

# Impact of COVID-19

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

### **Discussion of Impact of COVID-19 on KanCare Programs and Populations**

Kansas Department for Aging and Disability Services

**Laura Howard, Secretary**

# Continuing to Meet the Needs of Kansans

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- More than 1,900 state hospital employees working full-time on-site schedules adhering to screening and safety guidelines
- Converting 96 percent of KDADS central office workforce to telework or staggered in-office work schedules
- Continued operations of the agency's Abuse, Neglect or Exploitation Hotline
- Staff entering facilities for investigations and surveys
- Continuing processing of name-based background checks for long-term care and health care workers in nursing facilities and HCBS settings

# Resource Center and Guidance Documents

- Using recommendations from federal partners and internal recommendations, developed guidance for stakeholders, constituents, partners and facilities. Within the first few days of the pandemic, KDADS issued more than 20 guidance documents for community-based organizations alone, and posted those in the KDADS COVID-19 Resource Center at <https://www.kdads.ks.gov/covid-19>



# Nutrition and Supportive Services

- Worked closely with Area Agencies on Aging and Senior Nutrition Providers to transition from congregate meal seats to alternative service delivery options.
- Worked quickly to identify and allocate funding awarded for senior services through the FFCRA and CARES Act to support meals, in-home services, caregiver and ombudsman services.

## METRIC

Federal FFCRA dollars in the amount of \$2.0 million have been allocated to AAAs to ensure meals continue to be delivered to the elderly.

## METRIC

Federal CARES dollars in the amount of \$6,785,425 have been allocated to AAAs to support Older Americans Act programs.

# HCBS Programs

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- Appendix K request initially approved by CMS on April 1. Included flexibilities include:
  - Suspend Settings Rules to Allow Services to be Provided in Homes or Temporary Settings
  - Permit Payment to Family Caregivers to Provide Personal Care Services
  - Expansion of Telehealth Opportunities
  - Home-delivered Meals
  - Permit Provisional Employment Pending Background Checks
  - Provider Retainer Payments for Habilitation Services and Personal Care Services
- Numerous additional specific guidance documents
- Direct care staff as essential health care workers

# Behavioral Health

- Expansion of Telehealth Authorities in concert with KDHE;
- SAMHSA Emergency COVID-19 Grant to support additional behavioral health services to individuals impacted by COVID-19. Application targets multiple hotspots where COVID-19 has shown significant community spread. Funding targeted uninsured and underinsured, including referrals, assessments, crisis services and evidence-based services.

## METRIC

KDADS has received \$2 million in federal grant funding to support additional behavioral health services to individuals affected by COVID-19.

## METRIC

KDADS working with KDEM on its crisis counseling program and has applied to SAMHSA for a suicide prevention and domestic violence COVID response grant.

# Survey, Certification and Credentialing

- Series of Guidance documents from early March to early June
  - March 13 – CMS Guidance on Restricting Visitors
  - June 12 – Reopening Guidance Issued to Nursing Facilities requiring a plan and consultation with local health departments
- Survey activities initially limited by CMS, but:
  - 171 Nursing Facilities Surveys Completed; 177 State-Licensed Off-site Infections Control Surveys Completed
- Plan to Meet New CMS July 31 Deadline and broader Legislative 90 day mandate through KDADS staff and contractor
- Request to DOB and Recovery Office for temporary NF Rate Increase -- \$25 million CARES

# Survey, Certification and Credentialing

- Temporary Licenses Issued to Support Facilities in Planning for COVID Positive Cases

Region	ACS	DFU	CBC	DFU/A	Grand Total
NE	2	5	2	7	16
NW	3	3	4	1	11
SE	1	2		6	9
SW	1	5	2	6	14
Grand Total	7	15	8	20	50

- Civil Monetary Penalty Funds to Purchase Electronic Devices Appendix K request initially approved by CMS on April 1. 193 Facilities Approved for more than 940 devices. Some parallel activities to support caregivers and family members through AAAs.
- Training Programs and Health Occupations Credentialing (CNA/CMA Clinical Programs, Temporary Aide Training); and Related Executive Orders

# State Hospitals

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- Implemented visitation restrictions and followed strict infection control measures at each state hospital
- Staff screenings at beginning of each shift
- Managed a COVID outbreak and Parsons State Hospital; contained to one cottage
- Reduced patient capacity at Osawatomie and Larned to support ability to quarantine new patients in single rooms for up to 14 days after admission; this has meant at some points diverting voluntary admissions and creating a temporary moratorium at LSH

# Lessons Learned- Preparing for the Next Wave

## Communication, Awareness and Knowledge-Building Across Systems

- Worked hand in hand with KDHE Public Health and Medicaid
- Gaps in knowledge between community and facility-based long-term care, public health and emergency management (a pandemic is not a tornado)
- **COVID-19 Long-term Care Liaison** – Contracted with expert to work across systems to support facility and community-based long-term care.
  - Post-Acute Care Workgroup
  - Facilitating planning for next wave with community-based systems

# Lessons Learned- Preparing for the Next Wave

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## **Nimbleness and Capacity of our Managed Care Partners**

- Due to their networks and national scope, our Managed Care Organizations have the ability to move quickly to fill gaps in systems
  - Basic needs of families
  - PPE
  - Supporting workforce development and recruitment

# Lessons Learned- Preparing for the Next Wave

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## **Some New Ways of Doing Business are Effective and Work for Kansans**

- Working closely with state partners, our providers and federal agencies to assess what should return to normal, and what makes sense to keep in terms of added flexibilities
- One good example is the expanded use of telehealth across system.
- After-action conversations and discussions are going on about what works, what might need to change, what authorities will expire, what can be retained and how

# Lessons Learned- Preparing for the Next Wave

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## **Behavioral Health as An Overlay -- Important Emerging and Continued Focus**

- Mental Health and Addictions
- High levels of national stress and trauma
- Important focus as pandemic waxes and wanes
- Impact of economic downturn on stressors
- Enhances need for suicide prevention supports