



***KHA's Capitol Comments***  
**October 23, 2024**

**Bethell Committee Meets Makes Recommendations**

This week, the Robert G. (Bob) Bethell Joint Committee on Home and Community-Based Services and KanCare Oversight had its final interim meeting ahead of the 2025 session. The committee, chaired by outgoing Rep. Brenda Landwehr (R-Wichita), held public comment and heard agency updates before hearing from the Medicaid contracting organizations and discussing committee recommendations to go before the 2025 state legislature.

Appearing before the committee were groups and individuals, including:

- Shannan Flach, Kansas Hospital Association, thanked the committee for the rural emergency hospital fix. Flach highlighted MCO meetings are scheduled for December. She expressed her appreciation for payment continuation from all payers. Flach highlighted that KHA is beginning a payer scorecard that will be coming to the committee next year.
- Kylee Childs, LeadingAge Kansas, expressed concern over the delays in reconsidering Medicaid eligibility. The survey process concerns the Kansas Department for Aging and Disability Services and the State Fire Marshal's Office. Minimum staffing rules and negative impacts were highlighted.
- Mark Schulte, Kansas Adult Care Executives, highlighted resource limitations and the need to increase Medicaid rates with changes occurring at the federal level. He also suggested considering rebasing based on the last three years of data.
- Tanya Dorf Brunner, Oral Health Kansas, presented information on Missouri Medicaid rates and provider availability, including no-show rates.
- Michael Quinn, Autism Support Now, requested an autism task force and increased Medicaid rates for codes associated with Autism care.
- Heather Braum, Kansas Action for Children, requested a permanent fix for threshold eligibility rather than temporary budget provisos. She asked for support for continuing the language. She requested the committee consider children and post-partum care when the overall rate study comes from the Kansas Department of Health Environment agency.
- Denise Cyzman, Kansas Chapter of the American Academy of Pediatrics, highlighted a need to increase Medicaid rates for pediatric care. Sick visit rates and well-child rates were emphasized as the biggest needs.

- Sean Gatewood, KanCare Advocates Network, requested that personal care attendants be treated the same regardless of the waiver the patient is under. He highlighted Autism needs and the expansion of Medicaid.
- Allyson McCain, Kansas Council on Developmental Disabilities, spoke about the investments in the Intellectual and/or Developmental Disability program waitlist and the need for the federal government to accept the community support waiver. McCain also highlighted the direct support workforce issues.
- Clint Arndt, Sunflower Care Homes, asked that the Home Plus care bed limits and income eligibility be adjusted to make wages more competitive. The Home Plus is currently capped at 12 residents. Arndt suggested an increase of up to 16 could help.
- Mike Burgess, Disability Rights Center of Kansas, suggested that the waiting list could be eliminated over the next three or four years if investments continue. He discussed the weighting used by other states and be considered here in Kansas.

During questions, Chairman Will Carpenter (R-El Dorado) requested information from the MCOs about payment denials and reconsiderations and asked why denials were made.

The committee received an update from Evan Dean, PhD, from the University of Kansas, who has studied the waiting lists and Kansans on the waiting lists. Dean presented the following conclusions:

- Most of those on the waitlist in Kansas fall into two age groups: 0-17 and 21-64.
- The crisis exception needs most frequently cited are caregiver needs, behavioral support needs, as well as abuse, neglect, exploitation and criminal justice involvement. For the physical disabilities waiting list, the crisis exceptions most frequently cited are imminent risk of nursing facility placement and adult protective service involvement.
- Ninety percent of survey respondents on the PD waiting list ranked their health as fair or poor. Fifty-four percent of survey respondents on the IDD waiver indicated their health as either fair or poor.
- Medicaid claims data suggests that individuals on the waitlists, even when having access to Medicaid health-related services, are subject to becoming increasingly more ill and at risk for poor health outcomes as they wait for home- and community-based services, which could likely result in higher overall Medicaid costs when they come off the waitlist.

Recommendations for the survey data collected by the University of Kansas included:

- To implement a more transparent, secure, integrated HCBS system and waiting list management system
- The need for a public-facing dashboard
- A secure portal where families can see where they are on the waitlist and up-to-date information
- the need for better coordination between the IDD and PD waitlist is needed
- Additional direct care service workers for all waiting lists

- Additional access to family support and behavioral health services for families on waiting lists
- Increased individual budget authority to get more cost-effective ways to expend resources
- More robust provider services for occupational therapists, physical therapists, speech and language pathologists and behaviorists
- Increased case manager services for families
- Care plans need to be more person-centered

The committee heard from the Kansas Department of Administration regarding an update on the KanCare 3.0 litigation. There are two cases: one regarding the Kansas Open Records Act and one requesting judicial review of the decision to deny Aetna's bid protest of the KanCare 3.0 awards. Recent updates include that state agency prevailed in the judicial review action on Oct. 1. On Oct. 7, Aetna filed a motion for a stay seeking to stop the agencies from further implementing KanCare 3.0. On Oct 18, state agencies filed a response. The court will continue to review that and the other outstanding cases related to the Kansas Open Records Act.

Committee members heard updates on outstanding items from state agencies. They also received an update from Unite Us, a closed-loop referral agency that received a SPARK grant in the state ([testimony here](#)). The committee heard presentations regarding the Program for All-Inclusive Care for the Elderly, the Behavioral Center for Excellence and the Medicaid Inspector General.

During the discussion, committee members discussed REH licensure needs and questioned the state agencies about whether certificate of need laws are federal or state-enacted.

The committee members developed recommendations for consideration of the 2025 legislature, including:

- Legislation allowing an REH to obtain a waiver from the physical environment waiver for skilled nursing facility beds.
- Further exploration and reports on the work between KDHE, KDADS and the Behavioral Health Center for Excellence explore Graduate Medical Education program.
- Draft legislation for the Mental Health Intervention Team Program bill.
- Introduction of legislation for the Behavioral Health Center for Excellence.
- Proviso for Children's Health Initiative Program eligibility.
- Home Plus could be licensed for up to 16 beds.
- Review grant funding for local grant resource guide.
- Legislation to propose changes to the Medicaid procurement processes.
- Proviso for additional Substance Use Disorder grant program.
- The committee requested a geomap of all of the KanCare providers.
- PACE annual rebasing proviso language.

### **Legislature Approves New Budget Process**

This week, the Legislative Coordinating Council met to discuss and approve the creation of a 23-member committee that will have five days of meeting between the Nov. 5th elections and before the start of the legislative session in January 2025 to develop a legislative budget based on what agencies request to the governor.

The committee will consist of eight House Republicans, eight Senate Republicans, four House Democrats and three Senate Democrats. Legislative leadership is likely to appoint the committee members in the coming weeks.

The committee holds meetings and invites agencies to appear to highlight their budget submissions to the governor's office. The committee hopes to develop a legislative budget submission to compare to the governor's budget recommendation, which is historically presented to the legislative budget committees immediately following the State of the State Address.

The legislative leadership highlighted the process to speed up the committee review process of each agency budget and allow the legislative committees more time to dive deeper into the budgets before them. Some members of the Legislative Coordinating Council suggested this may create additional staffing needs and expressed hesitation at changing a process that could be corrected by holding more committee meetings during the regular session.