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Dear Chairman Suellentrop and Members of the KanCare Committee,

First, I want to thank you for the opportunity to speak for all those that we serve and feel as if they don't have a voice. I am Holly Noble, and I have been the Administrator at Attica Long Term Care for 11 years. We are a small town of 600, and as you can imagine, not only do I get asked for Medicaid assistance by my nursing home residents and their families, but I am also frequently stopped by many other people wherever I go -- such as a gas station, grocery store, and even my child's sporting events -- all with questions about Medicaid. I believe the reason for this is that the State took all personal connection out of this process when they moved eligibility from the Department of Children and Families to the Department of Health and Environment, which then outsourced the eligibility to Maximus, a private firm. Our community and area suffered a setback when the satellite offices were eliminated. Those offices were the place down the road where any family member could go for assistance and the place where our facility could call for guidance. They knew us by name and returned phone calls and emails promptly, but this is no longer the norm. Now with Maximus, we have to leave voicemails that are not returned or send emails that are not answered for weeks on end. In these last three years, we have gone from a somewhat broken system which was hobbling along to one that is completely broken and at times seems to be beyond repair.

During my tenure as Administrator, I have been very involved in the Medicaid process. Since the State closed the satellite offices, our facility has had to do all the preparatory work for Medicaid, and has had to bring someone in who works directly with the family and gathers all the information needed for the application. We also have to review the application and personally assist with filling it in and gathering information. In the absence of the satellite offices, our facility, like many others, has had to step up and become that knowledgeable contact for the families that the satellite offices previously were. We have to act as an unofficial State employee when it comes to telling families what is required and what guidelines to follow so that their Medicaid application will not be delayed or denied. In addition to this, we have to know the application both forward and backwards so that when the Maximus caseworker is ill informed we can correct them immediately. And, there have been many, many times that I have had to tell the caseworker that they were wrong.

Other concerns that we have seen are coming from the unreasonable delay in Medicaid processing. We get phone calls all the time about taking in a resident who is Medicaid-pending and needing placement. I have been told by the contractor for case manager for SCKADRC that we are the only one in our area that is willing to take Medicaid-pending residents. Many homes around me are not accepting these people because of the issues they are having with the untimely processing by Maximus

along with the continued rising debt the care homes all carry due to the fact that these cases not being worked in a timely or efficient manner, not to mention the hardship this causes for the ones who are already our most vulnerable. Our facility has had to admit elderly or disabled persons from other areas, knowing that they were in our facility on a temporary basis only. We have taken them as pending, and then once their Medicaid application is approved, they will move to another facility closer to where they live or have loved ones. This is NOT how this process is supposed to work. I cannot imagine the frustration and anger these people who have contributed so much to our society must feel when our government is not there to protect them.

Many issues that I have run into during these difficult times are ones that are very hard and difficult to discuss. I have personally had to sit at a table and tell a wife that in order for Maximus to approve her husband for Medicaid, she would have to divorce him -- and divorce him in 12 days no less. Just for the simple fact that the State of Kansas DOES NOT have to acknowledge or abide by a legally binding agreement from 1984, one that is legal in our court system. The elderly wife was very distressed about this, as she knew that the divorce proceedings would appear in the local paper (as in our small community, everyone reads the court section before they read the front page). She was very worried that her friends and neighbors would view her differently for putting her elderly husband in a nursing home and then divorcing him. Then after the unwanted divorce, I had to sit in front of her and tell her that Maximus would not approve her now "ex-husband" for Medicaid since he didn't get half of the land she had inherited from her deceased first husband, and that if he should attempt to get half of that property, they would then accept his application. Well, by the time that Maximus finally got around to reviewing the case, it was past the legal time for any amendments to the divorce decree. So then I sit on the phone with his daughter and a Maximus case worker who tells the daughter that her father must now sue his ex-wife for half of the wife's property that came from her deceased first husband. This was all because the State of Kansas DOES NOT have to acknowledge a legally binding prenuptial or ante nuptial.

Imagine being an elderly lady who has had her husband in long term care for five years. You have been on Medicaid that entire time. You have been paying \$0 liability for all that time, then one day, out of the blue; you get a letter stating you now owe \$1,017.00 a month, and that your liability was figured wrong for five years. This elderly lady has had to take money from her daughter and grandson to help pay for upkeep on the house, utilities, food, and even her own medication since not all such expenses are accounted for when the State looks at spousal support. I understand the State does allow for a division of assets, but when families live paycheck --to-- paycheck it is difficult to afford the routine or even unplanned maintenance that comes along with owning a house, not to mention any other unexpected bills.

I had a younger gentleman in our care whose wife was still working full-time. In fact, she still has many years left to work. Her husband had to have Medicaid, and her liability was so high that her children had to buy her food, pay their moms medical insurance, and had to assist their mom with her car payment as she was left with not enough money to support herself with all the bills a young couple has. Then, when this resident passed away, the State put a lien on the home where they had lived and where the spouse still lives. What I find most upsetting about this is (1) the spouse is still young and still making house payments on this property, while knowing that the state has a lien on it, so what motivation does she have to continue making payments and not just walk away now that her spouse has

died; and (2) she is young enough that she will not need placement for herself for a good 15 to 20 years. The house she lives in is not handicap assessable or viable for an elderly person who has problems with stairs, so her plan was to try to move to a house with one level that would see her through her aging years. Well her plan now is to stay where she is until she cannot do the stairs, so the system has pushed her into an assisted living or even a nursing home, sooner which will eventually cost the State more when it is time for her to receive long term care.

Currently, I have a case (another married couple) where we Faxed off the application and received our confirmation sheet. Then days later we emailed documents to the Bravo team. It took over three weeks for them to email back that they did not have an application on file. We then resent the application for a second time via email along with our previous FAX confirmation sheet. Getting close to the 45-day deadline, the husband came to my office concerned because he has a house in which he wants to continue living, but the conditions of the house are unsafe and not handicap accessible. It requires a new roof, some new flooring as the subfloors are rotted, the bathroom is not handicap accessible, and some doorways need widened for a wheelchair. The family got an estimate and brought it in. We called Maximus and got a caseworker who told us for the third time that the application was not in the system. We then immediately sent another copy via email while on the phone and confirmed she had received it. She confirmed to us that she even had the house repair estimates, and when we asked for the husband if he could go ahead with the repairs (so he himself could stay at the home longer and not have to come into the facility), we were advised to not spend the money until the application could be reviewed. Time went on and on and on, so the family had to appeal and the house deteriorated even more since it went through another wet fall and winter. After the appeal was filed, this case actually started getting movement. Now they are faced with the problems that (1) the repair estimate has gone up; (2) Maximus has now penalized the husband for NOT SPENDING the money in a timely fashion; and (3) Maximus will not approve their Medicaid for back pay while they waited to hear if they could spend the money they so desperately wanted to spend. This frail and elderly man is now faced with a \$25,372.00 private pay bill or paying for remodeling his home so he can stay there. The State worker told him to pay for the house repairs, therefore my facility has been left with a very large debt that will never be repaid, as this resident has a \$0 liability. The State has once again left my facility hanging with a large debt burden and not caring about the money they are taking from our elders' care and our staff's paychecks. The State does not seem to care that we followed the direct order of a Maximus case worker and the resident had too much money for those months while he was waiting for Maximus. Adding insult to injury, the whole time that they had this money and desperately wanted to spend it, we had continuously called to get the case worked and were told, "we don't have anyone to work married cases, so we have to get training before this case can be worked." Wow! So our elderly in Kansas and our nursing facilities that care for those elders are being penalized because Maximus lacks the education and commitment to follow the policies in regard to Medicaid eligibility.

Now, for the Maximus workers you have working up there, most of them do not know anything and will tell you, "I'm new to the job." Even some that have been there for a while, I have to correct when they are telling me erroneous information or giving me incorrect liability amounts. I have to work out the facts with them and show them where they do have the information that we sent them. It is ridiculous that I have to help them do their job and get to where they need to be. I never thought there would be a day where I would have to correct those who were supposed to know what was needed to get an application approved or to work out the resident's liability! Now when it comes to married

couples, I have not been so fortunate, as with Maximus each case seems to be different as to how much a spouse is allowed to keep. I also never dreamed that it would come to a time that I would have to be working with sometimes 10 different people on just one case. I so wish we could go back in time where there was one worker for a facility that reviewed the paperwork and worked in a specific area as it was a much faster process, and I always felt I had accurate information.

I should also let you know that with the old way that Maximus was structured, we could email documents to our team and have proof of the date and time submitted. On many occasions, this proof was what saved multiple residents from being denied. Now with the portal, we have to upload and there is absolutely no way to prove a date or time or what documents had been sent. This will likely result in residents being unable to prove they have complied with a request when they have indeed fully complied.

I understand that as of January 1st, there have been changes so that KDHE now gives training to Maximus workers as to how to work cases. I believe just training alone will not fix the backlog of applications. When we get a return phone call, I steal hear, that they have not had training on married couples or several other excuses as to why our cases are not being worked. In my opinion, going back to satellite offices is the only way to fix this broken system. I would also highly suggest that before adding more people to the Medicaid expansion you look at fixing the broken system that we currently have. I have a fear that should you increase the case loads now that there will be a break in the system, and a break that will put even more elders care in jeopardy. I would highly recommend taking the expansion money and re-creating jobs with satellite offices (through KDHE and not Maximus) in order to get the backlog taken care of first. Then look into increasing the amount of people on the system.

In closing, these are just a few cases that I have personally seen and worked on. I know you are inheriting a broken system, and I do hope that you are able to salvage the system before it becomes totally dysfunctional. Our elders helped to mold our community and families, and many are veterans. It should be our job to protect them and help them in their time of need. It is not the time to let them down, and I implore you to take action soon and set aside the time and energy it will take to revamp Medicaid eligibility to make us once again a system that is there to assist those in need during the most vulnerable time of their lives. I personally would be happy to talk with any of you, or even introduce you to the people I have discussed above, as we are all here to serve and make this a better system.

Thank you for your time and attention.

Sincerely,

A handwritten signature in black ink, appearing to read 'Holly D. Noble', with a long horizontal flourish extending to the right.

Holly D. Noble,
Administrator