



## Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight

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# Navigating Member Through Difficult Times

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An Aetna Member was living independently while receiving residential support and was reluctant to allow others in to help her due to COVID-19. Unfortunately, she fell and broke her ankle in May and initially refused surgery. Subsequently, her physician deemed her unfit to make safe decisions, which started the guardianship process with Adult Protective Services. She went from the hospital to a rehab facility that quickly discharged her for not being involved in physical therapy. She discharged to a residential home that was not up for the task of meeting her bio-psycho-social needs. Soon after, she refused to eat for several days, prompting another hospital visit. After that hospital visit she discharged to a different rehab facility who took the time to be patient with her, make a connection, and build rapport.

Our Service Coordinator facilitated frequent telehealth calls to monitor her progress and develop a transition plan for her to go to a different residential home. While this was occurring, the guardianship process was also underway. A process that would usually take several months seemed effortless, as a staff member from a previous provider stepped up to be her guardian. The Member has a trusting relationship with her guardian who listens and takes the time to talk to her.

She is now living as independently as possible in an apartment with a roommate and has 24-hour residential support. Our continued focus on providing telehealth services made it possible for us to continually check in with the entire care team. The Member is now doing better and showing improvement in her overall health and needs.

# Accomplishments Since September Hearing

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- Maintained a high level of service to members throughout the COVID-19 pandemic, while utilizing modern care delivery and communication models, i.e. telemedicine
- Continued to work with key stakeholders including KDHE, Legislators, Providers, Provider Associations and Community Groups to adapt to ongoing environmental changes
- Completed External Quality Review Organization (EQRO) Audit with the State and KFMC

# New Services Provided as a Result of COVID-19

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- Increased utilization of Brain Injury Waiver therapies as a result of telemedicine
  - Cognitive, Behavioral, Speech, Occupational and Physical Therapy providers are following COVID-19 State guidance, allowing brain injury waiver therapy services to be provided via phone or video.
  - As a result, we have been able to serve members in rural areas that may otherwise not participate due to distance/available providers.
- Increased utilization of remote patient monitoring
  - Serving members with chronic health conditions to help reduce hospitalizations and emergency room visits.
  - Members receive home monitoring, routine checking of vitals and access to a telehealth nurse.
- 11,000+ COVID-19 tests for KanCare members
- 17,000+ instances of care related to COVID-19 provided to members (excludes testing)
- 5,000+ COVID-19 specific outreach calls to support members

# Appendix K Flexibility for IEP

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- Providing HCBS services during school hours for children with disabilities who are receiving remote education, which would typically be provided through the school during in-person classes
- Delivering HCBS services when the school has indicated they cannot provide the needed support
- Continue to work with families to adjust the services as the child moves between remote and in-person educational services
- Primarily facilitating the provision of attendant care

# Service Coordination Relieving Care Hesitation

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A Member was experiencing consistent depression and anxiety symptoms due to an ongoing family issue and felt like a burden to others. Nonetheless, she was reluctant to attend community mental health services because of a previous difficulties building rapport with providers.

The Member's Service Coordinator stepped in and provided her with access to educational resources to promote member choice and interest in community mental health services and resources. The Member had several discussions with her Service Coordinator about the potential outcomes of the services that she learned about through the education provided. These conversation led to her making a confident and informed decision with clear expectations.

Today, the Member is actively involved with a mental health service provider. She has reported a decrease of depression and anxiety symptoms and improved management of symptoms through coping techniques.