

## Comments regarding Specialized Medical Care for the TA Waiver

Matt Johnston, Director of Business Operations, Maxim Healthcare Services  
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Senator Gossage and Members of the Committee:

My name is Matt Johnston and I work for Maxim Healthcare Services. We have partnered with Thrive Skilled Pediatric Care and Craig HomeCare/Pediatric Home Services to advocate for improvements to the Specialized Medical Care waiver services. We, as three of the Kansas providers of Specialized Medical Care (SMC) RN/LPN nursing services on the HCBS Technology Assisted (TA) and Intellectual/Developmental Disability (IDD) Waivers, offer the recommendations on page 2.

### PROGRESS

In 2022, the Kansas Legislature increased the hourly reimbursement rate to \$47 for the T1000 medicaid billing code. We are very thankful to the Governor, the leaders at KDHE and KDADS who supported the initial recommendation and the legislators who supported the change. The TA waiver is serving more families and we believe the improved rate is one of the reasons why.

It is important to recognize, however, that it took six years to achieve the rate increase. By the time it was passed, many of the families receiving care were already covered by single case agreements that were higher than \$47. Kansas was bypassed by other states that were keeping pace with the costs associated with providing these skilled nursing services and the need for more single case agreements continues.

### WHY IT MATTERS

Specialized Medical Care is a service provided through KanCare that provides in home nursing for severely injured or chronically ill pediatric and adult patients. The patients we see are often fragile and require nursing care for cerebral palsy, traumatic brain injury, chromosomal anomalies and countless other significant diagnoses.

Providers struggle to reasonably recruit, train and retain nurses to provide care to these patients in their homes with a reimbursement rate that is significantly below market rate. Access to specialized medical care services is not sufficient statewide – although improving.

Most importantly, families are better served in their homes by skilled staff and patients are better serviced in their homes where they can be a part of their family and community. Health outcomes are better. Program costs are shifted from vastly more expensive hospitalization to in home nursing. If they are hospitalized, their stays are much shorter than those children who do not have nursing in their homes. The nursing workforce shortage is impacting many families and we must continue to improve the overall program in order to meet the needs of as many families as possible, and to offer flexibility and reasonable hours to the nurses who serve them.

We invite all of you to visit our agencies and families to learn more about this important work and to meet some of the amazing nurses who provide this lifesaving care.

## RECOMMENDATIONS

1. Please recommend a rate enhancement to \$55 per hour for both the TA Waiver and the DD Waiver SMC T1000 rate. The I/DD Waiver SMC T1000 rate must equal the TA Waiver rate or nurse preferences will disadvantage those on the I/DD Waiver. Please note data from surrounding states:
  - Iowa- \$68.50
  - Missouri- \$55.04
  - Texas- \$53.16
  - Colorado- \$52.53
  - Nebraska- \$49
2. We are excited to work with KDADS to pilot a new Transition from Hospital to Home project funded through FMAP/ARPA funds - a one-time payment for any new SMC recipient that is transitioning from the hospital to the home for the first time that requires 24/7 care. This could also be used for a significant change in condition. If there were 50 patients per year requiring the enhanced care upon transition from hospital to home, the fiscal note could be \$500,000. The rate would cover enhanced planning, medical care and staffing that is required for the first two weeks. We are very interested in working with the agency to create the parameters for this enhancement as the project is planned along with CMS.
3. The second part of this project incorporates overtime rate reimbursement to maximize utilization of the skilled nursing staff who have committed to this important work in patient's homes. At present, the hourly rate must cover the overtime spread around to multiple staff, whether they are part of a single case agreement enhanced billed rate or the standard rate. Workforce realities require agencies to offer different hourly wages for more difficult-to-staff hours and for overtime. Kansas should implement more reimbursement options to acknowledge and empower staffing for these needs. We do not yet know the parameters that will govern the project, but we are very hopeful that it will further improve access to care while also rewarding our nurses.
4. We have committed to be actively involved in the KDHE efforts to rewrite the home health statutes and regulations to avoid the recent experience of unrealistic expectations that failed to comprehend the practical delivery of waiver services.
5. We recommend a structured approach to responding to family concerns and getting accurate information to families, providers and MCOs where there are issues. For example, there has been public testimony about families needing hours filled where the provider had no request from the MCO on file. This shouldn't happen.

Over the next few months, we are gathering data from KDADS and KDHE to assure that ongoing program changes are achieving results. This data will be shared with the Legislature. The increased services reported are encouraging.

## **OUR COMMITMENT**

We continue to be committed to improving pay for nurses, serving more families, and participating in data-based quality evaluation of these programs. With your support, we will be better able to counter the impact of the pandemic hiring problem. We must continue to implement improved working conditions and benefits to attract skilled nurses with the ability to serve our medically fragile patients.

We continue to support and participate in the efforts to improve the overall program through the TA Waiver Work Group and other stakeholder groups. We support the amendments that are being implemented now – including paying qualified family members for providing care. It is encouraging to hear the ongoing plans for improvement. We plan to continue to communicate with the Legislature to build awareness for this small but important program.

Thank you very much for your time and please do not hesitate to reach out to us for more information.

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