

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Jan Meyers at
Chairperson

10 a.m./~~p.m.~~ on January 24, 1984 in room 526-S of the Capitol.

All members were present except:

Senator Chaney

Committee staff present:

Bill Wolff, Legislative Research Department

Conferees appearing before the committee:

Sylvia Houglanđ, Secretary, Department on Aging

Others present: see attached list

Senator Meyers announced that the Friday meeting of PH&W would be shorter than usual due to a joint meeting of the House and Senate at 10:30 a.m.

Senator Vidricksen introduced five friends from Salina who were visiting the PH&W Committee.

Sylvia Houglanđ, Secretary, Department on Aging, presented an overview of the programs and services of the KDOA. She distributed material to the committee outlining KDOA Programs and Services, Budget, Demographic Policy Changes, Legislative Directions, and Federal Policy Directions and Impact on Elderly. (Attachment #1).

Senator Meyers inquired how funding a program is decided. Ms. Houglanđ replied that every area is required by federal law to develop an area plan based on the need of the local community. In the last three years federal government has mandated that state agencies follow certain initiatives.

Kansas has three state funded programs: In-Home Meals, Employment, and Congregate Nutrition. Ms. Houglanđ said that she is pleased with the Congregate Nutrition Program. They have been able to produce an additional 200,000 meals and reduce the cost of the meals. They have allowed the program to be expanded and now have 273 sites in all but ten counties. KDOA is fulfilling the federal mandate in serving those of greatest social and economic need.

Secretary Houglanđ also stated that KDOA has some special programs which are not specifically funded, such as working with the Dental and Medical Societies; Medicare Assignment Hotline; working with families of people who have Alzheimer's disease; and the Silver Haired Legislature.

In answer to an inquiry, Secretary Houglanđ said there has been no substantial decrease in federal funds. They have been fairly constant for several years.

She also said that due to an increase in demand for in-home meals, they were going to have a shortfall of 21,000 meals this year. They have been requested for the first time to serve the disabled with in-home meals.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m. ~~pm~~ on January 24, 19 84

Senator Meyers inquired how much of a budget increase would be needed in order to serve the disabled without having a shortfall. Ms. Houglanđ replied about \$91,000.

Senator Roitz asked if there should be an income level determinate. Secretary Houglanđ answered that this was not allowable.

Secretary Houglanđ was questioned by the committee concerning income level determinates, fairness of program, Social Service Block Guidelines, county mill levies, contributions, and funding.

She said KDOA has maintained the budget and served more people at a lower cost. The budget has not gone up.

Secretary Houglanđ distributed a memorandum giving KDOA Legislative Information, (Attachment #2), and requested that three state departments - DH&E, KDOA, and SRS - jointly prepare a plan for long term care resolution, to include need, cost, feasibility and implementation.

Senator Francisco moved that this resolution be introduced. Senator Bogina seconded the motion and it carried.

Secretary Houglanđ also requested a bill giving statutory authority to allow SRS to investigate any complain~~ing~~ concerning abuse of the elderly in a non-institutional setting. She said she would include specific provisions to protect the civil liberties of individuals and not to intrude in the family.

Senator Francisco moved that this bill be introduced. Senator Johnston seconded the motion and it carried.

Ms. Houglanđ commented that this summer there will be an increase in health insurance for older people, and would support a bill that allows continuance of insurance rates as they are now.

Senator Francisco moved that the minutes of January 18, 19, and 20, 1984, be approved. Senator Morris seconded the motion and it carried.

The meeting was adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1-24-84

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

BARBARA G. STEARNS 1248 BUCHANAN

Consultation Church
CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

KEITH R LANDIS TOPEKA

JACK ROBERTS "

BC-B S

GARY ROBBINS "

Ks Optometric Assn

Carl Schmittbauer

Kansas Dental Assn

Ed. H. Hagan, Salina, Ks

Salina Area Legislators

Roger Jelles Salina

COA

Pauline Meador 321 Hancock
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Saline Co Commission on Aging

Erva Velharticky Salina, Ks

Retired Teachers

Lyle Lightfoot, Salina, Ks

Saline Co Comm on Aging

Barbara Remert

Ks. Women's Political Caucus

Beth Wilkin

Girl Scouts - AAOP

Bob Mayer

Intern

A. RYAN

KAOM

E. Todd Shuck

Ks Assoc of Realtors

#1- 1-24-84

KANSAS DEPARTMENT ON AGING
Presented to
Public Health and Welfare Committee
January, 1984

- I. KDOA Programs and Services
 - A. In-Home Meals
 - B. Congregate and Home Delivered Meals Programs
 - C. Social Services
 - D. Case Management Projects
 - E. Long Term Care Ombudsman Program
 - F. Employment
 - G. Special Projects
 - 1. Operation WINTER-WATCH
 - 2. Kansas Senior Care - Dental Project
 - 3. Kansas Medical Society- Medicare and Information Program
 - 4. Funeral Directors Indigent Program
 - 5. Medicare Assignment
 - 6. Cancer Information Program
 - 7. Citizens Participation Project
 - 8. Silver Haired Legislature
 - 9. Minority Task Force
 - 10. Transportation
 - 11. Alzheimer's - Family Training Package
 - 12. ASK Hot Line
 - H. Federal Initiatives

- II. Budget
 - A. 1985 Recommendation
 - B. Nutrition
 - 1. Service Levels
 - 2. Cost
 - 3. Productivity
 - 4. In-Home Meals Shortfall

- III. Demographic Policy Changes

- IV. Legislative Directions
 - A. Community Long Term Care Services
 - B. Non-Institutional Elderly Abuse
 - C. Nursing Homes - Heavy Care Client
 - 1. Interim Committee Report
 - 2. Study of 24-Hour Care
 - 3. Impact on Care and Cost
 - D. Health Insurance for Older Women
 - E. Age Rating of Medicare Supplemental Policies
 - F. Expansion of Mandatory Reporters
 - G. Health Care Cost Containment
 - H. Ombudsman Legislation
 - I. Home Health Expansion and Quality Control

- V. Federal Policy Directions and Impact on Elderly

#1-1-24-84

KANSAS DEPARTMENT ON AGING

| | <u>1984</u> | <u>1985</u> |
|--|---------------------|---------------------|
| Total Budget | \$10,543,575 | \$11,040,119 |
| State Funds: | | |
| Nutrition and Nutrition Transportation | \$ 698,305 | \$ 805,679 |
| In-Home Meals | 374,390 | 397,289 |
| Senior Employment | 100,000 | 100,000 |
| Administration - State | <u>385,241</u> | <u>462,609</u> |
| Total State Funds | <u>\$ 1,557,936</u> | <u>\$ 1,765,577</u> |
| Attendance & Publication Fee | --- | <u>\$ 300</u> |
| Federal Funds: | | |
| Older Americans Act Social Services | \$ 2,635,704 | \$ 2,621,832 |
| O.A.A. Nutrition - Congregate and Home-Delivered | 4,335,618 | 4,147,450 |
| (FY-1984 forwarded to FY-1985) | | 358,323 |
| U.S.D.A. | 1,628,370 | 1,761,040 |
| O.A.A. Special Grants | 85,947 | 85,947 |
| O.A.A. Administration | <u>300,000</u> | <u>299,650*</u> |
| Total Federal Funds | <u>\$ 8,985,639</u> | <u>\$ 9,274,242</u> |
| Local Resources used to fund portions of the nutrition program in FY-1985: | | |
| Project Income | | \$ 2,087,968 |
| Other Local Resources | | <u>645,378</u> |
| | | \$ 2,733,346 |

*\$4,529 of State's Allotment for Administration is transferred to Legislative Post Audit to cover audit under Attachment P.

KDOA
AK:pal
1-16-84

NUTRITION SERVICE LEVELS

| | <u>1983</u> | | <u>1984</u> | <u>1985</u> |
|---------------|----------------|---------------|----------------|------------------|
| | <u>PLANNED</u> | <u>ACTUAL</u> | <u>PLANNED</u> | <u>ESTIMATED</u> |
| Meals | 2,923,746 | 3,124,575 | 3,236,908 | 3,236,908 |
| Cost Per Meal | \$2.865 | \$2.735 | \$2.783 | \$2.94 |
| In-Home Meals | 155,430 | 151,811 | 162,159 | 162,159 |
| Cost per Meal | \$2.32 | \$2.32 | \$2.33 | \$2.45 |

KDOA
 AK:pal
 1-16-84

NUTRITION PROGRAMS ADMINISTERED BY THE KANSAS DEPARTMENT ON AGING

Title III-C Congregate and Home Delivered Meals

The Title III-C nutrition program provides meals containing 1/3 of the Recommended Dietary Allowances and other services to Kansans age 60 and over and their spouses. Federal, state, and local resources are utilized. The goals of the program are to improve nutritional status and thereby general health status, to reduce social isolation and maintain older persons in their communities by provision of meals and social services in a congregate setting and to prevent premature institutionalization by providing home-delivered meals and coordinating support services to homebound Older Kansans.

The KDOA allocates and disburses federal funds on a formula basis to 11 Area Agencies on Aging based upon an approved Area Plan for provision, coordination and targeting of services. Area Agencies contract with local service providers on a subgrant basis to actually provide meals. This program is provided to persons age 60 and older and their spouses regardless of income; however, all participants are asked to contribute up to the full cost of the service.

There are currently 15 congregate nutrition providers operating 273 sites in 95 counties. In FY-83, 2,273,633 congregate meals were served to 48,087 Older Kansans. All of the congregate projects also provide home-delivered meals. An additional two providers serve only home-delivered meals; thus, there are 17 projects providing services under Title III-C(2). In FY-83 the home-delivered meals projects served 804,062 meals to 9,594 Older Kansans. The characteristics of participants in the Title III-C program is attached.

In-Home Nutrition Program

The in-home nutrition program provides home-delivered meals to Kansans age 60 and over in Kansas City, Wichita, Topeka, Eureka, McPherson, Barton County, Dodge City, and areas of Southeast Kansas. This program serves homebound persons who meet the income guidelines established for the program.

The program was originally developed to continue home-delivered meals to those elderly whose meals were to be terminated because of a decrease in CSA funding. Funds were limited to 10 geographical areas previously served. Administration of the program was shifted from SRS to the Kansas Department on Aging in FY-83. State general funds now support this program. Participants in this program must meet income guidelines (SSBG guidelines). Participants also contribute to the program. KDOA contracts directly with the service providers who provide the meals and determine participant eligibility. During FY-83, the program served 151,811 meals to 984 low-income older persons. In FY-84, approximately 162,000 meals will be served.

NUTRITION PARTICIPANT CHARACTERISTICS
1984 SURVEY

| | <u>Congregate III-C(1)</u> | <u>Home-Delivered III-C(2)</u> |
|--|--------------------------------|------------------------------------|
| <u>Sex</u> | | |
| Male | 34.5% | 27% |
| Female | 65.5% | 73% |
| <u>Live With</u> | | |
| Spouse | 38% | 28% |
| Relative | 4% | 8% |
| Alone | 57% | 63% |
| Other | 1% | 1% |
| <u>Age</u> | | |
| Below Age 60 | 2% | 2% |
| 60-75 | 48% | 28% |
| Over 75 | 50% | 70% |
| <u>Income</u> | | |
| <u>Single</u> | | |
| Below Poverty \$405/mo. or less | 37% | 50% |
| Poverty - 125% Poverty \$406-\$506/mo. | 23% | 25% |
| 125% Poverty - Social Service Guidelines \$507-\$661/mo. | 18% | 15% |
| Over \$661/month | 21% | 10% |
| <u>Couple</u> | | |
| Below Poverty \$545/mo. or less | 15% | 28% |
| Poverty - 125% Poverty \$546-\$681 | 17% | 26% |
| 125% Poverty - Social Service Guidelines \$682-\$876 | 24% | 25% |
| Over \$876/month | 44% | 22% |
| <u>Transportation (Congregate Only)</u> | | |
| Senior Citizen Van | 20% | |
| Friend/Neighbors | 7% | |
| Personal Car | 53% | |
| Walk | 16% | |
| Other | 4% | |
| <u>Evening/Weekend Meal Preparation</u> (Home Delivered Only) | | |
| Self | | 62% |
| Spouse | | 13% |
| Other Relative | | 9% |
| Friend/Neighbor | | 4% |
| Home-Delivered Meal | | 10% |
| Do Not Eat | | 2% |

Survey results do not include Wyandotte/Leavenworth AAA.

Percentages computed for each question based upon the number of actual responses.

KANSAS LONG TERM CARE OMBUDSMAN
REPORT SUMMARY*

FEDERAL FY 1982-1983

The establishment of Long Term Care Ombudsmen was the result of federal legislation (U.S. P.L. 95-478 of the Older Americans Act of 1978). Under the 1978 amendment, each State Office on Aging was mandated to establish and implement a statewide long term care ombudsman program. Federal Regulations provide that state long term care ombudsmen receive and investigate complaints and provide training on nursing home issues. Funds are provided through the Older Americans Act and the Administration on Aging monitors the program.

Kansas, known for its commitment to progressive human needs legislation, adopted legislation in 1980 (K.S.A. 75-5916 through 75-5922) creating the Office of Long Term Care Ombudsman within the Kansas Department on Aging. This forward-looking legislation provided the Ombudsman critically important powers: access to residents and facilities; access to state agency records and the ability to make recommendations. Kansas is one of only seventeen states that have enacted comprehensive long term care ombudsman legislation.

Complaint investigation and resolution is the primary priority of the Long Term Care Ombudsman. An Ombudsman, in the classical model, is an independent investigator and resolver of complaints. He or she has access to relevant records and persons necessary to establish the facts, has the authority to present the facts and make recommendations, and has the authority to investigate and present recommendations on systemic problems. Traditionally, classical ombudsmen, with the exception of Sweden, do not have regulatory, administrative, or prosecutorial powers.

All complaints are on behalf of a resident in some type of adult care facility; however, not all respondents are facilities. Sometimes the respondent is a guardian, a state agency, physician or pharmacy. A respondent is the individual or entity against whom the complaint is filed. These distinctions are fair and indicate more clearly about whom the complaint is made.

In the Kansas system, the Long Term Care Ombudsman is mandated by statute and an interagency agreement to refer complaints of abuse/neglect to the Department of Social and Rehabilitation Services (SRS). Selected licensure issues are referred to the Department of Health and Environment (DH&E) for investigation and resolution. Referrals are followed up and monitored to impact state agency systems.

In addition to the formal inter-agency agreement, the Kansas Long Term Care Ombudsman (KLTCO) has initiated numerous meetings with SRS and DH&E officials about specific cases and systemic issues that have been identified. Because the KLTCO program provides a holistic approach to long term care of the institutionalized elderly, the Ombudsman works cooperatively with many individuals and agencies. Through casework, cooperative relationships have been developed

*Prepared for the Legislative Budget Analyst January, 1984.

with SRS, DH&E, U.S. Postal Inspectors, Inspector Generals, the Attorney General, the K.B.I., the Veteran's Administration, Area Agencies on Aging, Senior Citizens' Centers, judges, attorneys, physicians, local law enforcement agencies, and consumer, industry, and church groups.

The KLTCO has received national and inter-national recognition. The United States Administration on Aging, in consultation with the KLTCO, has recommended that components of the Kansas complaint process be utilized throughout the United States by state long term care ombudsmen. The KLTCO currently serves as Vice-President to the United States Association of Ombudsmen (USAO). This is the first long term care ombudsman to serve on the USAO board. At the request and expense of the Canadian Ombudsmen, the KLTCO presented a paper on an administrative code of justice at the 1983 Canadian Legislative Ombudsmen Conference in Vancouver, British Columbia.

More importantly, however, is the Kansas constituent acceptance and support of the long term care ombudsman program. In federal fiscal year 1982-83, the KLTCO was contacted by over 660 Kansans concerned about long term care issues. Requests included information, referral, support, research, negotiation, and help with 380 complaint issues about long term care. In addition, the KLTCO provided education on long term care to more than 2000 Kansans. Over 200 professionals and guardians attended a conference on "New Directions in Guardianship" developed and presented by the KLTCO and the Legal Service Developer in cooperation with the Wichita State University Gerontology Department. A video tape made of a mock guardianship hearing presented extemporaneously at the conference is being shown currently throughout the state.

The KLTCO, under the direction of Sylvia Hougland, Secretary of the Kansas Department on Aging, has a firm commitment to the citizens of Kansas. The Ombudsman not only receives complaints, but also responds to the complainant about the results of the investigation. The Ombudsman sends a postcard to the complainant requesting that he/she evaluate the services of the Ombudsman. Even in those cases that were not resolved by the Ombudsman, almost all complainants report satisfaction and gratefulness for the actions taken regarding their concerns. The Kansas Long Term Care Ombudsman believes that Kansas citizens deserve this accountability and responsiveness from their government.

KANSAS LONG TERM CARE OMBUDSMAN
FEDERAL FY 1982-1983
STATISTICAL SUMMARY

- *380 Complaint issues presented by 231 individuals
- 432 Information and referral calls
- 44 Presentations to train and educate 2,000 Kansans about long term care issues
- 56 Meetings with consumer, industry, state agency staff and other professionals
- 1 Training for Area Agency on Aging network at quarterly meeting
- 1 Protective Service Conference on guardianship issues at Wichita State University - 200 attended
- 11 Interagency Committee meetings held and chaired by the Long Term Care Ombudsman or designated staff

*Each complaint issue is assigned a sequential case number. One complainant may report more than one complaint, such as resident abuse, dirty floors, and bad food. Each complaint may require a different investigative procedure and may be determined justified or not justified independent of any other complaint issues identified. This provides fairness and clarity for both the complainant and the respondent.

CATEGORIES OF COMPLAINTS

| | <u>NUMBER</u> | <u>PERCENT</u> |
|-------------------------------------|---------------|----------------|
| A. Resident Care | 136 | 35% |
| B. Physician Services | 4 | 1 |
| C. Medications | 18 | 5 |
| D. Financial | 9 | 2 |
| E. Food/Nutrition | 33 | 9 |
| F. Administration | 73 | 19 |
| G. Resident Rights | 30 | 8 |
| H. Building, Sanitation, Laundry | 42 | 11 |
| J. Not Against Facility | <u>35</u> | <u>10</u> |
| | 380 | 100% |

Percentage of Complaints Against Types of Facilities
(Respondents)

| | |
|--|-----------|
| Intermediate Care Facilities | 64% |
| Intermediate Care Facilities for Mental Health | 5% |
| Recuperative Center | 3% |
| Skilled Nursing Facility | 17% |
| Other Facilities | <u>1%</u> |
| | 90% |

Percentage of Complaints Against Others Than Facilities
(Respondents)

| | |
|------------------------|-----------|
| Guardians/Conservators | 3% |
| State Agency | 3% |
| Physician | 1% |
| Out of State | 1% |
| Family/Friends | <u>2%</u> |
| Subtotal | 10% |

Percentage of Complaints Received and Investigated

Findings:

45% were justified or partly justified
45% of the complaints were not justified
10% were undetermined

100%

Disposition:

43% of the above complaints were rectified or partly rectified
57% were explained

Proposal #30 - Continuing Care Contracts - Special Committee on Judiciary

Proposal No. 30 directed the Special Committee on Judiciary to study the use of continuing care contracts by the elderly in Kansas and determine whether legislation should be implemented to regulate the use of such contracts.

The Committee concluded that no legislation is needed at this time to regulate the use of continuing care contracts. The Committee cited several reasons for arriving at this conclusion. First, conferees were unable to document any case in Kansas where a continuing care resident lost any portion of the resident's investment in a continuing care arrangement. The Committee believed that it would be premature to impose state regulation on the use of such contracts when in fact there has been no evidence introduced indicating that there are any problems with such arrangements.

Second, the Committee found that the imposition of strict escrow and bonding requirements on those individuals offering life care contracts might generate cash flow problems for a continuing care facility. For these reasons the Committee recommended that no action be taken on H.B. 2251 which would regulate the use of continuing care contracts.

Proposal #39 - Cost and Quality of Nursing Home Care - Special Committee on Special Care Services

Under the heading of Proposal No. 39, the Special Committee on Special Care Services was asked by the Legislative Coordinating Council to study the quality of care provided by adult care homes, including the levels of care, state monitoring of compliance with state and federal standards, and the costs of care. The cost component was to include study of the effect of higher standards of staffing and training, Medicaid reimbursement, and the costs of facilities under various forms of reimbursement.

The Committee received reports of Legislative Division of Post Audit staff work comparing costs and charges of adult care homes in two major classifications (1) in-state and out-of-state operators, and (2) profit and non-profit.

Committee concluded that the preliminary audit of adult care home costs resulted in the identification of a number of issues relating to adult care home operations that should receive further study and consideration by the Kansas Legislature. The audits may also give rise to recommendations for legislative and administrative changes in the laws and regulations that affect adult care homes.

The Committee recommended that the Legislative Division Post Audit be directed to complete audits of each of the four cost centers - administration, property, room and board, and health care. The Committee further recommended that the results of such audits be reported to the Public Health and Welfare Committees of the House and Senate and to such other committees of the Legislative as the Legislative Post Audit Committee directs.

Proposal #11 - AT&T Divestiture - House Committee on Communication, Computers, and Technology

This Committee was directed to consider the implications of the AT&T divestiture for consumers and the state, including a review of court and regulatory decisions regarding the telecommunications industry and the impact of those decisions on services and rates.

The Committee heard testimony from 6 conferees including KDOA and KCOA. As the FCC decision on interstate access charges was suspended until no later than April, 1984; as federal legislation regarding access charges was pending before the Senate; as the divestiture was not yet an accomplished fact; and as a number of prefiled bills dealt with telecommunication issues, the committee deferred any action or specific recommendations until the 1984 legislative session.

The Committee did express its concern about the impact of higher telephone rates on the low income and fixed income elderly population.

Proposal #20 - Natural Gas Issues - Special Committee on Energy and Natural Resources

This Committee was directed to study all areas of natural gas regulation that affect the state and monitor congressional natural gas price deregulation activities. The committee received briefings by staff of the KCC and the Kansas Geological Survey. In addition, testimony was received from 11 conferees including KDOA.

The Committee made 5 recommendations, 3 of which are of interest to aging advocates. The Committee recommended S.C.R. 1642 which memorializes Congress to immediately and completely decontrol natural gas prices. The Committee also recommended S.C.R. 1643 which directs the KCC to provide infill drilling in natural gas fields (i.e. drilling at closer than the currently allowed distance).

The Committee recommended S.B. 483 which redefines economic waste as applied to the production and conservation of natural gas to include the sale of natural gas below a price which is less than 75% of the previous six months average wellhead price of marketed production as reported by DoE.

Three members of the Committee issued a minority report questioning the ascribed benefits of the decontrol of all categories of natural gas. The minority report proposed that all new gas be decontrolled, that take-or-pay provisions and price escalator clauses in gas purchase contracts be modified and that contract gas be allowed.

Proposal No. 2 - Homestead Property Tax Refund Program - Special Committee on Assessment and Taxation

Proposal No. 2 directed the committee to review the program, including the desirability of using a net wealth test, limitations on the participation of full-time students, and possible alternative measures of income.

Concern about homeowners with large assets, yet low income, receiving benefits prompted the study of a net wealth test. Information about the difficulties in administering a net wealth tax and the likelihood that more complicated paperwork might discourage intended beneficiaries from filing influenced the committee to reject the inclusion of a net wealth test for the Kansas program.

In 1979, legislation allowed persons with dependent children under 18 to be eligible for the program. There was concern about whether or not students were intended to benefit from this change. The committee decided not to make any recommendations to change their eligibility.

In addition to studying the net wealth test other aspects of the Homestead Property Tax Refund Program were discussed which particularly affect senior citizens. Since 1981 there has been a decline in the number of claimants. Legislators seem committed to maintaining the viability of the program and looked at ways to ensure that persons who need property tax relief are able to benefit from the program.

The Department of Revenue presented an analysis of the number of claimants from 1971-1983 by income and age. The study also included the total refund amounts for those years. The report included the following:

- The majority of claimants are low income elderly: the median age of claimants in 1982 for total claimants, renters alone and homeowners alone was 74 years of age. The median income was \$6,000, \$5,000 and \$7,000, respectively.
- Increases in the number of claimants per year from 1971-83 generally coincided with increases in program income limits enacted by the legislature.
- Decreases in the numbers of claimants can be attributed to increases in non-taxable income such as Social Security, Railroad Retirement and Veterans Benefits which push those in the upper end of the income ranges above the \$12,900 limit, or those remaining under the household income limit to reduce or eliminate their refund. Added to the latter factor is the consideration that property taxes have not increased comparable to increases in income.

| <u>Tax Year</u> | <u>Homestead Claim Process Year</u> | <u>Social Security, Railroad Retirement, and Veterans Benefit % Increase</u> |
|-----------------|---|--|
| 1980 | 1981 | 14.3% |
| 1981 | 1982 | 11.2% |
| 1982 | 1983 | 7.4% |

- Decreases in the number of claimants can also be attributed to cost-of-living salary increases pushing people's income over the income limit. The CPIU for the Kansas City area is used as an indicator for inflation which can be aligned with cost-of-living increases.

| <u>Year</u> | <u>CPIU % Increased</u> |
|-------------|-------------------------|
| 1980 | 10.9% |
| 1981 | 5.6% |
| 1982 | 6.3% |

Another issue presented to the committee by the Legal Aid Society of Wichita and the Department on Aging concerns the existing law requirement that one-half of the property taxes must be paid by December 20 for eligibility for a refund. This provision creates an undue hardship on those people who are simply too poor to make any sort of property tax payment. To address this issue, the committee recommended the elimination of this requirement and that a refund check be made out jointly to the claimant and to the county treasurer whenever current taxes have not been paid.

1984 LEGISLATIVE PRIORITIES
OF KANSAS AGING ORGANIZATIONS

1-3-84

| CATEGORY | ORGANIZATION | | | | |
|----------------------|--|--|--|---|--|
| | COALITION ON AGING | K. I. N. H. | SILVER HAIRD LEGISLATURE | AARP | STATE ADVISORY COUNCIL |
| <u>HEALTH</u> | <ol style="list-style-type: none"> 1. Improve quality of care in nursing homes. 2. Adequate funding for Medicaid 3. Encourage doctor acceptance of Medicare assignment. 4. Support legislation to collect and disseminate information on hospital and physician charges. | <ol style="list-style-type: none"> 1. 24-hour coverage by licensed nurses in all intermediate care facilities, on a phased-in basis, with RN's required on the day shift, and LPN's on the 2nd and 3rd shift. 2. Improvements in local health departments nursing home monitoring program administered by H&E. 3. A Nursing Home Cost Study. An interim legislative study proposal of limited scope was adopted; the study is being conducted by Legislative Post Audit at the direction of the Special Committee on Special Care Services. | <ol style="list-style-type: none"> 1. Non-institutional long term care services available for those who need them on a sliding fee scale charge. 2. Establish a gubernatorially appointed Commission empowered to set hospital charges for all payors. | <ol style="list-style-type: none"> 1. Medical and health care cost containment. 2. Community Based Alternatives - inform general public and medical community about various opportunities for other kinds of help in living that are available to older people (other than institutional living.) | <ol style="list-style-type: none"> 1. 24-hour licensed care in nursing homes. 2. Public information on Medicare from KDOA. 3. Letter to congressional delegation re Medicare assignment. 4. Support for Community Based In-Home Services relating to the Continuum of Care (case management, sliding scale, appropriate services, etc.). |
| <u>ENERGY</u> | <ol style="list-style-type: none"> 1. Adopt conservation utility rates. 2. Increase state funding for weatherization. 3. Assure affordable telephone services. | | <ol style="list-style-type: none"> 1. Establish conservation rates for electricity and natural gas. 2. Institute a lifeline telephone rate for needy residential customers. | <ol style="list-style-type: none"> 1. Conservation and Life-line rates. | <ol style="list-style-type: none"> 1. Conservation Rates 2. Increase state funding for weatherization. 3. Affordable phone rates. 4. Consumer Utility Board. |
| <u>MISCELLANEOUS</u> | | | <ol style="list-style-type: none"> 1. Return business aircraft and farm machinery to the property tax roles. 2. Increased older citizen representation on State Boards and Commissions. | | |

AGING ORGANIZATIONS' SUPPORT ISSUES FOR 1984

| KANSAS COALITION ON AGING | K. I. N. H. | A. A. R. P. |
|--|---|---|
| <ol style="list-style-type: none"> 1. Protective services. 2. Community based non-institutional living. 3. Geriatric/Gerontology education. | <ol style="list-style-type: none"> 1. Performance bond requirement. The bill filed in 1983 will carry over to 1984. 2. Penalties in Abuse Law, for failure of mandated groups to report suspected abuse and neglect in nursing homes. This is a hold-over bill also. 3. Improved training for administrators, including a mandatory internship of 6 months and approved preceptors, to be implemented through regulations. 4. Improvements in the Kansas receivership law. This law needs strengthening and is not adequately financed. | <ol style="list-style-type: none"> 1. Review of tax structure. 2. Life Development Education. 3. Strengthening adult abuse statutes. 4. Elders on state-level boards and commissions. |

KANSAS DEPARTMENT ON AGING



JOHN CARLIN
Governor

610 West 10th
Topeka, Kansas 66612
Phone: 913-296-4986



SYLVIA HOUGLA
Secretary of Aging

July, 1983

Dear Friend of Older Kansans:

The Kansas Department on Aging hopes that this background paper on the population of Kansas elders will be of use to you in your work as an aging advocate or as a delegate to the Kansas Silver Haired Legislature.

Government's purpose is to serve people. Knowing who people are, how many they are, where they are, and under what conditions they live is essential to shaping policy to serve them. This demographic paper is to assist you in developing and recommending policy and programs. Although the Older Americans Act deems the service age as 60+, the majority of information is for 65+, because this is the common census point for which information is readily available.

Since 1900, the proportion of elderly has grown tenfold, while the general population has grown fourfold. In 1900 one out of 25 people was 65+. In 1980 about one out of 9 persons was 65+, and one out of 8 was age 60.

Today, average life expectancy in Kansas once you reach age 65 is 15 years for men and 21 years for women. Life in older age, for many, is longer than time spent in youth.

Kansas has a sizeable older population with 306,263 people 65 and over in 1980, and 412,296 over age 60. Nearly 13% of the Kansas population is age 65 and over, and 17.44% is over age 60. (11.3% of the total U.S. population is over age 65.)

There are significant policy, program and financial implications for these changed numbers.

Please feel free to contact the Department on Aging for additional information.

**DEMOGRAPHIC PROFILE
OF OLDER KANSANS**



Prepared by
KANSAS DEPARTMENT ON AGING
Sylvia Hougland, Secretary
July, 1983

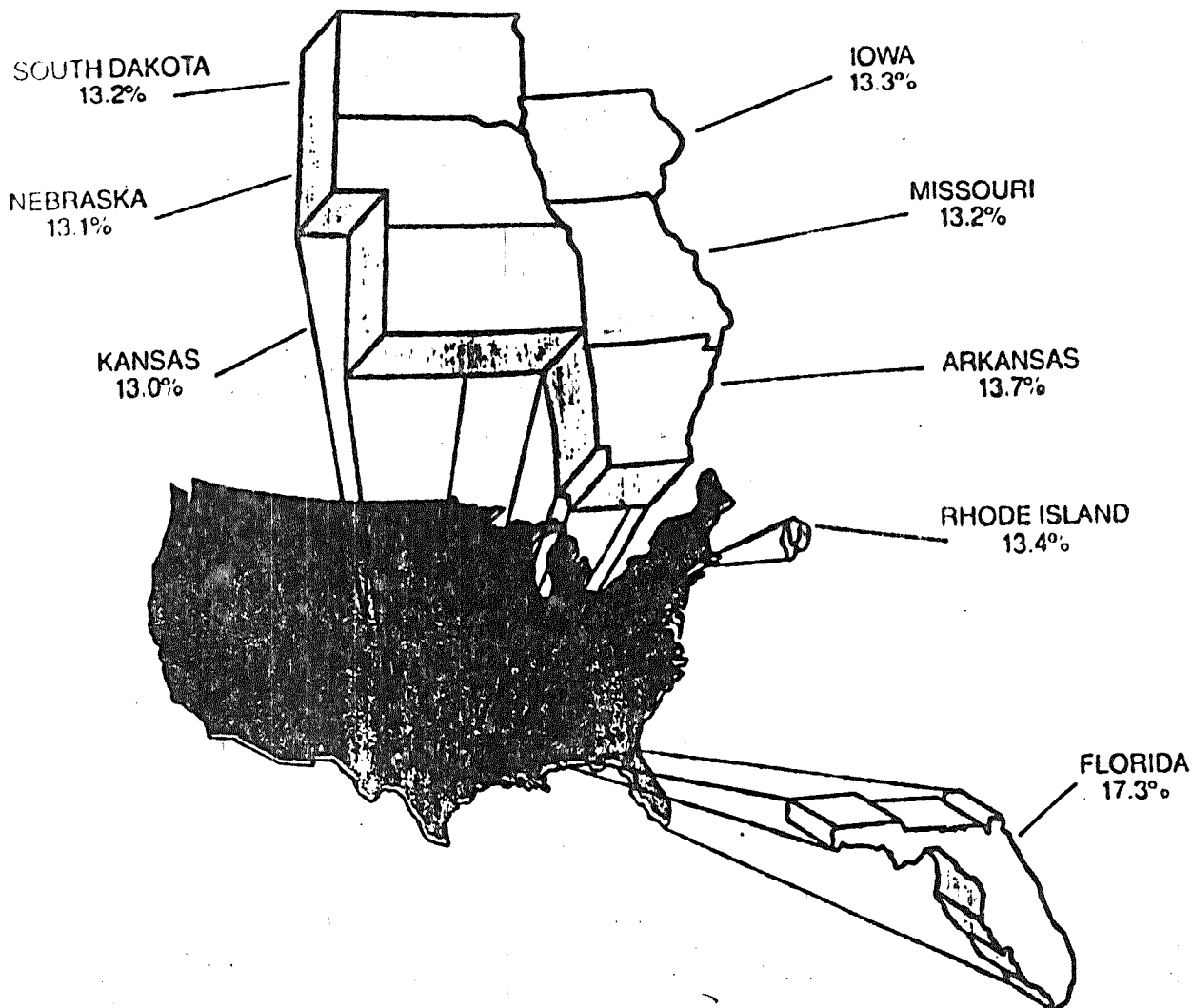
POPULATION BY AGE GROUP IN KANSAS: 1980

| Age Group | Population | % of Total | % of 60+ |
|-----------|------------|------------|----------|
| 60+ | 412,296 | 17.44 | 100. |
| 65+ | 306,263 | 12.96 | 94.28 |
| 75+ | 132,852 | 5.62 | 32.22 |
| 85+ | 33,455 | 1.42 | 8.11 |

DISTRIBUTION OF 65+ POPULATION BY STATE

Kansas ranks 8th among the 50 states in the proportion of older people (65+). The majority of states with high percentages are in the upper Midwest. One quarter of the nation's elderly live in California, New York, and Texas.

65+ State Population Distribution: 1980



SEX RATIOS: KANSAS

The older population is predominantly female, and the female predominance increases with age as shown below. There are 7 women for each 5 men in the 60+ population and 9 women to 5 men in the 75+ population. These statistics emphasize the fact that women have a higher probability of living longer than men and, therefore, more likelihood of living alone. Widowed older women are less likely to remarry than widowed older men.

Male and Female Population by Age Group: 1980

| Age Group | Male | | Female | |
|-----------|---------|------|---------|------|
| | Number | % | Number | % |
| 60+ | 171,675 | 41.6 | 240,624 | 58.4 |
| 75+ | 46,683 | 35.1 | 86,169 | 64.9 |

LIVING ARRANGEMENTS

According to a KDOA sponsored Statewide Survey of the 60+ population, 39% of all Older Kansans live alone. Men are much more likely to live with a spouse than are women. There are dramatic changes in living alone as people grow older, with 56% of all females over 75 living alone. Only 6.8% of all Older Kansans live in nursing homes.

Living Arrangements of Kansans Age 60+ By Age and Sex

| Respondent Lives: | 60+ | Age | | | Sex | |
|---|-----|-------|-------|--------------|-------|---------|
| | | 60-64 | 65-74 | 75/ Older | Males | Females |
| Alone (No Spouse) | 39% | 22% | 35% | 52% | 15% | 56% |
| With friends (no spouse) | 2% | 0% | 1% | 3% | 1% | 2% |
| With children or grandchildren (no spouse) | 4% | 3% | 3% | 6% | 2% | 6% |
| With other relatives (no spouse) | 4% | 5% | 3% | 4% | 2% | 5% |
| With Spouse Only | 46% | 58% | 52% | 33% | 72% | 27% |
| With Spouse and children or grandchildren | 4% | 11% | 4% | 1% | 7% | 2% |
| With Spouse and other relative(s) | 1% | 1% | 1% | 0 | 1% | 1% |
| Other | 0 | 0 | 0 | 1% | 0 | 0 |

Source: 1979/80 Needs Assessment Survey: Kansas Department on Aging

MINORITY COMPOSITION OF KANSAS' OLDER POPULATION

4.1% of Kansas 65+ population, or 12,619 people, are minorities. Nationally minorities are 8.7% of the 65+ population. The 65+ non-white population comprises 10% of the total of the minority population; (compared to 13.5% of the white population). 0.99% or 3,744 of Kansas 65+ population are of Spanish origin.

Minority Composition: 65+

| | % Minority | # Minority |
|---------------|------------|------------|
| Kansas | 4.1% | 12,619 |
| United States | 8.7% | 2,222,229 |

GEOGRAPHIC DISTRIBUTION

Greater proportions of elderly are found in rural areas of the State. 67.4% of Older Kansans live in the 101 non-urban counties of the State that contain only 40% of the total population.

By contrast, 32.6% of Older Kansans live in Johnson, Sedgwick, Shawnee and Wyandotte counties. The highest proportion of Older Kansans live in small towns. Towns of 1,000-2,500 have 19.5% of their population over age 65. The next largest, 18.1%, is in towns of 2,500-10,000.

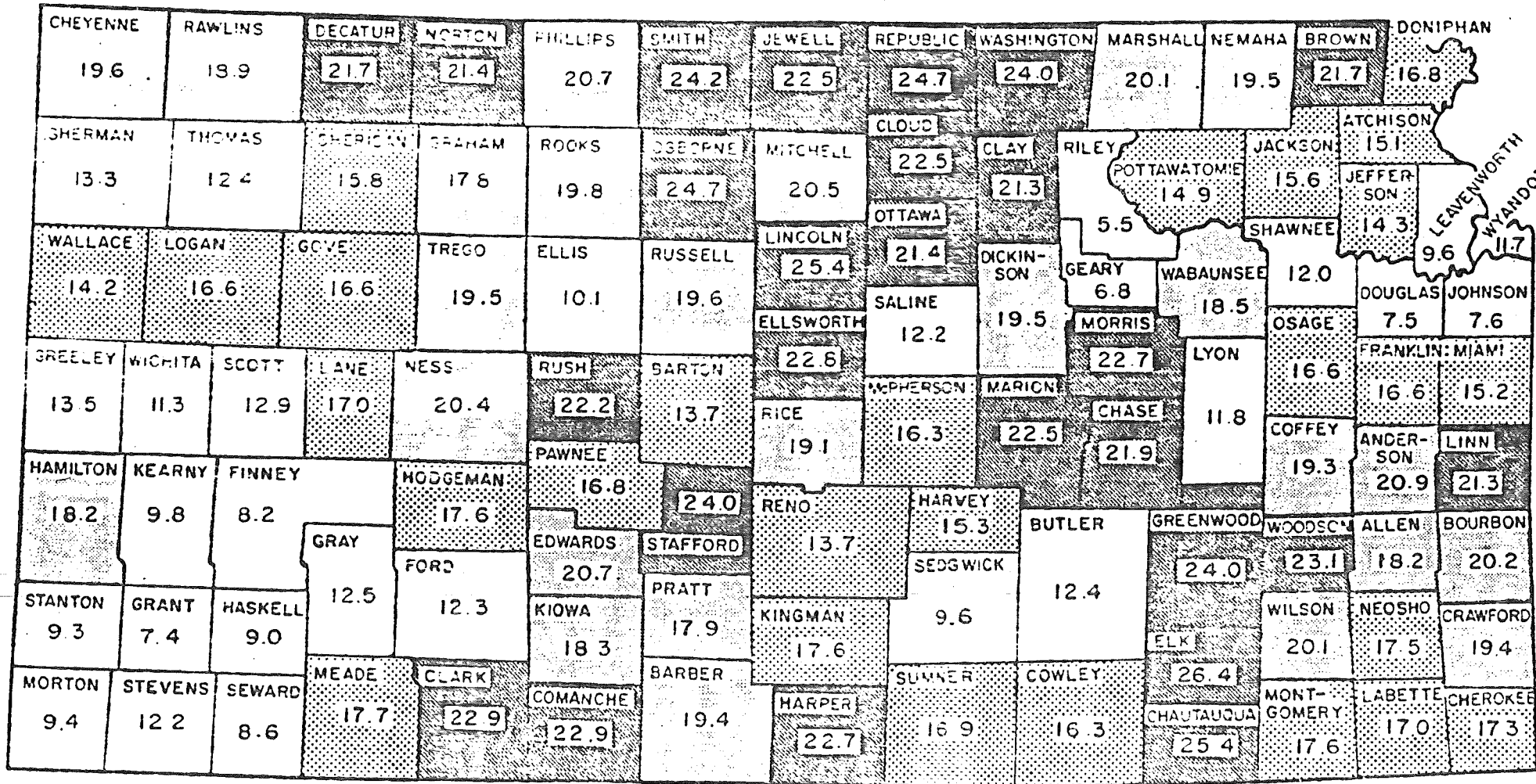
Minority Older Kansans are concentrated in urban areas. The highest concentrations, accounting for 63% of all minorities, reside in three urban counties: Sedgwick, Shawnee and Wyandotte.

The map on Page 5 shows the percentage of persons age 65 and over in each of the 105 counties in Kansas.

Distribution of Kansas Elderly Population (65+)

| | <u>Urban</u> | <u>Rural</u> |
|---------------------------|--------------|--------------|
| % of Total 65+ Population | 12% | 14.9% |
| Type of Community | | |
| Central City | 11.0% | |
| Suburbs | 9.3% | |
| Non-Urbanized Areas | | |
| 10,000 or more | 14.2% | |
| 2,500-10,000 | 18.1% | |
| 1,000-2,500 | | 19.5% |
| Other Rural | | 13.6% |

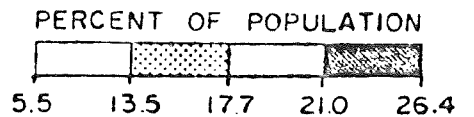
POPULATION: PERCENT DISTRIBUTION AGE 65 AND OVER
BY COUNTY, KANSAS, 1980



-5-

KANSAS=13.0

Source: United States Bureau of the Census



COMPOSITION OF OLDER KANSANS

Substantial changes have taken place in the size and composition of the population over age 65 during the last decade. From 1970-1980, the 65+ population grew 15.4%, compared to 5.2% for the State as a whole.

Even more dramatic has been the change in the population over age 75. The 75+ population increased 18.8%, while the 85+ population increased by 40%.

The changes from 1960 to 1980 for the 75+ are even more startling. This is significant because, in the absence of disease, most older people do not suffer limitations in their activities of daily living until after 75. Knowledge about the composition of Older Kansans helps identify future service and policy needs.

Increase in Older Population by Age Groups

| Age Group | % Increase 1970-1980 (10 Years) | % Increase 1960-1980 (20-Years) |
|-----------|---------------------------------------|---------------------------------------|
| Total 60+ | 12.2% | 24.2% |
| Total 65+ | 15.4% | 27.5% |
| Total 75+ | 18.8% | 46.7% |
| Total 85+ | 40.0% | 102.8% |

Change in Population by Age Groups

| Age Group | 1970-1980 | | 1960-1980 | |
|-----------|-----------|--------|-----------|--------|
| | % | Number | % | Number |
| 65-74 | 12.2% | 18,993 | 15.8% | 23,697 |
| 75-84 | 13.1% | 11,513 | 34.2% | 25,337 |
| 85+ | 40.0% | 9,556 | 102.8% | 16,690 |

Between 1950 and 1980, the 75+ Kansas population grew to 43% of the total elderly population, greater than in the U.S. as a whole. In the United States, approximately 37% of the population is 75+.

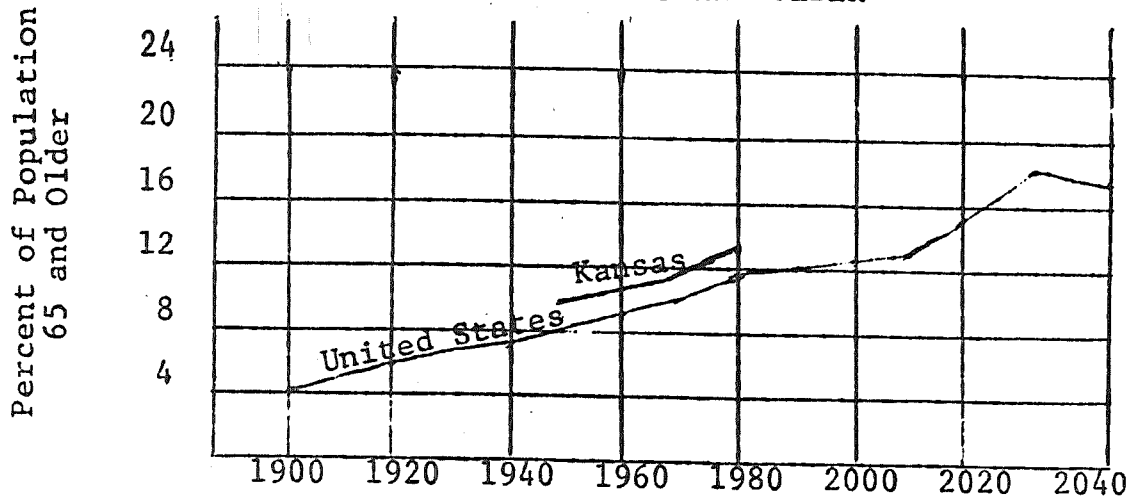
In 1900, about 28% of the elderly in the U.S. were 75 or over.

In 1900, 4% of all citizens of the U.S. were 65+; by 1980, 11.3% were. Kansas remains above that national average.

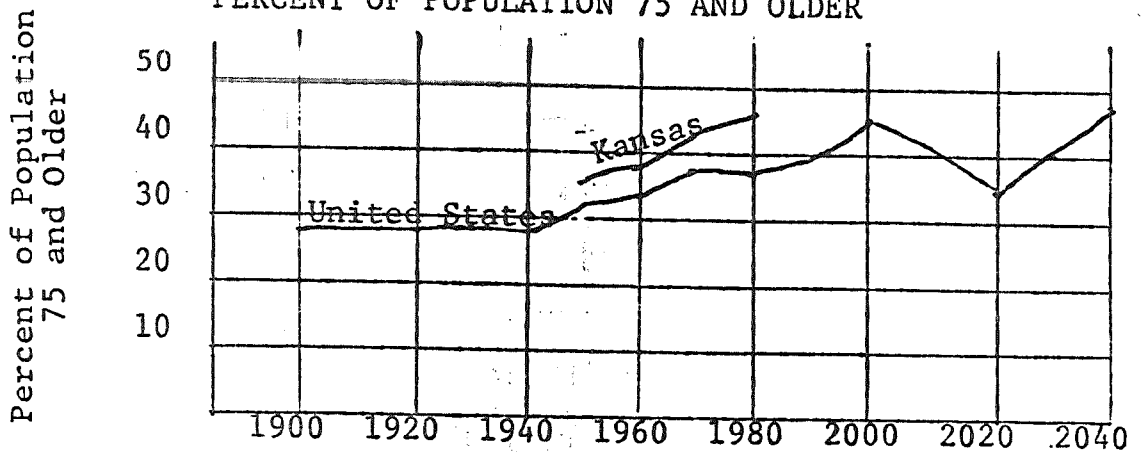
TRENDS IN GROWTH

As important as the existing numbers of older people, are the projections of the future elderly. Over the next 60 years, the "baby boom" children will reach age 65. About the year 2010 through the year 2040, the nation is expecting an enormous increase in the number of people entering old age. By the year 2040, approximately 48% of the elderly population will be 75+. The following charts show projected increases for the nation. Kansas projections are not available, but should follow the national trend.

PERCENT OF POPULATION 65 AND OLDER



PERCENT OF POPULATION 75 AND OLDER



Source: Subcommittee on Human Services, Select Committee on Aging, Future Directions for Aging Policy: A Human Service Model; and Kansas Department of Health and Environment, Bureau of Research & Analysis.

INCOME

The economic position of older people is, in general, at a lower level and less secure than that of the younger population. Although some older people have relatively high incomes, the majority suffer some reductions in older age. There is a strong pattern of declining income associated with advanced age, with people over 75 having greatly reduced resources. Sex, race, and living alone are three additional factors directly related to reduced income in retirement.

Some factors affecting income are health status, ability to continue working, adequate private pension, level of previous work on which social security benefits are based, and widowhood.

Although income is less in retirement, some expenses, such as housing, may be lower. Health costs generally become a greater proportion of income.

75% of the elderly had incomes below \$10,000, compared to 42% of the 25-64 age group. About 25% of the 25-64 had incomes over \$20,000, while only 7% of older people did. Kansas census data is not yet available; however the KDOA Needs Survey showed the following information (in 1979/1980). \$4,800 was approximately 125% of poverty in 1979/80. About 12% refused to give income information.

Kansas Income Distribution: 1979/1980

| | <u>Kansas</u> | <u>75+</u> | <u>Female</u> | <u>Minority</u> |
|--------------------|---------------|------------|---------------|-----------------|
| Less than \$2,400 | 6% | 8% | 7% | 18% |
| \$2,400 - \$4,800 | 28% | 36% | 34% | 33% |
| \$4,800 - \$7,200 | 19% | 20% | 20% | 20% |
| \$7,200 - \$9,600 | 12% | 9% | 8% | 9% |
| \$9,600 - \$13,000 | 15% | 6% | 7% | 6% |
| \$13,000+ | 11% | 9% | 10% | 7% |

Source: 1979/80 Needs Assessment Survey: Kansas Department on Aging.

Median Income:

Both older men and women (65+) have lower median incomes than the 25-64 group. Women have substantially lower incomes at all ages. About 9% of elderly men have incomes over \$30,000; while 1% of elderly women have incomes over \$30,000.

Median Income - United States: 1981 .

| Age Group | Sex | | Sex and Race | | | |
|-----------|----------|---------|--------------|---------|---------|---------|
| | | | Females | | Males | |
| | Men | Women | Black | White | Black | White |
| 25-64 | \$21,000 | \$7,000 | | | | |
| 65+ | 8,600 | 4,800 | \$3,500 | \$4,900 | \$4,900 | \$8,600 |

Poverty Levels:

Although many older people maintain an adequate income in retirement, many do not. For the first time in their lives, many persons face poverty as they age, particularly after retirement. Nationwide, one of seven older persons, 15.3%, lived in poverty (\$4,620 per year in 1981). One out of four, 25.6%, of all elderly live at 125% of poverty or below.

Both the poverty level and near poverty level among Kansas elderly do not vary significantly with U.S. figures, with approximately 14.2% in poverty in 1979.

POPULATION 65+ IN POVERTY: KANSAS - 1979

| <u>Under 55</u> | <u>55-59</u> | <u>60-64</u> | <u>65+</u> |
|-----------------|--------------|--------------|------------|
| 9.8% | 6.7% | 7.7% | 14.2% |

Source: U.S. Census - STF 38 - Center for Public Affairs

POPULATION 65+ IN POVERTY: UNITED STATES - 1979

| | <u>1970</u> | <u>1980</u> |
|----------|-------------|-------------|
| Under 65 | 11.3% | 12.7% |
| 65+ | 24.6% | 15.7% |

Poverty rates have remained relatively stable since 1975, although they've taken a sharp dip since 1975. Poverty has decreased sharply since 1979 when over one-third of the elderly population were below the poverty rate.

Poverty rates are highest among the 75+, women, minorities, those who live alone, and those who live in small towns and rural areas. The poverty rate in metropolitan areas in the U.S. was 12.9%, while rural poverty runs 20.5%. This percentage holds true in Kansas where 19% (1959) of the rural elderly were in poverty.

Poverty rates tend to be lower for those who are married, men, those who had uninterrupted work careers, and those who worked for large companies.

PROPORTION OF PERSONS 65+ IN POVERTY IN THE U.S.: 1980 AGE, SEX, RACE

| | <u>1970</u> | <u>1980</u> |
|-------------------|-------------|-------------|
| Under 65 | 11.3% | 12.7% |
| 65+ | 24.6% | 15.7% |
| In Families | 14.8% | 8.5% |
| Unrelated Males | 38.9% | 24.4% |
| Unrelated Females | 49.8% | 32.3% |
| White | 22.6% | 13.6% |
| Black | 47.7% | 38.1% |
| Metropolitan | 20.0% | 12.9% |
| Non-Metropolitan | 31.5% | 20.5% |

Source of Income:

Social Security benefits are the single largest source of cash income for most older people. 51% of Older Kansans report Social Security as their primary source of income. Other major sources of income include pensions, savings, and investments.

The most significant change in income since the 60's is the decline in income from earnings. Social Security increases in importance as a person ages.

Social Security benefits reach 91.2% of the elderly. 20% of the elderly and 40% of black elderly receive virtually all of their income from Social Security.

The average Social Security payment in Kansas in 1980 was \$387 per month.

Percent of Respondents By Source of Income: 60+

| Source | Main Source | Secondary Source |
|------------------------|-------------|------------------|
| Employment | 11% | 5% |
| Pension | 12% | 13% |
| Social Security (SS) | 51% | 24% |
| Government (except SS) | 3% | 3% |
| Savings & Investments | 17% | 10% |

Source: 1979/80 Needs Assessment Survey: Kansas Department on Aging.

Supplemental Security Income (SSI):

SSI is a guaranteed minimum payment for poor elderly of up to \$304.30 per month who do not qualify for higher Social Security benefits. It is below the poverty level and does not come out of the Social Security Trust Fund. Approximately 2.5% of the total Kansas population receives age-related supplemental security income.

Attached are graphs showing demographic features by Planning and Service Area (PSA).

KANSAS

| PLANNING AND SERVICE AREA | | POPULATION BY AGE | | MINORITY STATUS | | SSI RECIPIENTS* | | |
|---------------------------|---|-------------------|-----------------|--------------------|---------------------------|-------------------------|-----------------------------|-----------------------------|
| PSA CODE | NAME OF THE AREA AGENCY | TOTAL POPL. 60+ | TOTAL POPL. 65+ | MINORITY POPL. 65+ | % POPL. 65+ THAT IS MNRTY | TOTAL AGED SSI RECIPTNS | % 65+ POPL. RECVNG AGED SSI | % 60+ POPL. RECVNG AGED SSI |
| 1 | Wyandotte-Leavenworth County AAA, Kansas City | 35,254 | 25,375 | 4,873 | 19.2 | 872 | 3.4 | 2.5 |
| 2 | Central Plains AAA, Wichita | 64,176 | 45,371 | 2,690 | 5.9 | 982 | 2.2 | 1.5 |
| 3 | Northwest Kansas AAA, Hays | 25,723 | 19,767 | 108 ¹ | 0.5 | 464 | 2.3 | 1.8 |
| 4 | Jayhawk AAA, Topeka | 34,730 | 25,762 | 1,871 | 7.3 | 526 | 2.0 | 1.5 |
| 5 | Southeast Kansas AAA, Chanute | 46,610 | 35,941 | 1,295 | 3.6 | 1,336 | 3.7 | 2.9 |

*"SSI Recipients" includes only persons 65 years of age and over receiving Supplemental Security Income (SSI) because of their age. This does not include all persons 65 years of age and over since some qualify as "blind" or "disabled"

KANSAS
CONTINUED

| PLANNING AND SERVICE AREA | | POPULATION BY AGE | | MINORITY STATUS | | SSI RECIPIENTS* | | |
|---------------------------|--|-------------------|-----------------|--------------------|---------------------------|---------------------------|-----------------------------|-----------------------------|
| PSA CODE | NAME OF THE AREA AGENCY | TOTAL POPL. 60+ | TOTAL POPL. 65+ | MINORITY POPL. 65+ | % POPL. 65+ THAT IS MNRTY | TOTAL AGED SSI RECIPIENTS | % 65+ POPL. RECVNG AGED SSI | % 60+ POPL. RECVNG AGED SSI |
| 6 | Southwest Kansas AAA, Dodge City | 37,401 | 27,676 | 626 ¹ | 2.3 | 526 | 1.9 | 1.4 |
| 7 | Mid-America Council on Aging, Ottawa | 19,146 | 14,888 | 272 ¹ | 1.8 | 364 | 2.4 | 1.9 |
| 8 | North Central Flint Hills AAA, Manhattan | 54,211 | 41,710 | 825 ¹ | 2.0 | 1,108 | 2.7 | 2.0 |
| 9 | Northwest Kansas AAA, Hiawatha | 20,156 | 15,567 | 447 ¹ | 2.9 | 430 | 2.8 | 2.1 |
| 10 | South Central Kansas AAA, Arkansas City | 43,948 | 33,562 | 700 | 2.1 | 702 | 2.1 | 1.6 |
| 11 | Office of Human Resources and Aging, Olathe | 30,941 | 20,644 | 334 | 1.6 | 206 | 1.0 | 0.7 |

PROGRAMS OF KDOA AGING NETWORK

(Programs Administered by the Kansas Department on Aging Through Grantees)

Older Americans Act - Social Services (Services Based on Community Need)

1. Transportation

2. In-Home Services

Homemaker
Home Repair
Home Visitation
Shopping Assistance
Escort Services
Outreach and Direct Assistance
Case Management

3. Community Services

Information and Referral
Nursing Home Ombudsman
Senior Centers
Legal Services to the Elderly
Advocacy
Adult Day Care
Long Term Care
Employment Matching

Older Americans Act - Nutrition Services

Congregate Nutrition (273 sites in 95 counties)
Home Delivered Meals
Nutrition Education
Transportation
Shopping Assistance
Outreach

State Funded Programs

In-Home Meals
Employment
Congregate Nutrition

Direct Services by KDOA

Nursing Home Ombudsman Program
ASK Information Program
Medicare Assignment Information Program

Special Programs with Other Organizations

Operation WINTER-WATCH
Hypothermia Prevention
Senior Care - Dental Discount Program
Kansas Medical Society - Medicare Education
Minority Participation Program
Citizens Participation Program
Cancer Information Program
Silver Haired Legislature
KDOA/KDOT Transportation Program
Older Workers Councils
Funeral Directors

Training Services

Governor's Conference on Aging
Community Services Conference
Alzheimer's Disease for Family Caretakers

Federal Mandated Initiatives

FEDERAL ADMINISTRATION ON AGING INITIATIVES

1. Program and Financial Management
 - A. Program Income
 - B. Financial Management
 - C. Performance Based Contracting
 - D. Audit Resolution
2. Nutrition Services Productivity Improvement
3. Minority Participation
4. Employment Initiative
5. Housing Initiative
6. Private Sector/Indirect Services
7. Intergenerational Initiative
8. Community Based Long Term Care
9. Uniform Telephone Listings

LONG TERM CARE SERVICES PROVIDED IN KANSAS

| SERVICE/PROGAM | AGENCY/SUB-AGENCY | TARGET POPULATION (GEOGRAPHY, AGE, INCOME, ETC.) | HEALTH AND SOCIAL STATUS CONDITIONS FOR APPROVAL | SOURCE OF FUNDING AND FISCAL ELIGIBILITY | PROCEDURE FOR REFERRAL OF NON-ELIGIBLES COORDINATION MECHANISM |
|---|---|---|---|--|---|
| <p>1. In-Home Meals Federal and State funded State funded Meals-on-Wheels</p> | <p>KDOA - Area Agencies 18 nutrition projects Nutrition Contractees Churches</p> | <p>Statewide Over 60 years of Low income Over 60 10 projects throughout the state.</p> | <p>Assessed Homebound Assessed Homebound and Income Eligibility</p> | <p>Older Americans Act funds State Funds Local Resources Contributions State designated funds, contributions volunteers</p> | |
| <p>2. Congregate Meals Program Funded - In-Home Meals</p> | <p>AAA's/Providers</p> | <p>Statewide 60 and over</p> | <p>None</p> | <p>None Donation's Accepted.</p> | |
| <p>3. Pre-Admission Screening and/or Evaluation</p> | <p>SRS in conjunction with local health depts. or home health agencies Home Health Agencies KDOA/3 Area Agencies</p> | <p>Statewide Low-income Elderly 60+</p> | <p>HCBS application for nursing home care under Medi- caid. Medicare Private Pay Need for multiple services</p> | <p>Medicaid funds/HCBS Fee for services by local health agencies Older Americans Act funds - Private Dona- tions - (Long Term Care Services)</p> | |

LONG TERM CARE SERVICES PROVIDED IN KANSAS

| SERVICE/PROGAM | AGENCY/SUB-AGENCY | TARGET POPULATION (GEOGRAPHY, AGE, INCOME, ETC.) | HEALTH AND SOCIAL STATUS CONDITIONS FOR APPROVAL | SOURCE OF FUNDING AND FISCAL ELIGIBILITY | PROCEDURE FOR REFERRAL OF NON-ELIGIBLES COORDINATION MECHANISM |
|---|---|--|--|---|---|
| 4. Case Management Local community organ- izations. | KDOA - Area Agencies 6 projects S.R.S. | Various local com- munities. No income limits. Statewide Low-income | Disabled, in need of more than one long-term care service. On the HCBS pro- gram. | Local funds Contributions Medicaid/HCBS | |
| 5. Homemaker | S.R.S. KDOA/Area Agencies Private Providers | Low-income, state- wide, predominantly elderly Over 60 6 Area Agencies Usually supplement S.R.S. Program | Assessed in need of service and financially eligible Assessed in need of service No assessment | SSBG and HCBS Older Americans Act Funds Mill Levy Private Pay | |
| 6. Home and Community Based Program Reimbursement | S.R.S. Local Community Pro- viders | Low-income Statewide At risk of insti- tutionalization | Need for nursing home care and in-home services as appropriate | HCBS/Medicaid Must apply for Medi- caid entry into nursing home. | |

| SERVICE/PROGAM | AGENCY/SUB-AGENCY | TARGET POPULATION (GEOGRAPHY, AGE, INCOME, ETC.) | HEALTH AND SOCIAL STATUS CONDITIONS FOR APPROVAL | SOURCE OF FUNDING AND FISCAL ELIGIBILITY | PROCEDURE FOR REFERRAL OF NON-ELIGIBLES COORDINATION MECHANISM |
|--|---|---|--|---|---|
| 7. Alternate Care Services Reim- bursement Adult Family Homes Non-medical Atten- dant | S.R.S | In need of support, disabled | In need of sup- port care Low-income (Medicaid eligible) | State funds. | |
| 8. Home Health Services | Local Health Depart- ments. Non-Profit and Pro- prietary Home Health Agencies | Generally defined geographic areas Statewide coverage No income limita- tions. More restrictive recent qualifica- tions. | In need of service Physicians appro- val | Medicare, primarily with federal re- strictions, Medicaid Older Americans Act funds limited | |
| 9. Hospice | Various local pro- viders - Primarily non-profit | Local communities | Impending death | Varies, mostly volun- teer and local. Medicare funds if agency qualifies. | |
| 10. LIVELY | KDH&E/ 2 local health departments | Two counties pro- viding either or both health pro- motion and case management ser- vices. | Over 60 | State funds | |

| SERVICE/PROGAM | AGENCY/SUB-AGENCY | TARGET POPULATION (GEOGRAPHY, AGE, INCOME, ETC.) | HEALTH AND SOCIAL STATUS CONDITIONS FOR APPROVAL | SOURCE OF FUNDING AND FISCAL ELIGIBILITY | PROCEDURE FOR REFERRAL OF NON-ELIGIBLES COORDINATION MECHANISM |
|--|---|--|--|--|---|
| 11. Home Repair | AAA's (Providers, Subgrantees) CBDG Non-profit Community Agencies | Over 60 Various Various | None/Status of home - Enable to remain in home status. | Older Americans Act and local funds. Contributions | |
| 12. Telephone Reas- surance Friendly Visitor | AAA's/Providers Community Agencies Churches | Over 60 Various Various | Disabled relatively home- bound and most of the time alone | Local funds Volunteers Federal funds | |
| 13. Chore Service and Home Maintenance | S.R.S. Area Agencies | Adults Elderly 60+ | In need of service at risk of insti- tutionalization Enabling to re- main in home. | Local funds Federal funds | |
| 14. Shopping Assis- tance/Escort | Area Agencies Local Service Provider SRS | Elderly 60+ Adults | Enabling to re- main in their own home At risk of insti- tutionalization | Older Americans Act- Social Services and nutrition funds. State Nutrition Funds HCBS SSBG | |

| SERVICE/PROGAM | AGENCY/SUB-AGENCY | TARGET POPULATION (GEOGRAPHY, AGE, INCOME, ETC.) | HEALTH AND SOCIAL STATUS CONDITIONS FOR APPROVAL | SOURCE OF FUNDING AND FISCAL ELIGIBILITY | PROCEDURE FOR REFERRAL OF NON-ELIGIBLES COORDINATION MECHANISM |
|---|---|---|--|---|---|
| 15. Transportation | AAA's/Providers | Elderly Over 60 Adults | General need for service In need for medial care | OAA - state and local State nutrition funds KDOT - Section 8 Mill Levy | |
| 16. Adult Day Care | AAA Community Agencies S.R.S | Certain communities Elderly 60+ (3 communities 3 communities | Disability/needs assessment | OAA/local SSBG/HCBS | |
| 17. Audio Reader | AAA/Provider Wichita State Univer- sity University of Kansas | Wichita area/ Lawrence | Visually handi- capped | AoA/local - University state library | |
| 18. Information, Re- ferral, Outreach, and Direct Assis- tance | Area Agencies | Statewide Over 60 | General need for service | OAA, local funds | |
| 19. Companion Sitter | KDOA, AAA/Provider Senior Companion Pro- gram KDOA-Senior Companion Program | Wichita Johnson County Over 60 Wichita | Needed service to to stay in home Assistance to caretaker Need | OAA/local Federal Funds ACTION | |
| 20. Respite | Private providers in home and nursing home Private agencies | | Needing atten- dant care. | Private pay and Medicaid eligibles (HCBS) | |

KANSAS DEPARTMENT ON AGING
BRIEFING PAPER

IN-HOME AND COMMUNITY BASED ALTERNATIVE LONG TERM CARE SERVICES

State Sponsored Programs:

Home-Delivered Meals Program

Brings a hot noon meal to homes of homebound older people at least 5 days a week. A few programs deliver on weekends as well. The program is important to good nutrition. It also offers an important social contact for many recipients. Sponsored by the Department on Aging, the program served 643,000 meals using federal funds in FY 1982. The state funded program was transferred from S.R.S to Aging by the 1982 legislature. It is expected to serve 155,430 meals in FY 1983.

The Home and Community Based Medicaid Waiver

A statewide reimbursement program that allows Medicaid reimbursement for home and community based services as alternatives to nursing home care. Any combination of 14 different services can be reimbursed, with the proviso that the total cost must be 10% less than the cost of nursing home care, which in December 1982 was \$543.76.

Pre-Admission Screening

Started in 4 counties in July 1981, preadmission screening operated by S.R.S. expanded to 10 in October 1981 and as of December 1981 was in 94 counties. The screening is done on every applicant for Medicaid reimbursement for nursing home care. The screening team consists of an S.R.S. social worker and a public health nurse. As of November 1982, 2,208 people had been screened. 1,911 of these were determined to need nursing home (ICF or SNF) care. Of these, 297 were offered alternative service and 233 could have been offered alternatives if they had been available.

Alternatives Care Services Program

The 1981 legislature funded the alternative care services program to provide services to elderly and/or disabled individuals who do not require the intensive care offered by nursing homes but do require 24 hour support services to remain in the community. 73 adult family home providers were recruited as of November 1982. 23 people received this service in FY 82. Adult family homes provide residential care without nursing to up to four residents.

LIVELY (Life, Interest and Vigor in Later Years)

A small elderly service program sponsored by the Department of Health and Environment and operated by four local health departments. The Health Departments each got \$25,000 to establish health preventive programs and case coordination services for older people. The program's flexibility has allowed the results of local planning to be implemented.

Home Health

The State Department of Health and Environment has sponsored the development of 25 home health services since the program began in 1978. Home health services provide periodic visits of nurses and related health care providers to a person's home. These services have been shown to shorten hospital stays and delay or prevent nursing home admission.

Homemaker Services

Employed homemakers perform general household activities for the elderly (or disabled) low-income adult when that individual is unable to manage the home or care for him or herself. The service is available throughout the state. In FY 1982, 9,383 families were served.

Local Community Systems

An interorganizational group in Riley County has established a case management/case coordination service for frail, institutionally vulnerable adults. The case manager advocates for her clients, coordinates services and does care planning. Local government funding and S.R.S. participation were the main elements that permitted employment of a case manager. This is a new service and the only one of its kind in the state. It thus far lacks reimbursement mechanisms. It is a good mechanism for targeting resources on those who need them most.

K.U. Medical Center

The K.U. Medical Center has established a special program called Senior Advocacy Service. It furnishes case assessment/case management services to elderly inpatients of the University of Kansas Medical Center.

Geriatric Medicine

Geriatric Medicine is a relatively new study within medicine, in response to the growing number of older people using health services. It puts more emphasis on the functional ability of older people and less on organ-specific diagnosis. It takes account of the changes that occur in aging as these changes affect diagnosis and treatment of illness.

The legislature first funded geriatric medicine at K.U. Medical School in Fy 1983. \$109,000 was appropriated for a geriatric specialized teaching physician and a geriatric nurse practitioner. The latter has been hired and is providing care at a senior citizen's health center at the University hospital.

A geriatric physician is being recruited.

Nursing Home Resident Study

In 1981 KDOA commissioned the Gerontology Center at K.U. to conduct a survey of nursing home residents and their families. The purpose of the survey was to describe the characteristics of nursing home residents and to gain insight into the decision-making process leading up to nursing home admission. The survey report adds substantially to our knowledge base.

Long Term Care Issues:

Respite Care

Respite care may be one of greatest unmet needs in Kansas today. It is temporary, sporadic relief care. A few nursing homes provide it. Less is provided in individual's homes. We estimate that 90% of the care of handicapped elderly is provided by family and friends. Respite care is needed to support them in this service.

Case Management/Case Coordination

Long term care demonstration projects in different states including Nebraska, are showing us the need for case management. Its purpose is to coordinate services around the particular needs of individual clients. Without case management the long-term care system can lose people who need services. It can lose them in a confusion of eligibility requirements. Case management has been instituted on a trial basis in Riley County. A study that discusses the need for it has been done by an Adhoc study group in Shawnee County.

KANSAS COUNTIES WITH A COUNTY MILL LEVY

| <u>PSA 01</u> | <u>Assessed Valuation</u> | <u>Mill Levy</u> | <u>Amount Generated</u> |
|------------------|---------------------------|------------------|-------------------------|
| WY WYANDOTTE | \$ 368,936,543 | 1.00 | \$ 368,936 |
| LV LEAVENWORTH | \$ 100,052,303 | .499 | \$ 49,926 |
| <u>PSA TOTAL</u> | | | <u>\$ 418,232</u> |
| <u>PSA 02</u> | | | |
| BU BUTLER | \$ 201,979,234 | .617 | \$ 124,621 |
| HV HARVEY | \$ 114,606,643 | .350 | \$ 40,112 |
| SG SEDGWICK | \$1,288,387,046 | 0.700 | \$ 901,871 |
| <u>PSA TOTAL</u> | | | <u>\$1,066,604</u> |
| <u>PSA 03</u> | | | |
| CN CHEYENNE | | | |
| DC DECATUR | | | |
| EL ELLIS | | | |
| GO GOVE | | | |
| GH GRAHAM | | | |
| LG LOGAN | | | |
| NT NORTON | \$ 30,011,676 | 1.00 | \$ 30,000 |
| OB OSBORNE | | | |
| PL PHILLIPS | | | |
| KA RAWLINS | \$ 36,620,336 | .250 | \$ 9,155 |
| RO ROOKS | | | |
| RS RUSSELL | | | |
| SD SHERIDAN | | | |
| SH SHERMAN | \$ 40,583,661 | .950 | \$ 38,554 |
| SM SMITH | | | |
| TH THOMAS | \$ 59,292,080 | .850 | \$ 50,398 |
| TR TREGO | | | |
| WA WALLACE | \$ 24,117,883 | 1.000 | \$ 24,117 |
| <u>PSA TOTAL</u> | | | <u>\$ 168,719</u> |
| <u>PSA 04</u> | | | |
| DG DOUGLAS | \$ 191,721,475 | .936 | \$ 179,451 |
| JF JEFFERSON | \$ 42,196,475 | .470 | \$ 19,832 |
| SN SHAWNEE | \$ 430,263,712 | .500 | \$ 215,131 |
| <u>PSA TOTAL</u> | | | <u>\$ 414,414</u> |

| <u>PSA 05</u> | <u>Assessed Valuation</u> | <u>Mill Levy</u> | <u>Amount Generated</u> |
|------------------|-------------------------------|------------------|-----------------------------|
| AL ALLEN | \$ 57,379,572 | 1.000 | \$ 57,379 |
| BB BOURBON | \$ 48,076,338 | 1.000 | \$ 48,076 |
| CK CHEROKEE | \$ 59,570,319 | .330 | \$ 19,658 |
| CR CRAWFORD | \$ 76,488,783 | .750 | \$ 57,366 |
| LB LABETTE | | | |
| MG MONTGOMERY | \$112,593,678 | .505 | \$ 56,859 |
| NO NEOSHO | \$ 61,954,545 | .500 | \$ 30,977 |
| WL WILSON | \$ 46,731,662 | .500 | \$ 23,365 |
| WO WOODSON | \$ 32,150,241 | 1.000 | \$ 32,150 |
| <u>PSA TOTAL</u> | | | <u>\$325,830</u> |
| <u>PSA 06</u> | | | |
| BA BARBER | \$ 69,200,963 | 1.166 | \$ 80,273 |
| BT BARTON | | | |
| CA CLARK | | | |
| CM COMANCHE | | | |
| ED EDWARDS | | | |
| EI FINNEY | \$224,635,837 | .590 | \$132,534 |
| FO FORD | | | |
| GT GRANT | | | |
| GY GRAY | | | |
| GL GREELEY | \$ 39,106,288 | .211 | \$ 8,251 |
| HM HAMILTON | \$ 42,455,829 | .320 | \$ 13,585 |
| HS HASKELL | | | |
| HG HODGEMAN | \$ 38,524,751 | .500 | \$ 19,262 |
| KE KEARNY | \$148,832,275 | .250 | \$ 37,208 |
| KW KIOWA | | | |
| LE LANE | | | |
| ME MEADE | | | |
| MT MORTON | \$109,869,709 | .490 | \$ 53,836 |
| NS NESS | \$ 68,637,229 | .910 | \$ 62,459 |
| PN PAWNEE | | | |
| PR PRATT | | | |
| RH RUSH | | | |
| SC SCOTT | | | |
| SW SEWARD | \$ 127,539 | 1.000 | \$ 12,754 |
| SF STAFFPRD | | | |
| ST STANTON | | | |
| SV STEVENS | | | |
| WH WICHITA | \$ 36,211,533 | .480 | \$ 17,381 |
| <u>PSA TOTAL</u> | | | <u>\$437,543</u> |

| <u>PSA 07</u> | <u>Assessed Valuation</u> | <u>Mill Levy</u> | <u>Amount Generated</u> |
|------------------|---------------------------|------------------|-------------------------|
| AN ANDERSON | | | |
| CG COFFEY | | | |
| FR FRANKLIN | \$ 64,470,796 | .470 | \$ 30,301 |
| LN LINN | | | |
| MI MIAMI | \$ 70,130,234 | .980 | \$ 68,727 |
| OS OSAGE | \$ 49,921,577 | .820 | \$ 40,935 |
| <u>PSA TOTAL</u> | | | <u>\$139,963</u> |
| <u>PSA 08</u> | | | |
| CS CHASE | \$ 27,913,286 | .500 | \$ 13,956 |
| CY CLAY | \$ 43,959,106 | .890 | \$ 39,123 |
| CD CLOUD | \$ 54,845,387 | 1.000 | \$ 54,845 |
| DK DICKINSON | \$ 75,838,399 | .660 | \$ 37,690 |
| EW ELLSWORTH | \$ 63,921,660 | .290 | \$ 18,537 |
| GE GEARY | \$ 57,107,087 | .660 | \$ 37,670 |
| JW JEWELL | | | |
| LC LINCOLN | | | |
| LY LYON | \$109,591,271 | .450 | \$ 49,316 |
| MN MARION | \$ 65,442,454 | .590 | \$ 38,611 |
| MC MITCHELL | \$ 41,242,354 | .500 | \$ 20,621 |
| MR MORRIS | \$ 35,202,125 | .500 | \$ 17,601 |
| OT OTTAWA | \$ 40,321,923 | .810 | \$ 32,660 |
| PT POTTAWATOMIE | | | |
| RP REPUBLIC | | | |
| RI RILEY | \$111,022,378 | 1.000 | \$111,022 |
| SA SALINE | \$153,700,303 | .893 | \$137,254 |
| WB WABAUNSEE | \$ 33,253,725 | .680 | \$ 22,612 |
| <u>PSA TOTAL</u> | | | <u>\$644,561</u> |

| <u>PSA 09</u> | <u>Assessed Valuation</u> | <u>Mill Levy</u> | <u>Amount Generated</u> |
|--------------------|-------------------------------|-----------------------|-----------------------------|
| AT ATCHISON | \$ 49,278,327 | 1.000 | \$ 49,278 |
| BR BROWN | \$ 50,221,417 | .860 | \$ 43,190 |
| DP DONIPHAN | \$ 31,146,349 | 1.000 | \$ 31,146 |
| JA JACKSON | \$ 31,889,943 | .680 | \$ 21,691 |
| MS MARSHALL | \$ 55,321,699 | .570 | \$ 31,533 |
| NM NEMAHA | | | |
| WS WASHINGTON | | | |
| <u>PSA TOTAL</u> | | | <u>\$176,838</u> |
| <u>PSA 10</u> | | | |
| CQ CHAUTAUQUA | \$ 26,700,276 | 1.000 | \$ 26,700 |
| CL COWLEY | \$149,042,806 | .660 | \$ 98,368 |
| EK ELK | \$ 23,833,183 | 1.000 | \$ 23,833 |
| GW GREENWOOD | \$ 53,781,932 | 1.000 | \$ 53,781 |
| HP HARPER | \$ 68,735,255 | 1.000 | \$ 68,735 |
| KM KINGMAN | \$ 96,582,653 | Not assessed for 1984 | |
| MP McPHERSON | \$156,909,474 | .800 | \$125,527 |
| RN RENO | \$240,871,009 | 1.000 | \$240,871 |
| RC RICE | \$100,337,018 | .580 | \$ 58,195 |
| SU SUMNER | \$103,863,864 | .790 | \$ 82,052 |
| <u>PSA TOTAL</u> | | | <u>\$778,062</u> |
| <u>PSA 11</u> | | | |
| JO JOHNSON | | | |
| <u>PSA TOTAL</u> | | | |
| <u>STATE TOTAL</u> | | | \$4,560,756 |

Source: Kansas League of Municipalities - January 1982

63 counties as of April, 1983

New counties added in for 1984 - Old levels kept pending release of January 1984 Kansas League of Municipalities Tables.

1/16/84

KDOA LEGISLATIVE INFORMATION

* Community Long Term Care Resolution

Calling for three state departments - Health & Environment, KDOA, and SRS - to jointly prepare a plan for presentation to the Governor and Legislature. To include need, cost, feasibility, and implementation.

Recommendation of Silver Haired Legislature.

* Non-Institutional Adult Protective Services

Mandating specific protection of non-institutional elderly in Kansas statute. May include increased reporting requirements.

Institutional Abuse/Reporting Penalties

Establishes a penalty for failure of required reporters to report known instances of abuse. Adds nursing home aides to the list of required reporters.

SRS is developing a bill on expansion of mandatory reporters.

* Ombudsman Access to Adult Family Homes

Gives clients and families in Adult Family Homes right to use Nursing Home Ombudsman Program as do those in adult care facilities.

Prospective Hospital Rate Review (S.B. 466)

Sets up a State Commission empowered to set hospital rates applicable to all payors.

Carryover bill.
Passed by Silver Haired Legislature.

* Health Insurance for the Under or Uninsured.

Focuses on older people, single parent family, and divorcees; expands conversion rights; continuation in group at group rates; and notification.

Age Rating of Health Insurance

Prohibits age rating of health insurance in Plan 65.

Citizens Utility Board

Authorizes the establishment of a corporation to represent residential utility consumers.

Telephone Equipment (HB-2595)

Requires sellers of telecommunications equipment to disclose certain information of benefit to customers.

Representative Heinemann

Telephone Access Charges (HB-2597)

Establishes conditions under which certain low-income persons receive a subsidy off-setting all access charges.

Representative Heinemann

Telephone Hearing Aid Compatibility

Requires sellers of telephone equipment to provide notice of the hearing aid compatibility of the equipment.

Conservation Rates (HB-2390 and SB-222 - both carryover)

Authorizes, but not requires, the KCC to implement conservation utility rates for residential customers.

Recommended by Silver Haired Legislature and State Advisory Council; KCOA has drafted a resolution for this issue as well.

Telephone Lifeline Rates

This concept would provide subsidized basic telephone service rates to specified groups to insure universal telephone service.

Nothing has been developed.

Homestead Property Tax Relief (HB-2612)

Interim Committee Bill

Expands categories of benefits; keeps upper limits of benefits. KDOA will testify in support of the bill and the need for outreach and publicity.

* 24-Hour Nursing Home Care

Resolution to establish the feasibility of 24-Hour Licensed care.

1/19/84