

October 11, 2023

RE: KABC testimony for Robert Bethell Joint Committee on HCBS and KanCare Oversight

Sen. Gossage and members of the Bethell Joint Committee,

Thank you for the opportunity to provide written testimony and briefly speak with you today. KABC is a not-for-profit organization whose mission is to improve the quality of long-term care for older adults no matter where they choose to reside.

By 2030, less than 7 years from now, more than 20% of Kansas citizens will be 65 years old or older. An overview of current resources shows more than a third of our adult care facilities can't find enough staff to meet the needs of their current residents, making staffing shortages Priority One. Recruiting and retaining a trained workforce is the heart of nearly all long-term care quality measures including the overuse of antipsychotic drugs, a metric that Kansas continues to struggle with improving because of the staffing shortage. We are sensitive to the limitations of the State's financial and staff resources. The health and social service needs of Kansans are many while the State budget is limited. As the Executive Director of Kansas Advocates for Better Care, I ask this committee to recommend the following opportunities to improve and innovate existing services to improve the lives for older Kansans.

Recommendations:

- 1) Re-establish case management services to the Frail Elderly, Physically Disabled and Brain Injury waiver populations.

KABC, along with other community-based organizations, believe a case management service can be provided to 14,031 Kansans; we believe doing so would increase the quality of long-term care throughout the state and the service can be offered in a cost-effective manner. We have developed a statewide design to cover all three waiver populations with the same case management service. Included with our testimony is a White Paper on Case Management that goes into greater detail.

We ask that State re-establish case management as a service for these Medicaid populations through the upcoming managed care reprocurement process. Whether offered as a service requirement of the managed care contract or re-established as a separate service outside of the contract, case management would once again provide a conflict-free, professional resource to represent the interest of the Kansan served. We estimate funding required for this service would total \$15 million all-funds; \$5.25 million in State General Funds with \$9.75 million of the funding being federal Medicaid draw down funding.

Case management services would support older Kansans in managing their in-home care needs, reducing the need for institutional care. Data shows our current piecemeal approach to long-term care drives many older Kansans prematurely into nursing facilities. Currently, Kansas ranks 47th in the nation for low care nursing facility residents.<sup>(1)</sup> What does this mean? Simply put, a low-care resident requires minimal assistance with their activities of daily living but may need more help than available in a home setting. Low-care residents require less physical assistance with activities of daily living such as getting in and out of bed, transferring, going to the restroom, or eating. Kansas has a higher than average proportion of residents in nursing facilities who could be served in the community if services were available. Increased investments in home and community-based services would delay the need for

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persons needing institutional care, or they may be able to avoid it altogether. Limited facility staff and funding resources would then be directed toward those who need the most care.

We know that as Kansans age, the demand for skilled care will increase, but the cost of institutional care may be out of reach for many. On average, the cost of care in-assisted living is \$4,859 a month (\$58,308/year). The cost of nursing home care ranges from \$6,679 a month (\$80,148/year) for a semi-private room to \$7,228 a month (\$86,736/year) for a private room. The average cost of a home health aide at \$4,955 a month (\$59,460/year) is comparable to assisted living but supports the person to live where they want to live – at home.<sup>(2)</sup>

We believe restoring case management to the KanCare Frail Elderly, Physically Disabled and Brain Injury waivers would be an investment in strengthening the system of community based long-term care supports and services for older adults. As we examine long-term care funding streams, it is important we direct our state's limited resources toward improved resident outcomes. During this time of severe staff shortages, resources should focus on caring for those residents who need the highest level of care.

- 2) Re-establish the Governor's Conference on Aging and recreation of an aging "elder count" and long-term care resource guide.

The number one recommendation of the Senior Care Task Force was the creation of a statewide conference similar to the former annual Governor's Conference on Aging. This event would be held "to create networking opportunities and foster relationships among professionals to create opportunities to share evidence-based practices, lessons learned and national themes."

In addition, the demographic information gathered through an elder count project would give policy makers and providers a road map to identify health and long term supports and service needed for older Kansans. A resource guide, resembling the previous Explore Your Options publication, would make an impactful difference in communicating valuable information to Kansas policy makers and families faced with making long-term care decisions. Such information would also provide a cornerstone in building a case management system for people who choose to receive HCBS services in the community.

Thank you again for the opportunity to offer these recommendations. I urge you to carefully consider proposals that grow the workforce both within the community and institutional settings, balance long-term supports and services, and demonstrate improvement in care. It is essential to continue to work toward a system that balances long-term supports and services across the continuum of care, ensuring the needs of older Kansans are at the forefront.

Sincerely,

*Daniel Goodman*

Daniel Goodman  
Executive Director, Kansas Advocates for Better Care

(1) United Health Foundation America's Health Rankings Senior Report 2023.

[https://assets.americashealthrankings.org/app/uploads/ahr\\_2023seniorreport\\_statesummaries\\_final-web-full.pdf](https://assets.americashealthrankings.org/app/uploads/ahr_2023seniorreport_statesummaries_final-web-full.pdf)

(2) Cost of Care Survey, Genworth. <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

# **White Paper on Case Management**

## (For the Frail Elderly, Physically Disabled & Brain Injury HCBS Waiver Populations)

### **Executive Summary**

Case Management is needed for those served on the Medicaid waivers as currently Kansans are entering facilities prematurely because they have significant trouble managing, coordinating, and negotiating for their in-home care needs including managing provider related issues.

### **Background**

In 2013 Kansas moved from a fee for service model, adopted a managed care model to serve Kansans receiving Medicaid long-term care supports and services. As a result of this action, the FE, PD, and BI waivers lost case management services.

Funding for these populations was rolled into the managed care contracts offered to the Managed Care Organizations (MCOs). Currently, the MCOs offer a direct service called Care Coordination, in place of case management, to assist beneficiaries in gaining access to medical, social, and educational services.

In addition, the Aging Disability Resource Centers (ADRC) provides Information & Assistance, Options Counseling, and a Functional Eligibility Assessments.

Administrative Case Management (ACM) assists the three waivers as a temporary service for initial Medicaid financial eligibility. This service does not support the individual with maintaining direct care or functional needs.

### **Issue Defined**

Currently, based on 2023 data Kansas ranks 47<sup>th</sup> in the nation for low care nursing facility residents. [\(1\)](#)

### **Measures**

		Rating	State Rank	State Value	U.S. Value
Low-care Nursing Home Residents (% of residents)		+	47	26.0%	15.2%

While at the same time Kansas also ranks 46<sup>th</sup> in the nation in addressing the nurses and nurse aide shortage within long-term care facilities. [\(2\)](#)

Rank	State	Facilities with Staffing Shortages	% Increase From 2020 - 2022
1	Minnesota	41.40%	18.4
2	Washington	37.90%	19.9

3	Maine	37.70%	18.2
4	Kansas	36.10%	17.1

**Our current long-term care service model appears to be prematurely driving those with low care needs into institutional settings to receive poor care.**

Without case management for home and community-based supports, Kansans have significant trouble managing and negotiating their in-home care needs, including managing provider related issues, such as attendant no-shows and scheduling conflicts.

The Care Coordination service provision currently offered by the MCOs functions mostly as a care plan adjuster for the organization but does not represent the interests of the person served, presenting a conflict of interest. Care coordinators have large caseloads and serve a large geographical area. This prevents a timely response to the individual needing support and reducing their care coordinators' expertise in locally available services.

As a result of this conflict of interest, caseload size and coverage area, the current community-based long term-care options are failing vulnerable Kansans in these areas:

- 1) Activities that assist the person served to link with medical, social, or educational providers.
- 2) Referral to resources and other programs to assist with direct services and applications.
- 3) Referral to link an individual to services including medical, social, or educational providers.
- 4) Seeking informal supports to provide services and supports to an individual.
- 5) Reporting of Abuse, Neglect and Exploitation and assistance with associated referrals
- 6) Monitoring which includes identifying changes in the needs and status of the individual.
- 7) Activities and contacts necessary to ensure the care plan is implemented and addresses needs.
- 8) Identifying changes in needs and status of individuals.

### **Proposed Solution**

**Re-establish independent case management services to the Frail Elderly, Physically Disabled and Brain Injury waiver populations.**

KABC, along with other community-based organizations, believe a case management service could benefit the 14,000 people served on these waivers. We developed a blueprint design that demonstrates how the service, under one State contract, can cover all three populations statewide.

We know that:

- Administrative Case Management services, which assist with initial financial eligibility for Medicaid recipients, is successful. However, this short-term service does not assist and support the individual with maintaining direct care in the home for FE, PD and BI waiver populations.
- The Nursing Facility Mental Health Settlement Agreement recognized the need for case management to successfully divert and discharge residents diagnosed with mental illness.
- The Intellectually & Developmentally Disabled waiver population currently receives case management, demonstrating that case management is a key service in that waiver's success.

Let's provide the same service for all waiver populations, including the FE, PD, and BI waivers. The community-based organizations have established statewide networks, the expertise in working with the target populations, and baseline capacity with the ability to do more with additional funding.

With our design, case management can:

- 1) Strengthen KanCare Community-Based Services without impacting the intake, options counseling, or functional assessment processes of the ADRC or the Case Plan development process for the MCOs.
- 2) Utilize and strengthen community-based services organizations across the State and re-balance long-term care options for Kansans, providing those served and their families more choice of what type of care they want and where they receive that care.
- 3) Offer the State an opportunity to fix their costs for the duration of the contract period by utilizing a capitated rate for this service.
- 4) Give community-based organizations an opportunity to demonstrate an outcome for the taxpayer dollar. This service comes with a planned 5% increase in caseload each year of those delayed or diverted from Adult Care Homes settings and thus reducing the dependence and burden of a currently overwhelmed Adult Care Home industry.

### **Fiscal Impact**

We believe a case management service can be provided to the 14,000 people currently served on these waivers can be done for approximately \$1,000 per client/per year by utilizing a capitated rate. A capitated rate will give community-based organizations the flexibility to provide the State taxpayer an outcome and the ability to do so without utilizing any waitlist for service process during the contract period. **Our request is for \$5.25 million in SGF with federal matching of \$9.75 million in Medicaid funding totaling \$15 million.**

Should the legislature not wish to allocate new resources for this service, case management funding, which previously was folded into the managed care contracts, could potentially be withdrawn from upcoming new managed care contracts to re-establish the service. (3)

HCBS Waiver Program	Number of People Served
Frail Elderly (FE)	6,964
Physically Disabled (PD)	6,104
Brain Injury (BI)	963
Total	14,031
KDADS data as of 7/11/23	

### **Conclusion**

According to AARP, more than 80% of adults have expressed a desire to remain in their homes and communities as they age and prefer a home setting over a nursing home or institutional setting. (4) Compared to other states, Kansas ranks poorly in keeping low-care Kansans out of inadequately staffed institutional settings.

**Kansans are entering facilities prematurely because they have significant trouble managing and negotiating their in-home care needs**, including managing provider related issues, such as attendant no-shows and scheduling conflicts. They need professionals without a conflicted interest that understand the needs of targeted populations with the expertise of the services within their community. **An independent case management service would give Kansans a valuable tool to delay the need to seek institutional care.**

A decision to bring back case management service is good for your constituents: Kansas families, communities, taxpayers, and those directly served.

### **Works Cited**

- (1) United Health Foundation America's Health Rankings Senior Report 2023.  
[https://assets.americashealthrankings.org/app/uploads/ahr\\_2023seniorreport\\_statesummaries\\_final-web-full.pdf](https://assets.americashealthrankings.org/app/uploads/ahr_2023seniorreport_statesummaries_final-web-full.pdf)
- (2) Seniorly Resource Center. Article by Stephen Anderson April 15, 2022.  
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- (3) KDADS December HCBS Monthly Summary. Data as of July 11, 2023.  
[https://kdads.ks.gov/docs/librariesprovider17/lsss/hcbs/waivers/participation-reports/2023/waiver-program-participation-report-6.15.23.pdf?sfvrsn=aaa01247\\_3](https://kdads.ks.gov/docs/librariesprovider17/lsss/hcbs/waivers/participation-reports/2023/waiver-program-participation-report-6.15.23.pdf?sfvrsn=aaa01247_3)
- (4) AARP Public Policy Institute. LTSS Choices: Home and Community-Based Services for Older Adults. Article by Edem Hado, Brendan Flinn November 17, 2021.  
<https://www.aarp.org/ppi/info-2021/home-and-community-based-services-for-older-adults.html>