



LeadingAge Kansas 2020 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 2021

Position: Medicaid funding for SFY 2021 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.

A cost rebase for nursing home rates in State Fiscal Year 2021 will require \$17 million from the State General Fund (\$42 million in combined state and federal funds)

Nursing Home Provider Tax

Position: Remove the Sunset Provision in the Nursing Home Quality Care Assessment Statute to Avoid Sunset on June 30, 2019

In 2016, at the request of LeadingAge Kansas and the Kansas Health Care Association, the legislature pushed the bed tax sunset provision back to the end of State Fiscal Year 2020. The bed tax is now scheduled to expire on June 30, 2019. According to the Kansas Department for Aging and Disability Services, allowing the nursing home bed tax to sunset will result in a \$66.7

million loss to the nursing home Medicaid program. LeadingAge Kansas believes that a sunset provision is no longer necessary in the Nursing Home Quality Care Assessment Program.

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.

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

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 2020 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.

Change the Protected Income Limit for HCBS and PACE Participants to 150% of Supplemental Security Income (SSI)

Position: A protected income limit that keeps pace with the cost of living is essential for people receiving services in their communities

In 2019 the Kansas Legislature raised the Medicaid protected income limit to \$1,177 per month. This was the first increase in the protected income limit since 2008, and the decade-long wait left many people living under desperate circumstances. In order to avoid another long wait before such an increase, we support a yearly cost of living adjustment to allow more people to live in the community with dignity and avoid premature nursing home placements. Changing the protected income limit to 150% of SSI will eliminate the client obligation for more than 90% of participants, and will make assisted living and PACE participation more financially viable.

MONITOR

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

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.