

# 2020 LTSS State Scorecard: Kansas Opportunities for Improvement

## Kansas

### [KANSAS FACT SHEET](#)

#### STATE RANKINGS

Overall: 37

Affordability and Access: 19

Choice of Setting and Provider: 22

Quality of Life & Quality of Care: 10

Support for Family Caregivers: 47

Effective Transitions: 47

#### NUMBER OF INDICATORS FOR WHICH THIS STATE RANKED IN THE:

Top Quartile: 4

2nd Quartile: 7

3rd Quartile: 9

Bottom Quartile: 6

■ At or just below the national average

■ Significantly below the national average

Dimension and Indicator	Baseline Scorecard		2020 Scorecard				
	Data Year	State Rate	Data Year	State Rate	US Average	Best State Rate	Rank
<b>Affordability and Access</b>							<b>19</b>
Median annual nursing home private pay cost as a percentage of median household income ages 65+	2015-16	174%	2018-19	172%	245%	168%	2
Median annual home care private pay cost as a percentage of median household income ages 65+	2015-16	77%	2018-19	81%	80%	51%	22
Private long-term care insurance policies in effect per 1,000 people ages 40+	2015	85	2018	78	43	138	8
Percentage of adults ages 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance	2014-15	48.60%	2016-18	48.20%	56.70%	79.20%	45
Estimated Medicaid LTSS users per 100 population with ADL disability	2014	36	2017	34	46	100	34
ADRC/No Wrong Door Functions (Composite Indicator, scale 0-100%)	2016	60%	2019	63%	66%	96%	29
<b>Choice of Setting and Provider</b>							<b>22</b>
Percentage of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities	2013	40.80%	2016	39.50%	45.10%	73.50%	21
Estimated percentage of Medicaid aged/disabled LTSS users receiving HCBS	2014	50.60%	2017	54.20%	64.20%	83.90%	29
Number of people self-directing services per 1,000 population with disabilities	*	*	2019	24.4	30.4	149.1	15
Home health and personal care aides per 100 population ages 18+ with an ADL disability	2013-15	21	2016-18	19	22	47	30
Assisted living and residential care units per 1,000 population ages 75+	2014	64	2016	87	49	102	5
Adult day services total licensed capacity per 10,000 population ages 65+	2014	*	2016	8	61	171	44
Subsidized housing opportunities (place-based and vouchers) as a percentage of all housing units	2015	5.60%	2017-18	5.70%	6.20%	18.60%	29
<b>Quality of Life &amp; Quality of Care</b>							<b>10</b>
Rate of employment for adults with ADL disabilities ages 18-64 relative to rate of employment for adults without ADL disabilities ages 18-64	2013-15	28.10%	2016-18	25.50%	21.40%	38.10%	14
Percentage of high-risk nursing home residents with pressure sores	*	*	2018	6.10%	7.30%	4.80%	17

Percentage of long-stay nursing home residents who inappropriately receive antipsychotic medication	2015	19.90%	2018	16.50%	14.60%	7.80%	37
HCBS quality cross-state benchmarking capability	*	*	2015-19	2.7	1.3	3.6	6
<b>Support for Family Caregivers</b>							<b>47</b>
Supporting working caregivers (maximum possible score 17.0)	2014-16	1.6	2019	1.6	3.17	13.5	24
Family responsibility protected classification	2014	0.6	2019	0.6	0.29	2	
Exceeds Federal FMLA	2016	0	2019	0	0.29	3	
Paid Family Leave	2016	0	2019	0	0.5	3.5	
Mandatory Paid Sick Days	2016	0	2019	0	0.85	3	
Flexible Sick Days	2016	0	2019	0	0.75	3	
Unemployment insurance for family caregivers	2016	1	2019	1	0.49	1	
Person- and family-centered care (maximum possible score 5.5)	2016	0.5	2019	1.5	3.04	5.5	45
Spousal impoverishment protections	2015	0.5	2019	0.5	0.9	2	
Having caregiver assessment	2016	0	2019	0	1.34	2.5	
CARE Act legislation	2016	0	2019	1	0.8	1	
Nurse delegation and scope of practice (maximum possible score 5.0)	2016	2	2019	2	3.3	5	38
Nursing tasks able to be delegated	2016	1.5	2019	1.5	2.69	4	
Nurse practitioner scope of practice	2016	0.5	2019	0.5	0.61	1	
Transportation policies (maximum possible score 1.0)	2015-16	0	2019	0	0.14	1	8
Volunteer driver protection	2015-16	0	2019	0	0.14	1	
<b>Effective Transitions</b>							<b>47</b>
Percentage of nursing home residents with low care needs	*	*	2017	18.20%	8.90%	2.10%	47
Percentage of home health patients with a hospital admission	2014	17.30%	2017	16.70%	15.80%	13.80%	41
Percentage of long-stay nursing home residents hospitalized within a six-month period	2014	19.30%	2016	18.60%	16.80%	4.70%	39
Percentage of nursing home residents with one or more potentially burdensome transitions at end of life	2013	30.60%	2016	28.20%	28.60%	16.20%	38
Percentage of short-stay residents who were successfully discharged to the community	*	*	2017-18	53.90%	53.90%	68.50%	31

Following are detailed indicator descriptions for the red highlighted indicators. The full methodology details and sources can be found in Exhibit B4 (starting on page 79) of the [Reference Edition of the 2020 Scorecard](#).

- Affordability and Access: Percentage of Adults Ages 21+ with ADL Disability at or Below 250% of Poverty Receiving Medicaid or Other Government Assistance Health Insurance:**
  - The percentage of adults ages 21+ with a self-care difficulty (difficulty dressing or bathing; a reasonable approximation to activities of daily living disability) at or below 250% of the poverty threshold who have health insurance through Medicaid, medical assistance, or any kind of government assistance plan for those with low incomes or a disability.
- Choice of Setting and Provider: Adult Day Services Total Licensed Capacity per 10,000 Population Ages 65+**

- This is the maximum number of participants, per 10,000 population ages 65+, allowed at any one time at licensed adult day services centers in each state.
- **Quality of Life and Quality of Care: Percentage of Long-Stay Nursing Home Residents who are Receiving an Antipsychotic Medication:**
  - The percentage of long-stay nursing home residents, defined as 100 or more cumulative days in the nursing facility, who are receiving antipsychotic medication on target assessment. Criteria exclude nursing home residents with a diagnosis of schizophrenia, Tourette’s syndrome, and Huntington’s disease.
- **Support for Family Caregivers: Supporting Working Caregivers**
  - **Family Medical Leave.** This policy evaluates the extent to which states exceed the federal Family Medical Leave Act (FMLA) requirements for covered employers, covered employee eligibility, covered relationships, and length of leave allowed.
    - Scoring: States received scores for the degree to which they exceeded federal FMLA requirements up to a total of 4.0 possible points as follows:
      - 1.0 point for states exceeding federal FMLA for covered employers with 15 or fewer employees and 0.5 points for employers with 16 - 30 employees
      - 1.0 point for states exceeding federal FMLA for covered eligibility (time with employer) of less than 1,000 hours, 6 months of work, or no minimum work requirement and 0.5 points for 1,000 hours over a 12-month period
      - 0.25 points each (maximum of 1.0 point) for states exceeding federal FMLA for definition of family member (covered relationships) that includes (a) parent-in-law, (b) sibling, (c) grandparent, and (d) grandparent-in-law
      - 1.0 point for states exceeding federal FMLA for allowing 16 weeks over a 2-year period and 0.5 points of 12–15 weeks over a 2-year period
  - **Mandatory Paid Family Leave and Sick Days.** These policies evaluate the extent to which states offer additional benefits beyond FMLA to family caregivers, including requirements that employers provide paid family leave and mandate the provision of paid sick days. The mandatory paid family leave policy evaluates statewide requirements for covered employers, covered relationships, and length of leave allowed. The mandatory paid sick days policy evaluates statewide requirements for covered employers and number of sick days allowed.
    - Scoring: States received up to 4.0 possible points for statewide paid family leave and up to 3.0 points for mandatory paid sick days leave as follows:
      - **Mandatory Paid Family Leave**
        - 1.0 point for statewide laws mandating paid family leave and 0.5 points if enacted statewide law is not effective until after June 2020
        - 1.0 point for statewide laws mandating paid family leave for covered employers with 15 or fewer employees, 0.5 points for employers with 16 - 30 employees, and one-half credit if statewide laws do not become effective until after June 2020
        - 0.25 points each (maximum of 1.0 point) for statewide laws mandating paid family leave for definition of family member (covered relationships) that includes (a) parent-in-law, (b) sibling, (c) grandparent, and (d) grandparent-in-law, and one-half credit if statewide laws do not become effective until after June 2020
        - 1.0 point for statewide laws mandating paid family leave for allowing 10 or more weeks of paid leave, 0.5 points for less than 10 weeks of paid leave, and one-half credit if statewide laws do not become effective until after June 2020.
      - **Mandatory Paid Sick Days**

- 1.0 point for statewide laws mandating paid sick days or paid personal time off and 0.5 points if statewide laws do not become effective until after June 2020
  - 1.0 point for statewide laws mandating paid sick days or paid personal time off for covered employers with less than 10 employees, 0.5 points for employers with 10 - 49 employees, and one-half credit if statewide laws do not become effective until after June 2020
  - 1.0 point for statewide laws mandating paid sick days or paid personal time off for allowing 40 or more hours of accrued annual leave, 0.5 points from less than 40 hours of accrued annual leave, and one-half credit if statewide laws do not become effective until after June 2020.
- **Flexible Use of Sick Leave.** This policy evaluates the extent to which states and localities require private sector employers to have workplace benefits that allow employees to use a portion of accrued sick time for purposes beyond their own illness, including family caregiving. The flexible use of sick leave policy evaluates state and local legislation for covered employers, covered relationships, and number of days allowed.
  - Scoring: States received up to 3.0 points for flexible use of sick leave as follows:
    - 1.0 point for state or local laws requiring flexible use of sick leave for covered employers with 15 or fewer employees, 0.5 points for employers with 16 - 30 employees, and one-half credit if state or local laws do not become effective until after June 2020
    - 0.25 points each (maximum of 1.0 point) for state or local laws requiring flexible use of sick leave for definition of family member (covered relationships) that includes (a) parent-in-law, (b) sibling, (c) grandparent, and (d) grandparent-in-law, and one-half credit if state or local laws do not become effective until after June 2020
    - 1.0 point for state or local laws requiring 10 or more days of flexible use of sick leave, 0.5 points for less than 10 days, and one-half credit if legislation does not become effective until after June 2020.
- **Support for Family Caregivers: Person- and Family-Centered Care**
  - **State Policies on Financial Protection for Spouses of Medicaid Beneficiaries who Receive HCBS:** This policy evaluated the extent to which the state Minimum Maintenance of Needs Allowance (MMNA) permits the community spouse to retain the federal maximum income allowance and asset resource protections, and whether spouses of HCBS waiver recipients receive the full level of income and asset protection afforded to spouses of nursing home residents.
    - Scoring: States received scores for income and asset protections up to a total of 2.0 possible points as follows:
      - 1.0 point for states where the MMNA federal maximum income allowance of \$3,160.50 is the state minimum income allowance protection, 0.5 points for states that permit the full range between the federal minimum \$2,113.75 and federal maximum \$3,160.50 income allowance protection. Midrange values have computed scores:  $(0.5*(X + X) - 2113.75)/(3160.5-2113.75)$ .
      - 1.0 point for states where the MMNA federal maximum asset resource protection of \$126,420 is the minimum standard, and a weighted computation score for states that use an amount above the federal minimum \$25,284 asset resource protection:  $(X - \$25,284)/(\$126,420 - \$25,284)$ .
  - **State Assessment of Family Caregiver Needs.** This policy addresses the extent to which a state conducts an assessment of family caregivers for their own needs when an older adult or adult with physical disabilities for whom they are caring is being assessed for one or more LTSS programs. Programs for which the caregiver assessment tool is used included: (1) 1915(c); (2) 1115 demonstration; (3) Medicaid

state plan personal care services; (4) 1915(i); (5) 1915(j); (6) Medicaid state plan (k)—Community First Choice; (7) National Family Caregiver Support Program (OAA); (8) state-funded family caregiver support program; (9) state-funded HCBS; and (10) other.

- Scoring: 1.0 point if a caregiver assessment is used in at least 1 of the 10 programs listed above for older adults and/or adults with physical disabilities for a maximum of 1.0 point. States are awarded 0.3 points for each additional program (up to 5 programs) beyond the first program linked to an assessment for a maximum of 1.5 points. Total allowable points states can be awarded for this component is 2.5 points

- **Support for Family Caregivers: Nurse Delegation and Scope of Practice**

- **Number of Health Maintenance Tasks Able to be Delegated to LTSS Workers (out of 16 tasks):** The number of 16 tasks that can be performed by a direct care aide through delegation by a registered nurse: Medication Administration Tube Feeding and Gastric Care

1. Oral medication
2. PRN medication
3. Pre-filled insulin/insulin pen Bladder Regimen and Skin/Appliance Care
4. Draw up insulin
5. Other injectable medication
6. Glucometer testing Respiratory Care
7. Medication through tubes
8. Insertion of suppositories
9. Eye/ear drops
10. Gastrostomy tube feeding
11. Administer enema
12. Perform intermittent catheterization
13. Perform ostomy care including skin care and changing appliance
14. Perform nebulizer treatment
15. Administer oxygen therapy
16. Perform ventilator respiratory care

- Scoring: States received 0.25 points for each of the 16 health maintenance tasks that can be delegated by a registered nurse to an LTSS direct care worker for a total of 4.0 points.

- **Nurse Practitioner Scope of Practice:** This policy addresses the extent to which state practice and licensure laws permit a nurse practitioner (NP) to be able to practice to the fullest extent of his or her education and training. Scope of practice includes three levels of authority: (a) Under full practice authority, the NP is permitted to evaluate patients, diagnose, order, and interpret diagnostic tests, initiate and manage treatments, and prescribe medications; (b) Reduced practice requires a collaborative practice agreement with a physician specifying the scope of practice allowed; and (c) Restricted practice requires a physician to oversee all care provided by the NP.

- Scoring: States that permit full scope of practice received 1.0 point, states that permit reduced scope of practice received 0.5 points, and states that have restricted practice received 0 points.

- **Effective Transitions: Percentage of Home Health Patients with a Hospital Admission**

- This is the percentage of home health stays for patients who have a Medicare claim for an unplanned admission to an acute care hospital during the 60 days following the start of the home health stay

- **Effective Transitions: Percentage of Long-Stay Nursing Home Residents Hospitalized within a Six-Month Period**

- This is the percent of long-stay residents (residing in a nursing home for at least 90 consecutive days) who were ever hospitalized within six months of baseline assessment. Residents were excluded if they did not have continuous Medicare fee-for-service coverage for the six month evaluation period.

- **Effective Transitions: Percentage of Nursing Home Residents with One or More Potentially Burdensome Transitions at End of Life**

- This is the percentage of nursing home decedents who had at least one potentially burdensome transition at end of life. A potentially burdensome transition is defined as:
  - Any transfer in the last 3 days of life;
  - A lack of continuity of a nursing home before and after a hospitalization in the last 120 days of life (i.e., going from nursing home A to the hospital and then to nursing home B);
  - Three or more hospitalizations in the last 90 days of life;
  - Two or more hospitalizations for dehydration in the last 120 days of life; c
  - Two or more hospitalizations for pneumonia in 120 days; and
  - Two or more hospitalizations for septicemia in the last 120 days of life.