



### ***KHA's Capitol Comments***

**September 23, 2021**

Today, the Robert G. (Bob) Bethell Joint Committee on Home and Community-Based Services and KanCare Oversight met for day two of the committee hearings.

This morning, the committee heard from members of the public, providers and organizations who offered testimony on the challenges to those individuals receiving services or who are on the KanCare waitlist to receive services. Conferees highlighted the challenges of getting qualified nurses and attendant care, receiving approvals for specialized equipment, waiver wait times, and improvements that can be made to expand services to Kansans, including permanently expanding Medicaid coverage from 60 days to 12 months for beneficiaries that give birth.

The committee chair indicated a special committee on Intellectual Developmental Disability Waivers would likely have a hearing in October. He inquired about other state models that allow family members to serve as personal care attendants and expressed an interest in possibly pursuing legislation on the topic next year.

The committee was provided updates on in-patient and homecare programs for all patients, including Programs of All-Inclusive Care for the Elderly. The committee heard recommendations at the federal and state level to increase access to PACE. Program providers made requests for state-level changes to adjust caseload estimates to include PACE program participants, expand the program in rural areas, and include information about the PACE program when beneficiaries enroll.

Long-term care advocates highlighted staffing shortages, how the shortages impact hospital discharges, the high prices of staffing agencies, difficulty in providing care during COVID surges, and requested support from the Kansas Legislature to do an incentive program and deep dive into reimbursement models. Minnesota and Massachusetts were examples of having model legislation to cap agency staffing charges to reduce staffing wage wars. The committee requested to hear from staffing agencies in future meetings.

The Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services provided the committee updates on numerous items including KanCare, the Health Care Access Improvement Program, COVID-19, long-term care, the state hospital's capacity and lifting the moratorium at Osawatomie State Hospital.

The committee heard from Secretary Lee Norman, MD, and inquired why Critical Access Hospitals are transferring patients out of state rather than to other CAHs, antibody tests, delta variant testing, antibody research in previous infections and vaccinated, and vaccination-related deaths and adverse effects.

The Medicaid Director Sarah Fertig testified before the committee to highlight the current KanCare 2.0 waiver that expires at end of 2023 and the MCO renewal that will come at the same time. The agency reported in the next 18 months, the state will need to determine what KanCare 3.0 will look like and when the requests for proposals for new MCOs will be released. Information about the state's options going forward will be presented to the committee in the future. Fertig testified in the summer of 2022, MCO contracts would likely be awarded but the stakeholder engagement process will begin very soon. At the next committee meeting, the contractor to facilitate the process will be on board and will likely report to the committee at that time.

### **SPARK Frontline Retention Program Intent Form Due and Webinar Registration Information**

The Kansas Hospital Association reminds eligible hospitals your letter of intent is due to the Office of Recovery by 5 p.m. on Friday, Sept. 24. If your hospital has an interest in participating in the recent SPARK-funded retention program, you are encouraged to submit your letter of intent as soon as possible.

A few items to note when submitting:

- Please submit your hospital's [letter of intent](#) in Excel format, along with your hospital's completed [W-9 form](#), to [recovery@ks.gov](mailto:recovery@ks.gov).
- If you submit your hospital's letter of intent with the W-9 form, you do not need to know your hospital's supplier number and can skip that question on the letter of intent.
- Sam.gov generates your hospital's DUNS number. If you do not have a DUNS number or if your information needs to be updated, please don't let that prohibit you from submitting your letter of intent. The DUNS information is needed for the actual distribution of funds but may be completed outside of the more immediate request to submit the letter of intent to the Office of Recovery.

For those hospitals that have not submitted their letter of intent, KHA staff will begin reaching out individually tomorrow, (Friday, Sept. 24).

### **Office of Recovery Frontline Retention Program Webinar**

The Office of Recovery will host a webinar, at 11 a.m. on Wednesday, Sept. 29. To register for the webinar, please visit [WEBINAR REGISTRATION](#). The webinar will be recorded and available to those who cannot participate live.

**Feel Free to Contact KHA Staff with Questions.**

KHA staff is continuing to work closely with the Office of Recovery, if you have questions that arise during the application process, please reach out to [Tara Mays](#) or [Shannan Flach](#) at (785) 233-7436. We are happy to work directly with the Office of Recovery to get you the most up-to-date information possible.

KHA will continue to keep you posted as more information becomes available. If you have any questions or comments, please feel free to contact KHA staff at any time at (785) 233-7436.