SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORG.
2022 CAPACITY REPORT

I. Service Area:

Sedgwick County has a population of 528,916, making it the second-most populous county in Kansas. As of December 2022, the unemployment rate in Sedgwick County was 3.0% which is even lower than the prior year. There were a total of 2,649 individuals determined eligible for the intellectual/developmental disability (IDD) service system as of December 31, 2022. The Sedgwick County Developmental Disability Organization (SCDDO) is the designated Community Developmental Disability Organization (CDDO) for Sedgwick County. The SCDDO serves as the single point of application and referral for services for persons with IDD. Responsibilities include determining eligibility for the IDD system, providing information on available services and service providers, gatekeeping for admissions to Intermediate Care Facilities/state institutions, managing a network of IDD providers and quality assurance for IDD services.

As mentioned above, the Sedgwick County IDD system includes 2,649 people. This constitutes about 29% of the total number of people eligible for the IDD system in the State of Kansas. Sedgwick County also has approximately 10% of the people on the statewide waiting list for Home and Community Based Services (HCBS) IDD Medicaid Waiver. See below for a snapshot of the Sedgwick County IDD system and waiting list in 2022.

TOTAL ELIGIBLE: **2,649**

TOTAL ELIGIBLE BY AGE	
Age 0 to < 5	10
Age 5 to < 18	613
Age >= 18	2,026

SCDDO ACTIVITIES	Total for 2022
New Persons Added	185
Intakes Completed	167
Options Counseling Transactions	705

CASE TRANSFERS	Total for 2022
In	47
Out	19

TARGETED CASE MANAGEMENT SUMMARY	
TOTAL TCM SERVED (unduplicated):	2,124
# WITHOUT TCM SERVICES:	525

WAITING LIST	
*Unserved - waiting for HCBS only - Under 18	438
*Unserved - waiting for HCBS only - 18 & Above	494
Total Unserved - waiting for HCBS only	**932**
HCBS Waiting list offers	77
HCBS Waiting list acceptance	54
Waiting for Non-HCBS (Local Waiting List - Tier 0)	37

Of note in 2022, Sedgwick County received a total of 77 funding offers to individuals on the HCBS waiting list. Of the offers made, 54 were accepted which resulted in a 70% acceptance rate. The number of individuals on the waiting list has grown from 855 in Dec. 2017 to the 932 as of Dec. 2022, an increase of 9% over five years. Currently, individuals can expect their wait for service funding to be about 10 years.

TERMINATIONS	
1-Deceased	32
7-Moved out of state	23
9-Self-termination	23
10-Moved out of county	19
11-Term by CDDO	24
12-Incarcerated	6
12-Non-Specified	42
12-State Hospital	3
12-Nursing Facility Placement	7
Total Terminated	**168**
GATEKEEPING	
Access request	5
Exits	1
Admits	3
Total # of persons in ICF	48

The Sedgwick County IDD system experienced a net increase of 17 people in 2022. The number of Sedgwick County residents living in an intermediate care facility (such as Parsons State Hospital) has been falling over the last few years. In 2022 a total of 48 individuals from Sedgwick County lived in an intermediate care facility, this is down from a high of 60 in 2017.

II. Provider Network:

Sedgwick County's network of agencies providing IDD services has grown only slightly from 2021. One financial management services (FMS) agency terminated their affiliation, which accounts for the change in FMS and self-directed (SD) services listed in the chart below. Despite

a financial audit being required to provide FMS, the agency chose to terminate their affiliation rather than provide a copy to SCDDO. One new limited licensed day and residential provider joined the network in 2022. One full licensed day and residential provider converted to a limited license; with the addition of one full licensed day and residential, there was no net change in day/residential services in 2022. The below chart summarizes all the changes to the Sedgwick County IDD provider network in 2022.

SEDGWICK COUNTY IDD PROVIDER NETWORK
2022 SUMMARY

Service	# of Providers at Beginning of 2021	# of Providers Added	# of Providers Quit	# of Providers at End of 2022	Net Change in Providers in 2022
Assistive Services	4	0	0	4	0
Day Supports (Full)***	18	0	0	18	0
Day Supports (Limited)***	1	3	-1	3	+2
Enhanced Care (AD*)	1	0	0	1	0
Enhanced Care (SD**)	8	0	-1	7	-1
Financial Management Services	8	0	-1	7	-1
Medical Alert Rental	3	0	0	3	0
Overnight Respite (AD)	3	0	0	3	0
Overnight Respite (SD)	8	0	-1	7	-1
Personal Care Services (SD)	8	0	-1	7	-1
Residential Supports (Full)***	13	1	-1	13	0
Residential Supports (Limited)***	3	3	-1	5	+2
Specialized Medical Care	4	0	0	4	0
Supported Employment	4	0	0	4	0
Supportive Home Care (AD)****	3	0	0	3	0
Targeted Case Management	11	0	-1	10	-1
Wellness Monitoring	8	0	0	8	0

*AD = Agency Directed

**SD = Self Directed

***Note, one agency licensed for full day and residential converted to a limited licensed day and residential provider

****Note, one Supportive Home Care provider limits participation to their program clients, one is limited to children which results in only one provider serving all ages.

One of the most impactful changes in the Sedgwick County IDD provider network in 2022, was the decision by an agency to discontinue providing targeted case management (TCM). This resulted in about 200 individuals looking for another provider for TCM services. The SCDDO

partnered with the remaining TCM providers to facilitate the changes in an equitable way. Unfortunately, this shock to the system resulted in TCM agencies running at full capacity and when they experienced staffing turnover agencies were forced to request a hold on new referrals. As many as four TCM agencies were on hold at a time during the year. Several agencies had to request holds more than once. One TCM agency was on hold for half the year. Of the 12 holds on referrals granted in 2022, 8 were for TCM agencies.

III. Key Indicators:

a. Access to Service

In prior years, the SCDDO was able to provide an average number of days between referral and service start date by the HCBS service. Unfortunately, with the implementation of our new electronic medical record (EMR), we have temporarily lost that ability. Our technology staff have requested a new field be added to the EMR that will allow us to track and report access standards by service in the future. A timeframe has not been provided for the update at this point.

Anecdotally, access to services appears slower than in prior years. The SCDDO Funding Committee received numerous updates indicating families were waiting for personal care services to start because staff could not be found. At least one parent indicated they switched from agency to self-directed because the agency couldn't find appropriate staff to cover their personal care hours. However, the delay in services was particularly evident for individuals with higher support needs or mobility issues requiring accessible homes. Due to the critical workforce crisis, SCDDO has not been strictly enforcing our 60 day access standard. Sedgwick County has one individual who has been trying to return to the community from Parsons State Hospital for over a year. The selected provider initially agreed to open a new group home to provide the enhanced level of supports this individual required; however, the agency has been struggling to maintain appropriate staffing in their current high support homes and have been unable to hire the needed additional staff needed to open a new one. At this point, the provider is looking to place the individual in an existing setting but has not had any openings in their more specialized group homes.

In 2022 over half of Sedgwick County IDD agencies providing agency directed services reported they struggled to meet the demand for at least one service. Nearly all (70%) of agencies reported difficulty meeting the demand for TCM services; likewise two-thirds of the agencies providing supportive home care indicated struggles to maintain the required capacity. Residential and day were also referenced as hard to provide the required amount. Several responses indicated the challenges of supporting individuals with behavioral health needs or the requirement for accessible settings as complicating factors for day and residential supports. Special medical care, enhanced care and wellness monitoring were also HCBS services agencies indicated they struggled to meet the demand for in 2022. One agency indicated their agency struggled to meet the demand for transportation, which is not a HCBS service but is important for individuals in services. Trouble hiring staff was, by far, the most commonly cited reason for agencies struggling to meet demand.

Complex Needs

As reported in prior year capacity reports, Sedgwick County has a high number of individuals with complex support needs. For purposes of this report, interfering behaviors are defined as a score of 98 or higher on maladaptive health or 2 or more questions answered true in Section 13 of the BASIS. High medical needs are defined as a score of 9 or higher on health score and requires special health procedures in Section 6 of the BASIS. In 2022 there were 601 individuals on the HCBS waiting list with interfering behaviors or high medical needs; this accounts for 64% of those waiting for HCBS. There are 1,059 individuals with interfering behaviors and 836 with high medical needs receiving IDD services (includes both HCBS and state aid funded services).

Behavioral health needs are often associated with interfering behaviors. In 2022 Sedgwick County had 1,203 individuals with one or more co-occurring behavioral health diagnoses receiving services; this constitutes 45% of all individuals in services. For the 2022 capacity survey, behavioral health diagnoses were combined by subtype. For example, Attention Deficit/Hyperactivity Disorder (AD/HD) is listed as one diagnosis this year but was broken out into three last year (AD/HD – Combined Type, AD/HD – NOS, AD/HD – Predominate Hyper-Impulsive). This change was made due to feedback on last year's report which showed Intermittent Explosive Disorder as the most common behavioral health diagnosis. Using this revised methodology, Intermittent Explosive Disorder falls to seventh most common behavioral health diagnosis. Attention Deficit/Hyperactivity Disorder is the most common, which seems more consistent with the feedback from providers. The full list of the top ten behavioral health diagnoses in the Sedgwick County IDD service system is provided below. This is a little more consistent, although not the same, as the general population. Anxiety Disorders, Major Depression and Bipolar are the most common behavioral health diagnoses (ACCESS Community Health Network).

1. Attention Deficit/Hyperactivity Disorder
2. Bipolar Disorder
3. Generalized Anxiety Disorder
4. Major Depressive Disorder
5. Oppositional Defiant Disorder
6. Schizophrenia Disorder
7. Intermittent Explosive Disorder
8. Anxiety Disorder
9. Posttraumatic Stress Disorder
10. Depressive Disorder

Despite this large number of individuals with more complex support needs, Sedgwick County providers report receiving extraordinary funding (EF) for 33 individuals in 2022. This is, however, an increase from prior years (27 in 2021 and 25 in 2017). Of the 17 agencies providing day and/or residential services (i.e. services eligible for EF), 9 agencies applied for EF in 2022 and only 8

were successful in getting at least some of their EF applications approved. A total of four EF applications were denied in 2022, an 88% success rate. Agencies noted the EF application process involved a lot of paperwork, was time consuming and that the policy and forms needed to be updated to be less restrictive of who can apply for EF. One agency noted their EF application was denied because it was determined the item should be funded by the MCO. Another agency expressed a desire to discontinue annual EF applications for individuals with severe disabilities that will not likely improve and who have had EF funding for many years. An agency requested EF to transfer with the person. This agency had a person transfer to their agency with long standing EF due to requiring one on one staff 24 hours per day, but the agency was not allowed to apply for EF until they had incurred a year of losses. Another agency expressed concern that having the MCO responsible for determining EF was a conflict of interest.

b. Provider Workforce

Average Starting Wage

Type of Worker	2018	2020	2021	2022	% Change b/w 2018 to 2022
DSP - Agency	$9.92	$11.08	$11.37	$14.18	+43%
DSP – Self-Directed	$9.83	$10.45	$10.78	$12.67 non-exempt $16.16 exempt	+29%
TCM	$14.57	$15.06	$15.70	$17.04	+17%
					% Change b/w 2019 to 2022
RN	N/A	$24.17	$25.13	$25.44	+5.25%
LPN	N/A	$19.83	$21.13	$22.60	+14%

On average, wages for agency directed direct support professionals (DSP) increased the most of any staff serving individuals in HCBS. Since 2018 starting wages for agency directed DSP's grew a full 43%. Just between 2021 and 2022 the average starting wage for agency directed DSPs rose 25%. The rate of increase is certainly due to the changing labor market conditions but it was made possible by the 25% rate increase implemented in July 2022. Starting wages for agency directed DSP's ranged from $8.50 to $30. It should be noted that the agency paying $30 per hour is a limited licensed provider; the agency owner is often the DSP for limited licensed agencies and it may explain this outlier. If you remove the $30 rate, agency directed DSP starting wages averaged

$13.46; which is still a significant wage increase of 35% since 2018 and 18% since 2021. Only one agency paid less than $10 per hour for agency directed DSP's. The most common rates paid ranged from $13 to $15.99 per hour for agency directed DSP's, as reported by 57% of agencies.

Examining starting wages for self-directed DSP's is a little more complicated since the client employer can set the rate. One FMS agency reported they start at least $7.25 but their client employers have the choice to pay higher. Several FMS agencies noted a different rate for non-exempt and exempt workers, which hasn't been reported in prior surveys. From the comments, it appeared family members were considered exempt DSP's. Starting wages for non-exempt self-directed DSP's ranged from $7.25 to $14.82. Exempt self-directed DSP's starting wages ranged from $15.90 to $16.43. Using the average starting wage rates reported since 2018 it would appear the pay gap between self-directed and agency directed has grown over this time period. Self-directed DSP's made only $ .09 less than agency directed DSP's in 2018 but by 2022 that gap had grown to $1.51 (or $ .79 not including the $30 outlier). Since it appears not all FMS agencies reported their actual average starting wage but used the minimum, it's not clear if the wage gap is as significant as the data seems to indicate.

For TCM positions, pay ranged from a low of $15.00 to a high of $19.23 per hour. Last year, no TCM agency reported starting wages as high as $15.00 per hour and the top was $17.00. The data clearly shows TCM providers are under pressure to increase wages to recruit qualified applicants.

Pay for nurses in the IDD HCBS system has increased at a slower rate than direct support or TCM. However, one respondent noted they will adjust pay for nurses depending on the acuity level (tracheostomy or ventilator) or shift (day, night or weekends). This approach makes sense as families have commented on the difficulty of securing nursing services particularly for evening or weekends.

Average Turnover

Type of Worker	2018	2021	2022
DSP – Agency	38%	34%	32%
DSP – Self-Directed	41%	33.5%	26%
TCM	25%	30%	31.5%

The average turnover for agency directed DSP's was lower than in 2021, presumably this relates to the wage increases made possible by the 25% rate increase. However, average turnover ranged from 0 to 75%. Nearly half (48%) of agencies reported turnover at 33% or higher. While this these rates are high and clearly presents challenges for agencies working to maintain quality services, the national average turnover for DSP's is reported to be 43% (ANCOR 2021 DSP Survey Report). Interestingly, turnover did not seem to track consistently with pay.

Average turnover for self-directed services ranged between 5% and 50% with most (62.5%) reporting turnover of 20% or higher. A full 75% of FMS providers reported an increase in the number of client employees in 2022 as compared to 2021.

Turnover for TCM positions ranged from 0 to 63%. A full 60% of agencies providing TCM reported turnover of 25% or higher; and, 30% reported TCM turnover in excess of 50%.

c. Financial Stability of Service Providers

Survey data seems to indicate the general financial health of providers in the Sedgwick County IDD network is positive. A total of 76% of agencies responding reported they would be able to continue operations for three or more months using reserves at the end their fiscal 2022. Two agencies chose not to respond to this question. In 2021, 61% of surveyed providers indicated they could continue operations on serves and it was only 45% in 2018.

For the 2022 capacity survey a question was added on whether agencies used the 25% rate increase to raise wages of staff directly providing services. All agencies responded to the question. All but five agencies indicated they used the rate increase to raise wages for staff providing services, a total of 86.5% of Sedgwick County providers. A review of those five agencies indicating they did not use the rate increase for wage increases found that one agency only provided TCM, which did not receive the rate increase. One agency was brand new and did not serve anyone prior to July 1st, so they did not have any DSP's prior to the rate increase. The remaining three agencies reporting they did not use the rate to increase wages were limited licensed that only serve one or two people and the owner is often the direct service provider.

HCBS rates are key to the financial stability of IDD provider agencies. The Sedgwick County provider network is diverse, including some very small agencies, home health agencies that serve multiple populations and large agencies that provide a variety of services. However, most IDD agencies in Sedgwick County are highly dependent on HCBS and TCM revenue. HCBS and TCM billing accounts for an average of 65% of agencies' total revenue. Seven agencies reported that HCBS and TCM billing constituted 100% of their annual revenue. Responses ranged from a low of 2% and high of 100%. Over half (60%) reported that HCBS & TCM billing accounted for 80% or more of their annual revenue.

II. Analysis and Recommendations

Last year was a bit of a mixed bag for the IDD system in Sedgwick County. There is lots of good news. DSP wages are up, DSP turnover is lower than prior years and most agencies appear to be in a good financial position. However, the workforce crisis is definitely ongoing. Agencies reported difficulty in meeting the demand for residential and agency directed personal care; but, TCM services have demonstrated the most severe impact. Hiring has been particularly challenging for TCM services and resulted in several agencies asking for holds on new referrals which has only caused more strain on the remaining TCM agencies. There is strong hope that the Kansas

Legislature will include a rate increase for TCM in the FY 2024 budget. Several TCM agencies have indicated they would have to consider discontinuing the service without a rate increase.

Rates are certainly an important part of the equation for stabilizing IDD TCM services but how the state decides to settle the federal conflict of interest issue is also a concern looming large. There are other big picture issues on the horizon that will have a significant impact on the IDD system including the Settings Final Rule and how KDADS will approach waiver funded work services. Work on the IDD waiver renewal should also begin in 2023. The SCDDO looks forward to engaging with KDADS as work begins on these issues.