

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 47th 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 46th 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

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