

Bethell Joint Committee on HCBS and KanCare Oversight
November 18, 2014

Chairman Crum and Members of the Committee

My name is Cindy Luxem, President and CEO of the Kansas Health Care Association and Kansas Center for Assisted Living, a trade association with a membership of nursing homes, assisted living, residential health care, home plus, and nursing facilities for mental health. Thank you for the opportunity to testify.

At the last oversight meeting a presentation was on the use off- label use of antipsychotic drug use in our senior communities. Since 2012, the American Health Care Association has been on a mission to reduce the use of this type of medication for folks with Dementia. I want to be clear and saw we are discussing Dementia and not mental health issues. And when the numbers are discussed it does exclude those residents diagnosed with schizophrenia, Huntington's disease or Tourette's syndrome.

The realization that antipsychotics are largely ineffective and dangerous. It has been acknowledged there is no chemical rationale for using anti-psychotics other than for sedation. But the antipsychotics are not the problem...the real problem is the idea we need a pill for everything!

Dementia is a shift in the way a person experiences the world around him/her. In a recent presentation the comparison was made with a ramp. When someone needs accessibility, we build them a ramp to help with their forward progress. So, we need to figure out how to build a ramp for our folks with Dementia and not just give them a pill. And trust me, this is a challenge to long-accepted care practices. And we believe that is what might be occurring here in Kansas. The primary goal with this initiative is to work on create well-being for that individual.

There are lots of moving parts with this initiative. Providers in Kansas are taking it very serious. In January 2015, CMS will add the anti-psychotic use as a quality measure for all to see.

KanCare

If I might just switch topics for a moment and discuss KanCare. We are still having payment issues that seem to go unresolved. The issue of cross-over claims cannot get figured out. Some of our providers have receipts that are 1 ½ years old. The timely filing issue has become a huge issue...providers would like to continue to have a year for timely filing. And providers must follow timely filing but there is no effort for timely payments. The inconsistencies in the system and lag of money is very labor intensive. My providers have asked who is holding the insurance companies responsible for the mistakes they make!

As we move into the final year of the insurance companies contracts, I believe it is time to have some legislative protections put in place for the Kansas providers who have slogged through this different process.

Thank you for your time today.