



Aug. 22, 2017

Chair Schmidt and members of the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight;

I am Mitzi McFatrach, executive director of Kansas Advocates for Better Care (KABC). I appreciate the opportunity to raise older adult concerns to the KanCare Oversight Committee.

As the end approaches for the five-year KanCare Demonstration approval period, KABC continues to assess and evaluate the effectiveness of this experiment in meeting the healthcare and long-term service and support (LTSS) needs of older adults. The success or failure of this demonstration and its continuation ought logically to rest on whether KanCare has achieved the goals and projected improvements which the State set out for it.

The magnitude of the problems which KanCare continues to be challenged by, and the lack of improvements or improvement data for older adults point to the clear and urgent need for a greater level of legislative engagement and oversight of KanCare policies and its budget. KanCare's problems are significant and negatively impact older adults. KanCare remains under a federal corrective action plan for noncompliance with regulations and directives. The current KanCare Demonstration does not provide a safe bridge for older adults to continue forward to the next version of KanCare the administration envisions.

Specifically the problems with KanCare impacting older adults include:

- Technical problems within the KEES system and loss of community based assistance
- Backlog of eligibility applications. Last week KABC heard from the wife of an older man with dementia who is still waiting at 9 months for a financial eligibility determination. *KDHE fails to give required notice of the right to appeal whenever a person's eligibility application is delayed or backlogged*
- Loss of Targeted Case Management (TCM) for older adults, including elders with dementia
- Significant decline in older adults being served, even as the older adult population expands
- Diminishing provider network for home and community based (HCBS) services
- Diminishing access to nursing facilities due to backlog
- Inadequate health and safety oversight – 50th worst in nation for drugging elders with dementia; delayed health safety inspections, ineffective response to serious harm complaints
- Lack of consistent engagement and communications with older beneficiaries and their advocates
- No access to effective, legally-based advocacy/ombudsman program, including for those with diminished cognitive capacity

KABC is closely tracking the experiences of frail older adults eligible for care and services under the Home and Community Based Frail Elder (HCBS/FE) waiver and the Nursing Facility program. Older adults are challenged by many aspects of KanCare and today I'd like to draw your attention to two issues with serious impact on older adults. The first is the need for immediate, effective State engagement to stop the dangerous use of anti-psychotic drugs on older adults with dementia as a substitute for adequate staffing and appropriate care.

Kansas Ranks 50th Worst for INAPPROPRIATE USE OF ANTIPSYCHOTICS

I come before you again to ask your engagement to address this serious health issue. It appears that without legislative oversight/directive, KanCare and the Kansas Department on Aging and Disability Services (KDADS) chooses not to make this dangerous practice a priority. The State's leadership through the KDADS Survey unit and KanCare program is critical in order to develop and lead a consistent, focused reduction effort. Without the State's effective use of enforcement tools and penalties, the continued drugging of very vulnerable older Kansans continues. Federal and State tax dollars are paying for this unconscionable harming of older adults.

When I first brought this problem before the committee, Kansas ranked among the top five worst states in the country. Five years later, Kansas has not improved among our peers but grown steadily worst. Because you live in a nursing home in Kansas, you have a higher than average chance of being chemically restrained by the inappropriate use of antipsychotic drugs. This is unacceptable.

10% ANNUAL Reduction is the health outcome goal set in KanCare for the three KanCare MCOs and the nursing facilities they contract with. The goal for annual reduction of antipsychotics used on older adults in nursing homes was set in 2014. MCOs are contracted and paid to meet these health goals for older adults. Per the nationally published data they are not. In fact, Kansas performance has worsened under KanCare and with MCO direction.

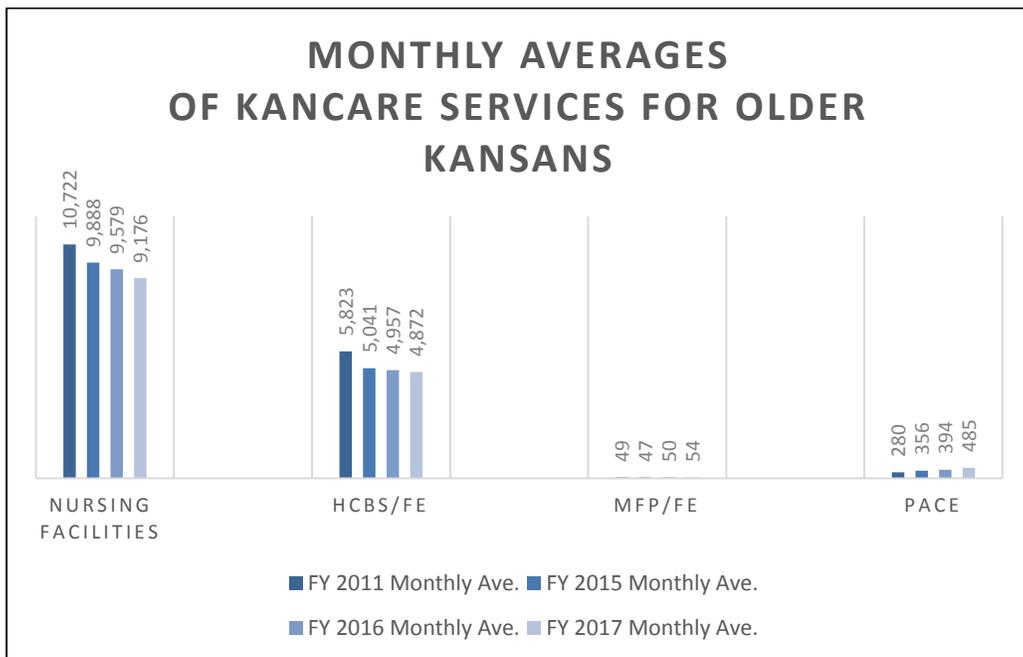
Since 2014 the "*KanCare Program Medicaid State Quality Strategy*" Attachment J, pg. 124, has included a "10% annual reduction in [anti-psychotic] utilization rate from MCO experience baseline." Performance measures are to track "the percentage of nursing home residents who receive an antipsychotic medication (excluding persons diagnosed with schizophrenia, Huntington's disease or Tourette's syndrome)." This measure is included in the per member blended rate MCOs are paid from tax payer funds. Lack of success in achieving meaningful reduction in anti-psychotic drug use is one of the many metrics which indicate deficits in KanCare State and MCO implementation which negatively impact and harm older Kansans.

A MCO and/or facility's misuse of these chemical restraints is a prime indicator of the quality of care older adults receive. Serious negative, often fatal, health outcomes occur for older adults who are inappropriately given antipsychotics placing our elders at an increased risk for death, negative health outcomes such as falls, lethal infections, cardiovascular complications. Additionally are the quality of life issues. A research study looked at use of Central Nervous System (CNS) drugs on persons without cognitive decline and found by the end of the five-year study, nearly 25% of the adults showed some degree of cognitive decline. And those who took CNS drugs were significantly more likely show cognitive decline than those who didn't take the drugs. In addition, adults taking higher doses of the drugs, and taking them for longer periods of time, were more likely to experience cognitive decline than those taking lower doses for shorter periods of time.¹

There has been no effective action plan developed; no engagement of all the professionals and providers which contribute to the problem. Improving the care of nursing home residents requires a multi-disciplinary approach and must engage physicians, pharmacists, nursing home administrators, nurses and medical directors, family members, guardians, and advocates. Residents have the right to be fully informed before granting any consent to the use of these drugs. To date, neither of these things are happening. The health and welfare of thousands of older Kansans is being compromised by the State’s unwillingness to effectively address this problem. Older adults first and foremost, along with tax payers are paying the consequences of such poor policy and practice.

FEWER SENIORS ARE BEING SERVED BY KANCARE Why are fewer older Kansans being served by KanCare at a time when their numbers are increasing? According to the State’s MAR/Medical Assistance Report **2,702 fewer older adults are receiving care and support under KanCare**, There is a steady decline in both the number of older adults being served at home **and** a in nursing homes How can that be when as the aging population grows in Kansas. Logically, the number of persons receiving long term supports and services (LTSS) services through the HCBS/FE waiver would grow as people are diverted and/or delayed from going to nursing homes – yet that is not occurring. It is unclear why older adults served is falling, perhaps the eligibility backlog, inappropriate denial of services, or other systemic problems are keeping critical services beyond the reach of older adults. What is clear and demonstrated in the chart below is that fewer older Kansans are receiving LTSS at home and in facilities with KanCare.

The chart below shows the steady decline of older Kansans being served by KanCare through the HCBS/FE waiver, or in nursing homes. Frail older adults supported in moving out of nursing homes under the Money Follows the Person program remains static. The PACE program, which is an option to KanCare shows a small increase. The need for these services hasn’t declined, but the number of persons being served has.



Source: Kansas Medical Assistance Report

Why fewer elders are being served is central to any evaluation of KanCare's effectiveness/success and must be answered before KanCare moves forward.

TARGETED CASE MANAGEMENT Integrated, coordinated care for persons receiving KanCare services was a stated goal and key to keeping people living at home. Since KanCare's implementation, KABC receives concerns from older Kansans and their families specific to the struggles they have in coordinating and integrating long term services and supports, for elders with dementia help to coordinate care and services is an even higher priority essential service. Before KanCare, TCM had proven to be key to facilitating older adults ability to remain living in the lowest cost setting - their home. TCM provides for integrated care and services which improve older adult independence and functionality. TCM increases the likelihood that an individual can live and thrive in their home, where their natural community supports are most accessible. KanCare eliminated Targeted Case Management for older adults [exceptions: Intellectual/Developmental Disabilities and the Severely and Emotionally Disturbed waiver recipients].

Restoring TCM as a service option under all waivers would improve the daily lives of thousands of older Kansans and allow them to continue to live at home, avoiding costly nursing home care.

Recommendation: As Kansas considers possible renewal of the KanCare program and renegotiates the terms of contract with Medicaid providers, it is critical that we make the health and safety of older Kansans a priority. These issues are among the problems we are asking this committee and the legislature to provide oversight for and ensure workable solutions are in place prior to any move forward with the next version of KanCare.

Mitzi E. McFatrach, Executive Director - On behalf of Board of Directors, Members and Volunteers

KABC is a not-for-profit organization, beholden to no commercial interests and is supported almost entirely by donations from citizens who support our mission of improving the quality of care in all long-term settings. KABC was among a handful of non-profit consumer advocacy groups which worked to win passage the Nursing Home Reform Act of 1987. Our interest is in quality elder care at home, and in licensed adult care facilities.

Footnote 1 "Impact of Central Nervous System (CNS) Medication Use on Cognition Decline in Community Dwelling Older Adults: Findings from the Health, Aging and Body Composition Study." It is in the February 2009 issue of the Journal of the American Geriatrics Society (Volume 57, Issue 2). The report is authored by Rollin M. Wright, MD, MPH; Yazan F. Roumani, MS, MBA; Robert Boudreau, PhD; Anne B. Newman, MD, MPH; Christine M. Ruby, PharmD; Stephanie A. Studenski, MD, MPH; Ronald I. Shorr MD, MPH; Douglas C. Bauer, MD; Eleanor M. Simonsick, PhD; Sarah N. Hilmer, MBBS, PhD; and Joseph T. Hanlon, PharmD, MS.