be applied in KEES to accurately reflect TMD coverage at review.				

Kansas Legislative Research Department (KLRD)				Kansas Department of Health and Environment (KDHE)						KLRD	
Item	Meeting Added to Spreadsheet	Issue or Concern	Organization	Agency Assigned	Agency time frame estimate for change	Q1 Response	Q2 Response	Q3 Response	Q4 Response	Status	Date of Committee Action
1 (2024 #7 on KDADS)	10/12/2023	What services are reimbursable by Medicaid or private insurance in the hospital inpatient setting for a patient screened and waiting for a state hospital admission? Are there obstacles to hospitals billing for services for a patient waiting for state hospital admission while still admitted to an inpatient hospital or in an emergency department?	Joint Committee	KDHE		KDHE cannot speak to private insurance coverage. For a Medicaid member, coverage of inpatient hospital days are determined by medical necessity and there is no differential in criteria or payment if a member is waiting transfer to state hospital versus inpatient for another medically necessary reason. Emergency room visits would again be covered per the overall Medicaid policy and there are not differentiators due to need to transfer to a state hospital.				closed	2/2/2024
2 (2024 #8 on KDADS)	10/12/2023	How can CMHCs/CCBHCs coordinate with hospitals to deliver services to people waiting for admission to state hospitals or SIAs? What services could CMHC/CCBHCs provide inside an in-patient hospital, jail, or other location where patients wait for state hospital admission? What potential eligibility issues would we run into with individuals that have Medicaid?	Joint Committee	KDHE		Payments for inpatient hospital stays are paid via a diagnosis-related group (DRG) methodology and not at the procedure code level. This means that all services are paid at a bundled rate and paying another provider to provide services for an inpatient would be considered double billing by CMS. Hospitals would be allowed to enter into agreements with CMHCs and CCBHCs to provide services that are part of the DRG rate. When a Medicaid member is incarcerated, their eligibility is suspended and Medicaid only covers inpatient hospital stays longer than 24 hours so CMHC and CCBHC services would not be allowed.				closed	2/2/2024

4	10/12/2023	KDHE to review the testimony from Impact HHA (C. Bacci) regarding Home Health Regulations enforcement and explain the regulation connection to the Committee.	Joint Committee	KDHE		In May 2022, KDHE did promulgate amendments to its Home Health Regulations. One of the new requirements involved 2-step TB testing. See KAR 28-51-103 (d)(6)(C). KDHE understood that the 2-step test and a more formalized health assessment were changes to prior practice and indicated that it would work with facilities concerning these requirements, including deferring enforcement. However, KDHE does not believe the need for such assessment or testing is controversial since prior KDHE HHA regulations contained similar requirements for a health assessment and TB testing. See prior version of KAR 28-51-103 (c)(6). The primary reason for this (and similar employee requirements) is a concern for the safety of the home health agency's clients who have invited the home health agency's employees into their home. KDHE found during the specific survey referenced by previous testimony that 19 of the home health agency employees for this HHA lacked a health assessment and TB testing in their personnel files. Even under the prior KDHE regulations, the survey team would have still found these same deficiencies. As is usual with the survey process, KDHE will continue to work with all facilities and operators on solutions for the deficiencies.				closed	2/2/2024	
7	10/12/2023	What is the benefit to the individual to have case management services on the Frail Elderly (FE) and Physical Disability (PD) waiver and the cost to add it?	Joint Committee	KDHE		The MCO RFP contains many provisions around care coordination with the goal that during contracting targeted case management (TCM) and other care coordination services would be better defined, including accountability to the MCO and be provided to members of the FE and PD waiver. KDHE will not need to seek additional authorities outside of the CMS approval of the new MCO contracts.				closed	2/2/2024	

Kansas Legislative Research Department (KLRD)					Kansas Department for Aging and Disability Services (KDADS)					KLRD	
Item	Meeting Added to Spreadsheet	Issue or Concern	Organization	Agency Assigned	Agency time frame estimate for change	Q1 Response	Q2 Response	Q3 Response	Q4 Response	Status	Date of Committee Action
1 (2023 #12)	2/3/2023	Sedgwick County State Hospital Update	Joint Committee	KDADS		Sedgwick County has awarded a contract for an architectural firm to begin the detailed construction design of the new hospital. Four potential sites have been reviewed with the public, and a selection should be made by the end of January. The Advisory Panel will submit its interim report to the Governor and Legislature by January 15, 2024.	In the Omnibus budget bill, the Legislature added $26.5M in order to build 104 beds all at once instead of a phased approach. The project is currently in the final phases of design. Construction is on track to begin February 2025 with the new hospital scheduled to begin accepting patients early in 2027.				
2 (2023 #14) (2022 #4)	2022	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.	Carryover from 2022 spreadsheet	KDADS	less than 6 months	KDADS Behavioral Health Services (BHS) continues the work of distributing the funds the legislative budget proviso appropriated for FY 24. Currently, the BHS Commission has 5 agreements going through an internal grants concurrence process as required, but hopes to announce awards in the near future to the selected grantees.	All FY 2024 Projects are making progress to identify IDD Crisis Stabilization efforts (and service gaps) in their identified service areas. All six projects include training components for community providers, including law enforcement, targeted case managers, direct service providers and/or family members. The FY 2024 grant period began 12/1/2023 and concludes at the end of the state fiscal year, 06/30/2024. Work is being done for the start of FY 2025 with current providers with the potential of adding more if responses are received by the agency determining interest from providers.				
3 (2023 #15) (2022 #13)	2022	Kansas should adopt language for Assistive Services that is similar to Technology First states.	Carryover from 2022 spreadsheet	KDADS		KDADS is still awaiting approval from CMS for the Smart Home Technology project. With this project we will help to define Assistive Services or Technology Services for a future waiver service. We will also be able to project costs of such a service for budget enhancement requests.	Approved by CMS. KDADS is working to hire a contractor to oversee the distribution of RFAs to providers and individuals to purchase Smart Home Technology devices.				

4 (2023 #16) (2022 #15)	2022	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.	Carryover from 2022 spreadsheet	KDADS		The FY 2024 budget includes $1M SGF to analyze the KAMIS system. The agency plans to post an RFP to procure a third-party vendor to assist with an analysis of the KAMIS system in January 2024. The project will include a system analysis and recommendations for system upgrades or alternatives. Additionally, KDADS continues to work with the AAAs on data/reporting opportunities with the current system.	The KDADS budget includes $1M SGF to analyze the KAMIS system. The agency plans to post an RFP to procure a third-party vendor to assist with an analysis of the KAMIS system in summer 2024. The project will include a system analysis and recommendations for system upgrades or alternatives. Additionally, KDADS continues to work with the AAAs on data/reporting opportunities with the current system.				
5 (2023 #17) (2022 #17)	2022	Applied Behavior Analysis (ABA) therapy	Carryover from 2022 spreadsheet	KDADS		KDADS/KDHE has requested average costs from providers to hold group therapy sessions. So far three providers have reported costs. Staff is preparing policy for approval. There is now a group billing through Early and Periodic Screening, Diagnostic, and Treatment for parents that is currently being utilized.	Policies have been approved and we are awaiting publication on KMAP website.				
6 (2023 #18) (2022 #19)	2022	There is a need for access to respite care.	Carryover from 2022 spreadsheet	KDADS		No update here. We continue to look for a new Program Manager	We are hiring a new TA Program Manager as the Legislature approved funding for this position separate from the SED Program Manager position.				
7 (2024 #1 on KDHE)	10/12/2023	What services are reimbursable by Medicaid or private insurance in the hospital inpatient setting for a patient screened and waiting for a state hospital admission? Are there obstacles to hospitals billing for services for a patient waiting for state hospital admission while still admitted to an inpatient hospital or in an emergency department?	Joint Committee	KDADS	6 to 12 months	KDADS suggests convening a workgroup with KDHE and the Kansas Hospital Association (KHA) members to identify any billing concerns that might prevent a hospital from billing for appropriate services that are provided while a patient is waiting determination of admission to a state hospital. The group would report at the 2nd Quarter Bethell Oversight Committee meeting.	At the last meeting, KDHE clarified that for a Medicaid member, coverage of inpatient hospital days are determined by medical necessity and there is no differential in criteria or payment if a member is awaiting transfer to state hospital versus inpatient for another medically necessary reason. Emergency room visits would again be covered per the overall Medicaid policy and there are not differentiators due to need to transfer to a state hospital. The item was closed. 2023 HB 2184 directs KDADS to reimburse healthcare providers, law enforcement, and other county entities for unpaid costs of patient observation and transportation for individuals waiting for admission to Larned State Hospital, Osawatomie State Hospital, or a State Intuition Alternative (SIA) hospital. That reimbursement program continues in FY 2025. KDADS reimburses health care providers, like hospitals, up to $40 per hour for observation costs and				

							actual costs or mileage for transportation to Larned, Osawatomie, or a SIA hospital. Through June 1, KDADS has paid $1.2 million under HB 2184, primarily to hospitals. KDADS would still be willing to convene a workgroup to determine if additional steps are needed to address appropriate services for patients waiting for admission to a state hospital and awaits direction of the Committee.				
9	10/12/2023	What statutory or policy changes are needed to reduce wait times or to provide mental health treatment to defendants while they are waiting for competency evaluation or treatment?	Joint Committee	KDADS	1 to 2 years	KDADS will provide updates in its agency update about efforts to promote mobile competency evaluation and restoration, expanding the reach of Community Mental Health Centers in performing competency services, and pilot efforts of the evaluators from LSH. The Governor's Advisory Panel for the South Central Regional Psychiatric Hospital is planning to study competency statutes and processes as part of the program design for the new hospital and how it will fit with existing programs and law enforcement needs.	The Governor's Advisory Panel for the South Central Regional Psychiatric Hospital is planning to study competency statutes and processes as part of the program design for the new hospital and how it will fit with existing programs and law enforcement needs. Additionally, the Judicial Council will be studying the issue of competency.				
10	10/12/2023	KDADS to determine the root cause of antipsychotic drug use trends. KDADS to review the measurement as compared to other states and explain the state ranking.	Joint Committee	KDADS		Please see information provided in KDADS agency update from the Survey, Certification & Credentialling Commission.	Please see information provided in KDADS agency update from the Survey, Certification & Credentialling Commission.				
12	10/11/2023	What is KDADS doing to lower the number of Kansans on the BI waiver who do not receive therapy services to under 100?	Joint Committee	KDADS		The MCOs have been working with individuals to either enroll in therapies, transition to another long term waiver, or closing enrollment for those not participating in therapies. For those individuals not closed before the Appendix K closure date of 11/11/23, the MCOs are completing reviews with the participant and submitting closures or transition requests for the long term HCBS waiver that the individual meets the requirements for eligibility. We have some individuals that are waiting for a therapist to become available who will not be closed. We are experiencing network adequacy issues that the MCOs are also working to resolve. The Program Manager will continue to work with the MCOs to ensure individuals who are not in compliance with our program guidelines are closed out timely.	Currently, we have 58 individuals showing not having therapy services. 39 individuals are new to the waiver in the last 5 months and starting therapies soon. The BI Program Manager is following up on the others in this group. We have already started the process to close out two of these cases in which the individual is not receiving therapy services.				
13	10/12/2023	There are 2,381 on the waiting list for PD. Please provide the causes of the increase to the waitlist and what population is being impacted.	Joint Committee	KDADS		KDADS sees the increases as part of the impact from the increase of the Protected Income Level two times in the past few years making more people eligible for the Waiver with the increase to 300% of Poverty Level.	We are beginning to send out offer letters for the 500 additional slots provided by the Governor and Legislature through the budget process. These offer letters are going out in batches every two weeks over 90 days.				

14	10/12/2023	There are 5,096 on the I/DD waiting list. Are there ways to expedite the Community Support Waiver (CSW)?	Joint Committee	KDADS		KDADS is working to expedite the CSW by contracting with experts to assist in developing a waiver for CMS approval, working with stakeholders to assure Kansas voices are heard in its development, and develop and put in place a provider network for the services we hope to provide.	We are beginning to send out offer letters for the 500 additional I/DD Waiver slots provided by the Governor and Legislature through the budget process. KDADS is working with our contractor, Public Consulting Group, to work through the process of developing the Community Support Waiver.				
15	10/12/2023	Even if the waitlist could be eliminated, how is the workforce increased to accommodate? What is the career path to increase and retain direct service providers?	Joint Committee	KDADS		KDADS is working with University of Kansas on a Direct Support Worker study to assist in determining the best methods for retaining direct service workers. These methods may include standardized training opportunities, career pathways, and general retention programs. Additionally, Assistive Technology has been expanded to allow for a person to live more independently in the environment of their choice, thus decreasing the need for on-site staff. Paid Family Caregiving has also been retained from the Appendix K unwinding.	We will soon announce our awardee for our Direct Support Worker Career Ladder study. The federal Administration for Community Living did provide Kansas a Peer Learning Collaborative grant to provide technical assistance along with several other states to help us build a career ladder.				
16	10/12/2023	What is the benefit to the individual to have case management services on the FE and PD waiver and the cost to add it?	Joint Committee	KDADS		These are highly vulnerable people who often require assistance in many areas of their lives to remain in the community. That is why in the current RFP for the MCOs we want them to develop a plan for community care coordination.	KDADS is working with the MCOs beginning July 2nd to develop a Community Service Coordination program.				
17 (2024 #2 on Other Agencies-- DCF)	10/12/2023 02/02/2024	Invest in foster home recruitment and retention by increasing funding for supplemental training on behavioral health needs and to support serious emotional disturbance (SED) youth. What is the status of the workforce, specifically, the number of beds that are not available due to workforce staffing issues?	Joint Committee	KDADS	6 to 12 months	DCF continues to work on recruitment of new foster homes and to develop additional therapeutic foster home placements. KDADS Behavioral Health Services has executed contracts for the development of two new children's crisis centers located in Wyandotte and Douglas counties. This will result in an increase of 18 beds. Once the two new programs are up and running, the total number of crisis respite beds will be 52 beds. Additional funding for children's crisis services would allow for greater development of crisis respite beds that would help alleviate the stress that results in disrupted placements, youth waiting in emergency rooms, and decrease the number of acute hospital and PRTF admissions.	KDADS Behavioral Health Services is in the process of evaluating proposals for the SFY 2025 for children's crisis respite centers and sending up to $2.1M out to providers for this purpose. KDADS currently has 5 proposals from providers wanting to expand and create these services, up 3 from last year, which is very encouraging to KDADS for providers wanting to deploy much needed services to children and youth. As EmberHope continues their pilot of aftercare follow up at their PRTF and in the community with budget proviso funding for SFY 2025, we look forward to expanding the pilot with existing funding to other PRTFs across the state. Three sites have been selected for SFY 2025, KVC/Camber Kansas City, TLC, and Florence Crittenton.				

						These centers will allow for more intensive family therapy services and for the youth to continue to work with providers that are a part of the regular treatment team. We would also like to expand programs modeled after the recently completed pilot we worked with EmberHope on for follow up care. This pilot increased the expectations of family involvement with increased family therapy, parent support and family groups, along with an aftercare during that transition time back home. Towards the end of the pilot, this was extended to foster families and was found to be very effective. Foster family involvement is a key to the transition of youth to home. Increasing the funding to allow for foster family involvement would be of great benefit.	This work is pivotal for children and youth with SED and other diagnoses to receive the care coordination and services they need to not be caught in a constant cycle of needing placement. KDADS provides quarterly updates on PRTF census, waiting list, and number of staffed beds as part of our agency presentation.				

Kansas Legislative Research Department (KLRD)					Kansas Department for Aging and Disability Services (KDADS)						KLRD	
Item	Meeting Added to Spreadsheet	Issue or Concern	Organization	Agency Assigned	Agency time frame estimate for change	2023 Q4 Response	Q1 Response	Q2 Response	Q3 Response	Q4 Response	Status	Date of Committee Action
8 (2024 #2 on KDHE)	10/12/2023	How can CMHCs/CCBHCs coordinate with hospitals to deliver services to people waiting for admission to state hospitals or SIAs? What services could CMHC/CCBHCs provide inside an in-patient hospital, jail, or other location where patients wait for state hospital admission? What potential eligibility issues would we run into with individuals that have Medicaid?	Joint Committee	KDADS	6 to 12 months		KDADS would be supportive, (barring any eligibility issues our partners at KDHE DHCF could identify), of CMHCs and CCBHCs providing services in between admission to state hospital or a state institutional alternative placement. The genesis for more services in these settings would be making sure the partnerships and relationships at the local level are interconnected and all parties are privy to what resources are available at their local CMHC/CCBHC and notified at the time of admission to have a response as appropriate. KDADS is open to discussing with CMHC/CCBHCs about the options to provide services while individuals are waiting.				closed	2/2/2024
11	10/12/2023	At what point do individuals go off the Brain Injury Waiver because of no additional improvement?	Joint Committee	KDADS			The progress a participant is not straight forward. As in life, there is an ebb and flow in growth. Forward movement is expected towards the end goal, but those small goals to get there may consist of a mix of gains and setbacks. Reviews are held every 6 months, and more often if needed. We have some individuals who don't make progress with one provider, but change and the next provider has more success. Although goals can be measurable, we do find that there is still a level of subjectivity. The 2019 waiver moved away from a time frame for participation on the waiver. We will address this by including a time frame for waiver participation to help increase the focus on goals to accomplish, and provide them with therapeutic techniques they can continue to use once they are no longer on the BI waiver as they will continue to improve throughout the course of their life. This journey does not end at the closure of the waiver. They will be continuing on with the support of their support network, and if needed the supports from one of our long term HCBS waivers or the Working				closed	2/2/2024

							Healthy/Works program. The earliest a person can transition off for not showing improvement is at their first 6 month review. In 2024 the BI waiver renewal enrollment will be a three year period.					

Kansas Legislative Research Department (KLRD)					Agency Response					KLRD	
Item	Meeting Added to Spreadsheet	Issue or Concern	Organization	Agency Assigned	Agency time frame estimate for change	Q1 Response	Q2 Response	Q3 Response	Q4 Response	Status	Date of Committee Action
1	10/12/2023	What specialty courts are available and being used for family treatment?	Joint Committee	Judicial Branch		**•Goals: The primary goal of the Family Treatment Courts (FTCs) is to provide a structured, judicially-monitored environment for families dealing with substance use disorder or other issues that impact family stability and child welfare. The focus is on rehabilitation and providing necessary support to ensure the well-being and safety of children while addressing the root causes of family dysfunction.** **•Standards: The FTCs operate under stringent guidelines that include regular court appearances, mandatory treatment programs, and continuous monitoring of compliance. They are designed to provide a holistic approach to family recovery and stability.** **•Partnerships: In addition to the families undergoing treatment, various stakeholders are actively involved. This includes the Department for Children and Families (DCF), Kansas Department for Aging and Disability Services (KDADS), substance abuse treatment professionals, child welfare specialists, and legal representatives. Collaboration among these parties is crucial for the success of the program.** **•Timeline for Implementation: The pilot program for the FTCs is scheduled to commence in September 2024. The initial phase is planned to run for 18 months, during which its effectiveness will be rigorously evaluated. This period is crucial for fine-tuning the program's mechanisms and ensuring that it adequately addresses the unique challenges faced by families in the judicial system.** **•Future Outlook: Depending on the outcome of the pilot program, we anticipate potential expansion or modification of the FTCs. The timeline for these changes will be contingent on the findings and recommendations derived from the pilot phase. A few Kansas jurisdictions have already indicated a desire to implement an FTC and wish to be kept up to speed on the progress of the pilot. The pilot period will come to an end in Spring 2025 and lessons learned will be incorporated to our program design. By Fall 2025, we should be in a position to provide support and training to any district that wants to implement an FTC.** **•Location: The three pilot courts are planned for Cowley, Lyon, and Miami counties.**	(WRITTEN ONLY UPDATE) Please see written response.				
2 (2024 #16 on KDADS)	10/12/2023	Invest in foster home recruitment and retention by increasing funding for supplemental training on behavioral health needs and to support serious emotional disturbance (SED) youth.	Joint Committee	DCF		In SFY23, DCF added funding for one additional full-time position to each Child Placing Agency grant to augment recruitment of new licensed foster homes. The daily rates for foster care are structured flexibly to meet a child's level of care and include two intensive levels of rate depending on the complexity of needs and rates for children living with intellectual or developmental disability. The payment model includes paid days of respite care. In SFY24, the legislature approved a $5.1M foster care budget increase so that the daily rate to non-licensed relatives is set at 70% of the rate of licensed homes. Regarding additional incentives, in October 2022, DCF launched a financial framework to create a network of providers (family foster homes and residential facilities) agreeable to reserve a bed and serve any youth at risk of a failure to place instance (office stay.) The structure pays to hold a bed for a youth and if the catchment area in which the provider agrees to support has no failure to place instances, they receive an incentive payment quarterly.	(WRITTEN ONLY UPDATE) In FY26, related to federal guidance and a Title IV-E Plan Approval, Kansas relative and kin caregivers who meet adjusted license standards will receive the same rate of pay as licensed family foster homes for all levels of care.				

						Regarding supplemental training: •DCF awarded a grant to the Kansas Center for Autism Research and Training (K-CART) for training supports and resources to foster parents and caregivers. •The Children's Alliance of Kansas has frequently scheduled live in-person courses, virtual classroom courses and self-paced online courses across behavioral health related and contextual topics including, but not limited to Adverse Childhood Experiences (ACEs), Trauma-Informed Relational Interventions (TBRI®), Critical Ongoing Resource Family Education (CORE) teen supports, parenting children with special needs, cognitive interaction skills, and self-care for resource parents. •DCF created a therapeutic family foster home level of care in 2022 and will build capacity for that level of care with the $6M legislative budget enhancement approved by the 2023 Legislature. In part, those $6M funds will be invested be spent on training curriculum recognized nationally and for capacity building grant awards in 2024 to child placing agencies who submitted proposals.	Regarding supplemental training: • In March 2024, DCF awarded grants to seven agencies who will receive $4,765,355 for innovative approaches that will increase the number of homes available and provide needed training and supportive services. Grant award agencies include Cornerstones of Care, DCCCA, Eckard, Emberhope, FosterAdoptConnect, KVC and Pressley Ridge. For more grant award information, https://www.dcf.ks.gov/Newsroom/Pages/ICB_Grants-TherapeuticFamilyFosterHomes.aspx				
3	2/1/2024	Please provide the timeline for training to become a therapeutic foster home.	Joint Committee	DCF			(WRITTEN ONLY RESPONSE) Therapeutic family foster homes may provide a therapeutic level care without additional training above and beyond what is required of a general foster home. As such, there is no additional timeline to wait to be a therapeutic level of care home. Therapeutic family foster homes are required to provide a document with their provider experience (e.g. a resume with their trainings, work alongside relatives and respite) and training plan, which are not required of a general foster home. Additional or augmented training requirements begin when a youth with a therapeutic level of care is placed in a therapeutic family foster home. A few timeline points are: • As is required for all licensed family foster homes, therapeutic family foster homes require 37.5 hours of pre-service training for licensure. • Before providing therapeutic care, the home needs to provide a training plan and resume with their experience as a provider. • After a child is placed, a stability plan addressing the child's needs for their placement and wellbeing is completed alongside the child's team within 30 days. • Within 3 months of being a placement resource for a child in need of the therapeutic level of care, 10 hours of child/youth specific needs training is required. These training hours are counted within the 1st year total requirements below. • In the 1st year – 28 to 31 hours of training is required in the topics of Trust Based Relational Interviewing (TBRI) or Critical Ongoing Resource Family Education (CORE) Teen. The variability in hours is because providers need to choose from TBRI or CORE Teen which have a different number of hours; and • 2nd year – 24 hours of required training. • In addition, DCF has a grant with Pressley Ridge who will launch their training curriculum in Kansas late Summer 2024 which focuses on therapeutic family foster homes as training/ learning participants.				

Kansas Legislative Research Department (KLRD)					Managed Care Organizations (MCOs)					KLRD	
Item	Meeting Added to Spreadsheet	Issue or Concern	Organization	MCO Assigned	MCO time frame estimate for change	Q1 Response	Q2 Response	Q3 Response	Q4 Response	Status	Date of Committee Action
No Items Quarter One											
No Items Quarter Two											

Legislative Action Items ***Note:*** **These are items the Joint Committee has identified as needing legislation to be enacted to address the issue.**

Item	General Issue(s)	Conferee(s)	Date added to spreadsheet	Agency or MCO	Resolution Reported by State Agency or MCO	Committee Action

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
CCBHC	Certified Community Behavioral Health Clinic
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
FFCRA	Families First Coronavirus Response Act
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
LSH	Larned State Hospital
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
SIA	State Institution Alternative
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
TransMed	Transitional Medical
TNA	Temporary Nurse Aide
UHC	United Healthcare Community Plan