AGENCY PROGRAM DESCRIPTIONS

Behavioral Health: Behavioral Health

Subprogram History

KDADS has served as the single state agency for behavioral health services for SAMHSA since the agency was formed during the reorganization of SRS. KDADS manages the federal block grant programs for mental health and substance abuse prevention and treatment. KDADS also manages state funding for behavioral health services and creates policy and procedures for implementing programs as well as providing oversight and quality assurance of state funded programs.

Consequences of Not Funding This Subprogram

When services are reduced or not available, there is an increased chance of homelessness, substance use, overdoses, suicide, and incarceration. Decreasing funding for behavioral health will shift burden of costs to local law enforcement, hospitals, and jails. It will also diminish the chances of full recovery and will mean a greater fiscal impact to the state.

Statutory Basis

65-4001,75-5375,65-4007, 75-3307b, 79-4805,39-1601-39-1604.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Mandatory	Yes: Block Grant	4	N/A

Capital Improvements: Capital Improvements

Subprogram History

In 1953, the Legislature approved SB 26 creating the an Institutional Building Fund to pay for repairing and equipping of buildings at the state institutions. The funds are collected from an annual state tax of one-half mill on all the property subject to Ad Valorem taxation under the general tax laws of Kansas. The 1990 Session, HB 2607, Sec. 24, established the Institutional Rehabilitation and Repair Fund. The purpose of the fund was to consolidate the central funds that were setup over the years into one fund titled Institutional Rehabilitation and Repair Fund. The fund is now called the State Institutions Building Fund for use at the state hospitals, Juvenile correctional facilities, and Veterans or Soldiers Homes.

Consequences of Not Funding This Subprogram

Without funding for capital improvement projects at the state hospitals, buildings used to house patients and the infrastructure to support the staff and patient care will deteriorate over time. Providing routine rehabilitation and repair of facilities and infrastructure, as well as allowing for major remodeling of facilities to meet changing needs, is critical to maintaining certification and accreditation. Capital improvement funding also pays to redeem bonds issued to remodel and maintain buildings at the state hospitals. Not appropriating SIBF funds for debt service risks violating the terms of the bond.

Statutory Basis

KSA 76-6b05.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority

| Discretionary | No | 7 | 7 |

Long Term Support and Services: Long Term Support and Services

Subprogram History

The Program provides financial support to the 11 area agencies on aging. Support is provided through both federal and state funds. The federal funds include monies awarded under the federal Older Americans Act. The funds finance inhume services for frail individuals, supportive services delivered at the senior centers, case management services, elderly abuse and disease prevention, and health promotion services. The LTSS Commission administers grant programs, including the Senior Care Act and Nutrition Grants, as well as the Client Assessment, Referral. and Evaluation Program. This program screens all nursing home applications and inquiries to determine whether institutionalization could be delayed or prevented through less expensive community services. Sate support is provided through the senior Care Act, which finances in-home services for the elderly so that they can remain in their homes. The Department also provides funding to community providers and the state's 11 area agencies on aging, so they can provide congregate and home-delivered meals to the elderly under the Congregate Meals Program at centralized meal sites. At these sites, the elderly can gather, socialize, and receive other services. The program is financed by federal funds that are matched with monies form the State General Fund, county mill levies, and local contributions. Home-delivered meals are provided through the federal Older Americans Act. The program targets individuals unable to reach the congregate meal sites. Both congregate and home delivered meal programs are eligible for grant support by the U.S. Department of Agriculture, which partially reimburses the programs on a per-meal basis.

Consequences of Not Funding This Subprogram

Failure to fund this program would result in the cessation of community based services to seniors who can contribute to the cost of their care through the Area Agencies on Aging and would force those seniors to spend down their financial resources quicker making them eligible for Medicaid sooner than they would have been otherwise. Further, both congregate meals and home-delivered meals would no longer be able to be provided, risking the nutrition and health of the seniors who rely on these services.

Statutory Basis

KSA 65-5101 et seq. and KSA 65-6201, KSA 39-1801, 65-4411,KSA 75-5903, KSA 75-5926, KSA 75-5903, KSA 65-441 1 et seq., and KSA 39-1801 et seq.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Mandatory	Yes: OAA	5	N/A

Medicaid: Medicaid

Subprogram History

In 1981, Congress authorized Home and Community Based Service (HCBS) waiver under section 1915(c) amendment of the Social Security Act, created as a part of the Omnibus Budget Reconciliation Act of 1981. Section 1915(c) allowed states to provide home and community-based services for individuals who preferred to receive their services at home rather than in an institution. In 1982, Kansas was among the first states to apply for a waiver. Designed to provide services in the community for the elderly, and persons with intellectual/developmental and physical disabilities, this HCBS program was referred to as the Nursing Facility (NF) Waiver. In1991, CMS approved the Mental Retardation/Developmental Disability Waiver (MR/DD) Waiver now referred to as the Intellectual/Developmental Disability Waiver (I/DD) which alongside the Nursing Facility (NF) Waiver continued to provide community services people who were elderly and those with significant physical disabilities.

Prior to the Olmstead decision, three additional waivers were approved and implemented, including the Head Injury (HI)Waiver in1986, the Technology Assisted (TA) Waiver for children in1995, and the Serious Emotional Disturbance Waiver (SED) for children in 1997. In 1997 advocacy efforts resulted in the NF Waiver being divided into two waivers, the Frail Elderly (FE) and the Physical Disability (PD), to better meet the needs of each population. By the year 2000, SRS had implemented and was administering six HCBS waivers. A seventh waiver, the Autism Waiver designed to provide early intervention services for young children, was added in 2007.

Consequences of Not Funding This Subprogram

Medicaid Home- and Community-Based Services (HCBS) are types of person-centered supports and services that address the needs of people with functional limitations who need assistance with ADLs, IADLs, and rehabilitation specifically designed to enable people to stay in their homes, rather than moving to a facility for care. Not funding Medicaid Home-and Community-Based Services (HCBS) would result in thousands of Kansas becoming institutionalized in already over-burdened long term care facilities in the state. Inadequate funding will lead to increase in waiting list for services for Kansans with Intellectual and Developmental Disability; Physical Disability; and could complicate service-delivery for children with autism spectrum disorder, and persons with acquired or traumatic brain injury.

Statutory Basis

75-5945 & 39-1801 et seq. HCBS (FE) KS.0303.R05.00; HCBS (IDD) KS.0224.R06.00; HCBS (AU) KS.0476.R02.00; HCBS (PD) KS.0304.R05.00; HCBS (TA):KS.4165.R06.00; HCBS (BI) KS.4164.R06.02; HCBS (SED):KS.0320.R04.00.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Mandatory	Yes: CMS	2	N/A

Operations: Operations

Subprogram History

The Kansas Department for Aging and Disability Services was created by the 1977 Legislature as the Kansas Department on Aging. In FY 2013, the Governor implemented a reorganization of the state's social services agencies to include the transfer of mental health services, substance abuse disorder services, and Home and Community-Based Services Waivers from the Department of Social and Rehabilitation Services (SRS) to the newly named Kansas Department for Aging and Disability Services. It is a cabinet-level agency that administers federal and state programs to assist elderly citizens as well as individuals in need of disability, mental health, and addiction services.

Consequences of Not Funding This Subprogram

Essential executive functions and financial operations basic to the functioning of the agency would not be performed to effectively provide services to vulnerable Kansans. Essential functions include Legal, Human Resources, Fiscal, Public Affairs, and IT.

Statutory Basis

KSA 75-5901 et seq.; KSA 75-59-45; KSA 75-5321a; KSA 39-925.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Discretionary	No	6	6

State Hospital Commission: State Hospital Commission

Subprogram History

The State Hospital Commission was created on June 2, 2019 by the Secretary of the Kansas Department of Aging and Disability Services. The State Hospital Commission is responsible for providing leadership, guidance, direction, oversight, training and support to the five State Hospitals: Kansas Neurological Institute, Parsons State Hospital and Training Center, Larned State Hospital, Osawatomie State Hospital and Adair Acute Care on Osawatomie State Hospital's campus. The Commission provides day to day management and collaboration with Superintendents and executive staff at the State Hospitals, ensuring compliance with conditions of participation for certification with Centers for Medicaid and Medicare Services (CMS) and accreditation with the Joint Commission. Key programs administered by the Hospital commission include Medical liability insurance for physicians, Cost report preparation services, implementation and support of a pharmaceutical dispensing system, leading contract services and procurement for food service operations and contract nursing staff, project management related to implementing the state learning management system, and procuring a system wide electronic medical record system.

Consequences of Not Funding This Subprogram

The State Hospital Commission provides general administrative support to the 4 state hospitals including joint purchasing efforts and risk management oversight. The SHC is leading efforts to implement a new Electronic Health Record system across the hospitals, overseeing implementation of regional hospital beds to serve adults in mental health crisis, and a pharmacy system. These significant efforts would not be successful without the coordinating role of the SHC commission team to liaison among KDADS, Department of Administration, and the individual state hospital staff.

Statutory Basis

KSA 76-12a01.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Discretionary	No	1	1

Survey, Certification, and Credentialing Commission: Survey, Certification, and Credentialing Commission

Subprogram History

The Survey and Certification Division reviews for compliance nursing facilities and providers for state licensure and federal certification. These responsibilities are accomplished through the administrative review of initial qualifications and ongoing surveys conducted by teams of registered nurses or limited practical nurses that ensure ongoing compliance with state regulations and federal certification requirements. There are currently approximately 330 nursing facilities in Kansas that must be surveyed or inspected no less than every 15.9 months with a monthly average of 12 months. The Survey and Certification Division also enforces and implements the Complaint Program for healthcare facilities. The Enforcement Coordinator assures that corrective actions are imposed accurately and in a timely way when facilities fail to meet conditions of participation, licensure and certification standards. The Complaint Program performs complaint intake activities through the complaint hotline, triages complaints for severity, coordinates with other state agencies including the Department of Children and Families and the Department of Health and Environment that handle complaints for other types of facilities and assures that onsite investigations are coordinated for complaint intakes according to state and federal requirements. The State Licensed Adult Care Home Division approves assisted living, residential health care facilities, home plus, adult day care and boarding care homes for licensure under state law, regulation and rule. These responsibilities are accomplished through administrative review of initial qualifications and ongoing surveys conducted by registered nurse surveyors to ensure ongoing compliance with state regulations. There are approximately 350 free standing facilities and approximately 100 state licensed facilities attached to nursing facilities. The State of Kansas began requiring operators of adult care homes, home health agencies and staffing agencies to conduct criminal background checks of staff to ensure that no one worked in those settings who had a criminal history of a prescribed list of crimes. This legislation went into effect July 1, 1997, and the enforcement of "prohibited" criminal histories began in 1998. In a partnership between KDADS and the Kansas Bureau of Investigation (KBI), operators submit information on each person that is a candidate for employment to the HOC Criminal Record Check program. HOC is linked to the KBI through a telecommunications system which provides initial data on each person for whom there is a record check requested. The information from KBI is shared with the facility operators to determine a person's eligibility to work in that setting. HOC enters the data for these requests, processes the information received back from the KBI and notifies the operators when a criminal record indicates a person should not be employed. In 2016, legislation expanded the criminal record check requirements to include individuals employed in all facilities licensed by KDADS.

Consequences of Not Funding This Subprogram

Failure to fund these programs could result in no regulatory oversight of adult care homes in Kansas putting the elder residents they serve at risk for abuse, neglect and exploitation. Failure to fund backgrounds checks would impact the population previous mentioned as well as all of those individual who are receiving intellectual, developmental or behavioral health services in the home and community.

Statutory Basis

42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489. KSA Chapter 39 Article 9 Adult Care Home Statutes. KAR Chapter 26 Adult Care Homes.

Mandatory/Discretionary	MOE/Match Requirement	Program Priority	Subprogram Priority
Mandatory	Yes: CMS	3	N/A

Subprograms Without Narrative Data

- Survey, Certification, and Credentialing Commission: ACH State Licensed & Survey
- Long Term Support and Services: Aging and Disability Resource Centers (ADRC)
- Survey, Certification, and Credentialing Commission: Background Checks
- Behavioral Health: Client Assessment, Referral, and Evaluation (CARE)

- Behavioral Health: Crisis Centers
- Aging: Customer Reviews
- Medicaid: HCBS Management
- Behavioral Health: Mental Health Treatment
- Aging: MIPPA
- Aging: OAA- Nutrition Program
- Aging: Older Americans Act (OAA)
- Behavioral Health: Problem Gambling
- Medicaid: Psychiatric Rehabilitation Treatment Facilities (PRTF)
- Aging: Senior Care Act (SCA)
- Aging: SHIP (SHICK)
- Survey, Certification, and Credentialing Commission: Skilled Nursing Facility/NF
- Behavioral Health: Substance Use Disorder (SUD) Treatment

AGENCY PERFORMANCE MEASURES

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
Aging: Customer Reviews								
Goal	**Type**	**Measure**						
	Outcome	Number of Older Americans Act customers reviewed	233	242	222	270	265	265
		Number of Senior Care Act customers reviewed	310	355	358	387	380	380
Aging: MIPPA								
Goal	**Type**	**Measure**						
		Number of beneficiaries reached (group outreach)			15,101	23,251	23,716	24,190
		Number of beneficiaries reached (media outreach)				429,569	438,160	446,924

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Outcome	Number of contacts (MIPPA)	8,858	10,921	12,007	13,744	14,018	14,298
		Number of events (MIPPA)	160	266	281	247	380	400
		Number served (MIPPA)	8,858	10,921	12,007	13,744	14,018	14,298

Aging: OAA- Nutrition Program

Goal	Type	Measure						
	Outcome	Number of congregate meals served (See Footnote 13)	1,152,198	1,145,500	1,275,000	1,301,005	1,300,000	1,300,000
		Number of customers receiving support services (See Footnote 14)	29,583	35,000	32,000	35,000	35,000	35,000
		Number of home delivered meals (See Footnote 15)	2,095,827	1,984,500	2,345,000	2,250,306	2,250,000	2,250,000

Aging: Older Americans Act (OAA)

Goal	Type	Measure						
	Outcome	Number served for registered services (See Footnote 16)	29,689	34,001	34,001	30,010	30,455	30,901
		Percentage of attendants that work the amount of time authorized on the Plan of Care (OAA)	95.00%	100.00%	98.00%	97.00%	99.00%	99.00%
		Percentage of customers that have contacted their Provider in the Last 2-3 Months	55.00%	69.00%	56.00%	68.00%	70.00%	70.00%
		Percentage of customers that would recommend the OAA Program to a friend or relative	100.00%	100.00%	100.00%	99.00%	100.00%	100.00%

Aging: Senior Care Act (SCA)

Goal	Type	Measure						
	Outcome	Number served annually	3,666	3,575	3,694	3,382	3,562	3,571

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
		SCA: Percentage of Customers that have Contacted their Provider in the Last 2-3 Months	61.00%	59.00%	65.00%	53.00%	65.00%	65.00%
	Outcome	Senior Care Act: Percentage of Attendants that Work the Amount of Time Authorized on the Plan of Care (SCA)	94.00%	94.00%	91.00%	95.00%	100.00%	100.00%
		Senior Care Act: Percentage of Customers that Would Recommend the SCA Program to a Friend or Relative	98.00%	99.00%	98.00%	98.00%	100.00%	100.00%

Aging: SHIP (SHICK)

Goal	Type	Measure						
		Number of beneficiaries reached (group outreach)			19,303	27,537	28,088	28,650
		Number of beneficiaries reached (media outreach)				851,769	868,804	886,180
		Number of contacts (SHIP/SHICK)	22,615	22,285	23,883	26,926	27,465	28,014
	Outcome	Number of events (SHIP/SHICK)	229	322	378	331	380	400
		Number served (SHIP/SHICK)	22,615	22,285	23,883	26,926	27,465	28,014

Behavioral Health: Client Assessment, Referral, and Evaluation (CARE)

Goal	Type	Measure						
	Outcome	Number of CARE Level I Assessments	10,179	10,090	10,019	10,429	10,180	10,429
		Number of CARE Level II Assessments	356	468	402	762	778	794

Behavioral Health: Crisis Centers

Goal	Type	Measure						
	Outcome	Number of individuals receiving social detox through a crisis program	869	1,604	1,713	1,588	2,000	1,800

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Outcome	Number of individuals referred to MH and/or SUD treatment from a crisis program	6,052	6,387	8,145	9,647	9,500	9,750

Behavioral Health: Mental Health Treatment

Goal	Type	Measure						
		Medicaid Beneficiaries Served through CCBHCs	10,299	26,023	47,096	45,295	48,000	48,000
	Outcome	Number of persons with severe and persistent mental illness receiving outpatient services	14,997	11,891	9,444	8,739	9,000	9,000

Behavioral Health: Problem Gambling

Goal	Type	Measure						
	Outcome	Number of individuals receiving problem gambling treatment	213	228	240	275	315	365

Behavioral Health: Substance Use Disorder (SUD) Treatment

Goal	Type	Measure						
		Number of Uninsured Individuals Receiving SUD treatment		13,014	13,248	13,964	13,000	13,000
	Outcome	Number of Medicaid Individuals Receiving Community-Based SUD treatment	4,750	6,856	6,049	6,018	5,900	5,900

Long Term Support and Services: Aging and Disability Resource Centers (ADRC)

Goal	Type	Measure						
	Outcome	Average number of ADRC call center contacts per week	522	553	626	700	700	700
		Number of assessments	13,358	14,068	15,001	22,023	18,000	18,000

Goal	Type	Measure	2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
Medicaid: HCBS Management								
	Outcome	Number of individuals on autism proposed recipient list (See Footnote 2)	432	483	650	800	900	900
		Number of individuals on waitlist to receive HCBS I/DD services (See Footnote 3)	4,813	5,100	4,800	4,482	4,482	4,722
		Number of individuals on waitlist to receive HCBS PD services (See Footnote 4)	2,542	2,332	2,000	95	95	436
		Number of participants eligible to receive HCBS autism services (monthly average) (See Footnote 5)	58	64	61	65	65	65
		Number of participants eligible to receive HCBS BI Services (monthly average) (See Footnote 6)	894	970	1,044	1,210	1,210	1,210
		Number of participants eligible to receive HCBS FE Services (monthly average) (See Footnote 7)	6,458	6,969	7,623	7,946	7,946	7,946
		Number of participants eligible to receive HCBS I/DD Services (monthly average) (See Footnote 8)	9,042	8,954	9,005	9,685	9,811	9,811
		Number of participants eligible to receive HCBS PD Services (monthly average) (See Footnote 9)	6,111	6,108	6,100	6,305	6,647	6,647
		Number of participants eligible to receive HCBS SED Services (monthly average) (See Footnote 10)	3,009	3,231	3,876	3,900	4,000	4,000

			2022 Actuals	2023 Actuals	2024 Actuals	2025 Actuals	2026 Estimate	2027 Estimate
	Outcome	Number of participants eligible to receive HCBS TA Services (monthly average) (See Footnote 11)	678	755	824	879	879	879
		Number of participants enrolled in PACE program (monthly average) (See Footnote 12)	859	973	1,039	1,115	1,161	1,248

Medicaid: Psychiatric Rehabilitation Treatment Facilities (PRTF)

Goal	Type	Measure						
	Outcome	Number of KanCare children on the PRTF waitlist	130	96	125	65	70	70
		Number of KanCare children receiving PRTF services (monthly average)	272	268	247	240	300	300

Survey, Certification, and Credentialing Commission: ACH State Licensed & Survey

Goal	Type	Measure						
	Outcome	Number of surveys exited	216	368	378	308	375	400

Survey, Certification, and Credentialing Commission: Background Checks

Goal	Type	Measure						
	Outcome	Number of background checks processed (See Footnote 1)	74,211	80,000	85,000	90,000	95,000	95,000

Survey, Certification, and Credentialing Commission: Skilled Nursing Facility/NF

Goal	Type	Measure						
	Outcome	Average number of months between surveys (See Footnote 17)	10.37	18.00	18.10	19.90	19.90	20.90

Footnotes

- Footnote 1: Calendar Year Basis

- Footnote 2: Calendar Year Basis
- Footnote 3: Calendar Year Basis
- Footnote 4: Calendar Year Basis
- Footnote 5: Calendar Year Basis
- Footnote 6: Calendar Year Basis
- Footnote 7: Calendar Year Basis
- Footnote 8: Calendar Year Basis
- Footnote 9: Calendar Year Basis
- Footnote 10: Calendar Year Basis
- Footnote 11: Calendar Year Basis
- Footnote 12: Calendar Year Basis
- Footnote 13: Federal Fiscal Year Basis
- Footnote 14: Federal Fiscal Year Basis
- Footnote 15: Federal Fiscal Year Basis
- Footnote 16: Federal Fiscal Year Basis
- Footnote 17: Federal Fiscal Year Basis