State Long-Term Care Reform in

KANSAS

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Kansas and the U.S., 2006

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Medicaid Participants</th>
<th>Expenditures (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1999</td>
<td>2004</td>
</tr>
<tr>
<td>HCBS</td>
<td>10,523</td>
<td>12,105</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>17,644</td>
<td>17,804</td>
</tr>
</tbody>
</table>

Recent Medicaid trends to increase HCBS participants and expenditures while holding nursing home participants and expenditures fairly constant indicate that Kansas has made significant progress toward balancing. From 1999 to 2004, the number of participants receiving HCBS increased significantly, while the number of participants in nursing homes remained relatively constant. From FY 2001 to FY 2006, Medicaid spending on nursing homes decreased by $27 million, while spending on HCBS increased by $43 million.

1 This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/developmental disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants’ type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the Tables tab at the end of the full report A Balancing Act: State Long-Term Care Reform (#2008-10).

* Expenditures for nursing homes were used from FY 2000—instead of FY 2001—because of state reporting irregularities.
About 5,800 older persons participated in the Medicaid Frail and Elderly HCBS waiver program in 2007, a 21 percent increase in enrollment over the 2000 total. About 6,100 older Kansans not eligible for Medicaid-funded services received one or more home care services through the state-funded Senior Care program in 2007, with state general revenue contributing $6.8 million. With local match and participant fees, the total funding reached about $8 million in 2007.

**Major Initiative**

The state has received several federal grants in recent years, which it has used to reform the financing and delivery of LTC services.

**Self-Direction.** The state received a $2.2 million federal Systems Transformation grant in 2006 to increase consumer choice and control over HCBS. Kansas has made self-direction of services a major focus of its state LTC system since enacting a law in 1989 that stipulates that all persons age 16 and older who receive PCS have the right to choose to direct those services themselves if they wish. The Medicaid Frail Elders waiver and other waiver programs offer consumer-directed attendant options.

**Aging and Disability Resource Centers.** The state received $800,000 in 2005 to implement an Aging and Disability Resource Center. The funds were to be used to create two pilot centers in the state’s urban and rural areas. In addition, the state was to use these funds to streamline long-term care supports as well as improve access to Medicaid by creating a Web-based tool to expedite the financial eligibility determination process.

**Other Developments**

**Money Follows the Person.** Kansas also was awarded a $36.8 million Money Follows the Person grant in 2007 to support efforts to move more than 900 persons out of nursing homes into community settings over the grant’s five-year period.