



February 15, 2016

Chairman Hawkins and Members of House Health:

Kansas Advocates for Better Care (KABC) thanks you for the opportunity to comment today. KABC, a non-profit organization, is beholden to no commercial interests; supported almost entirely by citizen contributions in support of our mission to improve the quality of long-term care. KABC does not provide any form of direct care or receive any government money reimbursement. KABC is an established resource for older adults and caregivers on long-term care issues.

KABC strongly supports HB 2682 requiring legislative approval to authorize any integration, consolidation or structural alteration of Medicaid KanCare waiver services. The 2013 move of all Kansas Medicaid home and community based waiver programs into an 1115 demonstration waiver was a significant change in both policy and delivery of long term supports and services. Legislative oversight of the KanCare/Medicaid has been minimal. Older adults needing KanCare services have not benefitted from the at-arms-length legislative oversight of this taxpayer funded program which has been handed off to for-profit insurance companies.

After three years, the goals of KanCare are not being realized. For example:

The Administration made specific assurances regarding what KanCare would do, including:

- Provide an outcomes-focused, person-centered care coordination model
 - *KanCare continues to lack health improvement outcomes for elders which are measurable.
- Require the provision of health homes to members with complex needs
 - * KanCare long delayed implementation of health homes and then discarded the program after 18 months. Health homes were to be significant in improving care and outcomes as well as banking program savings.
- Establish MCO contractual obligation to maintain existing services and beneficiary protections
 - * KanCare fails to provide utilization data which would verify this assurance such as: *Utilization of services; *Location of providers and beneficiaries; *Providers' ability to communicate with beneficiaries with limited English proficiency; and, *Physical access.
 - *KanCare's ombuds program is not advocating with elders to file or pursue loss of services or other negative actions in the grievance, appeals or state fair hearing process.
- Rebalance service delivery by establishing a tiered functional eligibility system for the Frail and Elderly that restricts access to the highest cost institutional settings in order to utilize appropriate alternative home and community based settings
 - *KanCare is not rebalancing elders from institutions to home settings, but rather the state's Medicaid Assistance Report paints a clear picture of significantly fewer elders served in nursing facilities and in home and community based settings.

*To achieve this rebalance requires a strong network of HCBS providers creating a viable alternative to institutions. KanCare does not have a strong network, nor do we see engagement to build it.

See: http://www.kdheks.gov/hcf/medicaid_reform_forum/download/KanCare_Executive_Summary.pdf

ACCORDING TO THE STATE’S OWN DATA, Medicaid services to elders in all long-term care settings are significantly declining under KanCare when compared to pre-KanCare, WITH 1,786 FEWER OLDER ADULTS BEING SERVED. Fewer elders are served in nursing facilities, in home and community based services and through the Money Follows the Person program.

PRE- & POST KANCARE:

- **Nursing Facilities – are serving 1,046 fewer elders than in FY 2011;**
- **HCBS/Frail Elder waiver – serving 831 fewer elders than were served at home in FY 2011;**
- **Money Follows the Person/Frail elderly program – no significant change since FY 2011;**
- **Program of All-Inclusive Care for the Elderly (PACE) – has increased by 90 persons, but does not represent a significant showing toward rebalancing.** PACE is an option for Kansas elders but is not a KanCare program.

Medicaid Rebalancing Efforts for Elder Programs Pre- and Post-KanCare						
	Pre-KanCare FY 2011 Monthly Aver- ages	FY 2015 Month- ly Averages	Chan- ge	FY 2016 - First Qtr Monthly Averages	Change from 2015	Change from FY 2011
Program						
Nursing Facili- ties	10,772	9,888	-884	9,726	-162	-1,046
Duals		9,292		9,101		
Non Duals		596		625		
HCBS/FE	5,823	5,041	-782	4,992	-49	-831
Duals		4,766		4,706		
Non Duals		275		287		
MFP/FE	49	47	2	50	3	1
Duals		45		46		
Non Duals		2		4		
PACE	280	356	76	370	14	90

Data available through Medicaid Assistance Reports (http://www.kdheks.gov/hcf/medicaid_reports/download/MARFY2016.pdf)

In Kansas, 14.3% of our citizens are over the age of 65 and the percentage is expected to grow as the Baby Boomers age. (www.quickfacts.census.gov) Logically, we should see the number of persons receiving long term supports and services (LTSS) through the HCBS/FE waiver grow as people are diverted from nursing