



Testimony – Senate Ways and Means Committee

January 30, 2018

Janis DeBoer, Executive Director

Kansas Association of Area Agencies on Aging & Disabilities (k4ad)

In support of SB 300 – **Seniors have not fared well under KanCare.**

ACCESS: On January 1, 2013, seniors on the Home and Community Based Services (HCBS) Frail Elderly waiver program lost access to their Targeted Case Managers as a result of KanCare 1.0 implementation.

HCBS/FE EXPENDITURES DOWN: Since 2010, expenditures for the HCBS Frail Elderly waiver have dropped by approximately \$14,000,000. That's almost 20% in six years.

HCBS/FE CASELOAD DOWN: Since 2010, caseload for seniors on the HCBS Frail Elderly waiver has dropped by over 1,000.

How can that be?

ACCESS: Medicaid financial eligibility at the Clearinghouse has been in the news.

Nursing Facility CASELOAD DOWN: Medical Assistance Report (MAR) data indicate NF caseload is down by over 2,000 Kansans from 2010 to November 2017.

CARE - Client Assessment, Referral and Evaluation process: Since 1995, the Area Agencies on Aging (AAAs) have conducted the CARE assessments, as required in statute (39-968). With the implementation of KanCare 1.0, the State of Kansas made the decision to bundle the CARE assessment with the Aging and Disability Resource Center (ADRC) contract. Let's unbundle CARE from the ADRC. The CARE assessment targets primarily seniors and their caregivers who are knocking on the door of a nursing facility. We need for the AAAs to stay involved in order to share information about community based services (in addition to meeting the PASRR* federal requirement).

Please no more disruptions for seniors. We support SB 300.

Thank you and I will be happy to stand for questions.

*Preadmission Screening and Resident Review (**PASRR**) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

Actual MCO Paid Amounts for HCBS Waiver Services by Waiver (CY2016)

HCBS Populations CY 2016	Total Expenditures for HCBS Services	Unduplicated Count of Consumers	Average Cost Per Consumer
Autism	\$613,637	79	\$7,768
I/DD	\$365,499,665	9,256	\$39,488
Frail Elderly	\$60,989,527	6,260	\$9,743
Physically Disabled	\$108,641,319	6,902	\$15,741
TA	\$24,663,030	537	\$45,927
TBI	\$13,075,505	578	\$22,622
Total (less SED)	\$573,482,683	23,612	\$24,288

Source: KDADS Update to Robert G. Bethell Joint Committee on HCBS and KanCare Oversight dated November 28, 2017

HCBS Populations SFY 2010	Total Expenditures for HCBS Services	Unduplicated Count of Consumers	Average Cost Per Consumer
Autism	\$743,676	49	\$15,177
I/DD	\$310,124,969	10,825	\$28,649
Frail Elderly	\$74,476,067	7,692	\$9,682
Physically Disabled	\$140,724,816	8,080	\$17,416
TA	\$25,132,788	483	\$52,035
TBI	\$12,388,610	524	\$23,642
Total (less SED)	\$563,590,926	27,653	\$20,381

Source: Kansas Medical Assistance Report Fiscal Year 2010 - pages 7 & 9

\$ Change in HCBS Services from 2010 (SFY) to 2016 (CY)			
Autism	-\$130,039	30	-\$7,410
I/DD	\$55,374,696	-1,569	\$10,839
Frail Elderly	-\$13,486,540	-1,432	\$60
Physically Disabled	-\$32,083,497	-1,178	-\$1,676
TA	-\$469,758	54	-\$6,107
TBI	\$686,895	54	-\$1,020
Total (less SED)	\$9,891,757	-4,041	\$3,907

% Change in HCBS Services from 2010 (SFY) to 2016 (CY), based on Actual Expenditures			
Autism	-17.49%		
I/DD	17.86%		
Frail Elderly	-18.11%		
Physically Disabled	-22.80%		
TA	-1.87%		
TBI	5.54%		
Total (less SED)	1.76%		

NF caseload from 2010 to Nov 2017 (MAR)	10,561	8,563	-1,998
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Prepared by: Kansas Association of Area Agencies on Aging and Disabilities (k4ad) December 2017

HCBS Projected Monthly Average Caseload SFY2018
63
9,007
4,800
6,082
485
450
20,887

HCBS Actual Monthly Average Caseload SFY 2010
40
7,669
5,813
6,964
379
323
21,188

HCBS Difference Monthly Average Caseload
23
1,338
-1,013
-882
106
127
-301