



WGCL Symposium

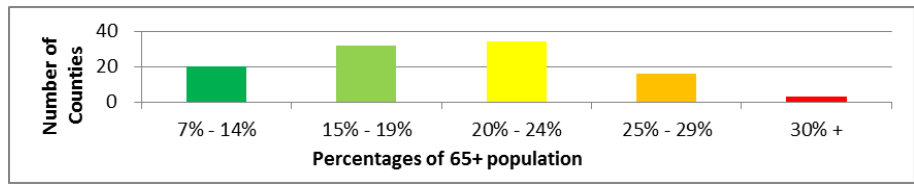
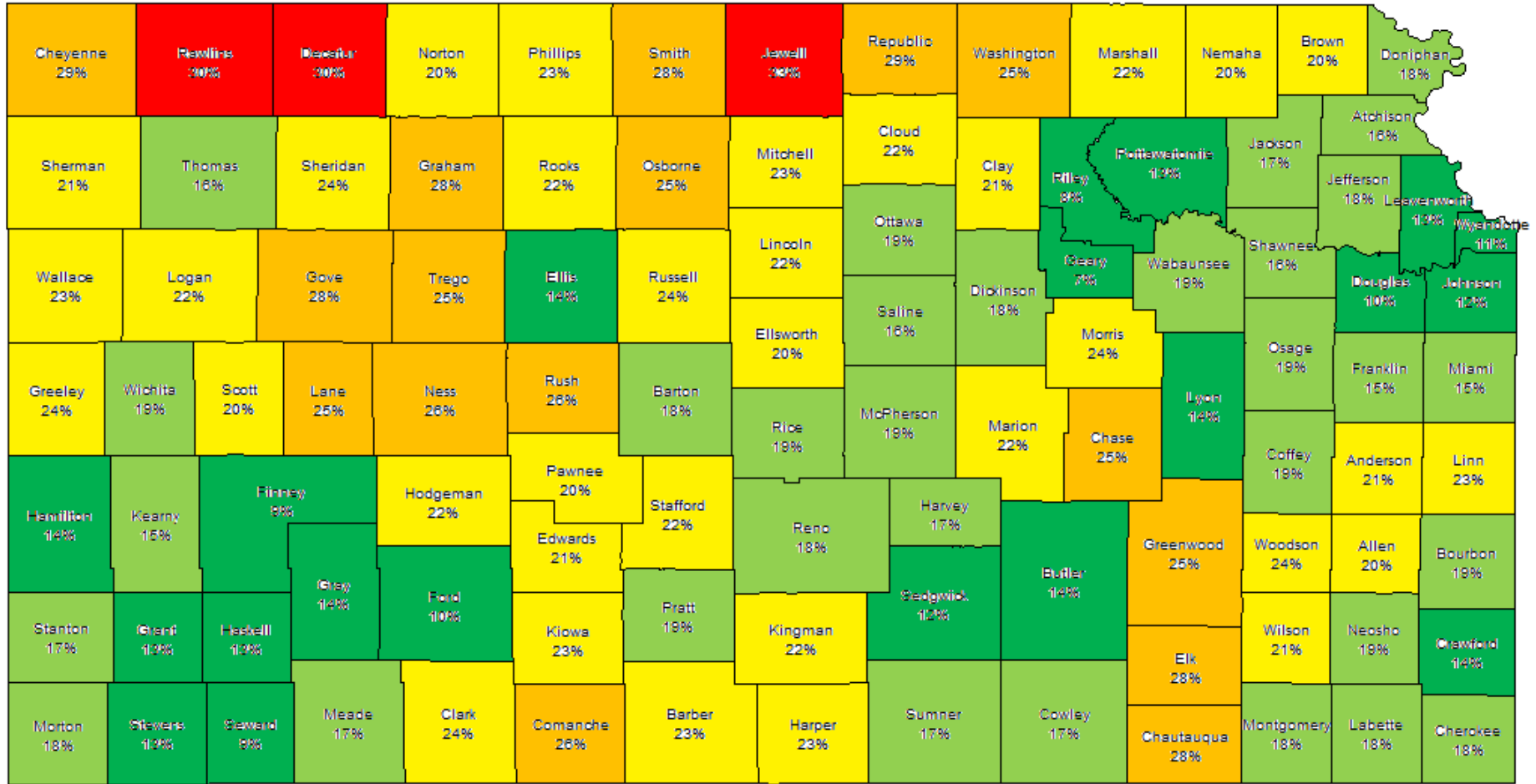
Improving Services and Supports for People Aging with Disabilities: A Focus on Transitions

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Kansas 2015

Projected Percentage of 65+ Population



Source: U.S. Census Bureau, Census 2010, Summary File 1; Wichita State University, Center for Economic Development and Business Research, http://www.cedbr.org/index.php?option=com_content&view=article&id=563&Itemid=220 (accessed June 20, 2012).

Long Term Care Ranking

2014 AARP/Commonwealth Fund/SCAN Foundation State Scorecard for Long-Term Services and Supports ranked Kansas 17th.

- Kansas ranks high for Affordability and Access, and for Choice of Setting and Provider.
- Ranks 6th in the country in percentage of participants self-directing their care and 9th in relative employment rate for people with disabilities.

Challenge: Transitions

- Kansas nursing facilities have a higher-than-average ratio of residents with low care needs:
 - 18.2% of Kansas NF residents had low care needs (data from 2010)
 - Nationally, 11.7%
 - Kansas ranked 44th on this measure
- Same scorecard showed just 6% of Kansans with 90+ day NF stays successfully transitioned back to community
 - Compared to 8.1% nationally
 - Ranks Kansas 46th
 - Data from 2009

Transitions

- Suggests need for:
 - Timely information about community options
 - Increased capacity for HCBS
 - New patterns in hospital discharge planning
 - Followup after initial NF placement
- Planning and purposeful movement towards home and community needs to happen almost immediately.

Tools and Barriers

- In KanCare, MCOs are paid a blended capitated rate for NF, PD and FE, incentivizing community placement and successful transitions.
- Has shown measure of success, despite barriers.
- Many members become eligible after they are already in a NF.
- 40-45% of residents who enter NFs on 30-day hospital exceptions stay beyond 30 days. Also seeing increased use of exceptions.
- In 2014, 15 percent of Level I (CARE) assessments were performed by hospitals; 85 percent by ADRCs.

Monthly Averages				
Year	# Eligible	# New	# Ended	# Continued
2012	10,815	383	370	10,062
2013	10,570	344	363	9,864
2014	10,647	357	405	9,885
2015 (YTD 6/30/15)	10,374	360	428	9,585

Discharge Planner Survey

- KDADS worked with the Kansas Hospital Association on a survey of hospital discharge planners.
- Goal was to learn more about opportunities and barriers in the hospital discharge process.
- Survey distributed in March 2015; 82 responses
 - 77% from hospitals in designated rural areas
 - Responses from discharge planners, CNOs, social workers

Results Snapshot

Example Questions:

- Who do you reach out to when planning a discharge?
 - ADRC ranked behind client, family, PT/OT, and nursing facilities; 72% listed ADRC as least frequent contact of options listed
- Who performs your CARE assessments?
- Are you provided training on community based services and availability?
 - 69% answered no
 - 75% indicated they want to learn more about community based services

Gaps and Needs

- Bridging the gap in transitions
 - Between payer sources
 - Between settings
- Addressing potential conflicts of interest and incentives
- Overcoming the “well-worn path” by expanding options
- Identifying better ways to measure outcomes; lead measures
- Adapting or modifying processes and reimbursement