

RE: KABC In-Person testimony for Bob Bethell KanCare Oversight Committee

Members of the Committee,

Thank you for the opportunity to provide testimony today. Kansas Advocates for Better Care (KABC) is a non-profit organization dedicated to improving the quality of long-term care for older adults, regardless of where they reside.

By 2030, more than 20% of Kansans will be 65 or older. Recognizing the limitations of the State's financial resources, we believe it is critical to invest and diversify long-term care funding to ensure timely access to services in every community.

As Executive Director of KABC, I respectfully request this committee's consideration of the following:

Recommendation:

1. **This committee should support additional funding for the HCBS Frail Elderly waiver.** Projected shortfalls of \$27M in FY26 and \$70M in FY27 jeopardize access to critical in-home services. Our understanding is a waitlist is imminent with potential implementation as early as October and initially affecting 600 frail elders. A waitlist for the Frail Elderly waiver would worsen our already low ranking of 47th in the nation for low care residents living in facilities and would contribute to a more rapid decline in health for older Kansans waiting for help. We recommend that this committee support additional funding to avoid a FE waitlist, and premature institutionalization of older Kansans. Considering that last session the legislative body added approximately \$20M to annual base funding for the Nursing Facility Industry, this request would seem reasonable as older Kansans seek to delay and divert from institutional care with Community-Based care options. Finally, if a waitlist cannot be avoided, we would suggest that this committee look toward another service that you have already funded to mitigate challenges of this waitlist. A \$20 Mill commitment for Community Care Coordination has already been rolled into the capitated rate for KanCare and almost a year later has yet to be implemented to serve this population. This unimplemented service would seem to be a useful tool to provide these individuals for resourcing unmet needs and troubleshooting while awaiting a waiver slot.
Source: United Health Foundation America's Health Rankings Report 2025
https://assets.americashealthrankings.org/ahr_2025seniorreport-statesummaries_all.pdf
2. **This committee should support Long-Term Care Provider Staffing in Kansas by looking at implementing alternative approaches.** Kansas should look at approaches other states are using to strengthen their workforce. For Example, New Mexico recently launched a program to raise pay for childcare providers. Their Competitive Pay for Professionals (CPP) grant boosted wages for all early childhood educators, helping attract more workers, reduce turnover, improve quality, and build a more stable workforce. Providers must also meet pay service-hour requirements to qualify for higher reimbursement rates, ensuring accountability. Kansas could apply this same idea to long-term care. By creating a supplemental program for home care and nursing facilities, the state could reward providers that pay higher wages to direct care staff and nurses.

Key steps

- Direct incentive payments to areas facing the greatest workforce challenges.
- Require providers to meet minimum pay standards to qualify, ensuring funds raise direct care staff wages.
- Adjust Medicaid and state reimbursement rates to reflect the actual cost of care, including marketable pay for staff.

Source: New Mexico Early Childhood Education & Care Department
<https://www.nmeccd.org/wp-content/uploads/2025/09/Proposed-Provider-Rate-Tables.pdf>

Thank you for your time and consideration of this important proposal.

Sincerely,

Daniel Goodman

Daniel Goodman
Executive Director, Kansas Advocates for Better Care