



LeadingAge Kansas 2019 Legislative Priorities

LEAD

Maximum organizational effort – assume a visible and active role and expend significant time, energy and grassroots power to advance)

Nursing Facility Funding for State Fiscal Year 2020

Position: Medicaid funding for SFY 2020 must be in compliance with K.S.A. 75-5958, and be adequate to assure quality long term care for frail elderly Kansans.

Medicaid reimbursement to nursing homes is calculated through a cost-based system. Kansas statute requires that reimbursement rates be adjusted annually for each provider, based upon the previous three years' average reported costs, otherwise known as "rebasing." Full funding of the reimbursement methodology, including the statutorily required rebase, is crucial for nursing homes to meet their regulatory obligations, and to recruit and train workers capable of delivering quality care to elder Kansans.

Medicaid Eligibility Processing Delays

Position: The State of Kansas should pay financial penalties to adult care home providers for untimely processing of resident Medicaid applications

Kansas is going on three years with a broken Medicaid eligibility determination system that has caused severe and lasting damage to the availability of Medicaid services to seniors.

The eligibility determination system delays have come at a high cost to older Kansans, and will continue to be felt far into the future. Older Kansans caught in Medicaid pending limbo over the last three years were not only denied access to care, but were also threatened with the loss of services they were already receiving as unpaid bills mounted. Years of eligibility delays have

also left many nursing homes in dire financial straits. Homes that were lucky enough to have sufficient reserves to float through the worst of the crisis, still take large financial hits for uncompensated care that they will never be able to recover.

The state's Medicaid eligibility determination system must be fixed, and disincentives created to discourage the state from ever again allowing such severe damage to seniors and their care providers. We propose a statutorily mandated financial penalty to the state for every day that a Medicaid application is not processed within the federally mandated 45 day timeline.

Kansas State Fire Marshal Reform

Position: Survey and Enforcement reform is badly needed within the Office of the Kansas State Fire Marshal

Over the last year, health care facilities have struggled with incorrect and inconsistent interpretations by the state fire marshal's office of federal emergency preparedness regulations, and state and federal life safety codes. We strongly encourage the 2019 Kansas legislature to scrutinize the arbitrary and expensive requirements being wrongly imposed on providers, and solutions found to improve training and consistency among fire marshal inspectors.

ENGAGE

Moderate organizational effort – not necessarily as the lead advocacy entity, but rather, targeted activity such as coalition membership, collaborative advocacy efforts, contribution of information and/or testimony

Temporary Agency Staffing in Long Term Care

Position: Temporary staffing agencies require oversight and reforms to protect the public and the Medicaid program.

Kansas is in the midst of a serious workforce crisis in long term care. As the crisis has grown, so has the number of temporary staffing agencies created to prey on adult care homes desperate for workers. These agencies raid existing health care employees, and sell the employee services back to the home at a very high price. Nursing home Medicaid reimbursement is cost-based. Temporary agency staffing drives up provider costs, and in turn, drives up taxpayer costs through the Medicaid program. Temporary agency staffing also harms residents by crowding

out other needed services, fostering inconsistent staffing, and frequent failure to uphold contract requirements for training and background checks.

Health care temporary staffing agencies have no oversight from the state, and there are no measures in place to prevent exploitation of adult care homes, residents, and public dollars. Kansas must develop new laws to combat fly-by-night operations, and prevent health care temporary staffing agency policies that drain public dollars and hinder freedom of employment for agency workers.

Medicaid Expansion

Position: Support creation of a KanCare expansion plan that promotes personal responsibility for participants, and minimizes its effect on the state Medicaid budget.

The Kansas Hospital Association has strongly advocated for the expansion of Medicaid for the last several years, as well as other health consumer groups. Medicaid expansion only applies to childless, lower income adults between the ages of 19 and 64. This is not a population that LeadingAge Kansas members typically serve. However, LeadingAge Kansas has over two dozen hospital-owned members. Failure to expand KanCare has had a significantly negative financial impact on Kansas hospitals, which necessarily has a negative effect on our own members. Three of our hospital-owned member organizations closed their doors in 2016. We support KanCare expansion in order to support the security and financial sustainability of our own hospital and hospital-affiliated members.

Increase the Protected Income Limit for HCBS and PACE Participants

Position: An increase in the protected income limit is badly needed for people receiving services in their communities

The current protected income limit for people receiving Medicaid supports and services at home is \$747 a month, and has not been reviewed since 2008. If the protected income limit had been price indexed over the last ten years, it would now equal \$1,012 per month. The \$747 protected income limit is so low that people are forced into premature nursing home placements because they cannot afford to pay for their housing and basic necessities. Any

savings to the Medicaid program that result from our current protected income limit amount are far outweighed by nursing home and other institutional costs that result from it.

MONITOR

Minimal organizational effort, active tracking, weigh in as deemed necessary

Vetting of New Nursing Home Operators in Kansas

Position: Kansas must protect the public by improving the vetting process for new nursing home operators in the state.

In 2018, the state of Kansas was forced to take over 22 nursing homes who endangered residents by failing to pay for food, utilities, medications, and employee paychecks. Most of these companies were out-of-state, for-profit ventures with little accountability to the state of Kansas or its tax dollars, and their actions have been traumatic to residents, families, employees, and other businesses in the community.

As long term care continues to be seen as a big business opportunity, Kansas must develop better policies to prevent bad actors from buying nursing homes, and to keep companies within Kansas that are financially healthy, and committed to older people and their communities.

Mid-Level Dental Practitioners

Position: Create Dental Therapists to provide badly needed dental care to older Kansans

Access to routine dental care is an essential health issue for elder Kansans. Most people lose their dental insurance coverage when they retire. Medicare does not cover routine dental care, and only provides a few limited services deemed “medically necessary.” Medicaid does not cover oral health care for adults, except for “emergency services” and a limited number of preventative visits offered by KanCare companies. Nursing home residents and people who are home-bound or disabled often have limited access to dental care. Nursing homes do not employ dental staff, and transportation and access to a dentist’s office is often a steep barrier (especially in rural areas). The creation of Dental Therapists provides a systematic, sustainable and cost-effective solution for regular dental treatment, rather than older Kansans relying on emergency care that comes too late.