

Long Term Care Restructuring Initiatives in Kansas

Offering More Consumer Direction and Choice and Encouraging Home Care:

- Using a \$2.2 million Systems Transformation Grant received in 2006, the state made it law that all people age 16 and older who receive personal care services in Kansas have the option to direct the services themselves. In addition, the Medicaid Frail Elders Waiver and other waiver programs offer consumer-directed attendant options.
- In 2007, Kansas was awarded a \$36.8 million Money-Follows-the-Person grant in order to move over 900 consumers out of nursing homes and back into the community with the support of community-based services. MFP participants are served by the following Medicaid waivers: HCBS-Frail Elderly (FE), HCBS- Physical Disabilities (PD), HCBS-Mental Retardation/Developmental Disabilities (MR/DD), HCBS-Traumatic Brain Injury (TBI). All MFP participants will have the opportunity to hire, train and supervise their own attendants. All HCBS waivers will utilize the Kansas Personal Assistance Supports and Services (K-PASS) tool kit to train consumers seeking to self-direct services. The use of self-directed services under the MFP program also allows consumers in rural areas to hire friends, neighbors and family members, thereby minimizing the issue of limited providers as well as giving consumers more choice.
- Consumers requesting services pursuant to the Physical Disability Waiver are often placed on a waiting list, since the number of requests exceeds available budgetary allowances of service. The Department of Social and Rehabilitation Services will observe the number of requests for services, as well as the number of crisis situations (which take precedence over regular requests) in order to monitor the number of nursing facility admissions and to determine if the development of a waiting list increases the number of nursing facility admissions since those consumers on the waiting list are forced to be admitted to nursing homes in order to get the care they need.

Providing Incentives and Protections for Long Term Care Workers:

- The Kansas Department of Social and Rehabilitation Services (SRS) in collaboration with the Kansas Department on Aging (KDoA) will coordinate with other state agencies, private resources and advocates to identify education, training, support, pay and benefits needed to assure a stable direct care workforce.

Encouraging Home Care:

- In addition, SRS and KDoA will coordinate with other state agencies, private resources and advocates to identify housing gaps and barriers to implementing effective housing programs. The departments will then identify resources, existing model projects and successes that could be replicated statewide to address these issues.

Improving Information About Long Term Care Options:

- The state also received an \$800,000 grant in 2005 to establish Aging and Disability Resource Centers. The funds were allotted to create two pilot centers: one in an urban community and one in a rural area. These funds were also granted to the state for the purpose of streamlining LTC support systems, as well as to provide access to Medicaid by creating a web-based tool that would allow for more quick and efficient financial eligibility determination, as well as a searchable, online database of available services. The pilot ADRCs are also working on expediting the referral process between partnering agencies.

Evaluations of Kansas's Restructuring Initiatives

- As of July 1, 2008, four people with physical disabilities, one person with a traumatic brain injury and three elderly consumers transitioned back into community-based living. In addition, Kansas has closed 78 ICF/MR beds through a voluntary closure process spurred by the MFP program.
- A study (conducted by researchers from the Mathematica Policy Research, Inc. group) on the MFP programs in many states outlined the following challenges to implementing an effective MFP program in Kansas:
 1. Kansas lacks sufficient, affordable, safe and accessible housing for transitioning consumers.
 2. Kansas faces challenges in recruiting and training direct care staff.
 3. Transportation options for transitioning consumers are inadequate.
 4. Consumers who could transition into the community often lack the basic necessities to set up an apartment or home, including rental deposits, household items, and utility fees.
 5. Community providers have found it difficult to provide services to some MR/DD consumers with offender behavior patterns who are currently housed in State Mental Retardation Hospitals (SMRHs).
 6. Some potential transition consumers are unaware of the necessary life skills needed to live, work, and pursue leisure activities successfully in their home communities. This is particularly true of consumers with TBI and MR/DD.

- The Annual Report compiled by the SRS and KDoA found that in the aggregate, community based long term care services are more cost effective than institutional based care.
- As part of a study conducted by an independent consulting group of the state's Systems Transformation Grant for FY (2006), six payroll providers (agencies which employ direct care workers) and five program participant/representative focus groups were surveyed regarding their satisfaction levels with the Medicaid Waiver programs and the implementation of self-directed services for consumers. Overall, participants and their representatives (individuals who assist program participants in using self-directed services) who attended the focus groups reported they were satisfied with the process used to assess and reassess their needs and in developing service plans. However, a small number of both participants and representatives reported problems with the assessment and reassessment process. Recommendations for improving these measures included:
 1. Design the assessment/reassessment process to be more individually-based.
 2. Reduce repetitive questions.
 3. Don't focus on individual consumers' negative aspects, focus on the consumer's strengths and what can be done to augment those strengths.
 4. Only conduct reassessment when there is a significant change in the person's condition or needs.
 5. Goals should be consumer-based, not counselor-based.

Participants who attended the focus groups reported that the benefits of using self-directed services included the ability to:

1. Hold down a full-time job;
2. Have a productive life;
3. Have a sense of independence;
4. Have more flexibility;
5. Control who comes into their homes;
6. Take care of themselves; and
7. Get what they need in the manner they would like.

In turn, representatives who attended the focus group reported the benefits of self-directed services as:

8. Having more control over staffing and the benefits that come with that;
9. Being able to get the person into the community with increased socialization;
10. Increased staffing ability; and
11. Being able to hire their HCBS workers.

- The study also found that few, if any benefits (such as health insurance, vacation/sick leave, and 401K benefits) were offered to HCBS workers who provide assistance to consumers using self-directed services.

Conclusion

- Although some consumers have been transitioned back into the community, further information is needed in order to determine the current number of consumers who have transitioned back and whether that number meets the state MFP goals. Further study also needs to be conducted on the effectiveness of the MFP program in light of the many challenges to its success that the program faces. Furthermore, although participants and residents demonstrate an overall satisfaction with consumer-directed services, the program might enjoy greater success if HCBS workers were provided with benefits and support, in order to avoid high turnover rates and worker satisfaction. At least one source indicates that over the long term, HCB services are more cost effective than institutional care.

Resources

1. http://assets.aarp.org/rgcenter/il/2008_10_ltc_ks.pdf
2. *Kansas Long Term Care Annual Report*, Kansas Department of Social and Rehabilitation Services & Kansas Department on Aging, January, 2009.
3. *Kansas System Transformation Task 2 Team Self Direction Research Project, Executive Summary*, Westchester Consulting Group in cooperation with the Task 2 Team of the Kansas CMS Systems Transformation Grant for FY 2006.
4. Kassner, E., Reinhard, S., Fox-Grage, W., Houser, jA., Accius, J., A Balancing Act: State Long-Term Care Reform, AARP Public Policy Institute. July, 2008.
5. Lipson, D., Gruman, C., Schimmel, J., Colby, M., Denny-Brown, N., Peterson, S., Williams, S.R. Money Follows the Person Demonstration Grants: Summary of State MFP Program Applications, Mathematica Policy Research, Inc., August, 2007.