

# **KDADS Updates on Requested Topics**

## **Presentation to The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight June 24, 2024**

**Updates on Requested Topics**  
Department for Aging and Disability Services

**Laura Howard, Secretary**

# Secretary's Update

New Aging Services Commissioner, David Anderson

New Behavioral Health Services Assistant  
Commissioner, Taylor Bremer

Charles Bartlett, Director of Adult Services for the  
Behavioral Health Services Commission, was  
awarded the Lifetime Service Achievement Award by  
the National Treatment Network

KDADS was selected by SAMHSA as a CCBHC  
Demonstration state

## *Congratulations*

Congratulations on this remarkable achievement! Achieving a significant milestone is always a cause for celebration. It represents the culmination of effort, perseverance, and a steadfast commitment to a goal.



Charles with officers of the NTN and the chief officer of the NASADAD. On Charles' left is Pat Lincourt, President of the NTNs from NY, and Rob Morrison, Executive Director of NASADAD; on his right is Tina Hosaka, Secretary of the NTNs, from Texas.



**Charles Bartlett**

# Secretary's Update

## 2024 Legislative Highlights

- New programs and programs moving to KDADS:
  - Mental Health Intervention Team from KSDE
  - Registration of Continuing Care Retirement Communities from KID
  - Tracking of facility-initiated discharges for state licensed only adult care homes
  - Reporting by healthcare supplemental staffing agencies
- KDADS legislation:
  - Strengthening outpatient treatment orders
  - Updates to licensing of disability services providers, and defining day services in statute
  - Clarification of qualifications for institutional licensure

# Secretary's Update

## FY25 Budget Enhancement Highlights

- Substance Use Disorder (SUD) treatment services for uninsured and indigent
- Family Treatment Courts
- 500 additional slots for each the IDD and PD Waivers
- Core funding for Area Agencies on Aging
- Respite care for Alzheimer's caregivers
- Grants for transition away from 14(c) sheltered workshops
- PACE rate increase
- State services and administrative costs for Community Developmental Disability Organizations (CDDOs)
- Supported Employment
- HCBS rates such as personal care services, specialized medical care
- Nursing Facility Medicaid add-on
- Behavioral Health Training Program
- 104 beds at the new South Central Regional Psychiatric Hospital

# State Hospitals

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## **State Hospitals**

Scott Brunner, Deputy Secretary  
Hospitals and Facilities

# Regional State Hospital Project

## Governor's Advisory Panel

- Advisory Panel formed 2 Subpanels to specifically focus on workforce issues and involvement with law enforcement.
- The Law Enforcement Panel reviewed information on state hospital admissions by county to consider a potential catchment area for the South Central Kansas hospital. The Panel discussed including Sedgwick, Reno, Harvey, Butler, Sumner, Cowley, and Kingman counties in the potential catchment area. No formal recommendation was made by the panel.
- The Workforce Subpanel recommended a number of funding requests for KDADS to include in the FY 2026 budget or to the 2025 Legislature for workforce pipeline projects including 2 psychiatry residency slots through the University of Kansas School of Medicine-Wichita, student loan forgiveness for licensed behavioral health practitioners, grant programs to support clinical training sites and to create new partnerships between providers and academic institutions for mental health professional training programs.
- Governor Kelly updated the Executive Order (24-04) to move the final report due date from June 30, 2024, to September 30, 2024, to allow the Panel more time to study and consider recommendations.

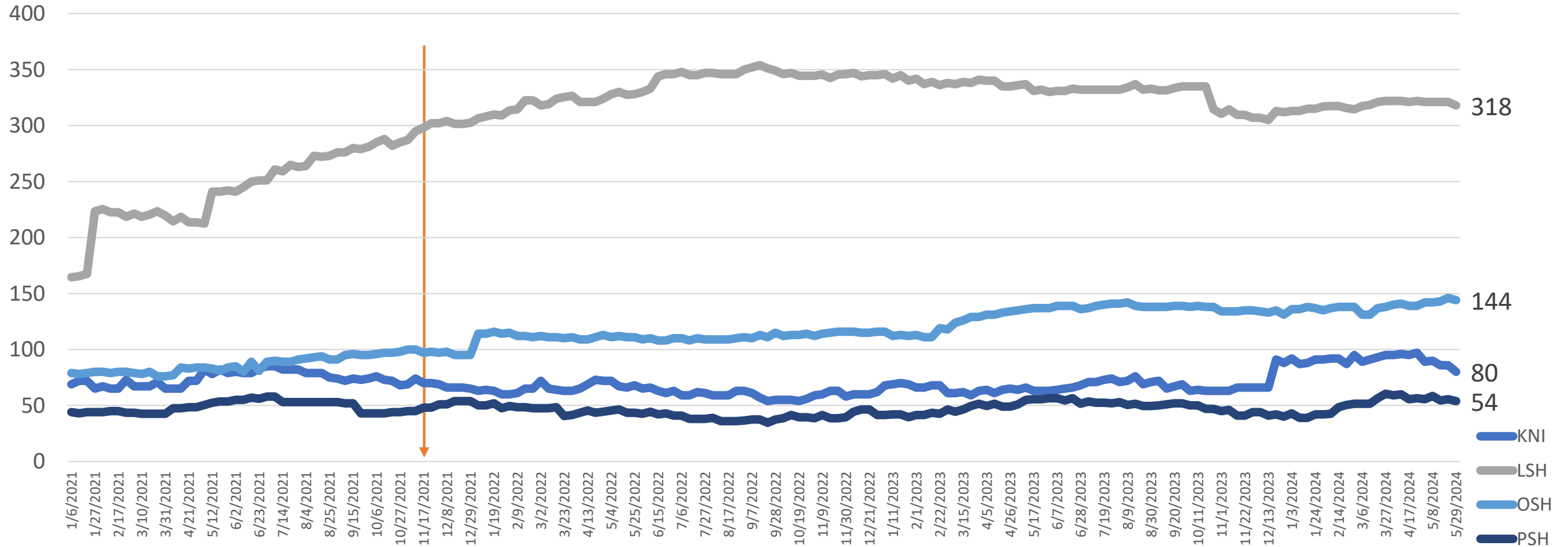
# Regional State Hospital Project

## Site Selection

- Wichita City Council approved zoning and boundary changes for the selected site at Macarthur and Meridian. Property zoning has changed from General Commercial to Limited Industrial Use. The City Council put a limit on usage of the property including a restriction on day reporting/work release programs on the site.
- Design is proceeding. KDADS, contracted architects, and Sedgwick County reviewing the completed schematic design documents.
- Legislature added \$26.5 million in the Omnibus bill to complete the building project with 104 beds instead of 52. This is consistent with the recommendation of the Advisory Panel.
- Working on finalizing the land agreement. This will need to go before the Sedgwick Co Board of County Commissioners later this month.

# Number of Vacancies by Hospital (2021 to May 29, 2024)

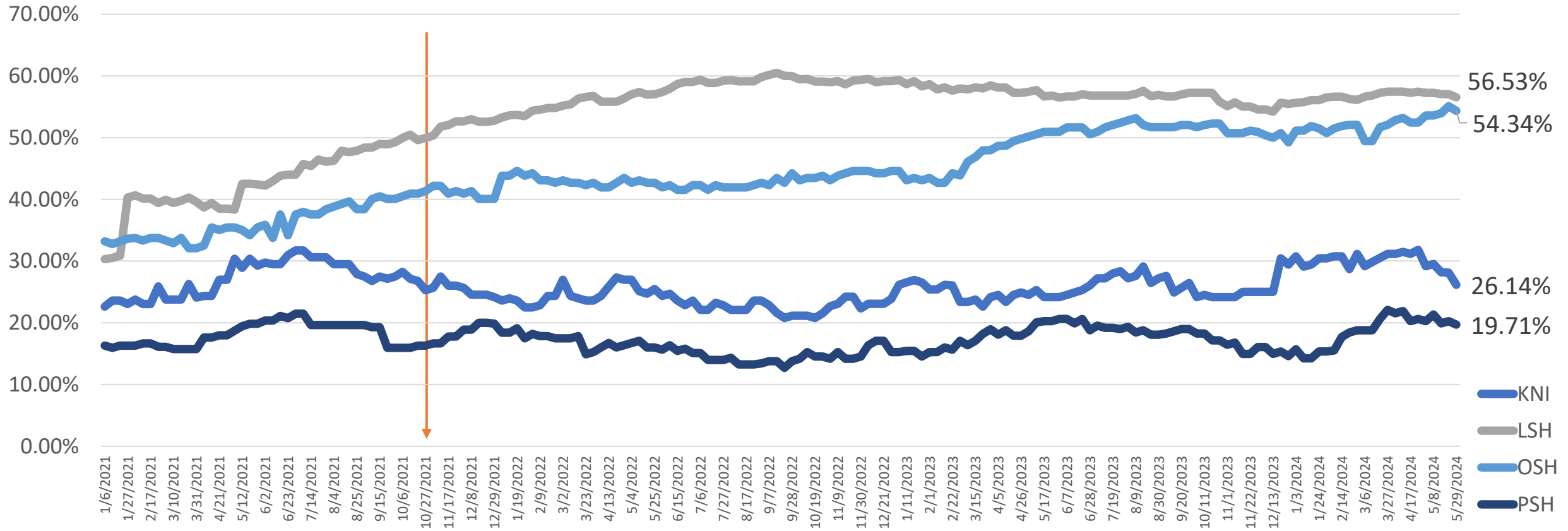
Mental Health/Developmental Disability Techs, Nursing and Safety and Security Officers





# Number of Vacancies by Hospital (2021 to May 29, 2024)

Mental Health/Developmental Disability Techs, Nursing and Safety and Security Officers



# Budget Proviso to Help with Staffing

HB 2551 (Section 40(e)) authorized KDADS to work with the Department of Personnel Services to develop a bonus program to improve hiring, recruiting, and retention of state hospital employees. The total amount of the bonuses can not exceed \$10,000 per employee during FY 2025.

KDADS is working with Personnel Services to create payroll codes to award and track bonuses to promote filling positions and incentivizing state employees to recruit and volunteer for additional shifts. These bonuses would start after July 1, 2025.

## Sign-On Bonus

- A one-time \$1,000 payment to any new staff after they have been employed for 90 days with no formal discipline. This is not for transfer positions or temporary employees.

## Referral Bonus:

- \$500 payment to any current employee who refers a new employee once the new employee has been employed for 6 months. Upon being hired, the new employee must identify one current employee that referred them to the facility to receive the bonus.

# Budget Proviso to Help with Staffing

## Retention Bonus:

- \$2,000 bonus paid to all full-time employees in increments. The first \$1,000 would be paid after 6 months of employment with no formal discipline during that time period and performance that meets expectations for the previous 6 months. The second \$1,000 would be paid after 12 months of employment with no formal discipline for the previous 6 months and a current performance review of at least meets expectations.

## Pick-Up Shift Bonus:

- \$100 bonus paid to an employee for each hard to cover shift an employee volunteers for directly related to patient care i.e., nursing and direct care. One shift can be evenly split between 2 different staff, in this instance each staff would receive a bonus of \$50. This would be for weekend, evening, overnight and holiday shifts per the discretion of the Superintendent. This would be for any employee that picks up an extra shift, only if that employee has already worked their regularly scheduled shifts. If a staff has called in for a regularly scheduled shift, they will not receive the bonus for working the pick-up shift. This bonus is limited by each employee's yearly allotted bonus amount.

## Longevity Bonus (Unclassified Staff):

- Up to \$1,000 one time for long term staff members. Long-term is defined as unclassified and classified staff who have been employed with the state facility for 10 or more years who currently do not get a longevity bonus. Long term staff will receive \$40 for every year they have been employed at the state hospital, up to 25 years. An unclassified staff employed for 10 years will receive \$400, an unclassified staff that has been employed for 25+ years will receive \$1,000.

# State Institution Alternatives

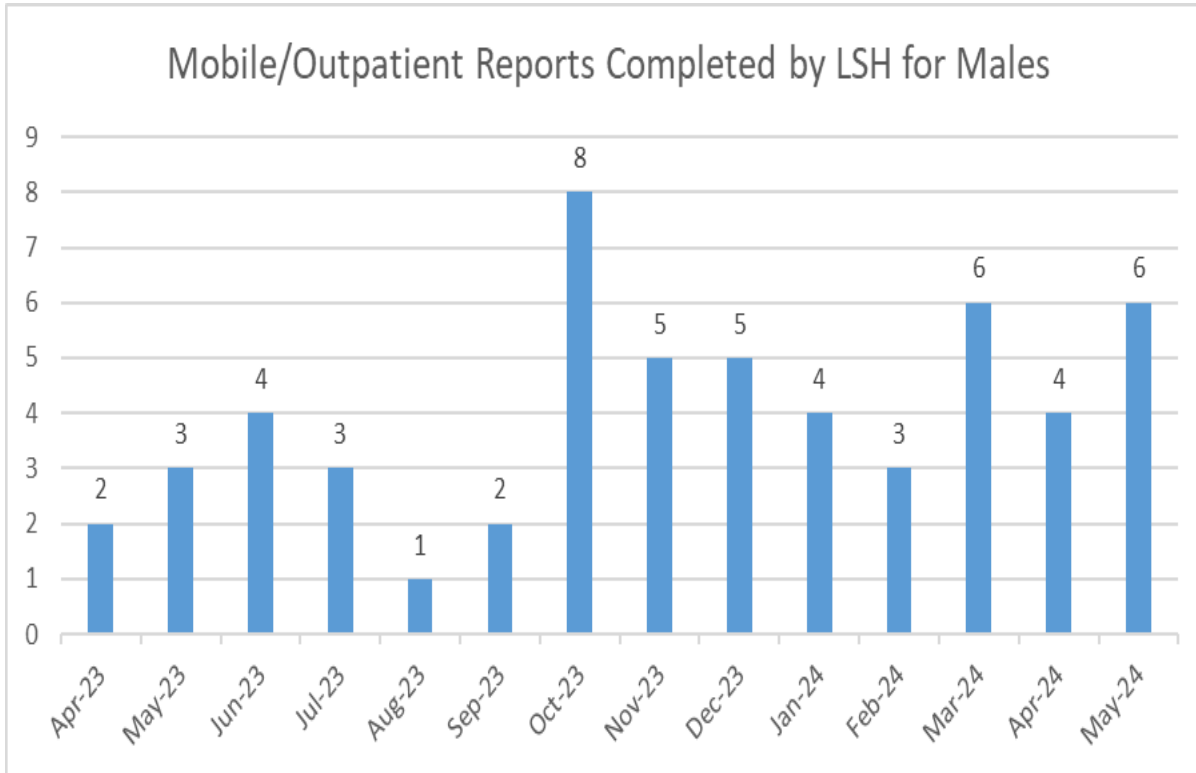
Cottonwood Springs	Olathe
Camber (KVC Hospitals) -- Kansas City	Kansas City
Camber (KVC Hospitals) – Wichita	Wichita
Camber (KVC Hospitals) – Hays	Hays
Newton Medical Center (NMC)	Newton
Via Christi	Wichita
Anew Health	Shawnee
Hutchinson Regional Hospital	Hutchinson

Utilization  
Aug. 30, 2021 –  
June 7, 2024

1,859 adults

1,367 children

# Mobile Competency Services through Larned State Hospital Staff



Through May 2024, Larned State Hospital has pilot projects to conduct mobile competency restoration in Shawnee, Sedgwick, Johnson, Geary, and Lyon Counties.

Reno County is working with Horizons CMHC and LSH to get amended orders to allow Horizons to do competency restoration in the jail for 2 individuals.

Most of the mobile reviews completed remotely or in jails are Competency Evaluations.

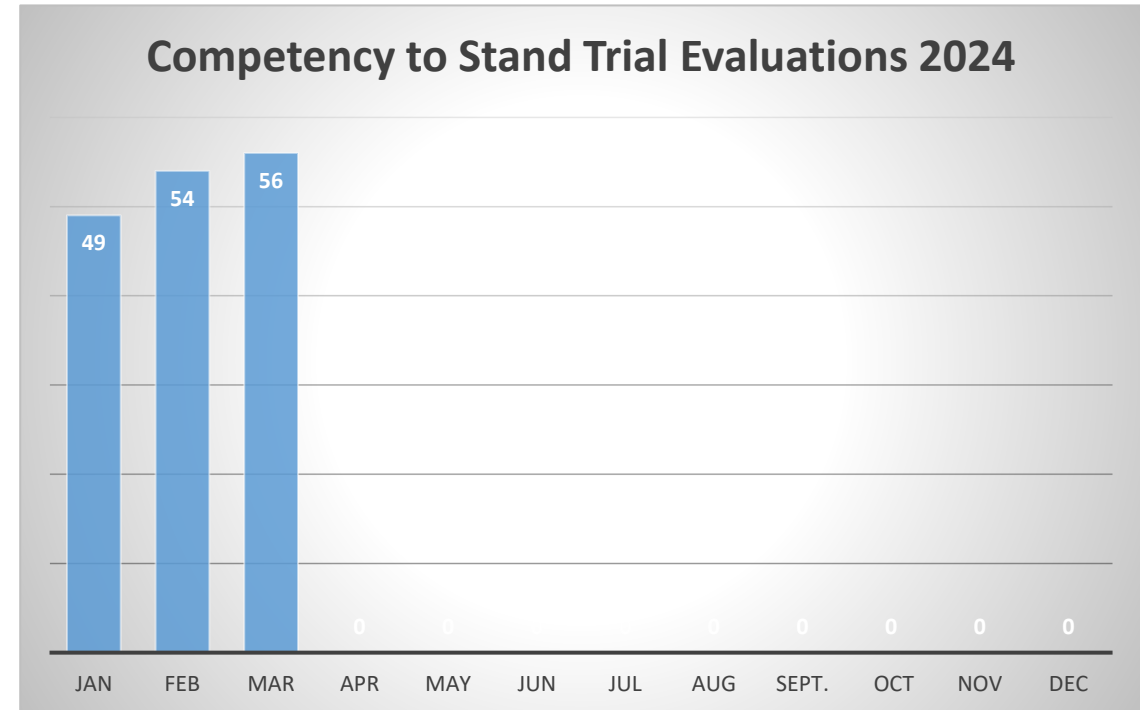
# Mobile Competency Services through Wheat State Healthcare

KDADS entered a contract in March 2023 with Wheat State Healthcare to coordinate competency services provided by Community Mental Health Centers (CMHCs) to judicial districts.

24 CMHCs have staff trained to conduct competency evaluations and 16 have staff trained in competency restoration.

Bert Nash launched its restoration services in Douglas County on April 1st. The program in Douglas County includes an outlined process for initiating medication over objection if necessary. Psychiatric staff at Bert Nash will oversee the process.

Spring River and Horizons CMHC have completed 3 restorations. Community Mental Health Center of Crawford County and The Guidance Center have started restoration treatment in their counties.



# Reimbursement to Counties

2023 SB 228 and HB 2184

The 2023 Legislature adopted two laws that direct KDADS to reimburse for costs related to delays in admission to Larned State Hospital or Osawatomie State Hospital.

[SB 228](#) directs KDADS to reimburse counties for costs related to holding a person in custody while awaiting examination, evaluation, or treatment to restore competency to stand trial.

Counties can be reimbursed \$100 per day for the time between requesting a competency evaluation and when that defendant is taken from confinement, or the evaluation is completed in the county. That amount also is applied to days between when the defendant is returned to the county to await being transported to receive competency treatment or the treatment is completed in the county.

KDADS developed a process to receive reimbursement requests from each county based on defendants waiting for a competency evaluation or restoration a quarterly payment process. Counties can submit costs for defendants held back to July 1, 2022.

# Reimbursement to Counties

## 2023 SB 228 and HB 2184

[HB 2184](#) directs KDADS to reimburse healthcare providers, law enforcement, and other county entities for unpaid costs of patient observation and transportation for individual waiting for admission to Larned State Hospital, Osawatomie State Hospital, or a State Intuition Alternative (SIA) hospital. This applies only to individual involuntarily committed under the Kansas Care and Treatment Act as being a risk to themselves or others.

KDADS created two reimbursement forms. One for law enforcement organizations to use when requesting reimbursement for observation times for patients in protective or emergency custody. The other form is for health care providers, like hospitals, or other county organizations that may hold a potential state hospital patient while awaiting admission to a state hospital or SIA. That form includes information about the requesting entity, address, the name of individuals being observed, the date ordered to a state hospital for placement, and the date transported or admitted.

The form will calculate the requested reimbursement based on subtracting the order date from the transport, evaluation or treatment completion date and multiplying the result by \$40 per hour.

Requesting entities can also use the form to request reimbursement for the cost of transporting patients. The reimbursement is \$0.585 per mile for the round trip from the entity to the state hospital or SIA hospital admitting the patient or a lump sum cost for the transport through a contracted or secure transportation vendor. KDADS will pay up to the actual cost for the transportation to the admitting hospital.



# Reimbursement to Counties

## 2023 SB 228 and HB 2184 through May 2024

### SB 228 Forensic Competency Wait Time Payments by County

County	Amount	County	Amount
Allen	\$ 39,100	Jefferson	\$ 1,800
Barton	\$ 15,300	Johnson	\$ 745,000
Butler	\$ 238,500	Kearny	\$ 30,200
Chase	\$ 5,000	Leavenworth	\$ 548,500
Cherokee	\$ 136,500	Linn	\$ 72,300
Cloud	\$ 22,400	Lyon	\$ 237,500
Coffey	\$ 6,100	McPherson	\$ 1,600
Crawford	\$ 99,300	Miami	\$ 53,300
Dickinson	\$ 9,700	Montgomery	\$ 71,200
Doniphan	\$ 29,400	Pawnee	\$ 1,100
Douglas	\$ 594,600	Reno	\$ 209,700
Finney	\$ 57,500	Republic	\$ 4,700
Franklin	\$ 15,600	Riley	\$ 117,800
Geary	\$ 200,100	Russell	\$ 10,400
Greenwood	\$ 15,200	Sedgwick	\$ 1,737,500
Hamilton	\$ 22,200	Shawnee	\$ 1,079,000
Harper	\$ 57,000	Wilson	\$ 45,400
Harvey	\$ 90,200	Wyandotte	\$ 1,175,800

**Grand Total \$ 7,796,500**

### HB 2184 Involuntary Commitment Costs

Expense Month	Transportation	Observation	Total
July-23	\$ 129,080.00	\$ 11,676.15	\$ 140,756.15
August-23	\$ 136,960.00	\$ 18,599.58	\$ 155,559.58
September-23	\$ 121,120.00	\$ 16,239.21	\$ 137,359.21
October-23	\$ 142,520.00	\$ 21,719.79	\$ 164,239.79
November-23	\$ 148,240.00	\$ 18,033.42	\$ 166,273.42
December-23	\$ 82,320.00	\$ 12,468.43	\$ 94,788.43
January-23	\$ 151,880.00	\$ 10,146.96	\$ 162,026.96
February-23	\$ 113,880.00	\$ 8,757.26	\$ 122,637.26
March-23	\$ 32,080.00	\$ 3,408.92	\$ 35,488.92
April-23	\$ 22,280.00	\$ 1,978.04	\$ 24,258.04
May-23	\$ 1,360.00	\$ -	\$ 1,360.00
June-23	\$ -	\$ -	\$ -
	\$ 1,081,720.00	\$ 123,027.75	\$ 1,204,747.75

# Behavioral Health Services

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## **Behavioral Health Services**

Drew Adkins, Commissioner

Behavioral Health Services

# Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 6/13/2024 was 146.
  - Of the 146 individuals, 59 were in foster care. The total decrease is 10 since the last report, with a decrease of 14 in foster care.
- Current number of PRTF licensed beds is 452. This is an increase of 50 starting 5/16/2024 when the new PRTF, Kansas Renewal Institute, in Fort Scott opened.
- 197 of these beds are not being used by providers due mainly to staffing shortages. Current census is 255 total, of which 82 are foster care youth.
- Collaborating with McKinsey on a PRTF Environmental Study to identify access gaps and provide possible solutions.

A woman with dark, curly hair is looking out a window. The window shows a view of a blue sky with clouds and green foliage. The woman has a nose ring and is looking upwards and to the right.

**988**

**SUICIDE  
& CRISIS  
LIFELINE**

**Robert G. Bethell Joint  
Committee on Home &  
Community Based-  
Services**

**June 24, 2024**

**Drew Adkins, Commissioner  
BHS - KDADS**

# What is 988?

988



The dialing code to connect to the National Suicide & Crisis Lifeline.



A direct connection to compassionate, accessible & highly trained support for anyone experiencing crisis.



## 988 Milestones to Date

In the year since rolling out the 988 Suicide & Crisis Lifeline, the line has answered nearly [5 million contacts](#) — nearly 2 million more than the previous 12 months. Of the nearly 5 million answered, about [665,000](#) were texts.

Increases in usage compared to previous 12 months:

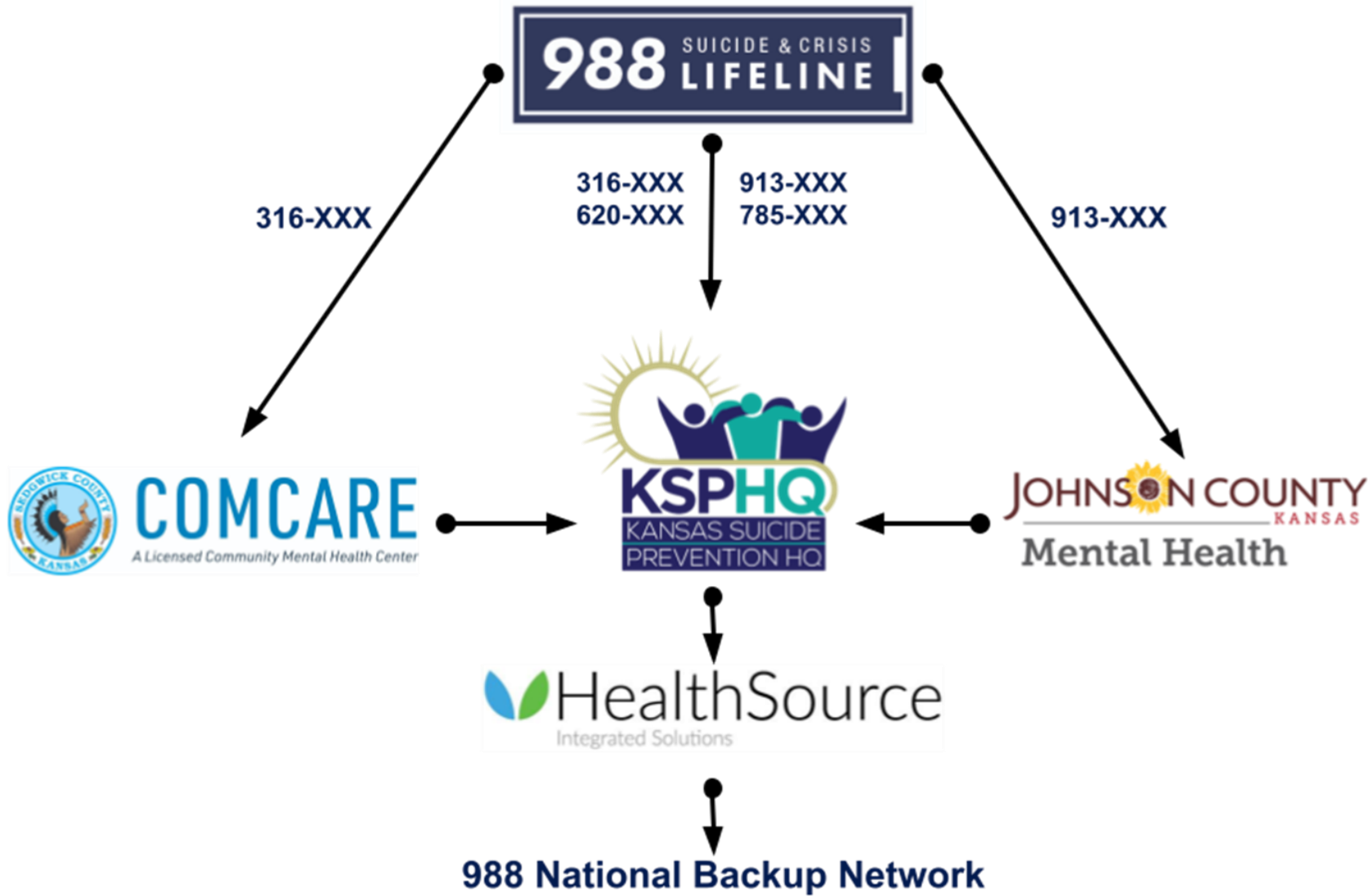


The average speed to answer decreased from 2 minutes and 39 seconds to 41 seconds.

People who **call the Lifeline** are given four options:

- **Press 1** to connect with the **Veterans Crisis Line**
- **Press 2** to connect with the **Spanish Subnetwork**
- **Press 3** to connect with the **Trevor Project for LGBTQ+ Youth**
- **Remain on the line** and be connected to a **local crisis center**; if local crisis center is unable to answer, the caller is routed to a national backup center

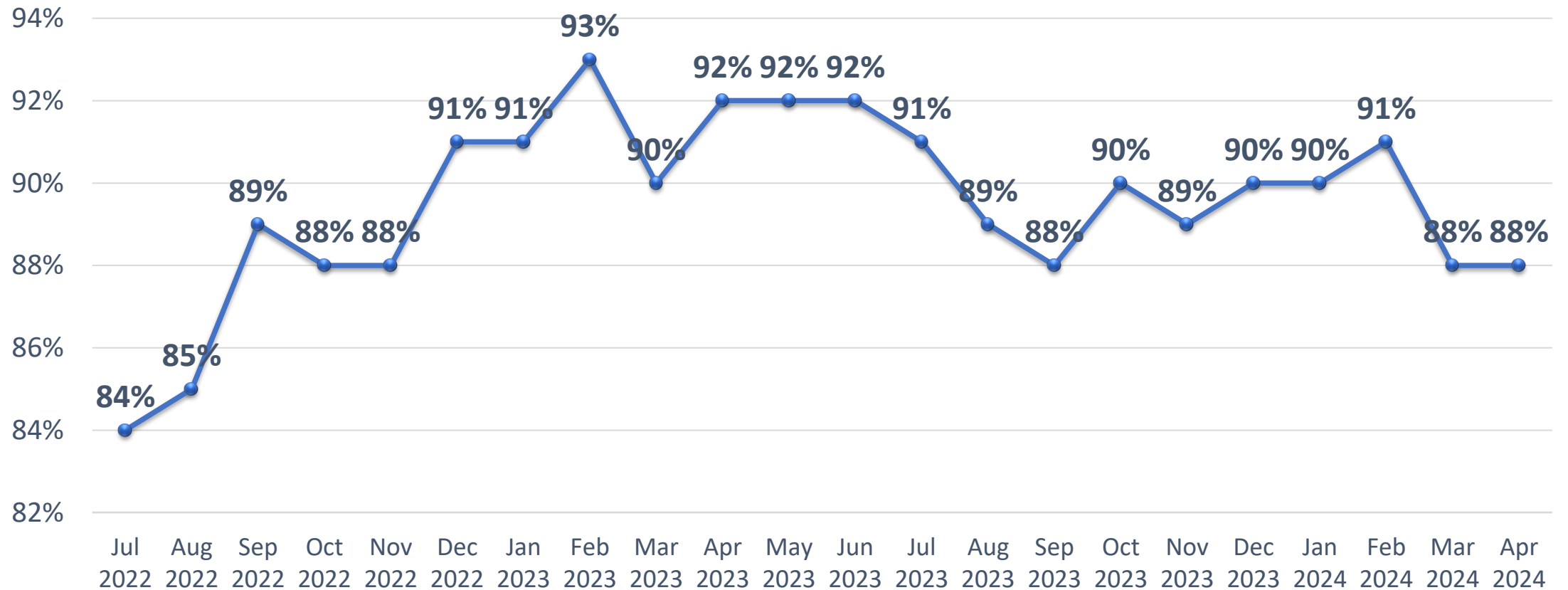
# WHAT DOES 988 LOOK LIKE IN KANSAS?



# In-State Answer Rates

988

Inception, July 2022 – Present, April 2024

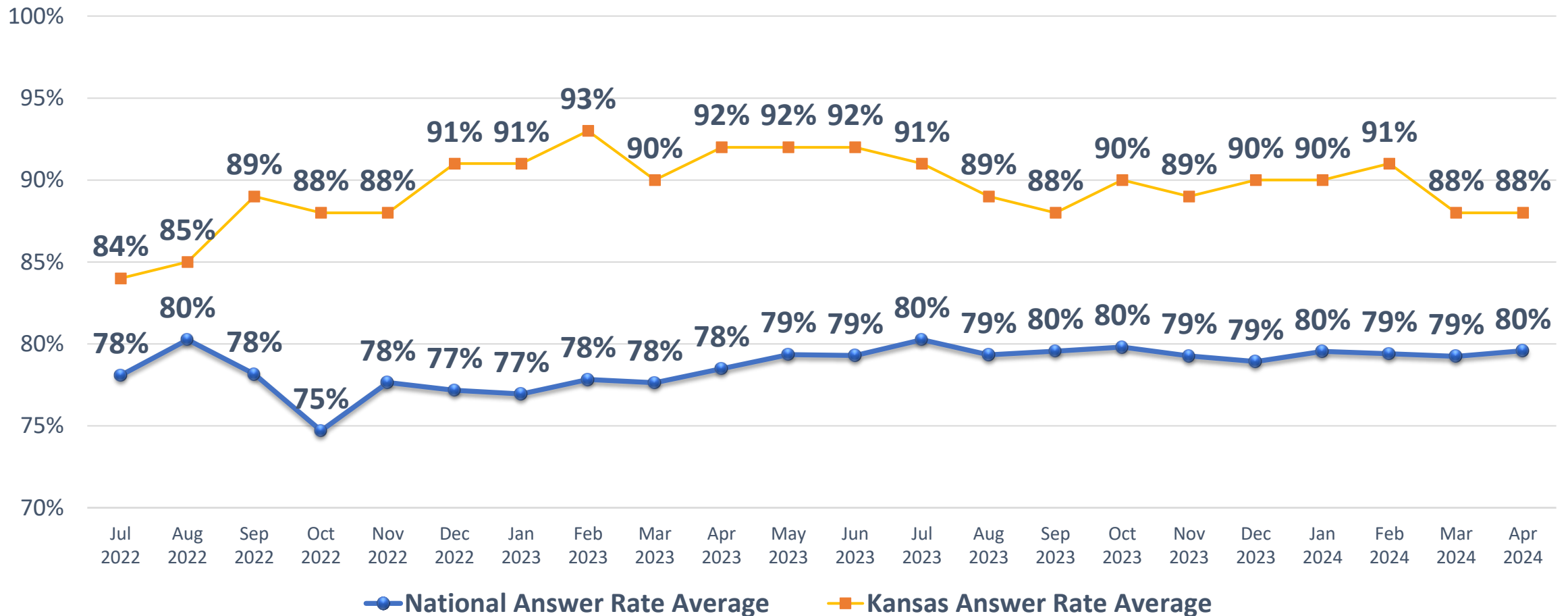




# Kansas Average Monthly Answer Rate vs National Average Monthly Answer Rate

988

Inception, July 2022 – Present, April 2024



# Thank you!



You can email questions to  
**[Laura.brake@ks.gov](mailto:Laura.brake@ks.gov)**

# Survey, Certification & Credentialing

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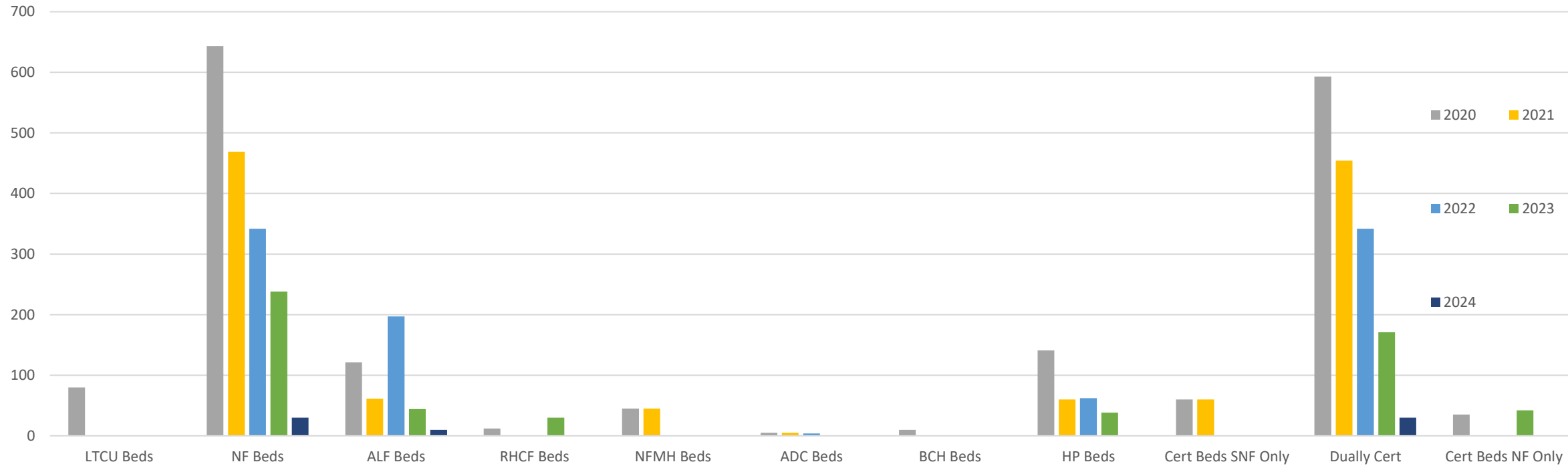
## **Survey, Certification & Credentialing**

Lacey Hunter, Commissioner

Survey, Certification & Credentialing

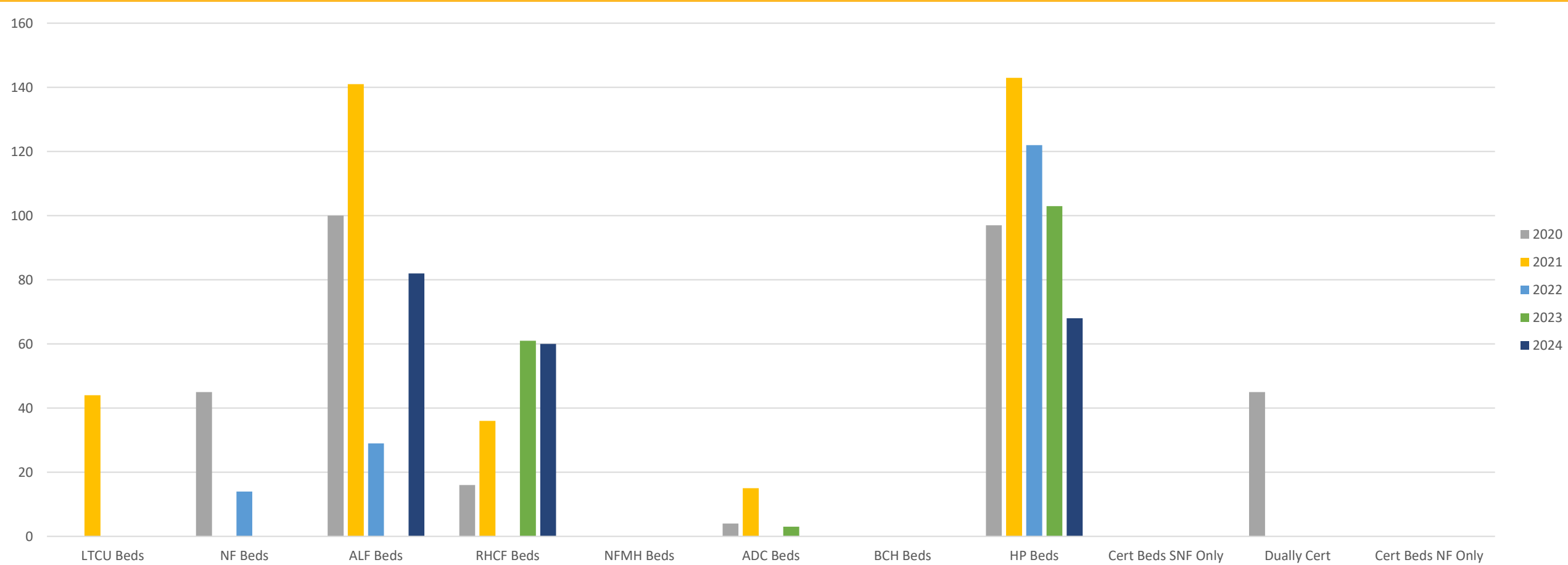
# Long Term Care

## Adult Care Home Bed Closure Over 5 Years



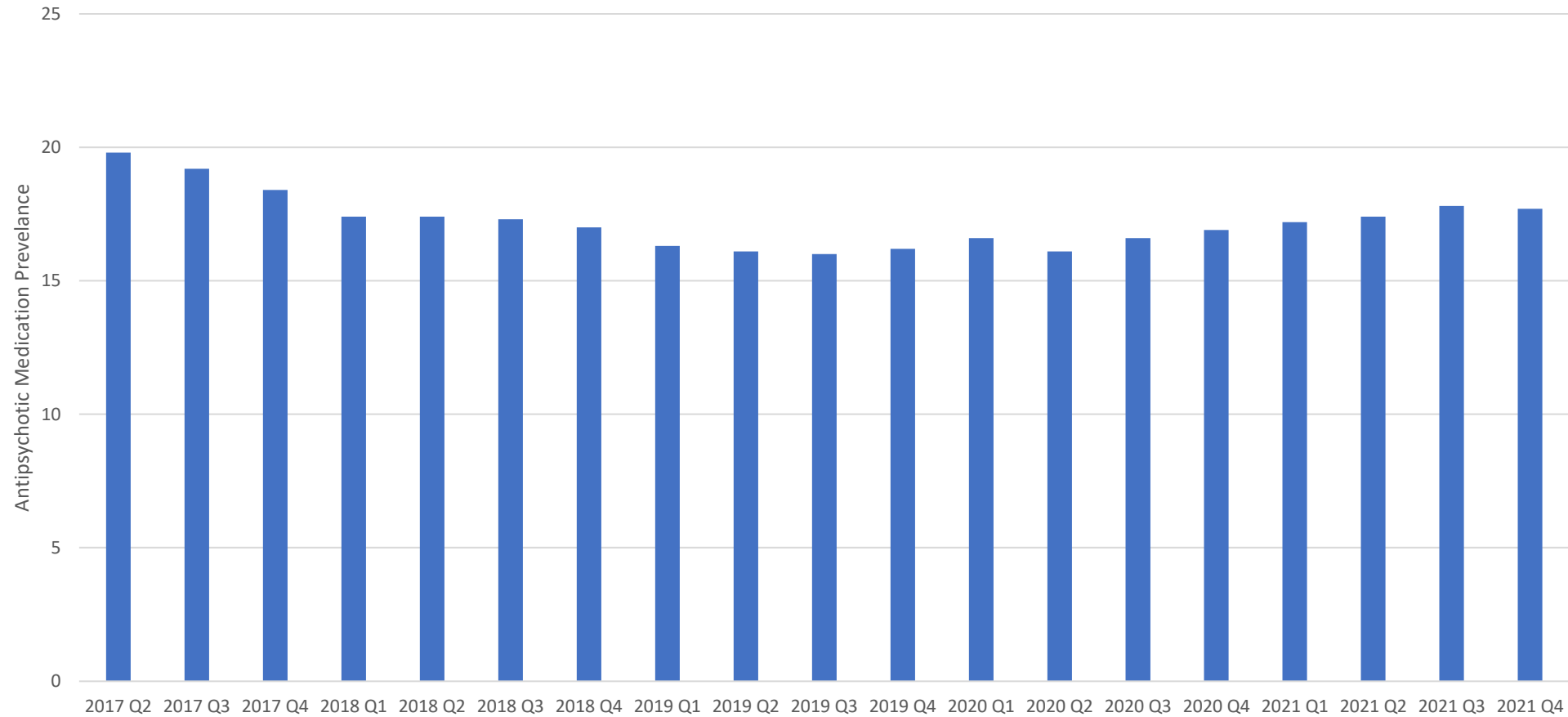
# Long Term Care

## Adult Care Home Bed Openings Over 5 Years



# Antipsychotic Use in NF

- In 2011, Kansas ranked 51<sup>st</sup> in the nation (42<sup>nd</sup> in 2018), in the use of anti-psychotic drugs in nursing facilities.
- Kansas now ranks 39<sup>th</sup> in the nation and expects to continue to show improvement based on the activities undertaken.



\*Excludes residents diagnosed with schizophrenia, Huntington's Disease, or Tourette's Syndrome

Source: National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report

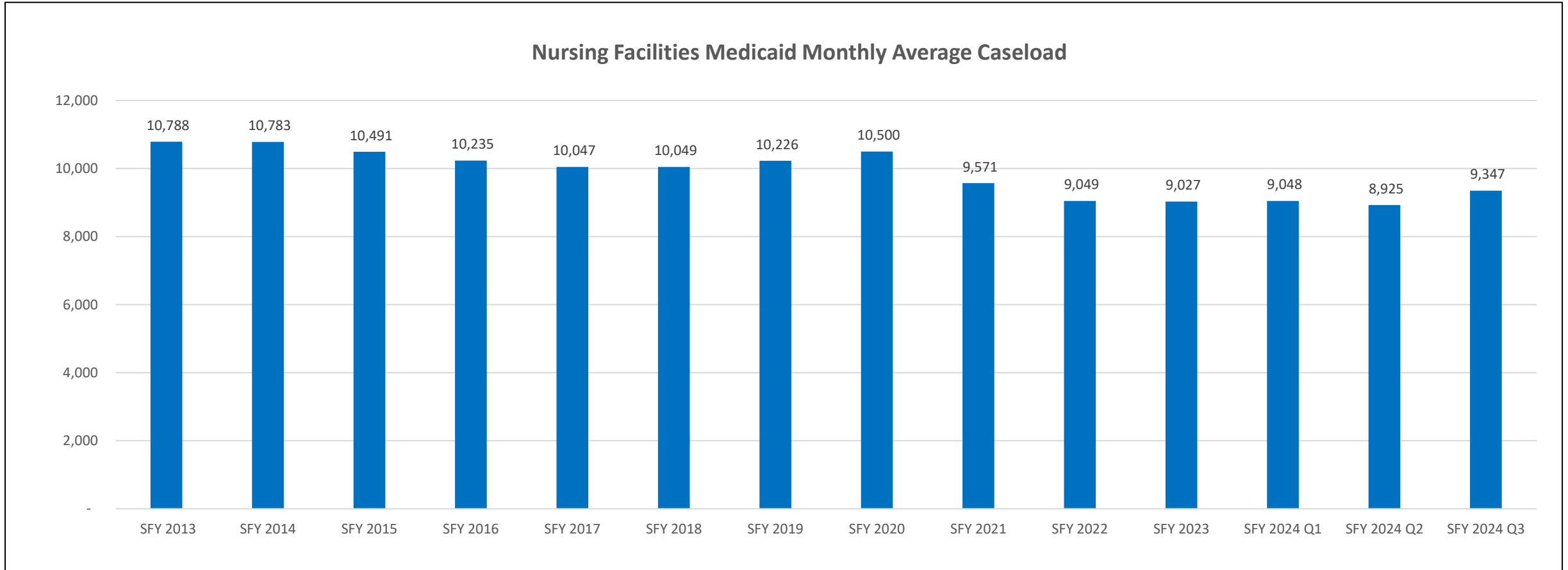
# Aging Services

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## **Aging Services**

David Anderson, Commissioner  
Aging Services Commission

# Nursing Facilities Medicaid Monthly Average Caseload

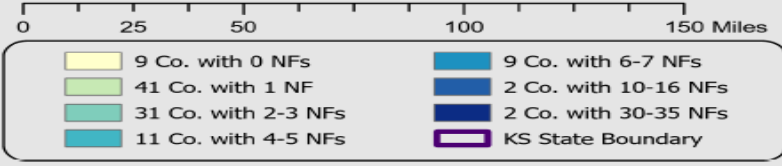
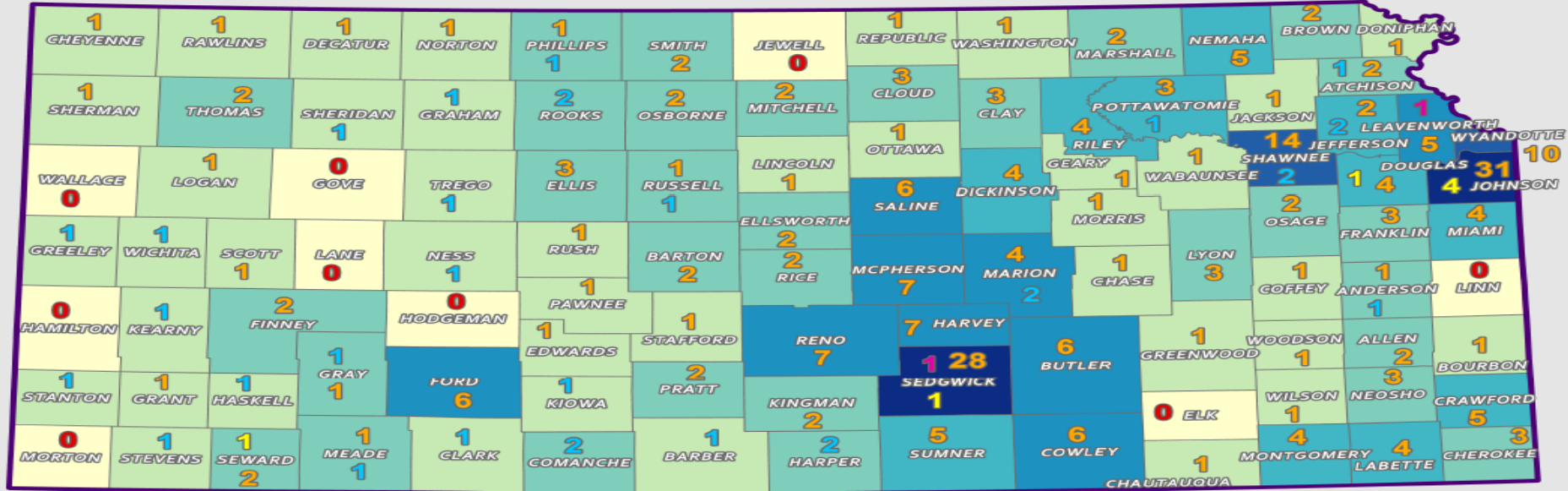




# Nursing Facility Program

## Facility Map

### 308 Kansas Nursing Facilities by County



Notes:  
 1) This map does not include 10 Kansas NFMHs.  
 2) Data for this map was current as of 11/15/2023.  
 3) Currently there are no Nursing Facilities scheduled for closing.

Data Sources:  
 1) Kansas Department for Aging and Disability Services (KDADS) Facilities Directory: <https://webapps.kdads.ks.gov/prod/f?p=113:901>  
 2) Kansas Organization Tracking Application (KOTA)

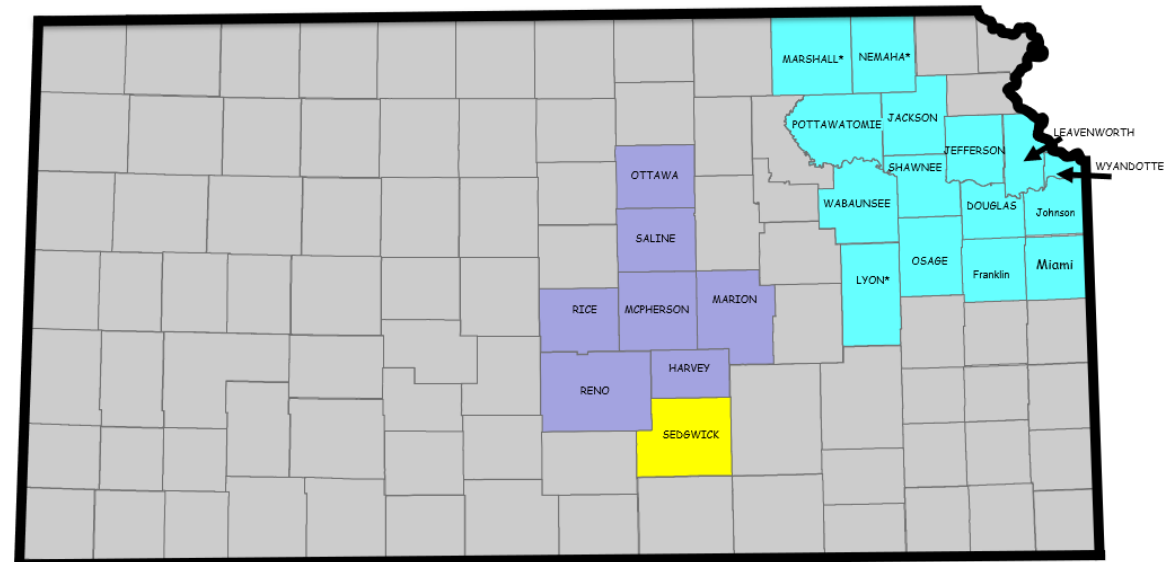
Authored By:  
 Bill Arnold, M.A., M.Ed., GIS Prof.,  
 KDHE Division of Health Care Finance

# PACE Continued

## PACE Enrollments

Midland:	610
Via Christi HOPE:	326
Bluestem:	112

*Program of All-Inclusive Care for the Elderly (PACE) Service Map*



Bluestem Communities

Ascension Living Hope

Midland Care

No PACE Services

\* Lyon- 66801, 66830, 66833, 66835, 66854, 66864, 66865, 66868  
 \* Marshall- 66403, 66406, 66411, 66412, 66427, 66438, 66508, 66518, 66541, 66544, 66548  
 \* Nemaha- 66404, 66408, 66415, 66417, 66428, 66522, 66534, 66538, 66550

\* Indicates partial county

# Home & Community Based Services

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## **Home & Community Based Services (HCBS)**

Michele Heydon, Commissioner  
Long Term Services & Supports

# HCBS Waiver Enrollment—May 2024

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	64		640 (As of 05/31/2024)
Serious Emotional Disturbance (SED)	3,892		
Technology Assisted (TA)	816		
Frail Elderly (FE)	7,566		
Brain Injury (BI)	1,028		
Intellectual and Developmental Disabilities (I/DD)	8,990	5,407	
Physical Disability (PD)	5,987	2,428	

Notes:

- Data as of June 13, 2024
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at: [https://kdads.ks.gov/kdads-commissions/long-term-services-supports/home-community-based-services-\(hcbs\)-programs](https://kdads.ks.gov/kdads-commissions/long-term-services-supports/home-community-based-services-(hcbs)-programs)

# HCBS Waiver Projects in 2024

In addition to day-to-day management of the seven HCBS Waiver programs, KDADS continues to focus on the following initiatives:

- Brain Injury and IDD Waiver Renewal efforts: both renew in July 2024.
- Waiver Amendments for Virtual Delivery of Services, Paid Family Caregivers, Performance Measures. Approved by CMS 5/31/2024.
- 10% FMAP Enhancement Projects
- Final Settings Rule Compliance
- Receiving Technical Assistance from NASDDDS regarding waiver processes
- Procuring a vendor to aid in development of Community Support Waiver

# Current Status of Each Waiver Renewal

Waiver	Status	Effective Date	Expiration Date
Autism	Effective	4/1/2022	3/31/2027
Brain Injury	Renewing	7/1/2019	6/30/2024
Frail Elderly	Effective	1/1/2020	12/31/2024
Intellectual/Developmental Disability	Renewing	7/1/2019	6/30/2024
Physically Disabled	Effective	1/1/2020	12/31/2024
Serious Emotionally Disturbed	Effective	4/1/2022	3/30/2027
Technology Assisted	Effective	8/1/2023	7/31/2028

# KDADS Waiver Amendments

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Virtual Delivery of Services and Paid Family Caregivers Amendments.  
Approved by CMS 5/31/2024

## Virtual Delivery of Services

- Increase independence with the use of technological devices.

## Paid Family Caregivers

- Parents can provide personal care services and be paid.

Amendments have made Appendix K modes of service delivery permanent.

# 10% FMAP Enhancement Projects

In Development	Underway	Completed
<ul style="list-style-type: none"><li>• Person Centered Planning</li><li>• IDD Tier Rate Study RFP</li><li>• Rural PACE Expansion</li></ul>	<ul style="list-style-type: none"><li>• Employment First Study</li><li>• IDD/PD Waitlist Study</li><li>• Career Ladder</li><li>• HCBS Training Development</li><li>• Behavior Management Family Training Pilot</li><li>• IDD Mobile Crisis</li><li>• Self-Advocate RFP</li><li>• Technology First RFP</li></ul>	<ul style="list-style-type: none"><li>• Workforce Bonus and Retention Program</li><li>• Sequential Intercept Model</li><li>• Targeted Case Management Study</li><li>• Community Support Waiver Staff Recruitment</li></ul>



# KUCDD Waiting List Study

## **The purpose of Aim 1 is to:**

- Understand the overall makeup of people on the IDD and PD waiting lists to aid in planning for services that will meet the needs of people on the waiting lists, and
- Create a predictive model for service needs and potential crisis exceptions, which will inform primary data collection as part of Aim 2.

## **The purpose of Aim 2 is to collect data from people on the waiting lists to:**

- Understand the demographics, experiences, and needs of 1800 people on the IDD and PD waiting lists .
- Using the predictive model created under aim 1, identify people at risk for entering services through a crisis exception in the next 3 to 5 years.
- Forecast service and support needs at the CDDO and ADRC level up to 5 years out.
- Identify important health, employment, community living, and support need trends of people on the waiting lists.

# KUCDD Waiting List Study

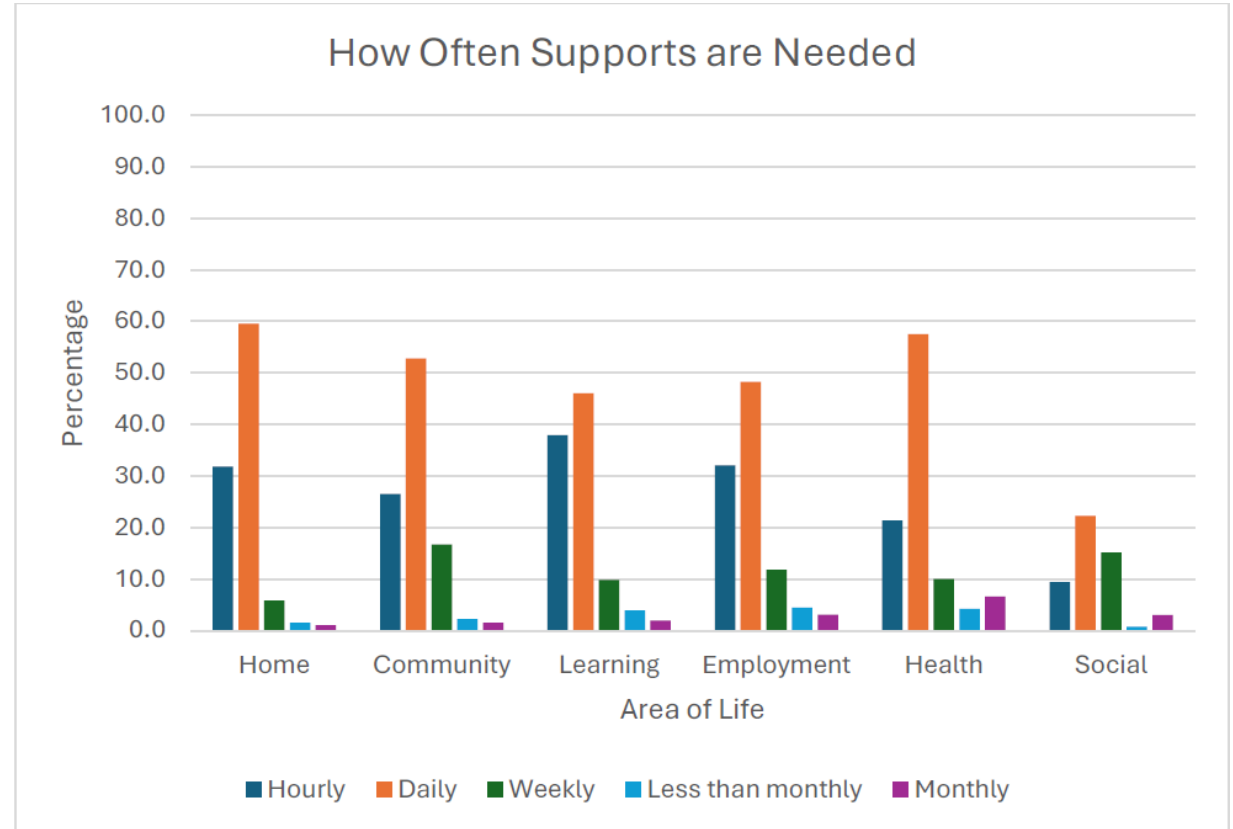
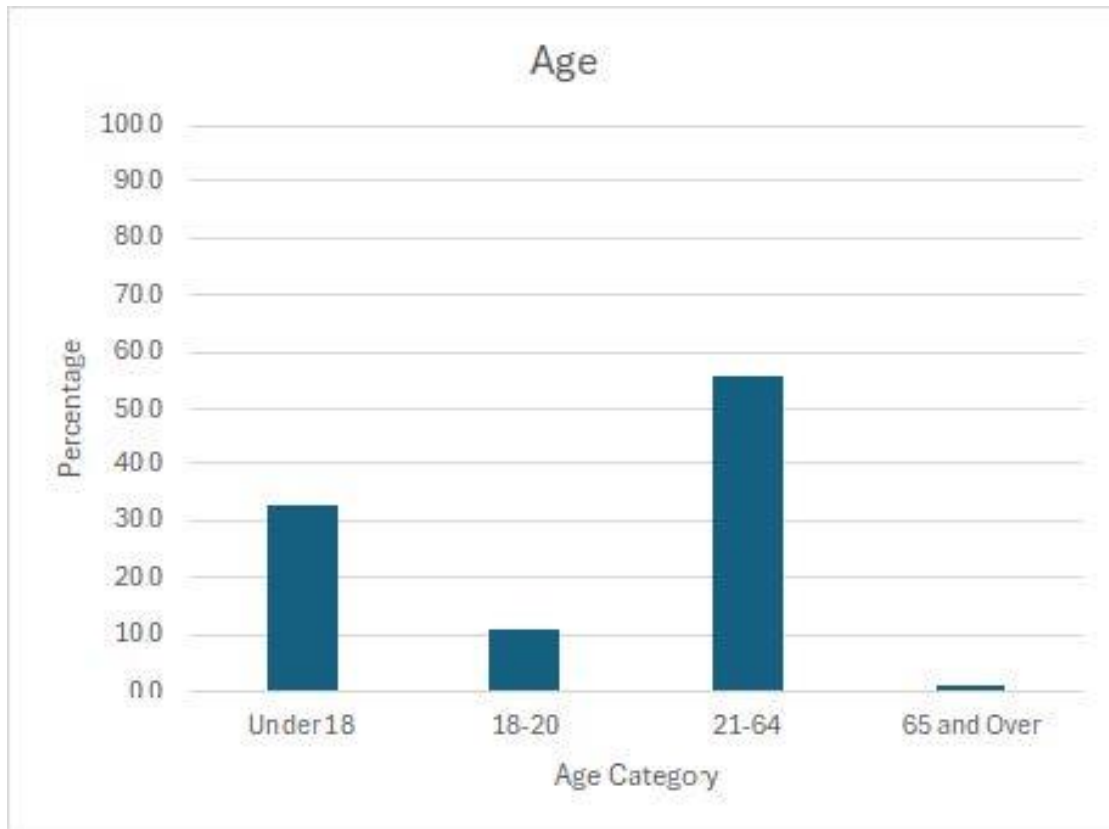
## Preliminary Findings

Reference the preliminary report for preliminary data on topics such as:

- Demographics
- Living preferences
- Needed supports
- Frequency of supports needed
  - Caregiver demographics
- Goals and concerns of caregivers

# KUCDD Waiting List Study

## Preliminary Findings - Demographic



The average age of caregivers who completed the survey was 47 years old

# KUCDD Waiting List Study

## Preliminary Findings – Key Takeaways

- These results suggest a strong preference for living with family or relatives, living with a spouse or partner, and living alone. Few respondents indicated they wanted to live in a shared living arrangement or in a home with other people with disabilities (e.g. group home).
- Using person-centered planning to determine the preferred living situation for the person on the waiting list is critical. More supports for community living, such as personal care services, and fewer group homes may be needed.
- Family/Friends and Technology were the types of support most respondents identified as needed. When developing the community supports waiver, it will be important to include procedures that allow family members to be paid as caregivers.
- In open ended questions about needed supports, caregivers frequently noted transportation was a critical support, particularly for community living, school, employment, and being social.
- In each area of life, about half of respondents indicated the person on the waiting list need support every day; between 20-30% of respondents also indicated that the person on the waiting list needs support hourly.

# KUCDD Waiting List Study

## Key Takeaways for Community Supports Waiver

**Budget Authority** – Budget authority is a cost-effective way to give people choice and control over the support they need to live their life. The CSW needs to build in flexibility for individuals to identify goods and services that can be paid for through budget authority (support staff training and wages, transportation, technologies, family caregivers, community engagement, licensed and qualified professionals, gym memberships). This is complicated and the state needs to consult experts who understand the complexities.

**Sufficient Funding** – While budget authority is cost-effective, the system needs to ensure that adequate funds are available to meet people's needs. This data shows that the services people need might be more expensive than originally thought. Also, services are becoming more expensive, so we need to be sure that funding is adequate to meet individual needs and is responsive to changes in the cost of living.

**Care Plans** – Our analysis on preferred living situation showed differences in preferred living situation between caregivers and the person on the waiting list, with more people on the waiting list preferring to live alone or with a spouse or partner (along with many that preferred to live at home with their family). To ensure the person is being supported to live where they want to live, care plans and goal planning need to be guided by person-centered life course planning by trained facilitators so that the perspectives of the person as well as their family members inform the process with the ultimate purpose of supporting the person's life trajectory.

**Access to Qualified Professionals** – Our analysis shows that supporting people's emotional, behavioral, and health needs is critical, and people do not have access to enough qualified professionals. Kansas needs to work to create a robust network of licensed and qualified professionals, occupational therapists, physical therapist, speech and language pathologists, and behaviorists, all of which can play a role in supporting the persons emotional, behavioral, and physical health.

### Final Report in October

- Data Collection complete July 31
- Then will conduct analyses

### Final Report Will Include

- Additional analyses and recommendations from the survey
- Findings from KUCDD's analysis of existing administrative data
- Findings from KUCDD's analysis of national data collection of practices used in other states to manage waiting lists
- Survey results for the Physical Disability (PD) Waiver Waiting List

# Community Support Waiver Update

- KDADS has brought on a contractor to assist with the development of a new HCBS Medicaid Waiver, the Community Support Waiver (CSW), for IDD individuals. KDADS has also hired internal CSW staff.
- The new waiver will help to address the extensive waiting list for the current comprehensive IDD Waiver, with over 8,800 Kansans served and more than 5,000 waiting.
- The CSW will offer less costly services, with a proposed \$20,000 annual cap per participant, compared to the average annual cost of \$53,244 per person for the current waiver.
- Services may include transportation, employment support, personal care, respite, and various therapies.
- Due to network adequacy, a phased rollout is planned, starting with 500 participants, funded by 60% federal and 40% state funds
  - Year 1: 500 participants with a \$20,000 cost cap, equates to approximately \$10M all funds, including \$4M SGF
  - Year 2: 1,000 additional participants with a \$20,000 cost cap, equates to an additional approximately \$20M all funds and \$8M SGF
  - Fully implemented: A range of participants from 3,600 to 7,461 with a total cost ranging from \$72M all funds, including \$29M SGF to \$149M all funds, including \$40M SGF. Note that part of the KUCDD waiting list study is to determine a more accurate number of individuals who could be served by the CSW.

# Community Support Waiver Update

## Buckets of Work

Waiver  
Development

Rate  
Development

Stakeholder  
Engagement

CMS  
Engagement

Public  
Comment &  
CMS Review

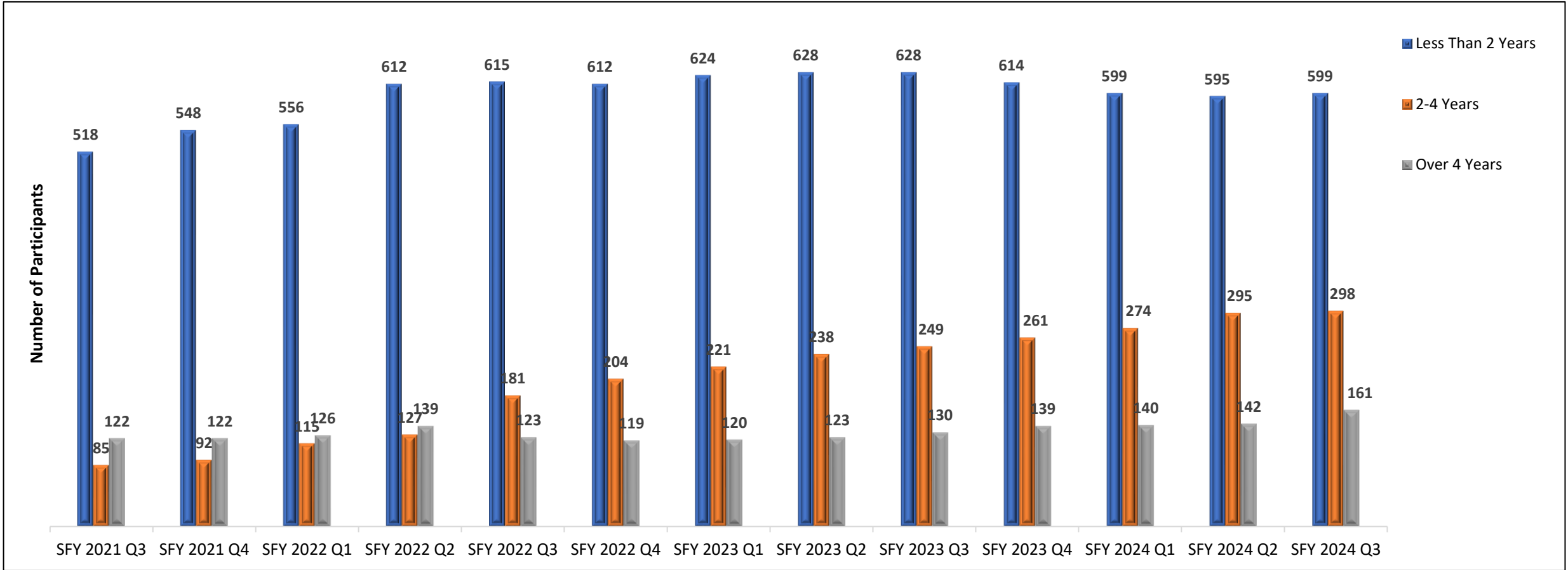
IT Systems  
Changes



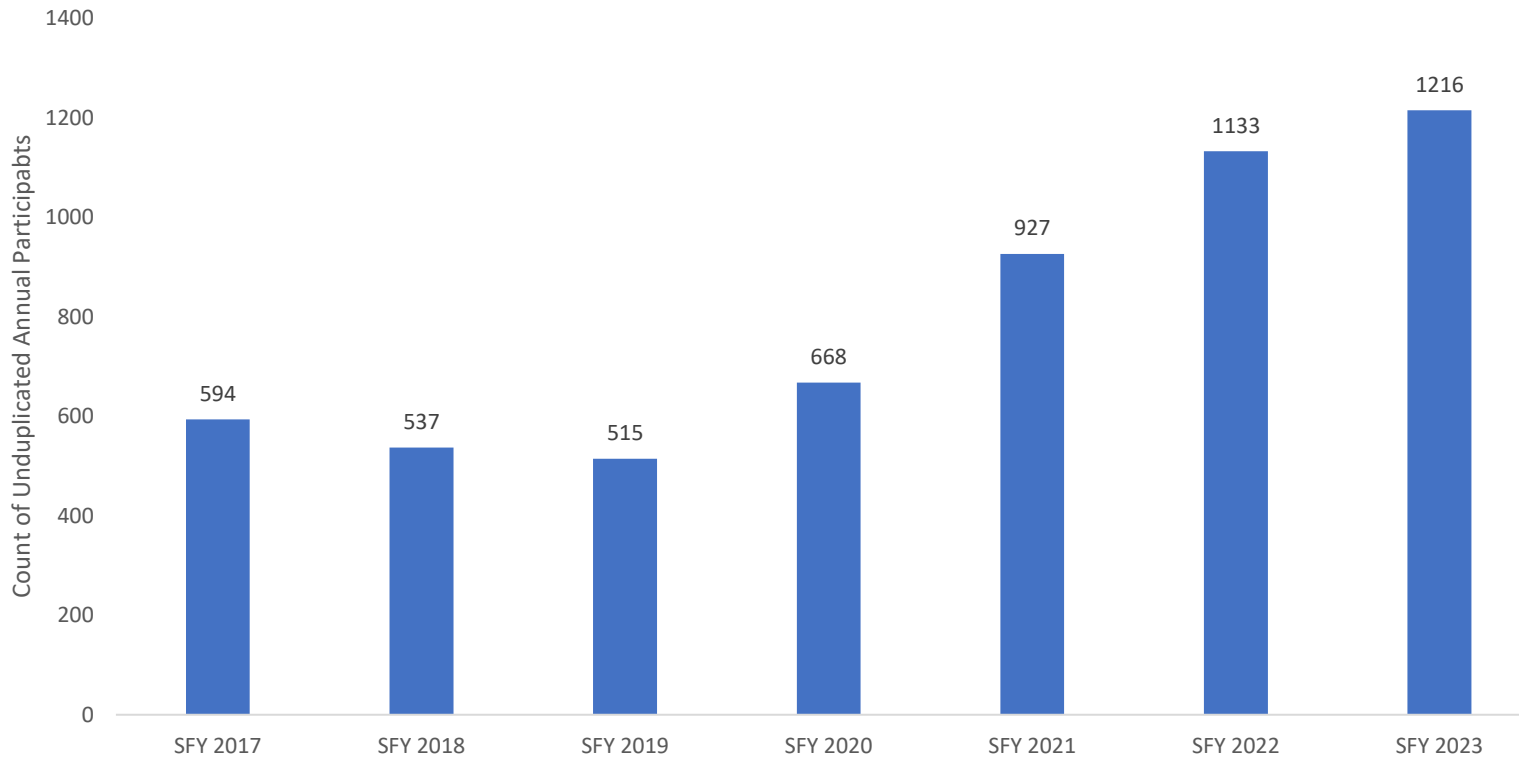
# Appendix

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# HCBS/BI Participants by Length of Stay

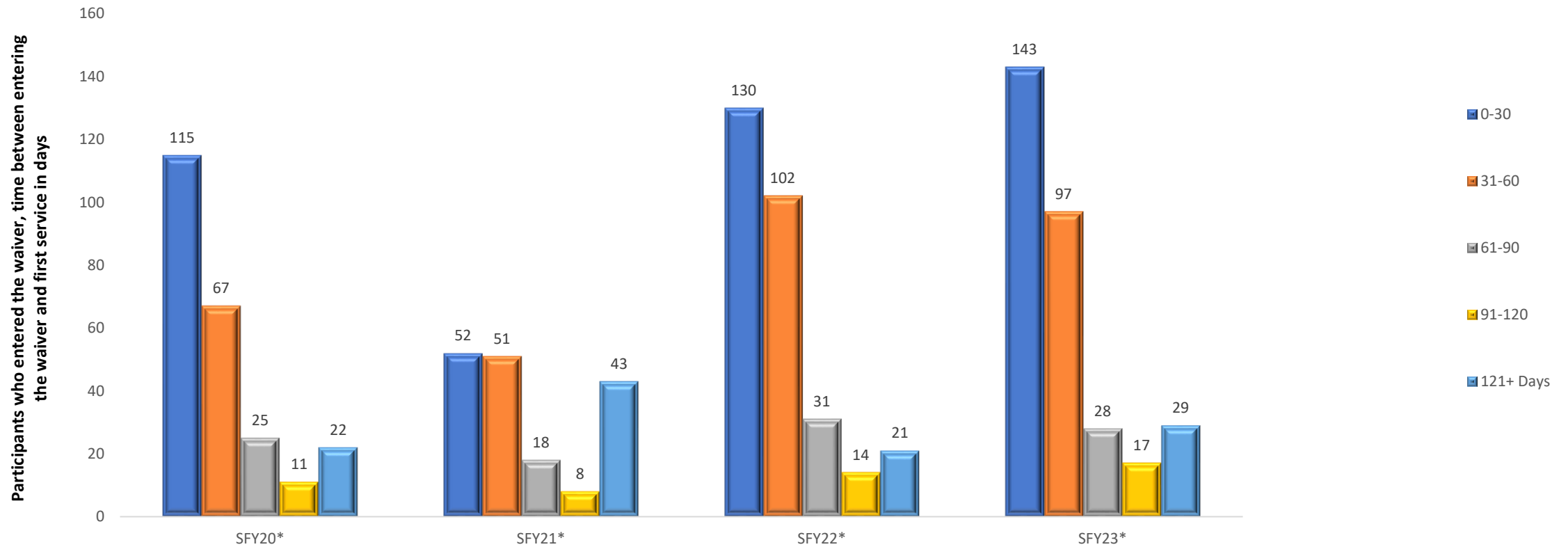


# Annual Unduplicated Count of Participants by HCBS/BI Waiver Year



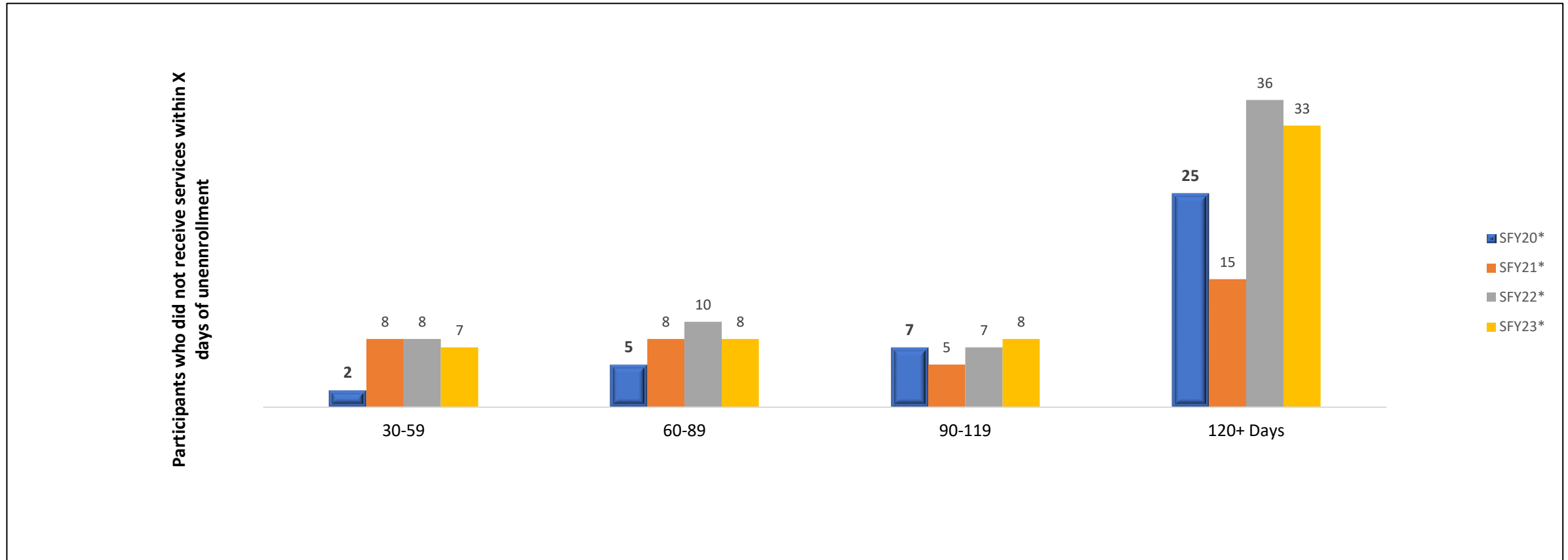
\*HCBS/BI Waiver operates on a SFY timeframe.

# Participants Who Received Initial Services Within X Days from Enrollment on the HCBS/BI Program



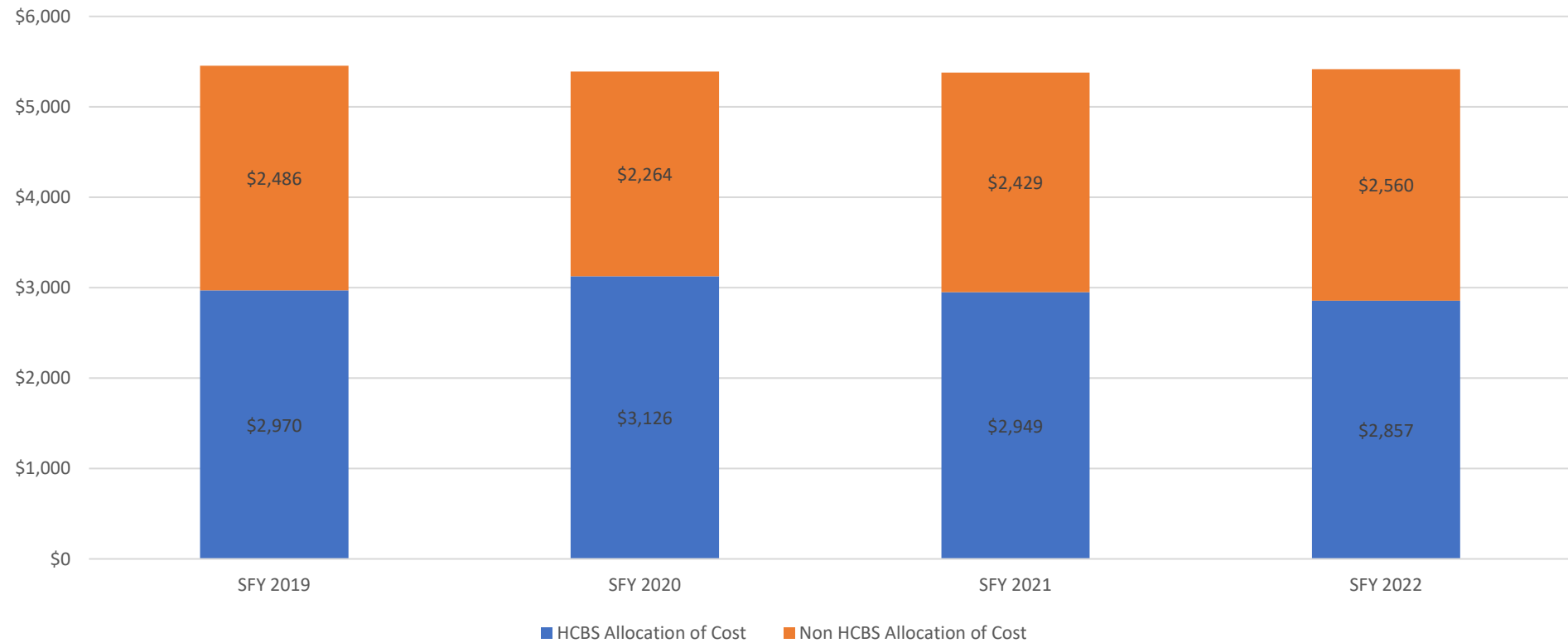
\*Data is pulled a year from current time to account for claims lag

# Last Service Received Prior to Unenrollment from HCBS/BI Program

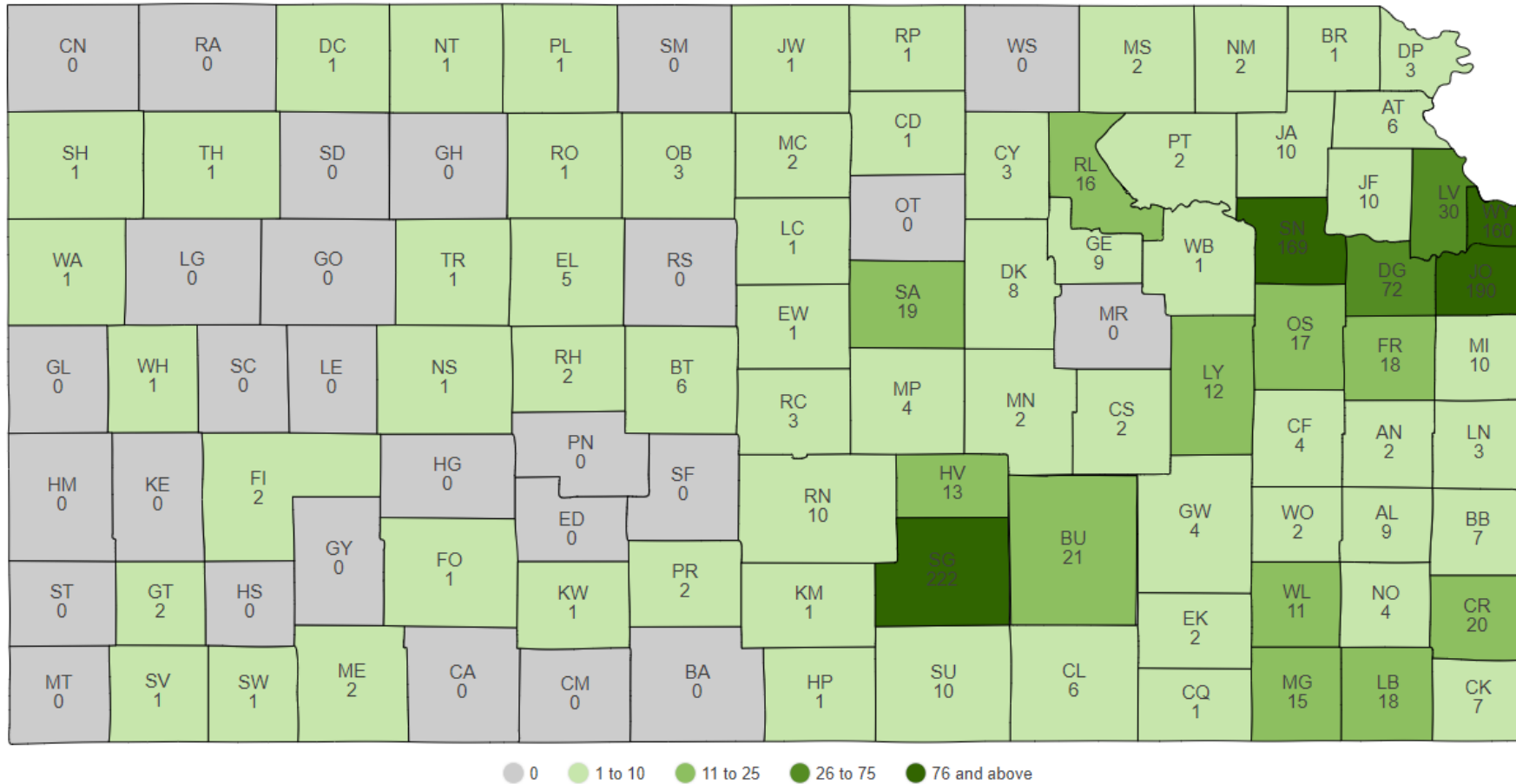


\*Data is pulled a year from current time to account for claims lag

# HCBS/BI Average Per Member Per Month Cost



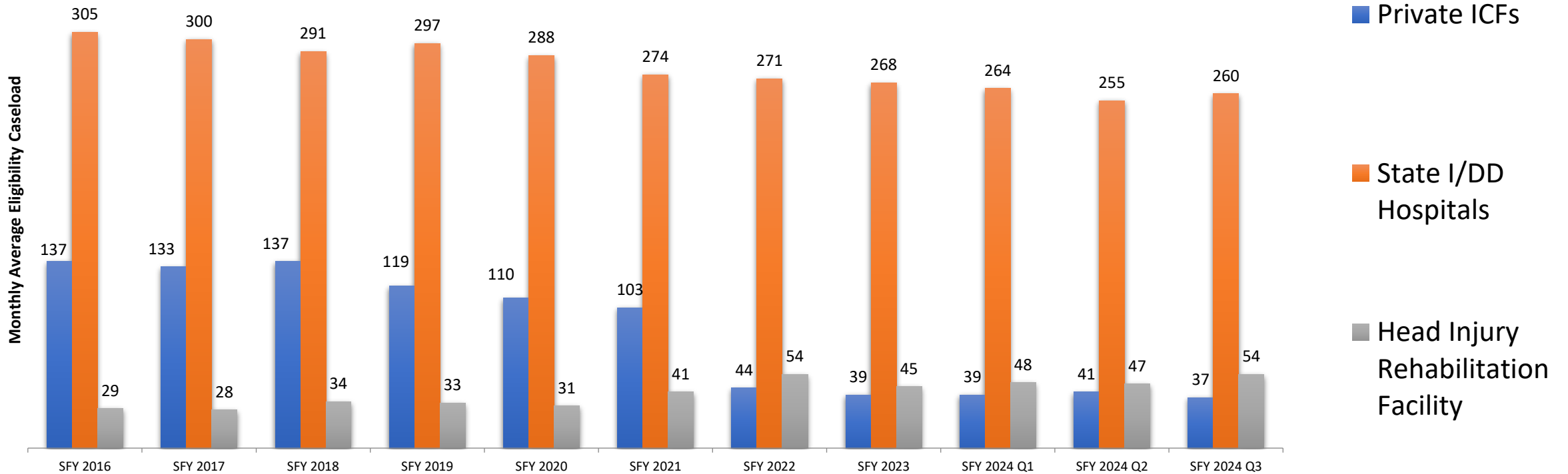
# Number of HCBS/BI Participants by County (SFY23)



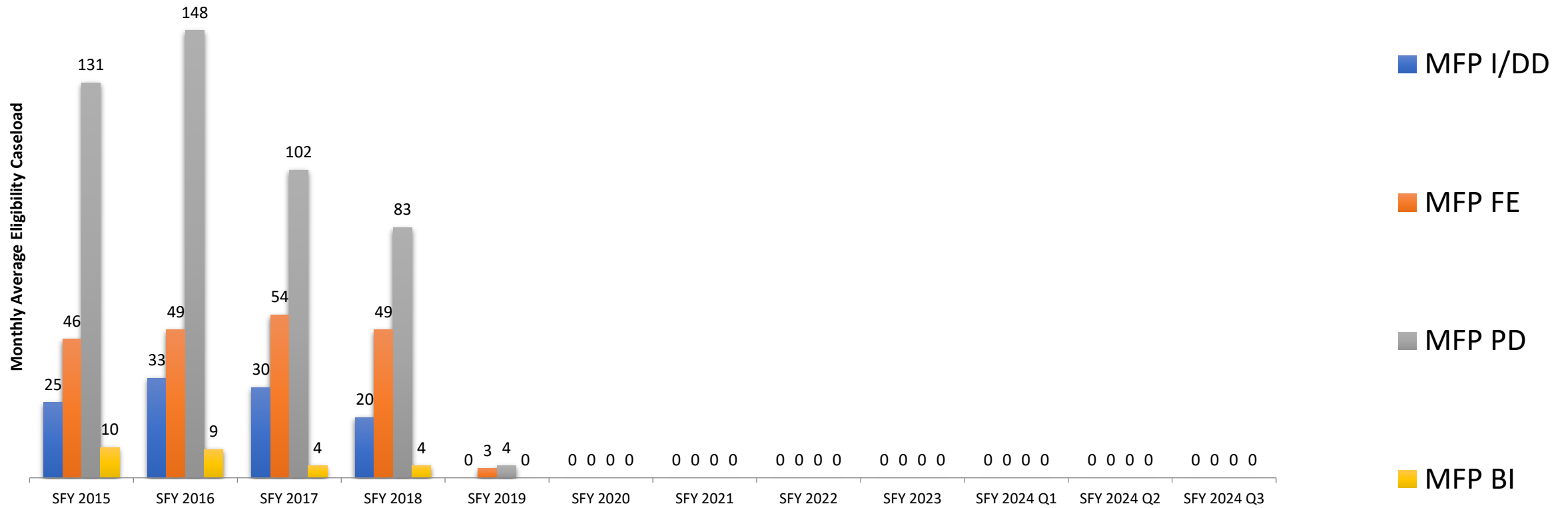




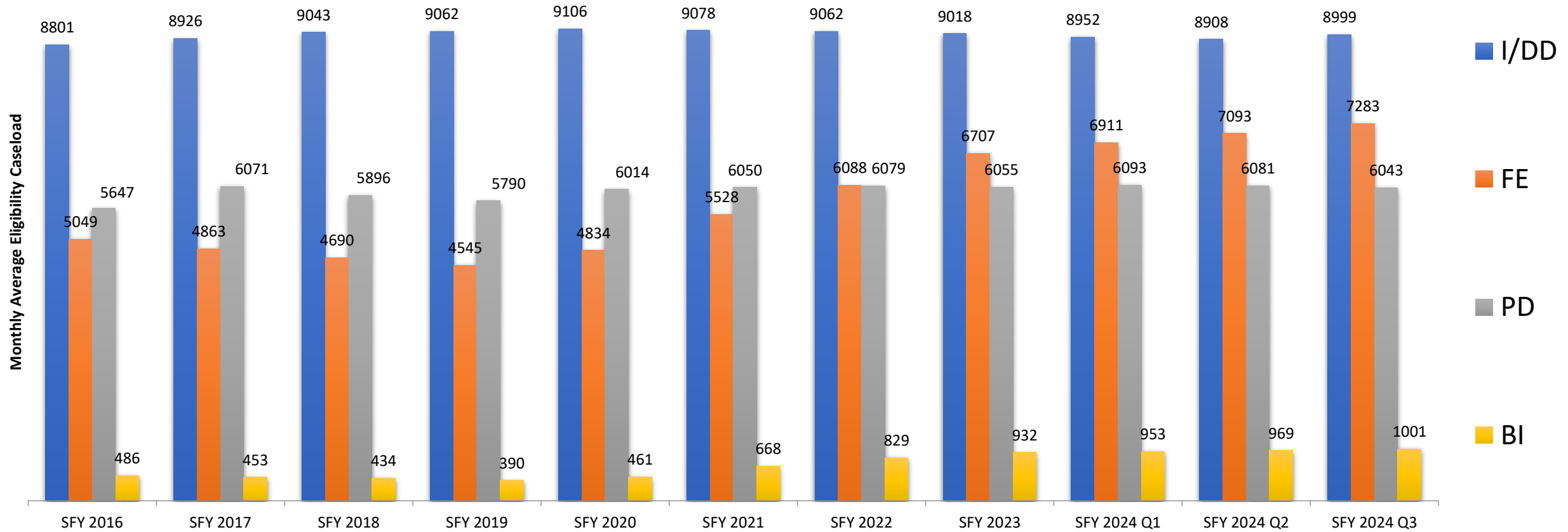
# Average Monthly Caseload for ICFs And Head Injury Facilities



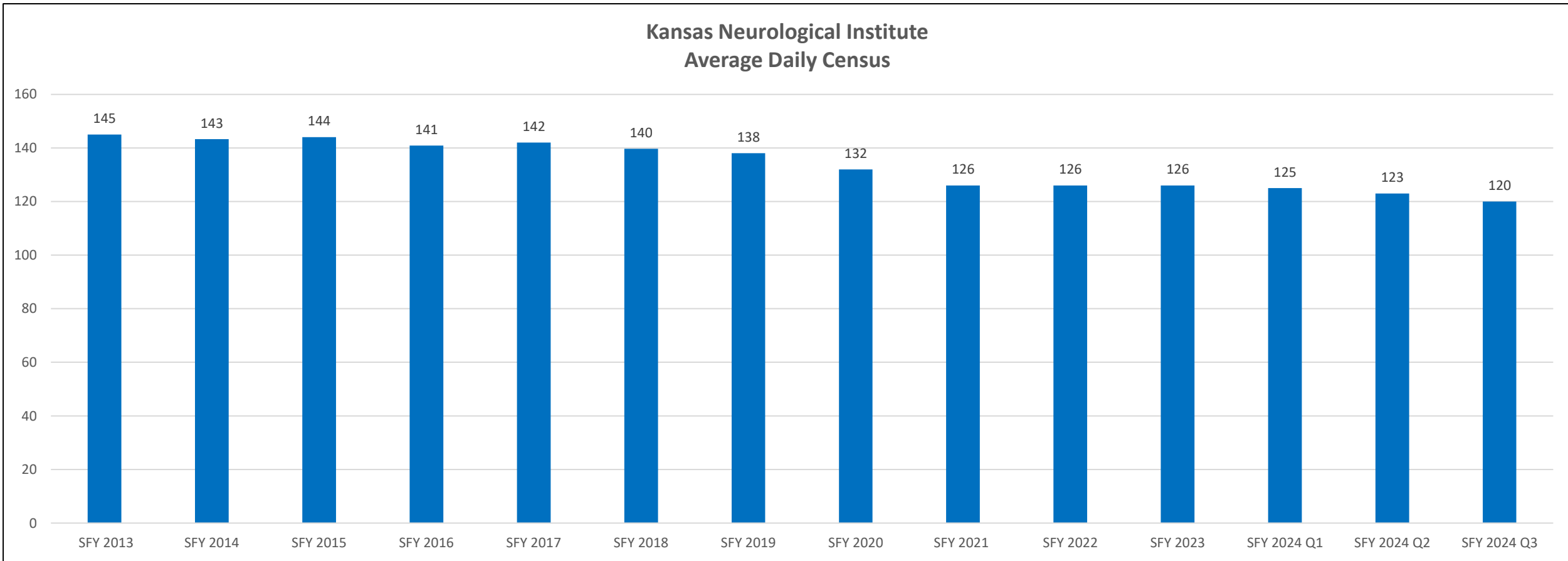
# Number of Persons Transitioned on Money Follows the Person (MFP)



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



# KNI Average Daily Census



# Parsons Average Daily Census

