

*KDADS Responses to Questions from the Special Committee on Nursing Facility  
Reimbursement Rate Methodology*

**1. What is the ventilator program?**

Under the Ventilator Program for Nursing Facilities, the State pays a higher rate for residents who are 24/7 ventilator dependent, and the facility has met higher safety, documentation, and staffing requirements found in K.A.R. 129-10-18, 26-40-305(g)(8), 28-39-160, 28-39-152, CFR 483.25(k)(6), 483.70(b). There is currently one facility approved to receive this rate located in Kansas City, KS and the rate for these residents is currently \$609.84. There are currently 11 residents approved to receive this rate.

**2. What feedback would KDADS staff provide to improve the NF reimbursement system?**

KDADS does not have any specific recommendations for changes to the current Nursing Facility rate setting and reimbursement system. Over time, the agency has felt that the system, when adequately funded, does meet the State's objective of providing appropriate reimbursement to the nursing facility provider network for care while ensure fiscal responsibility when it comes to the use of taxpayer dollars in the system.

**3. How much money do fines generate every year?**

A civil monetary penalty (CMP) may be imposed by the federal Centers for Medicare & Medicaid Services (CMS) against nursing homes for either the number of days or for each instance a nursing home is not in substantial compliance with one or more Medicare and Medicaid participation requirements for long-term care facilities. A portion of CMPs collected from nursing homes are returned to the states in which CMPs are imposed. State CMP funds may be reinvested to support activities that benefit nursing home residents and that protect or improve their quality of care or quality of life.

For Calendar Year 2022, the total fines assessed by CMS in the State of Kansas were \$3.2M. For that same time period, there was \$1.2M revenue in Kansas' CMP fund.

Note that the state's share of fines assessed during the survey process are deposited into the CMP fund and have specified allowable uses per CMS guidelines. These funds are unrelated to the reimbursement rate methodology.

**4. Is there a breakdown of how much is raised through the different fines?**

We can break down fine amounts by facility, but not by specific citation. This would also be difficult to do that based off the tag itself because it would also depend at what scope and severity, if other tags were cited, what the facilities citation history looks like etc.

For more information on the CMP calculator and how fines are assessed, visit <https://qcor.cms.gov/main.jsp>.

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**5. How often do site visits occur each year?**

The federal Centers for Medicare & Medicaid Services (CMS) sets a standard of one recertification survey every 15.8 months at maximum but the states over all average must be 12 months. Our current average is 19 months.

Additionally, KDADS oversees the [Abuse, Neglect and Exploitation Hotline](#), the hotline (ANE Hotline) is responsible for intaking allegations and concerns, triaging them according to policy and procedure and conduct an investigation into the allegations as appropriate by the triage process. The policies and procedures are mandated by the Centers for Medicare and Medicaid Services (CMS) [State Operations Manual Chapter 5](#). All our intake staff are Registered Nurses who have completed survey training and additional education as required by CMS.

**6. How many are surprise visits and how many are scheduled?**

All surveys are unannounced.