



November 22, 2013

Chairwoman Pilcher-Cook and Members of the Bethell Joint HCBS and KanCare Oversight Committee

Thank you for the opportunity to comment today on the KanCare program implementation. I am Mitzi McFatrach, executive director of Kansas Advocates for Better Care (KABC).

Kansas Advocates for Better Care works to Improve the *Quality* of Long Term Care in Kansas

- 38 years, Voicing Long-Term Care Quality, Health & Safety Concerns of Elders & Disabled Adults
- Statewide Not for Profit, Citizen Advocacy Organization, Operations funded through private donations
- Citizen members & volunteers across Kansas; Volunteer Board of Directors

KABC does not provide any form of direct care or services. We serve as an established resource for consumers on aging and long term care issues regardless of where they receive care. Most information requests KABC receives come from elders, adults with disabilities and families facing difficult and life-altering care decisions.

Focus of Comments:

1. **Rebalancing & Access to Long Term Services and Supports (LTSS)**
2. **Health Outcomes for Frail Elders - FE waiver and Nursing Facilities**
3. **Waiver Amendment and Ombudsman Independence and Advocacy**

Recommendations:

1. **Rebalancing** – As we near Year 2, we ask that the KanCare program collect data specific to KanCare's impact on key health outcomes. To achieve this, KanCare data would include utilization and encounter information for use by policy makers and stakeholders to assess the effectiveness in rebalancing of long term supports and services.
 - Data capturing cuts to care plans, hours, and services
 - Data capturing utilization, encounter and service reductions by waiver population groups
2. **Improved Health Outcomes** – Year 1 KanCare Performance Measures are weighted almost exclusively to process. Year 2 and beyond Performance Measures should be weighted to achieving KanCare's stated goal of improved health outcomes and metrics that measure improved health outcomes.
 - Define/set improved health outcomes for specific populations and settings
 - Set metrics that measure meaningful health outcomes for specific populations served.
3. **Ombudsman Program Data** – With the proposed roll in of LTSS for ID/DD consumers in 2014, who will join elders with cognitive challenges/dementia, there is a significant need for an independent ombuds program able to advocate for persons not equipped to self-advocate.
 - Independent Ombuds program able to effectively advocate for persons with cognitive challenges
 - Data detailed enough to identify trends in consumer complaints, outcomes, and services
 - Strengthen the "standard of resolution" and provide for consumer input/evaluation of the assistance received

Robert G. (Bob) Bethell Joint Committee on
HCBS & KanCare Oversight
Date November 25, 2013
Attachment 13

Rebalancing & Access to Long Term Services

200 people is the most recent number KABC has heard of persons who have moved from nursing facilities into the community to receive long-term care. This is not a number we found published, nor can we find published numbers of individuals receiving LTSS through the Frail Elder Waiver or the published number of persons residing in nursing facilities. And we don't know of the 200 individuals who moved out of nursing facilities, how many of their LTSS are covered by which waiver. Overall we have no way to determine – “Is the provider network strong enough to meet their needs wherever they relocated across the state, or only in certain geographic pockets of the state, or did the provider network meet some but not all the LTSS needs they have?”

Consumers have and continue to report that the managed care company does not have a local presence in or near their community; so when the consumer faces an immediate need or less urgent need, they do not know who or where to call. To accomplish a successful rebalancing of the system requires that when people are diverted from institutional care, the alternative services are in place to provide the services needed in a home setting. Consumers are reporting less than adequate services available in their community. The State's published KanCare data does not include consumer-experience data that could provide an avenue to assess adequacy. In a review of the geo-access data, what was reflected most was monitoring of health providers but not long-term services & supports/LTSS. The absence of consumer-experience data and geo-access data for LTSS leaves a gap in the State's data and in our ability to determine whether or not the capacity of the provider meets consumer need.

KanCare data is chiefly financial and is not paired with data which is specific to waiver type or numbers of individual consumers on each waiver (frail elderly, physical disability) or in nursing facilities. Such limited data is of significantly less value to policymakers and stakeholders who need a clear, full picture of the program's impact on long term supports and services to determine whether KanCare meets the needs of persons requiring LTSS. Kansas is missing a critical opportunity during this first year to collect the baseline data necessary to assess the program's impact on health, on quality, and on availability of/access to long term supports and services.

For example, there is no measure of the increase or decrease in authorization of Plan of Care hours. In addition to total hours, data should also track those reductions by waiver type and specific numbers of individuals whose care assistance is reduced. How do the reductions break down by waiver populations? What services are most reduced and for what reasons? These are critical measures necessary to assess KanCare's impact on members' health and the capacity of the provider network.

Health Outcomes for Frail Elders – FE Waiver and Nursing Facilities

KanCare Year 1 State Strategies and Interventions for Quality Improvement. By design, the first year implementation's evaluation primarily tracked administrative and process related measures; i.e., business activity. Process management does not provide for improved health outcomes for elders or disabled adults nor provide the metrics required to evaluate whether KanCare achieves one of its stated goals - to improve health outcomes. Only one metric in Performance Measures for Nursing Facilities, looks at health outcomes via readmission to the hospital within 30 days of discharge from a nursing facility; (however it is not possible to determine the actual number of nursing facility residents who might benefit since performance benchmarks are not contained within the Measure as published in the Attachment J). And only one Pay for Performance metric, to reduce residents falls, relates directly improved health outcomes for adults in nursing facilities.

1115 Waiver Amendment and Independent Ombuds Program for Consumers

Older adults with dementia, head injury, stroke, Parkinson's, Huntington's, or Alzheimer's are not always equipped to navigate the managed care system or the complaint and appeal process, nor do they always have family to see that their needs receive attention. Similarly adults with intellectual disabilities may not be equipped to advocate for their needs within the managed care system. The state has created an ombuds program that does not allow the Ombudsman to advocate on behalf of consumers. The current system

essentially leaves adults having cognitive challenges without an advocate. This approach is in conflict to the ombudsman approach used in most healthcare settings, including the state long-term care ombudsman. For 2014, the State is proposing to roll LTSS for persons with intellectual disabilities into KanCare, where they will join the frail elders with cognitive challenges who already lack an ombudsman to act as their advocate. Surely consumers deserve an ombuds program that will actively advocate for those who are adversely impacted. Successful ombuds programs provide a public voice for consumer members. It helps identify unmet consumer care and service needs, makes recommendations for improvement, and represents consumer interests in the discussions of system modifications. The narrow reporting of the program's activities combined with the lack of consumer-related data specific to issues and populations does not help policymakers identify where improvements are needed.

States with established independent, conflict-free ombuds programs have found ombuds programs to be an effective and essential tool in protecting plan enrollees and in helping to better understand and monitor plan performance. It is even more essential in states like Kansas that are taking on the new responsibility of providing care to extremely vulnerable citizens, many of whom require long-term supports and services. The importance of having this tool available intensifies as LTSS for persons with intellectual/developmental disabilities are included in KanCare.

Thank you for your consideration of our recommendations. Policy makers, consumers, and providers must have a full and clear picture of KanCare's rebalancing of Medicaid long term services and support services. To assess its overall effectiveness, data must measure the health and wellness outcomes of its members and the adequacy of the network to provide the needed services. With a year's experience as a guide, it is critical to now assess the structure of KanCare, assure that consumers have an advocate through the ombuds program and pursue the changes necessary.

Thank you for your consideration of our remarks.

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