



**House Social Services Budget Committee Meeting
January 18, 2017**

**Overview of the Kansas
Department for Aging And Disability Services**

Presented by:

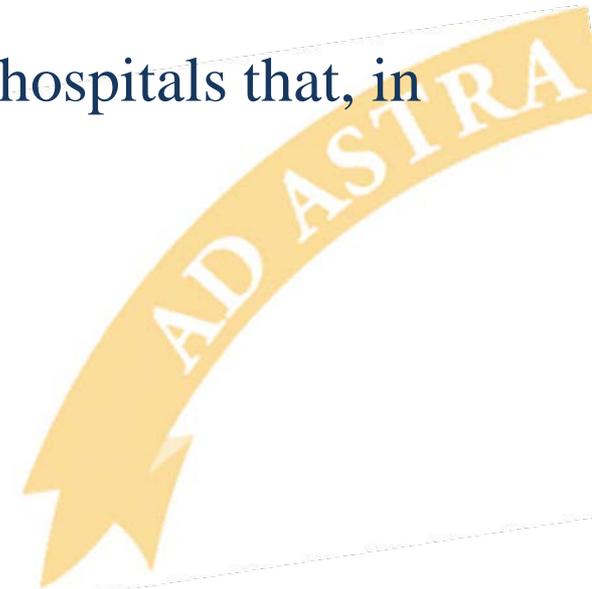
Secretary Tim Keck

Kansas Department for Aging and Disability Services



Agency Overview

- Established on July 1, 2012 through Executive Reorganization Order.
- 295 positions employed by the Agency, organized into six Commissions.
- KDADS provides oversight to the four state hospitals that, in total, are authorized for 2,457.18 positions.





Budget

FY 2017 Budget:

- Revised budget totals \$1.578 billion, including \$643.4 million from State General Fund (SGF).

FY 2018 Budget:

- Proposed budget totals \$210.3 million, including \$95.0 million from SGF.

FY 2019 budget:

- Proposed budget totals 210.6 million, including \$95.1 million from SGF.





Agency Responsibilities

- Programs and services to assist older adults
- Behavioral health and disability services
- Oversight of the four State Hospitals
- Survey and certification programs, including licensure programs





Office of the Secretary

- Includes:
 - Deputy Secretary
 - Communications Division
 - Chief Counsel/Legal Division
 - Human Resources
 - Special Assistant to the Secretary
- Administratively supports the KanCare Consumer Ombudsman

Organizational Structure

Department Commissions:

- Commission on Aging
- Behavioral Health Commission
- Community Services and Programs Commission
- Survey, Certification, and Credentialing Commission
- Financial and Information Services Commission





Commission on Aging

The Commission on Aging administers a variety of community-based programs for the aging population through contracts and grants of state and federal funds

- Older Americans Act
 - Quality Assurance programs
- Congregate and home-delivered meals
- Caregiver programs
- In-home Services
- Senior Care Act Services
 - Quality Assurance programs
- Client Assessment, Referral and Evaluation (CARE) program
- Aging and Disability Resource Centers (ADRCs)



Commission on Aging

Oversee and implement grants:

- Senior Health Insurance Counseling for Kansas (SHICK)
 - Assist individuals with questions related to Medicare
- Medicare Improvements for Patients and Providers Act (MIPPA)
 - Assist Medicare beneficiaries apply for Medicare Part D Extra Help/Low-Income Subsidy (LIS), Medicare Savings Programs (MSPs) and to promote Medicare prevention and wellness benefits.
- Senior Medicare Patrol (SMP)
 - Educates community about reporting Medicare/Medicaid fraud and how to identify scams
- Lifespan Respite
- Community Transition Opportunities
 - Works with nursing facilities to identify residents who desire to return to living in a community setting



Survey, Certification, and Credentialing Commission

- Key function is to protect public health through the licensure and inspection of adult care homes.
- Develop and enforce state regulations related to adult care homes
- Implement federal certification activities for Medicaid or Medicare-certified nursing homes
- Conduct Inspections
 - Annual Inspections
 - Unannounced Inspections resulting from consumer or provider complaints
- Credentialing of various licensed and certified health professions.
 - Adult care home administrators
 - Certified nurses aides
 - Dieticians
 - Other professions

Financial & Information Services Commission

- Responsible for various administrative functions that support other KDADS commissions.
 - Accounting
 - Budgeting
 - Information Technology
- Technical Support to Agency staff and business partners.
 - Fiscal and Program Evaluation Division is KDADS' auditing, reporting, and data analysis group.
 - Manages nursing facility reimbursement programs.



Behavioral Health Services Commission

Responsible for:

- **Behavioral health programs**

- Mental health programming and grants

- Substance abuse/addiction and prevention services

- Psychiatric Residential Treatment Facilities Program (PRTF)



State Psychiatric Hospitals

- Osawatomie State Hospital (OSH) and Larned State Hospital (LSH) serve people experiencing serious symptoms of mental illness.
 - Persons who have been deemed a danger to themselves or others
 - Generally exhibit symptoms that community providers cannot treat safely and effectively.
 - Once stabilized, can return home and be supported by Community Mental Health Centers (CMHCs)
 - Persons committed as violent sexual predators receive treatment and services through the Sexual Predator Treatment Program (SPTP) at Larned State Hospital.



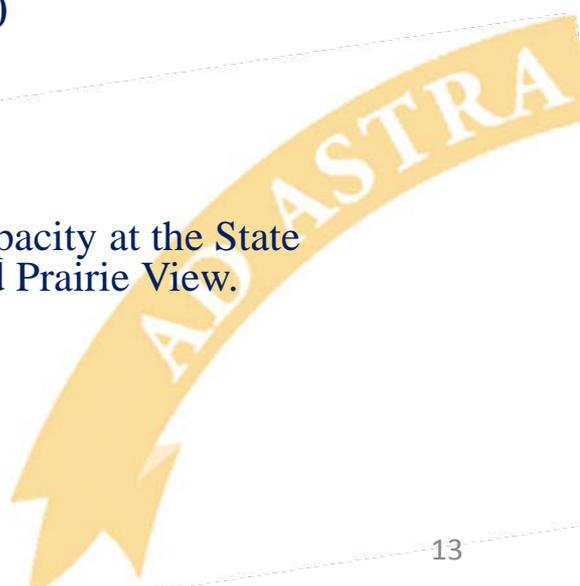
State Psychiatric Hospitals Census

Summary of State Mental Health Hospital Census

Available Psychiatric Beds- 236

<i>Average Daily Census (FY)</i>	<u>2014</u>	<u>2015</u>	<u>2016</u>
OSH	218	197	145
LSH—PSP	98	101	86
LSH—SSP	198	202	200
LSH—SPTP	229	235	241

- **Census Management Initiative (CMI):**
 - Grant funding allocated to provide overflow should the bed capacity at the State Hospitals reach critical levels. Partnership with Via Christi and Prairie View.
- **OSH Diversion Beds**



State Psychiatric Hospitals Staffing levels

Governor's Budget Report—Staff Positions

<u>Facility</u>	<u>Authorized Positions**</u>
LSH	947.48
OSH	483.10
<i>TOTAL</i>	<i>1,430.58</i>

** This includes FTE and Non-FTE positions

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AD ASTRA

Larned State Hospital (LSH)

Larned State Hospital operates three distinctly different treatment programs.

- Psychiatric Services Program (PSP)
- State Security Program (SSP)
- Sexual Predator Treatment Program (SPTP)



Larned State Hospital (LSH)

- *The Psychiatric Services Program (PSP)* serves voluntary as well as civilly committed adults with mental illness.
- Patients enter the program after having been screened by qualified mental health professionals from one of the mental health centers in Central and Western Kansas, or are referred under an order of evaluation from a judge.
- Budgeted for 90 beds.



Larned State Hospital (LSH)

- *The State Security Program* (SSP), serves male and female adult mentally ill forensic populations from the entire state of Kansas, which are admitted through specific forensic statutes or transferred from the Kansas Department of Corrections (KDOC) for acute or secure residential treatment. This program provides a secure setting for forensic evaluations and psychiatric inpatient treatment.
 - The Security Behavior Unit (SBU), serves a group of males who are civilly - rather than criminally - committed and who pose a very high risk of dangerousness. SBU provides services to both OSH and LSH.
- Budgeted for 220 beds.

Larned State Hospital (LSH)

- The Sexual Predator Treatment Program (SPTP) was established by a 1994 statute that provides for the civil commitment of persons identified by the law as sexually violent predators. SPTP has a dual mission:
 - Provide for the safety of Kansas citizens by establishing a secure environment in which persons identified as sexually violent predators can reside.
 - Offer treatment with the aim of reducing their risk for re-offending allowing motivated persons who complete treatment to return to society.
- Program serves adult male patients from the state who have been adjudicated through KS sexually violent predator treatment laws and are committed for treatment under civil statutes.
- Law does provide for the possibility that women and juvenile offenders could also be offered treatment within a secure environment—presently it has not yet occurred.

OSH provides eight reintegration facility beds and PSH provides 16 reintegration facility beds (total of 24 beds) for continued SPTP services.

Osawatomie State Hospital (OSH)

- OSH currently serves civilly committed adults with mental illness; 146 beds available at this time.
- OSH catchment area serves 44 Kansas Counties, including Sedgwick, Shawnee, Johnson and Wyandotte counties.
- Between 50-70 percent of the people served by OSH also need substance abuse treatment.



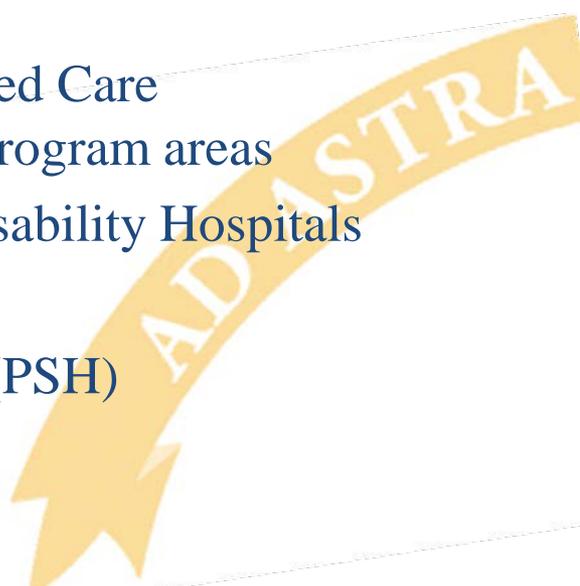
ADASTRA



Community Services and Programs Commission

Responsible for:

- Home and Community Based Services
- Money Follows the Person Grant
- Program of All-Inclusive Care for the Elderly (PACE)
- Managed Care division
 - Coordinates intra-agency KDADS activity around managed care.
 - Coordinates with all three KanCare Managed Care Organizations regarding KDADS-specific program areas
- Provides oversight to State Developmental Disability Hospitals
 - Kansas Neurological Institute (KNI)
 - Parsons State Hospital & Training Center (PSH)



State Developmental/Intellectual Disability Hospitals

- Parsons State Hospital and Training Center (PSH&TC) and Kansas Neurological Institute (KNI) these hospitals serve people with severe, life-long disabilities
 - Onset most frequently at or before birth
- Persons with ID generally require lifetime services and supports.



State Developmental/Intellectual Disability Hospitals

- Surveyed at least annually by KDHE
- Licensed and certified to participate in federal Medicaid funding as intermediate care facilities for people with intellectual disabilities and other related conditions.
- Utilize person centered, preferred lifestyle planning.

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AD ASTRA

State Developmental/Intellectual Disability Hospitals

Summary of State Intellectual Disability Hospital Census (as of 12/31/16)

<u>Facility</u>	<u>Budgeted Beds</u>	<u>Average Census YTD</u>
PSH&TC	188	165
KNI	145	146
<i>TOTAL</i>	333	311

Summary of Staffing

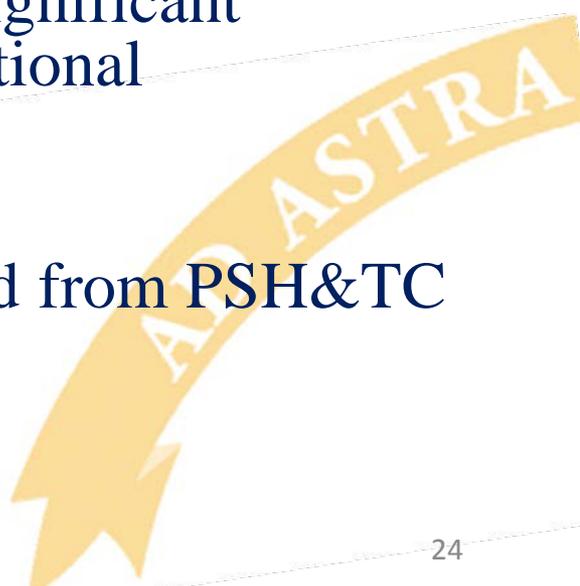
<u>Facility</u>	<u>Authorized Positions**</u>
PSH&TC	588.90
KNI	437.70
<i>TOTAL</i>	1,026.60

****Includes FTE and Non-FTE**

AD ASTRA

Parsons State Hospital and Training Center

- Serves 165 persons in 10 residential units that house 15-21 persons.
- 47 percent of PSH&TC's residents are categorized in the severe to profound range of intellectual disability.
- About 80 percent of the residents present significant behavioral challenges or symptoms of emotional disturbance.
- Last fiscal year, 15 persons were discharged from PSH&TC and 11 were admitted.



Kansas Neurological Institute

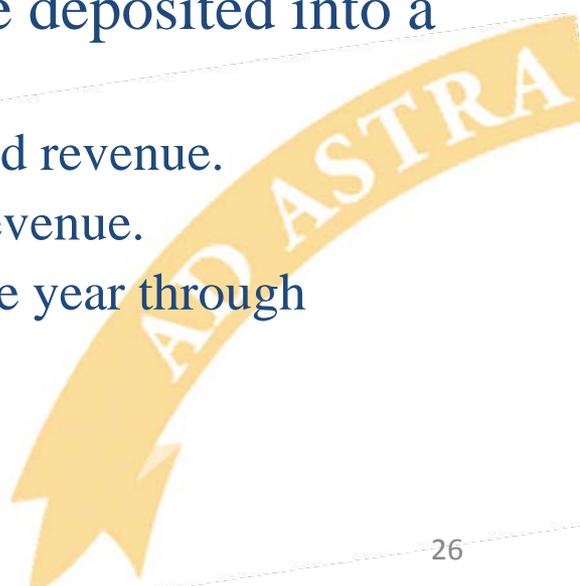
- Serve 146 persons in 20 homes in four residential lodges.
- 94 percent of KNI's residents are categorized in the severe to profound range of intellectual disability.
 - 59 percent are unable to walk and 83 percent are unable to speak
 - 71 percent have seizure disorders,
 - 19 percent are unable to eat by mouth and receive their nutrition through feeding tubes.



Budget

Key Points Regarding State Hospital Funding:

- Funding for the State Hospitals comes from three main sources:
 - State General Fund
 - Medicaid/Disproportionate Share (DSH) Payments
 - Medicare/Private Insurance
- All hospital Medicaid and DSH Payments are deposited into a “parent” Title XIX account at KDADS.
 - KNI and PSH bring in the majority of the Medicaid revenue.
 - OSH and LSH bring in the majority of the DSH revenue.
 - Funding is budgeted and distributed throughout the year through transfers from KDADS to the Hospitals.



Budget

- Decertification of OSH, as well as census adjustments at PSH and KNI have drastically reduced revenue to the system.
 - Decertification has eliminated almost 2/3 of OSH's historical revenue.
 - Right-sizing of census at both KNI and PSH have also reduced their revenues.
 - Overall, this equates to less funding for all hospitals, including LSH.
- Approximately half of LSH's DSH payments are expected to be recouped each year for the next 5 years.
 - LSH inadvertently included SPTP residents in past cost reports resulting in overpayment of DSH.
 - Two quarters of DSH payments each year will be withheld.
 - Estimated loss of \$2.89 million per year for LSH.





Budget Requests

- The Governor's Budget Recommendation for OSH includes an additional \$9.0 million from the State General Fund for FY 2017.
 - This amount was requested by the hospital assuming at least 60 beds would be recertified by January 2017.
 - Each month for which the hospital is not recertified will require an additional \$1.0 million to \$1.2 million from the SGF.
- The Governor's Budget Recommendation for LSH includes an additional \$6.5 million from the State General Fund for FY 2017.
 - This amount was requested by the hospital to cover revenue shortfalls resulting from the recoupment of DSH payments, as well as the reduction in funding flowing from the other hospitals.

