



Testimony to the Robert G. (Bob) Bethell Joint Committee on HCBS and KanCare Oversight April 2022

Chairwoman Landwehr and members of the Committee,

Thank you for your interest in home and community-based services, including programs delivered by the Area Agencies on Aging. As "boots on the ground," the AAAs coordinate publicly funded and private pay services according to the unique needs and available resources in each community (Planning Service Area).

Area Agencies on Aging support your older constituents who wish to remain at home with supports and services instead of prematurely entering a nursing facility or receiving costlier services. The following is a brief summary of the aging network and the No Wrong Door approach created as a person-centered solution to connect customers to the right services at the right time.

CARE (Client Assessment Referral and Evaluation Program). Since 1994, the AAAs have performed the Pre-Admission Screening for Resident Review (PASRR) *Level I assessment* required by federal law before an individual is admitted to a nursing facility. The assessment provides customers individualized information on long-term care options; and collects data regarding individuals assessed for potential nursing facility placement. Contracting with KDADS, the AAAs provide community-based information and assessments through the CARE program. *Most individuals who received Level I CARE assessments are in the 80- to 90-year age range.*

Aging and Disability Resource Center (ADRC). The SouthWest Kansas Area Agency on Aging subcontracts with the remaining ten AAAs to deliver services under the ADRC: unbiased and objective information, counseling, and assistance in locating services and resources. With a statewide focus on the needs of individuals with disabilities, brain injuries, and frail older adults, the ADRC is the "one-stop-shop" for information, assistance, and referral, regardless of income. Each year, the ADRCs perform over 14,000 assessments for the BI, FE, PD waivers and PACE program. The ADRC helps Kansans conserve their resources, maintain independence, and delay or divert access to more expensive long-term care; thus, saving federal and state funding. *From most recent quarterly surveys, ADRC customers reported a 98.7 % satisfaction rate.*

ADRC Call Center. The goal of the ADRC call center is to reduce the number of contacts a person must make to learn about resources and services in their community. The one-shop-stop is a simple process because <u>anyone can call 1-855-200-2372</u> or chat with a specialist through the link: https://www.cpaaa.org/chat. The ADRC statewide call center reports that most contact requests for information are related to Medicaid, Medicare, nutrition, guardianship, transportation, and caregiver resources.

Going Home Transition Program. In a collaborative effort between KDADS, Independent Living Resource Center (Wichita), Assistive Technology for Kansans, SouthWest Kansas Area Agency on Aging, Central Plains Area Agency on Aging, and k4ad, **52** nursing home residents transitioned back into the community. The Administration for Community Living funded the COVID-19 project in response to outbreaks in nursing facilities across the nation. Kansas received \$455,000 with an original goal of coordinating services and providing funds to acquire housing and utilities, household items, assistive devices (including telecommunications and training), durable medical equipment, and basic home modifications for 35 residents. Extended through September 2022, the grant will provide service coordination to identify and respond to additional consumer needs. Although the grant does not supplant the Managed Care Organizations' responsibilities, anecdotal evidence demonstrates consumers benefit from high-touch coordination. **The average age of an individual who transitioned is 65**; and 98% of those who transitioned stated that information and options provided by Central Plains Area Agency on Aging was essential to a successful transition.

Administrative Case Management (ACM).

As more individuals are needing high-touch assistance to access the BI, FE, PD waivers, and PACE, the Administrative Case Management contractor reports а continuing increasing trend of individuals served, compared year-to-year, starting with May 2020. Unlike Targeted Case Management, the ACM is a service exclusively for individuals functionally eligible for the BI, FE, PD waivers and PACE program, but need assistance navigating the financial eligibility process.



Administrative case managers help

complete initial and renewal Medicaid applications; collect documentation to accompany crisis exception and waiver applications; ensure supporting documentation is accurately completed and submitted; and provide significant follow-up with the KDHE Clearinghouse.

Older Americans Act (OAA). In 1973, the Johnson administration authorized and funded the Area Agencies on Aging to provide a core set of services: funding for nutrition programs (congregate and home delivered), in-home and community access services, programs to support physical health and fitness, services that assist caregivers for older adults, and caregivers raising grandchildren. AAAs developed expertise in working with caregivers over several decades, and developed skill with some of the most challenging caregiving medical situations, including dementia. The AAAs understand the complexities of an age-friendly health system, including *vital non-Medicaid resources* needed for the specialized needs for older adults. Collaborations with KDADS and MCOs were valuable in the response to the nutritional needs of vulnerable older adults during the pandemic. AAAs continued to provide home-delivered meals to help meet nutritional needs, reduce social isolation, provide well-being checks on customers.

Senior Care Act (SCA). The 1989 program was enacted in 1989 by the Kansas legislature in recognition that many older adults faced difficulties maintaining independence in their homes and wanted to avoid premature nursing homes stays. The AAAs are the statutory contractors for the program. The Senior Care Act is another option for services when an older, eligible Kansan prefers to remain in their home and preserve hard-earned resources.

Available to Kansans age 60 and above, Senior Care Act services are designed to meet the specific service needs of older adults. After meeting the nursing home level of care threshold, a customer may receive attendant care, homemaker services, case management, personal emergency response services, and/or respite, intended to divert individuals from costlier care. A customer remains on the program for roughly 36 months before end-of-life or needing a higher level of service. An efficient model of a cost-effective delivery system, potential cost avoidance can be explained by comparing the FE and nursing facility state general revenue share to the Senior Care Act costs (all state general revenue) and multiplying by the number of SCA customers. In state fiscal year 2021, 1,874 customers were served by the program with a *reported cost avoidance of \$7.1 million*, according to KDADS. We appreciate the legislature recognizing the Senior Care Act as a valuable service option to Kansans who have reliably invested in the Kansas infrastructure. The following illustrates the impact of the program on a personal level:

A husband and wife both had physical disabilities and health issues. A veteran and on Hospice, the husband had dementia. Although the main caregiver, his wife was having difficulty caring for him and the household as her own health declined. Hospice was discontinued, and as a direct result of SCA in-home care, an aide assisted with meals and housekeeping the wife was no longer physically able to do. The program kept both customers safe and together in the home, which is what they wanted since they've been married over 50 years. The wife expressed the importance for her remain by her husband's side and allow outside assistance to provide direct care.

For many years, older adults have invested in the state's infrastructure and have a reasonable expectation to age in place. To ensure services continue to meet the specialized needs of older adults, and for individuals who need home and community based services to remain in their home, we primarily recommend the Committee to *ensure access to a high-quality level of service and consistent care for HCBS waiver and PACE customers, if proposed legislation passes and extends the current contract with managed care organizations.*

Thank you for your commitment to older adults and caregivers in recognition of their value in their communities and contributions to the state of Kansas.