

March 8, 2016

The Honorable Ty Masterson, Chairman
Senate Ways and Means Committee

Reference: SB 457 – Nursing Home Quality Care Assessment Rate and Sunset

Good morning Chairman Masterson and Members of the Senate Ways and Means Committee. My name is Ernest Kutzley and I am the Advocacy Director for AARP Kansas. AARP is a nonprofit, nonpartisan organization that helps people turn their goals and dreams into 'Real Possibilities' by changing the way America defines aging. Thank you for allowing us to submit our comments on SB 457, nursing home quality care assessment rate and sunset. AARP Kansas has long advocated for funding and quality improvements in the lives of Kansas nursing home residents.

AARP Kansas is neutral on the passage of SB 457 but asks that the increased funding be allocated with audits, to improve the quality of nursing home residents and as directed in the statute ""to maintain or improve the quantity and quality of skilled nursing care in skilled nursing care facilities."

The current nursing facility provider assessment statute provides for a maximum assessment of \$1,950 per licensed bed in skilled nursing care facilities and is scheduled to sunset on July 1, 2016. SB 457 would provide a four year extension of the statutory sunset, to July 1, 2020. In addition, the bill would increase the maximum assessment to \$4,908 per licensed bed in skilled nursing facilities. To date, Kansas nursing homes have received approximately \$120 million through the enhanced match.

In 2014, AARP Kansas released a state-specific *Long-term Care Services and Supports (LTSS) Scorecard "Raising Expectations"* (attached) on the status and quality of

services available to seniors, adults with disabilities, and family caregivers. The *Scorecard* is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being.

The *Scorecard* examines state performance across four key dimensions of LTSS system performance, including quality of life and care. All 50 states and the District of Columbia were ranked. Kansas ranked low in the quality of care and life. Rankings included:

- 20th - Quality of life and quality of care, down from 14th ranking on our 2011 report.
- 18th - Percent of high-risk nursing home residents with pressure sores (2013); this was an increase from a 13th ranking on our 2011 scorecard.
- 39th – Percent of long-stay nursing home residents who are receiving an antipsychotic medication (2013).
- 46th – Percent of nursing home staffing turnover.
- 35th – Percent of long-stay nursing home residents hospitalized with in a six-month period.
- 46th - Percent of people with 90+ day nursing home stay successfully transitioning back to the community.

Passage of SB 457 will increase estimated revenues to more than \$126 million dollars for FY2017 with enhancements. If Kansas should, as directed by statute, use the required quality care assessment rate funding "to improve quality of skilled nursing care in skilled nursing facilities", efforts for improvements in the state's performance to the level of the highest-performing state could significantly increase Kansas's overall standing on the upcoming *2016 Scorecard*. Kansas could see significant improvements in quality of life and care for Kansas nursing home residents including:

- Increase in nurse staffing hours. Not an average but a baseline of 4 hours and 26 minutes per resident. The current rate of 2.0 hours has been in place for 30 plus years;

- Reduction in use of antipsychotic medications;
- Reduction in nursing home staff turnover;
- Reduction in high-risk nursing home residents with pressure sores;
- Avoidance of unnecessary hospitalizations of people in nursing homes.
- 3264 nursing home residents with low care needs would instead receive LTSS in the community;
- 951 more people entering nursing homes would be able to return to the community within 100 days.
- 1,849 more people who have been in a nursing home for 90 days or more would be able to move back to the community.

Therefore, we respectfully request that, as you debate this bill, Kansas's main focus with passage of SB 457 be funding to maintain or improve the quantity and quality of skilled nursing care for Kansas nursing home residents as directed in statutes.

Respectfully,
Ernest Kutzley

Attachments: *Kansas 2014 State Long-Term Services and Supports Scorecard.*

Kansas: 2014 State Long-Term Services and Supports Scorecard Results

Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers takes a multi-dimensional approach to measure state-level performance of long-term services and supports (LTSS) systems that assist older people, adults with disabilities, and family caregivers. The full report is available at www.longtermscorecard.org

Purpose: The *Scorecard* measures system performance from the viewpoint of service users and their families. It is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being. State policymakers often control key indicators measured, and they can influence others through oversight activities and incentives.

Results: The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 3 to 6 data indicators, for a total of 26. It also measures changes in performance since the first *Scorecard* (2011), wherever possible (on 19 of the 26 indicators). The table below summarizes current performance and change in performance at the dimension level. State ranks on each indicator appear on the next page.

Dim ensi	Rank	Number of indicators with trend	Number of indicators showing: **		
			Substantial improvement	Little or no	Substantia l decline
OVERALL	17	1	5	1	2
Affordability & Access	11	6	1	5	0
Choice of Setting & Provider	10	4	2	0	2
Quality of Care & Quality of Life	20	4	1	3	0
Support for Family Caregivers	35	3	1	2	0
Effective Transitions	37	2	0	2	0

* Trend cannot be shown if data are missing for either the current or baseline data year. In each state, 16 to 19 indicators have enough data to calculate a trend. ** See full report for how change is defined.

Impact of Improved Performance: If Kansas improved its performance to the level of the highest performing state:

- 16,372 more low/moderate-income adults with ADL disabilities would be covered by Medicaid.
- 1,891 more new users of Medicaid LTSS would first receive services in the community.
- 3,264 nursing home residents with low care needs would instead receive LTSS in the community.
- 951 more people entering nursing homes would be able to return to the community within 100 days.
- 1,849 more people who have been in a nursing home for 90 days or more would be able to move back to the community.

Kansas: 2014 State Long-Term Services and Supports Scorecard Dimension and Indicator Data

Dimension and Indicator (Current Data Year)	Baseline Rate	Current Rate	Rank	Change	All States Median	Top State Rate
OVERALL RANK			17			
Affordability and Access			11			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2013)	177%	175%	4	↔	234%	168%
Median annual home care private pay cost as a percentage of median household income age 65+ (2013)	87%	85%	27	↔	84%	47%
Private long-term care insurance policies in effect per 1,000 population age 40+ (2011)	73	73	8	↔	44	130
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance (2011-12)	46.9%	48.4%	40	↔	51.4%	78.1%
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community (2009)	43.1	45.2	21	↔	42.3	85.2
ADRC functions (composite indicator, scale 0-70) (2012)	••	57	17	✓	54	67
Choice of Setting and Provider			10			
Percent of Medicaid and state LTSS spending going to HCBS for older people & adults w/ physical disabilities (2011)	40.7%	36.6%	22	✗	31.4%	65.4%
Percent of new Medicaid aged/disabled LTSS users first receiving services in the community (2009)	55.6%	51.9%	20	✗	50.7%	81.9%
Number of people participant-directing services per 1,000 adults age 18+ with disabilities (2013)	•	45.4	6	•	8.8	127.3
Home health and personal care aides per 1,000 population age 65+ (2010-12)	30	41	15	✓	33	76
Assisted living and residential care units per 1,000 population age 65+ (2012-13)	22	31	18	✓	27	125
Quality of Life and Quality of Care			20			
Percent of adults age 18+ with disabilities in the community usually or always getting needed support (2010)	73.8%	73.8%	17	↔	71.8%	79.1%
Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life (2010)	88.3%	90.4%	4	✓	86.7%	92.1%
Rate of employment for adults with ADL disability ages 18-64 relative to rate of employment for adults without ADL disability ages 18-64 (2011-12)	28.4%	29.2%	9	↔	23.4%	37.2%
Percent of high-risk nursing home residents with pressure sores (2013)	•	5.4%	18	•	5.9%	3.0%
Nursing home staffing turnover: ratio of employee terminations to the average number of active employees (2010)	63.2%	61.0%	46	↔	38.1%	15.4%
Percent of long-stay nursing home residents who are receiving an antipsychotic medication (2013)	•	22.7%	39	•	20.2%	11.9%
Support for Family Caregivers			35			
Legal and system supports for family caregivers (composite indicator, scale 0-14.5) (2012-13)	••	1.80	40	✓	3.00	8.00
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks) (2013)	6	6	31	↔	9.5	16
Family caregivers without much worry or stress, with enough time, well-rested (2011-12)	62.0%	62.0%	19	↔	61.6%	72.8%
Effective Transitions			37			
Percent of nursing home residents with low care needs (2010)	18.6%	18.2%	44	↔	11.7%	1.1%
Percent of home health patients with a hospital admission (2012)	•	23.6%	10	•	25.5%	18.9%
Percent of long-stay nursing home residents hospitalized within a six-month period (2010)	21.6%	20.5%	35	↔	18.9%	7.3%
Percent of nursing home residents with moderate to severe dementia with one or more potentially burdensome transitions at end of life (2009)	•	20.4%	27	•	20.3%	7.1%
Percent of new nursing home stays lasting 100 days or more (2009)	•	20.6%	30	•	19.8%	10.3%
Percent of people with 90+ day nursing home stays successfully transitioning back to the community (2009)	•	6.0%	46	•	7.9%	15.8%

• Comparable data not available for baseline and/or current year. Change in performance cannot be calculated without baseline and current data.

•• Composite measure. Baseline rate is not shown as some components of the measure are only available for the current year. Change in performance is based only on those components with comparable prior data. See page 73 and page 83 in *Raising Expectations 2014: A State Scorecard on Long-Term Services*

C and *Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* for more detail. Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community Based Services; LTSS = Long Term Services and Supports.

Please refer to Appendix B2 on page 97 in the report for full indicator descriptions, data sources, and other notes about methodology; for baseline data years, please see Exhibit 2 on page 11. The full report is available at www.longtermscorecard.org

Key for Change:	
✓	Performance improvement
↔	Little or no change in performance
✗	Performance decline