

Approved

Date

Stephen R. CloudMINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATIONThe meeting was called to order by Representative Stephen R. Cloud at
Chairperson9:07 a.m. ~~XXXX~~ on Tuesday, January 21, 1986 in room 522-S of the Capitol.

All members were present except:

Committee staff present:

Avis Swartzman - Revisor
 Carolyn Rampey - Research Dept.
 Russ Mills - Research Dept.

Conferees appearing before the committee:

Joyce Romero, Secretary of the Department on Aging
 Lynne Holt, Legislative Research Department

The meeting of the House Governmental Organization Committee was called to order by Representative Stephen R. Cloud, Chairman at 9:07 a.m. He explained the procedure the Committee goes through with the departments that are up for sunset. A bill is introduced extending the particular agency that is up for sunset review for the maximum period of eight years. The Committee has a number of options, among which could be to amend the bill to a fewer number of years. Making the legislature become more informed on what is going on within the agency and allow the public to see and make its input known is very important. As part of the process, subcommittees are formed which report back to the full Committee. The Committee then takes action. The bill goes to the floor of House and Senate and on to the Governor for his signature. There is no Post Audit report on the Department on Aging. The Chairman introduced Joyce Romero, Secretary of the Department on Aging.

Secretary Romero began her overview of the Department by stating it was formed in 1977 by the Kansas Legislature to serve the state's older population and be representative of their interests. The purpose of the Department is to: 1) develop a coordinated system of services for older Kansans; 2) to develop legislation, policies and plans to serve the needs of older Kansans; 3) to develop adequate resources for those mentioned in 2; 4) to administer funds effectively and efficiently; 5) to insure older persons participate in all processes. The three divisions of the Department are Administrative Services, Program Operations and Planning, Policy and Advocacy.

Secretary Romero introduced Dr. Ronald Harper, Assistant Secretary; Richard Wagner, Director of Program Operations and Alice Knatt, Administrative Services. She also mentioned that Dr. Drew is the Chief of Planning, Policy and Advocacy.

Some of the major services provided by the Department are congregate and home delivered meals. The Committee asked several questions of Secretary Romero as to the number of meals provided, mill levies and nutrition. The Long Term Care Ombudsman provides assistance to older citizens and investigates complaints concerning residents in nursing homes. There is a toll-free line for older citizens to find out about services provided by the Department and other information concerning the Department. From a budget of \$11,756,629, ten million comes from federal funds and 1.7 million from state. The budget provides for 28.3 persons for the Department. Eleven area agencies average approximately 6 people per agency. Secretary Romero finished her overview. The Chairman asked if there were any questions from the Committee. Several questions were asked of the Secretary to which she responded. It was decided to have her report back to the Committee on the number of abuse cases that were actually prosecuted and how many convictions were made under the refusal to report act passed in a former session. A packet containing information on the Department entitled, "Kansas Department on Aging" was distributed (See Attachment A).

Lynne Holt, Legislative Research Department, began her presentation. She distributed a paper entitled, "Brief History of Kansas Department on Aging" (See Attachment B). Some programs are partially or completely financed from the State General Fund, while others are completely financed from federal funds. She highlighted the programs and services the Department provides, breaking down each one into federal and state funds. As Ms. Holt did not have time to finish her presentation, she will return on Thursday.

After a few brief comments, the Chairman adjourned the meeting at 10:31 a.m.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

S R E

PRESENTATION
HOUSE GOVERNMENTAL ORGANIZATION
JANUARY 21, 1986

MISSION STATEMENT

Operating within the state and federal mandates, the purpose of the Kansas Department on Aging is to serve the elderly and to assist Older Kansans to live independently with self-sufficiency and dignity to the maximum feasible extent. To achieve this purpose, the Department functions with the following mission:

- (a) To develop a coordinated system of services for Older Kansans, especially those in greatest economic and social need;
- (b) To develop legislation, policies, and plans that serve the interests and need of Older Kansans;
- (c) To develop adequate resources for those services, plans, and policies;
- (d) To administer funds effectively and efficiently so the mission is met; and
- (e) To insure older people are full participants in all processes.

The Department on Aging was established effective July 1, 1977 by an act known as the Kansas Act on Aging (K.S.A. 75-5901). Creation of the Department was a positive response on the part of the State to the needs of a growing population of elderly which will continue to grow and have extensive needs well into the next century. The many elderly who advocated for the creation of a separate department did, so in part, because they wanted to be served by a department that did not have attached to it the stigma of welfare programs.

The Act creating the department specifies that the Department shall be the single state agency for receiving and disbursing federal funds made available under the Older Americans Act (Public Law 89-73) or other federal programs for the aging. The legislation states that the secretary shall have the following powers and duties (for the sake of brevity I will now summarize the specific powers and duties):

- (1) Evaluate programs, services and facilities for the aged and determine if needs of the aged are being met and if not to make appropriate recommendations.
- (2) Function as the sole state agency to develop a comprehensive plan to meet the needs of the state's senior citizens.
- (3) Receive and disburse federal and state funds relative to the aged.

ATTACHMENT A

1/21/86 Hs. Gov. Org.

- (4) To provide consultation and assistance to communities and groups developing local and area services for senior citizens.
- (5) Promote community education regarding the problems of senior citizens through institutes, publications, radio, television and the press.
- (6) Cooperate with agencies of the federal government in studies and conferences designed to examine the needs of senior citizens and to develop programs and facilities to meet those needs.
- (7) Establish and maintain information and referral sources.
- (8) Provide staff support as may be reasonably required by the State Advisory Council on Aging.
- (9) Establish policies for the administration of the department and disbursement of funds for which it is responsible.
- (10) Keep informed of developments of research, studies and programs.
- (11) Adopt such rules and regulations as may be necessary to administer the provisions of the act.

Also a 19 member state advisory council on aging was formed with representatives being specified from various constituencies. The council primarily was to provide advocacy for the elderly and affairs of the department, the Governor's office and other public and private, state and local agencies affecting the aging. Additionally, the advisory council is to prepare an annual report evaluating aging services and facilities, to comment on the state plan, and other duties as specified.

In 1980 the act was amended to provide for a long term care ombudsman within the Department. Also in 1980, the Secretary was required to establish and operate a toll-free telephone hot-line system to assist Older Kansans and others in obtaining information and access to services. As a result of a 1982 amendment, the three Older Kansans Employment programs were to be established by the Secretary of the Department.

In addition to the state mandates, the Department also operates under several federal mandates as a result of Federal Legislation (P.L. 98-459). To be eligible for receiving Older Americans Act funding the state must designate a state agency to:

- (a) Develop and administer a state plan.
- (b) Be responsible for coordinating all state activities of the Act.
- (c) Serve as an effective and visible advocate for the elderly.

- (d) Provide technical assistance to any agency, organization, association or individual representing the needs of the elderly.
- (e) Divide the state into planning and service areas (PSA's) based on geographic, demographic and service related considerations. Each plan shall provide for supportive services, nutrition services; the establishment, maintenance or construction of multipurpose senior centers; and for determining the need, evaluating and contracting for such services.

In addition to the above the state agency shall:

- (a) Designate in each PSA an Area Agency on Aging that can develop and carry out an area plan.
- (b) Assure that views of recipients of services be considered in the development and administration of the plan.
- (c) Develop a formula for distribution of funds.
- (d) Provide assurances that preference in service delivery will be given to older individuals with greatest economic and social needs, with particular attention to low-income minority individuals.

The state agency is mandated to submit its State Plan to the Administration on Aging Commissioner. Specifications for the plan are detailed as a part of the act. Specifications speak to the need for services, assurances that rural residents are being served, hearings on the plan, providing for information and referral services, long term care ombudsman, nutrition services, legal assistance, training for agency personnel, etc. Other portions of the act provide for requirements relative to disaster relief, transportation services, housing, and other training, research, discretionary projects and programs.

DEPARTMENTAL ORGANIZATION

In order to carry out the mission of the Department and both the state and federal mandates, the Department is organized into three divisions:

- (a) Administrative Services Division

This Division has three distinct functions for the Department - Accounting and Fiscal Management, Grants Management and Statistical analysis. The main purpose of this Division is to ensure maximum level of fiscal accountability and effective use of funds available to the Department for services to the elderly.

(b) Program Operations

The purpose of this Division is to insure development of comprehensive and coordinated service delivery systems which provide social, nutrition, and employment services for older persons in the state. The Division reviews and recommends action on two-year plans and revisions submitted by area agencies on aging. As the Department's major liaison with the area agencies, the Division clarifies federal and state requirements, and monitors and conducts annual assessments of each of the 11 area agencies. It provides technical assistance and training to the area agencies and other service providers and local groups. This Division also has major responsibility for development and approval processing of rules and regulations, promulgated by the Department.

(c) Planning, Policy Analysis and Advocacy

This Division sets the departmental objectives for internal management, analyzes policy issues for executive and legislative decisions, and advocates directly and indirectly for Older Kansans.

The Division also coordinates development of the annual state plan on aging. All state and federal regulatory legislative issues related to aging are monitored by the Division. Issue papers are prepared annually during the budget process for the Governor's legislative program. Finally the division fulfills the legislative mandate for advocacy prescribed by the Older Americans Act through various training programs, publications and dissemination of other information. The Long Term Care Ombudsman is also a part of this Division.

THE AGING NETWORK

There are 11 planning and service areas in Kansas; and in each there is an Area Agency on Aging. Three of the area agencies are units of county government; the other eight are not-for-profit agencies. Each AAA is headed by a director and each also has an appropriately structured advisory board. (You will each receive a brochure that identifies the AAA's.) As noted earlier the establishment of area agencies is mandated by the Older Americans Act, if the state wishes to participate in its funding programs. Every year KDOA awards Older Americans Act and state funds to AAAs based on plans submitted by the AAA's and approved by KDOA. In turn AAAs contract with local providers to deliver needed services within a planning and service area. In addition to the AAA's, there are other organizations in this network that provide services to Older Kansans. There are 380 senior centers and 293 meal sites. There are only 9 counties in Kansas that do not have a meal site.

In addition to the area agencies, senior centers, and meal sites, there are many other organizations that provide services to the elderly, like American Red Cross, Visiting Nurses, and other State agencies. There also are numerous advocacy groups that are a part of the network, e.g., Kansas Coalition on Aging, Kansans for the Improvement of Nursing Homes, Kansas Citizens Council on Aging, American Association of Retired Persons, and many others. Approximately twenty-eight of these organizations are members of the Kansas Coalition on Aging.

BUDGET

The total FY-86 legislative appropriation for the Department was \$12,039,735. The Governor's revision provides a total of \$11,756,629, or a reduction of over \$200,000. Of these \$11 million, \$10,046,229 are Federal funds (primarily meals and social services) and \$1,719,000 are State funds (primarily meals and nutrition transportation). While not a part of the Department's budget, 66 counties had mill levies for aging services that produced an estimated total of \$4.89 million (as of January, 1985).

Budget cuts are of major concern to the Department. It will be February before the Department knows for sure the extent of meal reductions that will result from the State's revenue shortfall. There is a clear possibility that thousands of meals will not be served under the Governor's revised FY-86 budget, since these programs represent complex matching funds. For example, the planned cost for one meal in FY-86 included \$0.183 from State General Fund, \$0.744 in average personal contributions, \$0.198 local resources including mill levy, \$1.169 Older Americans Act, and \$0.48 USDA. This year the Department has already experienced a cutback in USDA reimbursement of over \$250,000. Under Gramm-Rudman's proposed 4.3% cut, the nutrition program would experience another approximately \$181,343 cut above the USDA cut of \$250,000 and the state cut of \$200,000. Other Department federal funds would be cut by \$124,731 under Gramm-Rudman.

PROGRAMS

Trying to describe the Department's programs, and especially those individuals served by them, is much like being asked to describe the whole of an iceberg. Probably only the smaller portion is easily describable. Our most visible and most significant programs are the nutrition programs. In FY-85, 58,096 Older Kansans were served by the congregate, home-delivered and in-home meals programs through a total of 3,776,711 meals. The in-home nutrition program served 1,188 persons, 63% of whom were age 75 or over, 81% were at or below 125% of poverty, and 14% were minority members. This 1,188 is an increase from 984 in 1983 at a cost per meal of \$2.12, down from \$2.29 in 1983. There were 2,415,008 congregate meals purchased to serve 46,207 Older Kansans. Additionally there were 1,167,029 home delivered meals that served 10,701 Older Kansans.

The Older Workers JTPA Program enrolled 387 participants, placing 220 in private sector employment. Last year the state-funded OKEP program enrolled 436 participants and placed 433 in unsubsidized private-sector employment. Two of the employment programs received national recognition. The Senior Employment Program in Wichita received the "Project Independence Award" from the Administration on Aging for exemplary programming to enhance Older Kansans' independence. The Older Kansan Employment Program in Manhattan was accorded the "Distinguished Performance Award" from the National Alliance of Business, Washington, D.C. It was cited as an outstanding example of planning, training, and placing in cooperation with the private sector.

The Department is responsible for administering the Long Term Care Ombudsman (LTCO) program. This office which includes the ombudsman and a regional ombudsman in both Wichita and Kansas City receives and investigates complaints from residents of nursing homes. The LTCO also provides training to Kansas citizens, health care professionals, and other agency personnel on nursing issues. Over 800 citizen contacts were received by this Office in 1985.

Several other programs sponsored by the Department last year were cooperative efforts with either the private sector or other private or public agencies or organizations. Efforts such as these allow the Department to use relatively few Department funds to achieve significant levels of service to Older Kansans. For example, KDOA worked with Southwestern Bell and the Area Agencies to offer a series of forums across the state to increase Older Kansans understanding of the outcomes of divestiture. Over 5,000 persons attended these sessions. While the program required some KDOA staff time, most of the funding was from Southwestern Bell and cost just over \$1.00 per person served.

The Department cooperated with the State Advisory Council, the Kansas Coalition on Aging, and the American Association of Retired Persons (AARP) to sponsor training sessions to assist Older Kansans to better understand the process of government and how to participate more effectively in the process. These advocacy forums started with the training of 55 trainers, using a training manual developed by the Department. Subsequently, Older Kansans who act as trainers have trained 1600 Older Kansans since September. Each year the Department cooperates with one of the State's universities and other organizations to offer the Governor's Conference on Aging that provides current aging related information by researchers and others to over 1,000 Older Kansans. For the past several years the Department has cooperated with the Kansas Medical Society to offer a series of forums. Last year the forums were designed to assist Older Kansans to use health care more effectively and thus reduce health care costs. The Department also helped Older Kansans locate physicians who agree to take Medicare assignment. This telephone information program served hundreds of older persons

and/or their families. The Department operates a toll-free information hot line that also serves hundreds of Older Kansans each year. The Department's semiannual training programs, its community services conference, minority workshop and food service workers training assisted over 1,000 persons to deliver services more knowledgeably and efficiently to Older Kansans.

The Department's quarterly newsletter, The Advocate, has a circulation of over 5,000. During the Legislative session, the Legislative Newsletter serves to update Older Kansans on progress of legislation that directly impacts on the elderly. Throughout the year the Department issues news releases, information memoranda, and information alerts in an effort to keep the public, aging network, and agencies updated on significant new information. Just recently the Alzheimers Task Force staff developed and distributed 249 information packets that will be of assistance to health care professionals and victims' families in coping more effectively with this devastating disease. Thus you can see that the Department has numerous programs to carry out its information dissemination function.

I would like to note several other Department programs -- work with the Silver Haired Legislature, State Fair participation, Winter Watch, Dental Discount Program, and hyper-hypothermia program to note some that I've not described in detail.

The foregoing has provided an overview of many of the Department's fairly direct services, the top of the iceberg. The description of the many other Older Kansans served less directly by the Department is more difficult to describe. As noted earlier, the Area Agencies received funds not only from the Department, but also through the local mill levies and from project income. As a result, our data base becomes somewhat less clear, but I will mention a partial list of programs and the numbers of persons served. Please note that some persons receive more than one of the following services:

Transportation	12,999
Outreach	27,927
Information and Referral	21,343
Legal Services	2,555
Newsletters/Newspapers	135,818

These data are from the FY-85 Title III-B Program Performance Reports. A complete list is included in information that will be distributed.

As you can see the Department is the lead agency of a network that provides many vital services to Older Kansans, and to their families, friends, neighbors and others who care for them. Many of the services also assist other Kansans to live more independently and therefore require less assistance from the public sector.

We are proud of the Department and the Aging Network. Results of a recent assessment by the Federal Regional Office of the Administration on Aging substantiates the fact that we should be proud.

UNIQUE FEATURES OF THE DEPARTMENT

The Department is unique among those in state government in that it was the State's response to the requests of large numbers of elderly for a free-standing Department that could represent their needs at the level of the Governor and to the Legislature. This responsiveness to the elderly of Kansas has assisted in establishing a greater worth for the State's older citizens, a new set of values in a society that perhaps too long has focused on youth. The Older Kansans wanted a Department that did not carry with it the stigma associated with welfare programs. Indeed the Department's programs are not means-tested, which assists in allowing Older Kansans to retain their dignity and yet receive services that assist them to remain more independent.

Unlike other departments that are more "regulatory" in nature the Department is charged with advocating for Older Kansans, a function that would be difficult to carry out if combined with programs for all of the life span. This uniqueness is critical for several reasons. The older population is growing rapidly and will continue to do so. Never in the history of man has any society been faced with the problems and challenges of so many elderly. There are no tested models, no real precedents. Thus the Department needs to be free to be innovative and to adjust rapidly to ongoing change. Demographers suggest that by 2080 there will be 75.9 million persons in the United States over age 65; and nearly one-fourth of those will be over 85, and 56% over age 75. As the number of the old old increases, programming to meet their needs must be developed. These programs must be cost effective, since it is this group (the old-old) that has the greatest need and uses the largest number of health and social service resources. Having a Department that focuses only on aging related issues, allows the needed flexibility that would be lost in a polygenerational and highly regulatory bureaucratic structure.

Also it is clear that different areas of the State vary greatly with regard to their needs. The aging network structure allows local needs to be addressed through the area agencies' advisory board structure. Additionally the current structure allows local areas to establish tax mill levies to pay for many of the critically needed services. The Area Agencies, working with the Department on Aging, provide a framework for coordination of services. Added efforts in the years ahead will be made to fill gaps in services and avoid duplication. The network and the Department are cost conscious as can be seen by reference to the price of meals over the years. In spite of inflation, costs per meal have continued to decline. The KDOA functions of coordination and facilitation are keys to good working relationships with the mostly independent area agency organization structure. It

would be difficult to amalgamate a structure like this with one that was rigidly structured and operated in a typical, top down, lock-step organizational control mode.

A free-standing Department on Aging has allowed use of state and other funds as seed money through work with the private sector and other organizations and agencies to expand and provide service for Older Kansans. As noted earlier, this approach has helped deliver a significant number of services to Older Kansans, e.g., telephone forums with Southwestern Bell, Cost Containment Forums with the Kansas Medical Society, and others.

Having a cabinet-level Department on Aging to represent the Older Kansans and advocate for them continues to send the strong message that Kansas values its elderly.

FUTURE GOALS

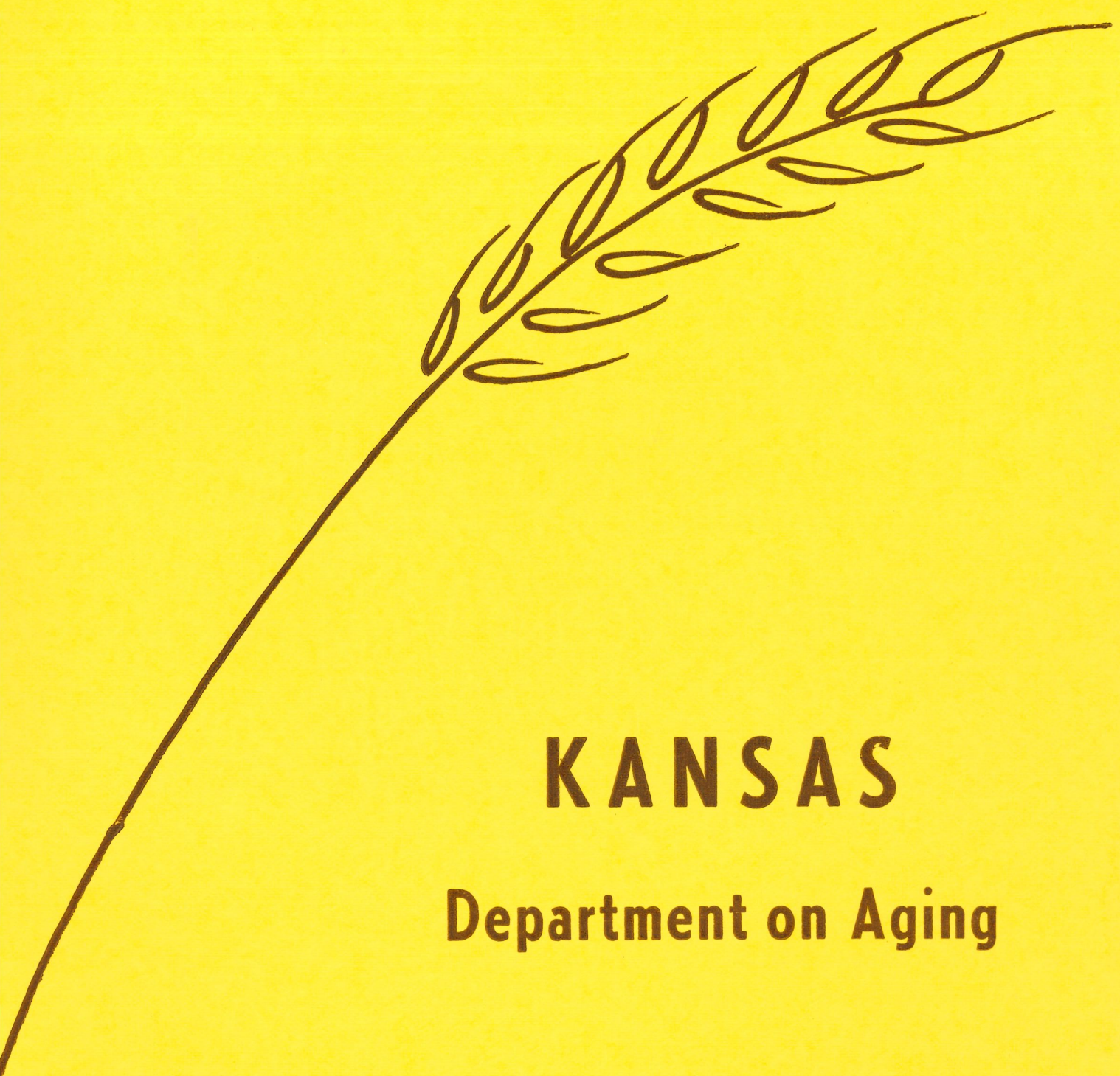
One can read much these days about how many more elderly are well off. This can lead to incorrect conclusions. Since there are many more elderly today than ever before, there are more who have more resources. However, there are also more who don't. Additionally, there are, and will continue to be, more old old who cannot survive without assistance. There has been a tendency for government to suggest that friends, relatives, neighbors, and others should do more to meet the Elderly's needs. A recent study would suggest that any significant reserve within these groups to meet increasing needs may not be so readily available. A research project on a random sample of employees of Travelers Corp. indicated that 28% of its employees over age 30 spend an average of 10.2 hours per week providing care for elderly relatives and friends. Eight percent devoted 35 hours per week to such care (almost the equivalent of a second full-time job).

As we look to the future and consider how we will meet the anticipated needs, I believe the Department should have additional resources. It should be the single point of entry for all nursing home and other long term care complaints. The Department should spearhead an effort to develop a long term care plan for the State. This may occur in conjunction with the Long Term Care Commission that the Governor has proposed in his message to the legislature. Such a plan would contain sections on long term care insurance, a common complaint mechanism and a nursing home rating system, among others. The Department should continue and expand its efforts in the area of health promotion and wellness programs. Such efforts should lead to a better quality of life for Older Kansans, but also assist in containing health care costs. If current trends continue, hunger and homelessness among the aged will continue to increase.

A major concern of the Department should be in working with Kansans through various conferences, working groups, news media, and others to redefine "old age" in this new age of aging. Take just one dimension of old age as an example, i.e., retirement. Our current concept of retirement is probably no longer valid. Work (part or full time) does at least two things. It allows one to have a sense of satisfaction and accomplishment. It allows

one to stay in the economic mainstream. Older Kansans want to be in the mainstream. They do not want to be dependent on anyone -- relatives, friends, and especially the state and local governments. A redefinition would allow for and encourage new strategies and new or revised policies related to retirement. We need to rethink and revise other policies. It makes no sense to require Older Kansans to spend down to poverty before they are provided with some critically needed assistance that would allow them to continue living relatively independently. Policies like these are not acceptable to young or old alike. They represent a bankrupt social policy that leads to a bankrupt fiscal support system. The Department wants to take aggressive leadership in establishing a sound policy base that will be a sound investment for the new age of aging, a good investment for young and old alike.

RLH:bms
1-20-86



KANSAS

Department on Aging

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**Kansas
Department
on Aging**

JOHN CARLIN, GOVERNOR
SYLVIA HOUGLAND, SECRETARY



*"OLDER KANSANS
HAVE CONTRIBUTED MUCH
TO OUR STATE
AND DESERVE A
PROMISING FUTURE.*

*WE MUST ASSURE
THAT THEY HAVE THE
OPPORTUNITY TO CONTINUE
TO LIVE PRODUCTIVE
AND INDEPENDENT LIVES."*

A handwritten signature in black ink, which appears to read 'John Carlin'. The signature is fluid and cursive.

**MAJOR RESPONSIBILITIES
of the
KANSAS DEPARTMENT ON AGING**

The Kansas Department on Aging is a state level agency which works with, and on the behalf of Older Kansans. The Department provides:

- A central source of information about local, state and federal programs and services.
- Administration of federal and state funds for Aging Services through Area Agencies on Aging.
- Advocacy on issues concerning Older Kansans.
- Information on the aging process and the distinctive characteristics of older adults.

The Kansas Department on Aging was created in 1977 by the Legislature. A Secretary appointed by the Governor heads the Department which has four divisions: Program Operations, Planning & Policy Analysis, Administrative Services, and Advocacy.

A Long Term Care Ombudsman in the Advocacy Division helps individuals with questions about and problems with nursing home care.

The Department is assisted by a State Advisory Council.

The Kansas Aging Network

There are eleven Area Agencies on Aging (AAA's) in Kansas, each encompassing a designated geographical area.

These agencies have the primary task of planning and coordinating services and programs for persons aged 60 and over in their areas.

Area Agencies are funded through the Older Americans Act and the State of Kansas.

IMPORTANT SERVICES of AREA AGENCIES ON AGING

NUTRITION

- Congregate Meals
- Home-Delivered Meals
- Nutrition Education
- Support Services, such as Transportation

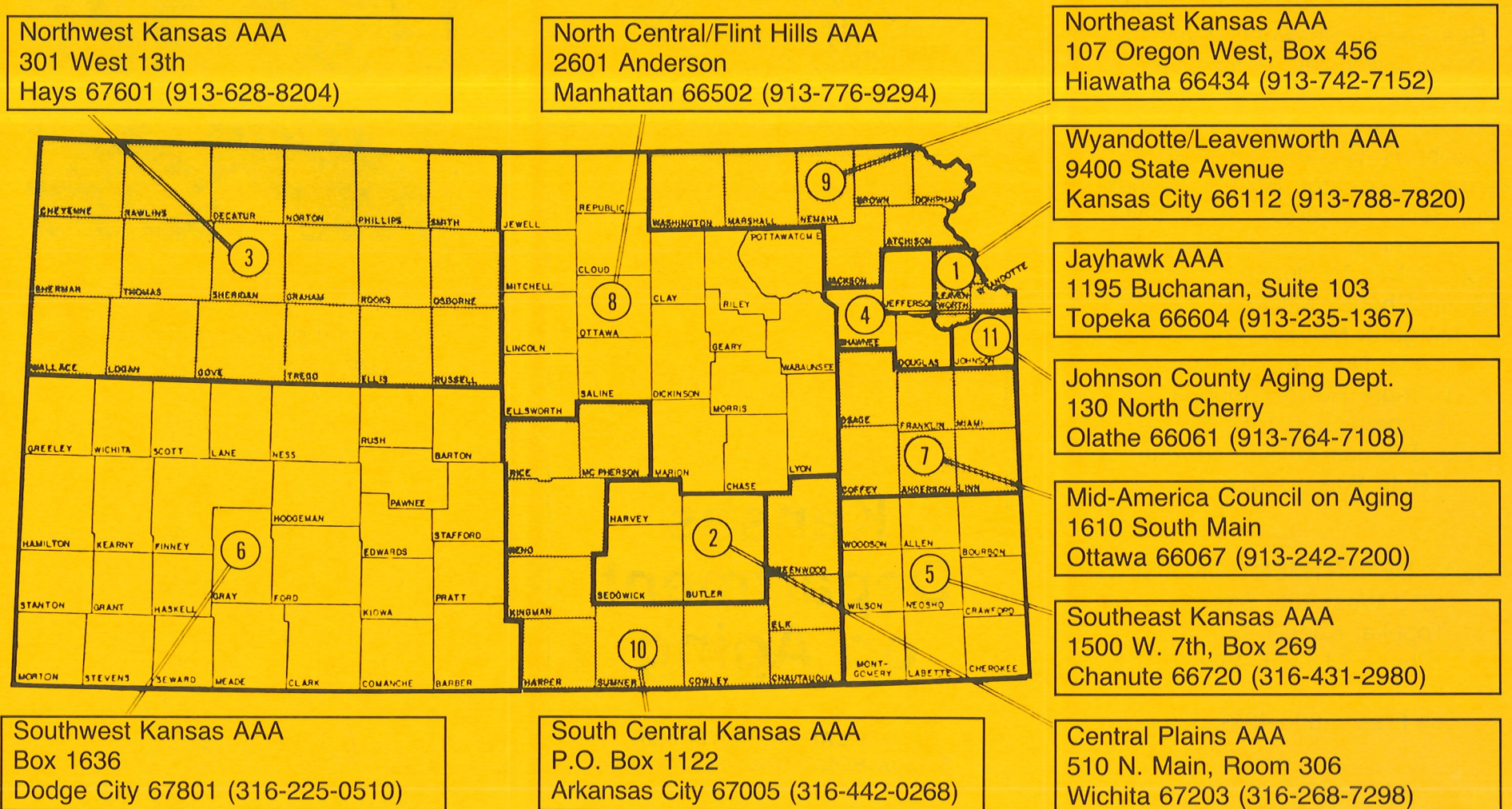
LEGAL SERVICES *

- Information
 - Counsel
- * For persons in economic or social need.

SOCIAL SERVICES

- Transportation
- Senior Centers
- Health Screening and Education
- Home Services
 - Home Health Care
 - Homemaker/Chore
 - Home Repair and Renovation
 - Telephone Reassurance
- Education
- Friendly Visiting
- Information & Referral

Contact your Area Agency for more information:



DEMOGRAPHIC FACT SHEET ON OLDER KANSANS

KANSAS DEPARTMENT ON AGING

January, 1986

POPULATION BY AGE GROUPS IN KANSAS: 1980 & 1990

Total Population: 2,363,208 (1980) and 2,463,400 (1990)

<u>Age Group</u>	<u>1980</u>		<u>1990</u>	
	<u>Population</u>	<u>% of Total</u>	<u>Population</u>	<u>% of Total</u>
65+	306,263	12.96%	334,300	13.6%
75+	132,852	5.62%	154,200	6.3%
85+	33,455	1.42%	40,800	1.8%

MALE AND FEMALE POPULATION BY AGE GROUP: 1980

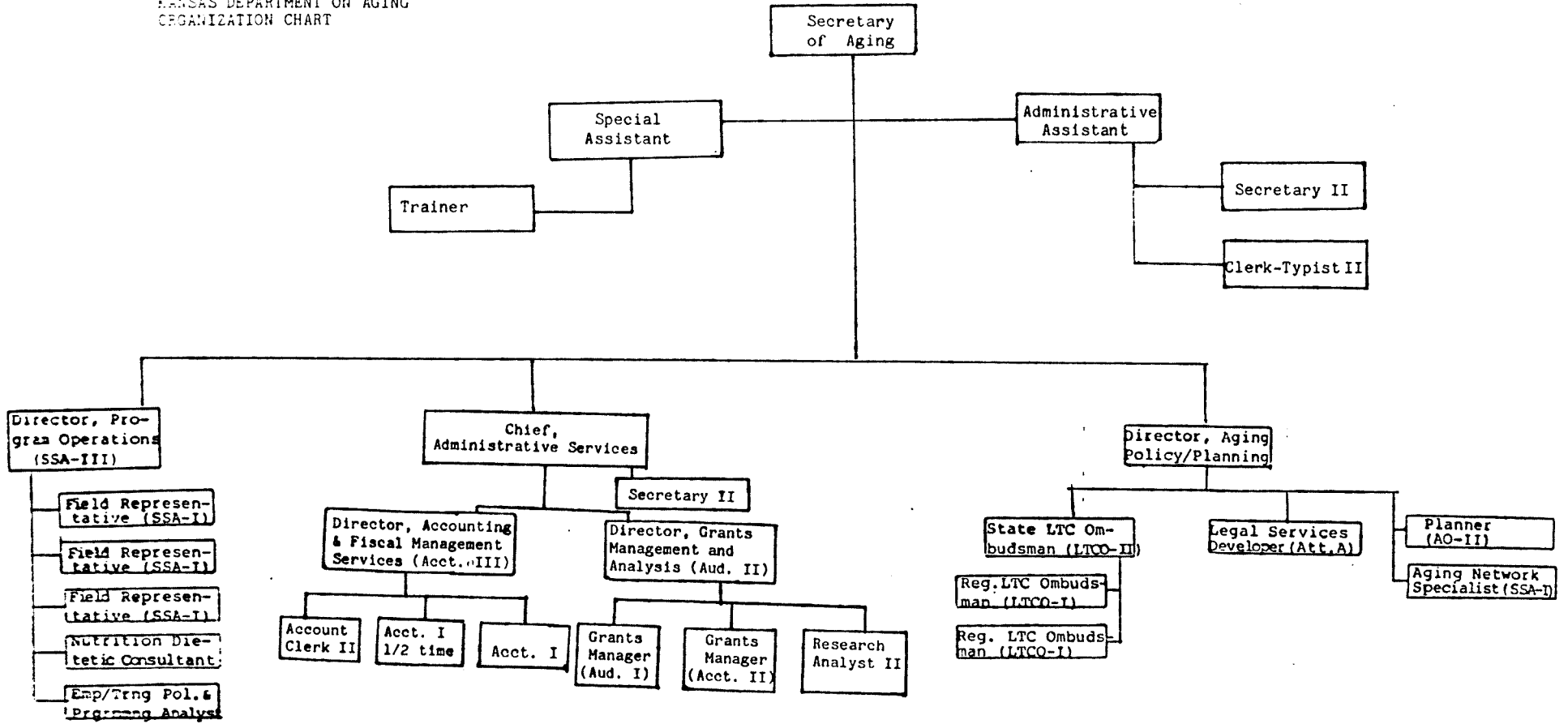
	<u>Male</u>		<u>Female</u>	
	<u>Number</u>	<u>% of Age Group</u>	<u>Number</u>	<u>% of Age Group</u>
60+	171,675	41.6%	240,624	58.4%
75+	46,683	35.1%	86,169	64.9%

KANSANS 65 YEARS OF AGE AND OLDER AS A PERCENTAGE OF THE POPULATION IN KANSAS:

<u>AREA</u>	<u>% OF POPULATION</u>	
	<u>1980</u>	<u>1990</u>
STATEWIDE	12.96%	13.6%
<u>Urban and Rural and Size of Place</u>		
URBAN	12.0%	
Inside Urbanized Areas	10.2%	
Central Cities	11.0%	
Urban Fringe	9.3%	
Outside Urbanized Areas	14.2%	
Places of 10,000 or More	12.2%	
Places of 2,500 to 10,000	18.1%	
RURAL	14.9%	
Place of 1,000 to 2,500	19.5%	
Other Rural	13.6%	

Source: U.S. Census General Population Characteristics
 Kansas: 1980 PC 80-1-B18 Vol. 1
 and Department of Census Update

KANSAS DEPARTMENT ON AGING
ORGANIZATION CHART



KANSAS DEPARTMENT ON AGING

	<u>FY-1986 Legislative Appropriation*</u>	<u>FY-1986 Governor's Revision</u>	<u>FY-1987 Governor's Recommendation</u>
Total Budget	\$12,039,735	\$11,765,629	\$11,668,638
State Funds:			
Nutrition and Nutrition Transportation	\$ 853,263	\$ 658,142	\$ 787,888
In-Home Meals	475,232	449,860	461,137
Senior Employment	100,000	100,000	100,000
Administration - State	<u>519,461</u>	<u>510,998</u>	<u>628,734</u>
Total State Funds	<u>\$ 1,947,956</u>	<u>\$ 1,719,000</u>	<u>\$ 1,977,759</u>
Attendance & Publication Fee	<u>\$ 400</u>	<u>\$ 400</u>	<u>\$ 500</u>
Federal Funds:			
Older Americans Act Social Services	\$ 2,725,163	\$ 2,725,163	\$ 2,723,885
O.A.A. Nutrition - Congregate and Home-Delivered	4,598,145	4,598,145**	4,467,307
U.S.D.A.	1,777,786	1,732,636	1,825,476
JTPA	500,385	500,385	304,329
Special Grants	38,681	38,681	11,227
O.A.A. Special Programs	99,503	99,503	84,922
O.A.A. Administration	<u>351,716*</u>	<u>351,716*</u>	<u>273,233</u>
Total Federal Funds	<u>\$10,091,379</u>	<u>\$10,046,229</u>	<u>\$ 9,690,379</u>

Local Resources used to fund portions of the nutrition program in FY-1986 & FY-1987.

Project Income

Other Local Resources

*Includes one time funding for Alzheimer's Task Force (\$50,000).

**Includes \$274,562 for AAA Administration.

:

 Population Projections for Kansas

 based on July 1, 1980 U.S. Census Data

 (Numbers and Percentages)

	Years					
	1980		1990		2000	
	#	%	#	%	#	%
Total U.S. Population	226,504,800		249,203,000		267,461,601	
Total Kansans	2,363,200		2,463,400		2,494,400	
Age 65 and over	306,200	(13.0)	334,300	(13.6)	335,100	(13.4)
65-74	173,400	(7.3)	180,100	(7.3)	164,700	(6.6)
75-84	99,400	(4.2)	113,400	(4.6)	119,700	(4.8)
85+ and over	33,400	(1.4)	40,800	(1.8)	50,700	(2.0)

RLH:rd

LOCAL RESOURCES

(Not Available to State Department)

For Local Program Use Only

66 Counties had Mill Levies for Aging Services as of January, 1985. Under current legislation a levy up to one mill is normally possible. Special legislation permits some counties to levy an amount in excess of 1 mill. Estimated total funds generated: \$4.89 million.

Source: Kansas League of Municipalities - January 1985.

KDOA
TRM:pal
1-30-85

KANSAS COUNTIES WITH A COUNTY MILL LEVY

FOR AGING SERVICES

JANUARY 1985

	<u>ASSESSED VALUATION</u>	<u>AGING SERVICES MILL LEVY</u>	<u>AMOUNT TO BE GENERATED</u>
PSA 01			
WYANDOTTE	\$377,506,044	.991	\$374,108.49
LEAVENWORTH	109,555,024	.750	82,166.27
SUM PSA 01			<u>\$456,274.76</u>
PSA 02			
BUTLER	204,100,490	.597	\$121,847.99
HARVEY	112,127,739	.500	56,063.87
SEDGWICK	1,339,610,776	.618	827,879.46
PSA 02 TOTAL			<u>\$1,005,791.32</u>
PSA 03			
CHEYENNE	25,066,551	.000	.00
DECATUR	31,317,737	.000	.00
ELLIS	171,294,522	.000	.00
GOVE	37,502,747	.000	.00
GRAHAM	52,797,397	.000	.00
LOGAN	30,499,555	.000	.00
NORTON	29,424,164	1.000	29,424.16
OSBORNE	33,029,764	.000	.00
PHILLIPS	49,916,062	.000	.00
RAWLINS	34,235,386	.250	8,558.85
ROOKS	100,994,252	.440	44,437.47
RUSSELL	96,812,222	.000	.00
SHERIDAN	26,953,247	.000	.00
SHERMAN	41,267,481	.625	25,792.18
SMITH	28,580,491	.000	.00
THOMAS	56,729,022	.850	48,219.67
TREGO	54,519,733	.000	.00
WALLACE	19,801,540	.100	1,980.15
PSA 03 TOTAL			<u>\$158,412.48</u>
PSA 04			
DOUGLAS	202,995,493	.894	\$181,477.97
JEFFERSON	42,202,572	.300	12,660.77
SHAWNEE	488,477,399	.780	381,012.37
PSA 04 TOTAL			<u>\$575,151.11</u>

	ASSESSED VALUATION	MILL LEVY	AMOUNT TO GENERATE
PSA 05			
ALLEN	61,775,773	.120	\$7,413.09
BOURBON	47,614,523	.423	20,140.94
CHEROKEE	57,452,360	.330	18,959.28
CRAWFORD	80,222,658	1.011	81,105.11
LABETTE	69,051,420	.000	.00
MONTGOMERY	120,797,753	.509	61,486.06
NEOSHO	63,134,706	.530	33,461.39
WILSON	44,763,795	.500	22,381.90
WOODSON	32,085,812	1.000	32,085.81
<u>PSA 05 TOTAL</u>			<u>\$277,033.58</u>

PSA 06			
BARBER	88,865,821	.250	\$22,216.46
BARTON	220,684,008	.000	.00
CLARK	51,765,488	.000	.00
COMMANCHE	37,187,989	.000	.00
EDWARDS	44,115,591	.000	.00
FINNEY	285,444,684	.470	134,159.00
FORD	127,469,160	.000	.00
GRANT	158,542,664	.000	.00
GRAY	46,649,911	.000	.00
GREELEY	41,944,576	.280	11,744.48
HAMILTON	39,078,415	.350	13,677.45
HASKELL	88,752,577	.000	.00
HODGEMAN	35,574,405	.340	12,095.30
KEARNY	151,832,371	.270	40,994.74
KIOWA	68,886,346	.000	.00
LANE	43,271,754	.000	.00
MEADE	78,535,964	.500	39,267.98
MORTON	124,106,959	.140	17,374.97
NESS	66,165,160	.880	58,225.34
PAWNEE	54,473,817	.000	.00
PRATT	94,739,847	.000	.00
RUSH	43,448,965	.000	.00
SCOTT	38,080,877	.000	.00
SEWARD	137,113,694	.990	135,742.56
STAFFORD	67,512,059	.000	.00
STANTON	58,220,462	.000	.00
STEVENS	206,368,804	.000	.00
WICHITA	30,387,165	.480	14,585.84
<u>PSA 06 TOTAL</u>			<u>\$500,084.11</u>

PSA 07			
ANDERSON	39,195,170	.000	\$.00
COFFEY	362,677,558	.000	.00
FRANKLIN	65,712,285	.490	32,199.02
LINN *	117,264,752	.669	78,450.12
MIAMI	72,528,417	.810	58,748.02
OSAGE	48,277,356	.790	38,139.11
<u>PSA 07 TOTAL</u>			<u>\$207,536.27</u>

* ESTIMATED---PUBLISHED VALUATION \$7,264,752

	ASSESSED VALUATION	MILL LEVY	AMOUNT TO GENERATE
PSA 08			
CHASE	27,640,357	.500	\$13,820.18
CLAY	39,207,939	.940	36,855.46
CLOUD	50,776,409	1.000	50,776.41
DICKINSON	71,973,035	.740	53,260.05
ELLSWORTH	61,369,263	.610	37,435.25
GEARY	62,855,724	.690	43,370.45
JEWELL	28,190,617	.000	.00
LINCOLN	28,492,559	.000	.00
LYON	112,406,175	.573	64,408.74
MARION	63,326,146	.400	25,330.46
MITCHELL	36,093,804	.500	18,046.90
MORRIS	34,830,408	.518	18,042.15
OTTAWA	37,213,877	1.000	37,213.88
POTTAWATOMIE	248,156,262	.000	.00
REPUBLIC	36,975,472	.000	.00
RILEY	118,985,668	1.000	118,985.67
SALINE	160,376,670	.980	157,169.14
WABAUNSEE	32,305,660	.350	11,306.98
<u>PSA 08 TOTAL</u>			<u>\$686,021.71</u>

PSA 09			
ATCHISON	48,098,339	1.038	\$49,926.08
BROWN	44,555,946	1.100	49,011.54
DONIPHAN	30,102,106	1.000	30,102.11
JACKSON	32,088,031	.940	30,162.75
MARSHALL	49,819,823	.700	34,873.88
NEMAHA	49,335,447	.000	.00
WASHINGTON	45,005,422	.000	.00
<u>PSA 09 TOTAL</u>			<u>\$194,076.35</u>

PSA 10			
CHAUTAUQUA	27,558,713	1.000	\$27,558.71
COWLEY	139,474,387	.760	106,000.53
ELK	22,077,755	1.000	22,077.76
GREENWOOD	52,802,941	1.000	52,802.94
HARPER	76,920,143	.720	55,382.50
KINGMAN	97,516,244	.350	34,130.69
McPHERSON	158,200,545	.920	145,544.50
RENO	242,723,266	.987	239,567.86
RICE	99,014,547	.620	61,389.02
SUMNER	99,145,739	.870	86,256.79
<u>PSA 10 TOTAL</u>			<u>\$830,711.31</u>

PSA 11	1,031,986,041	.000	\$.00
<u>STATE TOTAL</u>			<u>\$4,891,093.00</u>

* ESTIMATED - PUBLISHED ASSESSED VALUATION \$7,264,752

SOURCE: KANSAS GOVERNMENT JOURNAL - JANUARY, 1985

RUN DATE: 01/29/85
TRM

KANSAS IN-HOME NUTRITION
PARTICIPANT CHARACTERISTICS
STATE FISCAL YEARS 1983, 1984, AND 1985

	1985	
Total Persons Served	1,188	N/A
Total Persons Served Age 75 or over	753	63%
INCOME STATUS OF PERSONS SERVED		
- Less than 75% Poverty Level	359	30%
- At or Below Poverty Level	661	56%
- At or Below 125% of Poverty	957	81%
- Above 125% of Poverty	231	19%
RACE/ETHNICITY CHARACTERISTICS OF PERSONS SERVED*		
American Indian/Alaskan Native	2	.2%
Asian or Pacific Islander	0	0
Black (Not Hispanic)	148	12%
Hispanic	27	2%
White (Not Hispanic)	1,011	85%

*Does not add to 100% due to rounding.

KANSAS IN HOME NUTRITION
STATEWIDE SUMMARY
FISCAL YEARS 1983-1985

	<u>1983</u>	<u>1984</u>	<u>1985</u>
Number of Persons Served	984	1,084	1,188
Persons Served Age 75 and Over	661	716	753
Total Meals Served	149,815	176,272	194,674
Cost Per Meal	\$2.36	\$2.14	\$2.12

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1/15/86

FINAL RESULTS
 KANSAS DEPARTMENT ON AGING
 NUTRITION PARTICIPANT CHARACTERISTICS
 1985 SURVEY

	<u>Congregate III-C(1)</u>	<u>Home-Delivered III-C(2)</u>
<u>Sex</u>		
Male	35%	27%
Female	65%	73%
<u>Live With</u>		
Spouse	36%	26%
Relative	4%	8%
Alone	58%	65%
Other	2%	1%
<u>Age</u>		
Below Age 60	2%	2%
60-75	46%	30%
Over 75	52%	69%
<u>Income</u>		
<u>Single</u>		
Below Poverty (\$415/mo. or less)	35%	44%
Poverty-125% Poverty (\$416-519/mo.)	26%	23%
125%-SSBG (\$520-\$678/mo.)	20%	20%
Over \$678/mo.	20%	13%
<u>Couple</u>		
Below Poverty (560/mo. or less)	15%	29%
Poverty-125% Poverty (\$561-\$700/mo.)	19%	25%
125%-SSBG (\$701-\$901/mo.)	25%	27%
Over \$901/mo.	41%	19%
<u>Transportation (Congregate Only)</u>		
Senior Citizen Van	20%	
Friend/Neighbors	7%	
Personal Car	53%	
Walk	16%	
Other	4%	
<u>Evening/Weekend Meal Preparation (Home-Delivered Only)</u>		
Self		61%
Spouse		16%
Other Relative		11.5%
Friend/Neighbor		5%
Home-Delivered Meal		4%
Do Not Eat		2.5%

Percentages computed for each question based upon the number of actual responses. A total of 10,336 persons completed the questionnaire; 7,619 Congregate participants and 2,717 Home-Delivered participants.

Final Results FY-1985 Survey(2/85)
 JS:pal
 1/14/86

JTPA OLDER WORKER PROGRAM
FY-85 PLACEMENTS

PLACEMENT INFORMATION

	<u>TOTAL</u>
A. Number of Persons Placed	220
1. Age of Persons Placed	
a. 55-64	N/A
b. 65-69	N/A
c. 70-74	N/A
d. 75+	N/A
2. Age of Oldest Person Placed	N/A
3. Age of Youngest Person Placed	N/A
4. Sex of Persons Placed	
a. Female	141
b. Male	79
B. Racial/Ethnic Characteristics of Persons Placed	
American Indian/Alaskan Native	2
Asian or Pacific Islander	0
Black (Not Hispanic)	18
Hispanic	5
White (Not Hispanic)	195
C. Number of Persons Placed in Permanent Positions	
1. Part-Time Positions (Less than 32 hours/week)	115
2. Full-Time Positions (32 or more hours/week)	105
D. Other Characteristics of Persons Placed	
1. Displaced Homemaker	6
2. Veterans	55
3. Handicapped	19

Counties Served: Sedgwick, Harvey, Butler, Cowley, Sumner,
Riley, Clay, Dickinson, Geary, Pottawatomie,
Wabaunsee, Crawford, and Neosho.

Source: Report #020 JTPA Kansas Quarterly Summary of
Participants' Characteristics

OLDER KANSANS EMPLOYMENT PROGRAMS
FY-85 PLACEMENTS

PLACEMENT INFORMATION

	TOTAL
A. Number of Persons Placed	433
1. Age of Persons Placed	
a. 55-64	321
b. 65-69	85
c. 70-74	20
d. 75+	7
2. Age of Oldest Person Placed - 76	
3. Age of Youngest Person Placed - 55	
4. Sex of Persons Placed	
a. Female	226
b. Male	207
B. Pre-Placement Income	
a. Less than \$390/Mo.	186
b. \$390 - \$487/Mo.	56
c. \$488 - \$637/Mo.	56
d. \$638+/Mo.	135
C. Number of Persons Placed in Temporary Positions	
1. Part-Time Positions (Less than 34 hours/week)	97
2. Full-Time Positions (32 or more hours/week)	28
D. Number of Persons Placed in Permanent Positions	
1. Part-Time Positions (Less than 32 hours/week)	198
2. Full-Time Positions (32 or more hours/week)	110

Counties Served: Sedgwick, Harvey, Butler, Cowley, Sumner,
Riley, Clay, Dickinson, Geary, Pottawatomie,
Wabaunsee, Crawford, and Neosho.

Source: Monthly Program Reports State Fiscal Year 1985

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1/15/86

KINDS OF SERVICES FUNDED BY TITLE III-B FUNDS

Advocacy	Legal
Assessment/Screening	Newspaper/Newsletter
Case Management	Outreach
Chore/Handyman	Personal Care
Companion Sitter	Physical Fitness
Coordination	Program Development
Counseling	Radio Reader
Education/Training	Recreation
Escort	Repairs/Renovation
Guardianship	Resident Care Representative
Health Clinics	Senior Center Facilities
Health Screening	Senior Olympics
Home Health	Shopping Assistance
Homemaker	Transportation
Hospice	Visitation
Information/Referral	Wellness

PERSONS SERVED BY TYPE OF SOCIAL SERVICES
FY 1985

Transportation	12,999
Outreach	27,927
Information and Referral	21,342
Discount	345
Financial/Material Aid	6,736
Shopping	1,087
Placement	101
Escort	2,736
Ombudsman	2,348
Recreation	8,201
Advocacy	1,951
Counseling	1,049
Education/Instruction	5,305
Interpreting	431
Letter Writing	347
Repairs/Maintenance/Renovation	1,248
Legal	2,555
Guardianship	8
Homemaking	939
Telephone	1,754
Chore Services	93
Supervision	61
Visiting	3,208
Personal Care	973
Assessment	4,182
Case Management	769
Follow-up/Evaluation	1,628
Treatment	81
Hospice	115
Newspaper/Newsletter	135,818

Please note these are not unduplicated numbers.

Source: Final FY 1985 Title III-B Program Performance Reports
(Form KDOA-473)

1/20/86
RH:mj

1986 Legislative Priorities
Kansas Department on Aging
January 1, 1986

1. Sunset Review - The Kansas Department on Aging will be abolished on July 1, 1986 unless the legislature reauthorizes the department.
2. Alzheimer's Task Force - Eight priority recommendations for victims of Alzheimer's disease and their families including a division of assets law, long term care insurance, respite services, a protocol for evaluation and diagnosis, a helpline, education and service centers, education and research, and community support for caregivers.
3. Long Term Care Commission - A one year blue ribbon study of long term care services to develop a comprehensive and coordinated long term care policy for the state. The study will include research on long term care insurance and an adult care home consumer information system.
4. Conservation Rates - The establishment of conservation rates for electric and natural gas customers to provide an incentive to conserve and to benefit smaller users.
5. 24-hour care - Licensed nurse coverage in all intermediate care homes.

Support Issues

1. Adult Family Homes - The services of the Long Term Care Ombudsman should be extended to adult family home residents.
2. Age-rating - The age-rating of Medicare supplement insurance policies should be abolished.
3. Pharmaceutical prices - The State Board of Pharmacy should require the posting of prices for the 25 prescription drugs most frequently sold in the state.

LD:rd

I. Issue: Long Term Care Commission

II. Statement of Issue:

As the state's population ages there is an intensified need for a variety of long term care services which will be accessible to the elderly. Currently there are many non-institutional long term care services provided by State agencies and local community organizations, but there is little cohesiveness among them. A comprehensive plan could serve to increase the coordination between service providers and give direction for future policy development. A Long Term Care Commission could work to integrate the policy efforts now underway and thereby ensure that Kansans in need of long term care services are able to receive them.

III. Background Data:

For many years long term care services were solely perceived as institutional services. The availability of a variety of community-based long term care services can reduce the need for some institutional services. Many elderly can be adequately cared for in the community with appropriate services. The problem is that many more people need to receive long term care services, and a wider variety of services than is currently available, in order to remain in their own homes or community.

An established commission designed to develop a comprehensive and coordinated long term care policy for the elderly could integrate all the individual efforts being made at serving persons with long term care needs, identify gaps in programs and services and other problems, and make appropriate recommendations for change. Having one central entity to address these issues will facilitate the development of a comprehensive and coordinated long term care policy for the State.

I. Issue: Adult Care Home Consumer Information System

II. Statement of Problem or Issue:

How can the state ensure that the public has easy access to quality information that will help in the selection of an adult care home?

III. Background Data and Current Policy:

Two recent trends in institutional long term care, the corporatization of adult care home (ACH) ownership and the increasing disability level of ACH residents, have coalesced to increase the public's need for ready access to quality information that will help in selecting an ACH. Corporatization has the potential to both lower the quality and increase the cost of ACH care. The increasing disability level of residents places greater demands on ACH staff and this can also affect quality and cost of care. Thus the need for information about ACH's is greater than ever. An ACH consumer information system could substantially meet this need. Such an information system could take several forms. A rating system could be developed based upon inspection reports and other relevant data. A standardized checklist of services and other features could be developed and published for all ACH's in the state. Another alternative would be to summarize inspection report data in plain language and publish the information.

K.S.A. 39-932 provides the Kansas Department of Health and Environment (H&E) with the authority to implement an ACH rating system by administrative regulation. Twice, in 1979 and in 1981, Legislative Post Audit (LPA) has recommended that the Department exercise such authority. To date, it has chosen not to do so.

At present at least three states (Florida, Kentucky, and West Virginia) have ACH rating systems in place. New York has implemented a Consumer Information System for residential health care facilities which includes a summary of surveys, complaint investigation, and other inspections. The summary and an explanation factor are required to be posted conspicuously in each facility.

Presently the average consumer in Kansas has a relative paucity of information upon which to make this a very significant decision. At present H&E publishes, at a cost of \$4.00, a directory of adult care homes. This directory provides basic information such as address, name of administrator, number and skill level of beds, Medicare/Medicaid certification status, etc. The only quality of care information is a relatively inconspicuous notice of whether a facility's license is provisional or not.

A provisional license is issued when a facility is temporarily unable to conform to all the standards, requirements, rules and regulations established by the ACH licensure act. The fact that an ACH has a provisional license, while clearly useful information, is not helpful in discriminating among homes with such licenses and does not aid in choosing from among the great majority of homes with regular licenses.

K.S.A. 39-935 does require that an ACH post a notice that the most recent inspection report and related documents are available for examination in the administrator's office and, upon request, provide copies of such materials upon agreement of the requestor to pay reasonable copying costs.

Even if consumers become aware of the availability of this information, its usefulness is limited. As Legislative Post Audit indicated, "...the average person would have difficulty interpreting the findings of these reports."

Another flaw in the current "system" of providing information about ACH's, is that certain ACH's (e.g. LTC beds in hospitals or ACH's operated by and in conjunction with hospitals) are exempt from the ACH licensure act. Thus, to the extent that consumer information exists on these LTC beds, another information source must be consulted.

Agency Name: Kansas Department on Aging

I. Issue: Long Term Care Insurance

II. Statement of Problem or Issues:

How can public nursing home expenditures be reduced through the development of long term care insurance.

III. Background Data and Current Policy:

The cost of nursing home care is the largest catastrophic expense for individuals age 65 and over. In 1984, the national average per capita expenditure for nursing home care was \$880. Of that total \$441, or 50.1%, was paid directly by the elderly and their families. Medicaid covered 41.5% of the total, Medicare 2.2%, and other funding sources contributed 5.1%. Only 1.1% (or \$10) of the elderly's expenses for nursing home care was paid by private insurance.

The public has an exaggerated perception of the scope of Medicare and Medicaid coverage for long term care. Medicare actually assists about one percent of the people admitted to nursing homes and seldom covers more than a few days stay. Medicaid is available to low-income persons. In 1984 approximately half of the Medicaid beneficiaries in nursing homes were not initially poor but they "spent down" to the poverty level before qualifying for benefits. Many of these people who "spent down" could have afforded private insurance if it were available.

Not only would the availability of long term care insurance help Kansans plan for their older years, but the state would also benefit from the public's purchase of the insurance. Long term care insurance is one way of relieving pressure on the Medicaid program. In Fiscal Year 1984 the state's Medicaid program provided a total of \$92.5 million for nursing home care; 50% of this total was state funds.

I. Issue: 24 Hour Nursing Care

II. Statement of Problem or Issue:

How can the state ensure that adult care home (ACH) staffing standards are adequate to provide quality resident care?

III. Background Data & Current Policy:

Currently skilled nursing facilities are required to have a registered nurse on the day shift seven days a week and a licensed nurse on all other shifts. Intermediate care facilities are only required to have a licensed nurse on the day shift seven days a week. The adequacy of these staffing standards is increasingly being called into question as the disability level of ACH residents increases. The implementation of pre-admission screening for Medicaid ACH residents, Medicare's Prospective Payment System using Diagnostic Related Groups, and home and community-based long-term care services have all combined to result in an increasingly disabled ACH population which requires more complex nursing care.

Many ICF's in Kansas have recognized this fact and voluntarily exceed minimum staffing standards. Recent statistics show that 23% of Kansas ICF's had 24 hour licensed nurse coverage and 34% had 16 hour licensed nurse coverage.

I. Issue: Extending Services of the Long Term Care Ombudsman to the Adult Family Home Residents

II. Statement of the Problem or Issue:

Action by the 1983 legislature removed Kansas Long Term Care Ombudsman services from a growing group of long-term institutional residents, people in adult family homes.

III. Background Data & Current Policy:

The jurisdiction of the Long Term Care Ombudsman (LTCO) was not extended to residents of adult family homes when this new category of residential long-term care was created in H.B. 2026 and 2027. However, the jurisdiction of adult protective services was extended to them through the passage of S.B. 33. Prior to passage of H.B. 2026 and 2027 (now...), any one and two bed long term care residential facilities were considered adult care homes and were covered by the LTCO.

Coverage by the LTCO becomes more important, since the population of adult family homes will grow in the near future as a result of their reimbursement status under the State's Alternatives Program and its Medicaid Home and Community based waiver program. These programs have been operative for approximately two years and are organized to divert people from nursing homes.

Whenever older people are vulnerable and dependent in non-family households, they should be able to use the services of the LTCO. The services of the LTCO should be extended to adult family home residents to re-establish necessary coverage that was inadvertently deleted as a result of passage of H.B. 2026 and 2027.

I. ISSUE/PROBLEM DEFINITION

Required posting of pharmaceutical prices.

Since 1983 prescription drug prices in the United States have increased about 10 percent, almost twice the rate of inflation. Prescription drugs can no longer be considered one of the least expensive components of medical care.

Kansans spent \$206 million in 1982 for drugs and drug sundries, or \$86 per capita; the comparable United States figures were \$22.4 billion or \$95 per capita. In 1980 the aged spent more than twice as much per capita than the nonaged for drugs and drug sundries. It is also known that the elderly use significantly more prescriptions per capita than the rest of the population and pay a higher average price, due to larger dosages, per prescription.

K.S.A. 65-1650 states that the Board of Pharmacy can neither require nor prohibit pharmacies from posting their current charges for prescription-only drugs and services. It is known that some pharmacies do display some of their prices and that others maintain a book of prices which may or may not be on public display. However, the number of pharmacies which do either is not known; a pharmacy-by-pharmacy survey would need to be conducted in order to determine the exact number. Furthermore, it is most likely that there are more pharmacies which do not have any method for posting prices than there are those which do.

II. BACKGROUND

There are several states which have laws mandating that prescription drug prices be posted; among these states are California, Pennsylvania, Minnesota, and Ohio.

California passed legislation in 1973 requiring that pharmacies post the prices of the 100 prescription drugs most frequently sold in the state and the professional services and nonprofessional convenience services associated with the dispensing of drugs. The three most commonly prescribed quantities of each of the 100 drugs are listed along with the services which were included in the retail price of each. In addition, pharmacists are required to give the current retail price of any drug sold at the pharmacy. It is noted that the California legislature's intended purpose in mandating this law was to assist the public in making informed decisions based on total value received and not just price alone.

Pennsylvania's legislation, passed in 1976, requires pharmacies to have a price listing of all brand name and generic drug products available for selection. In Minnesota, pharmacies must post a list containing the names and current prices of the 60 prescription drugs most frequently dispensed by the pharmacy based on dollar volume of sales. The 1973 Minnesota legislation also requires pharmacists to provide current price information for any drug requested.

Ohio's 1981 legislation is somewhat different in that it specifies that pharmacists are to fill all prescriptions with generically equivalent drugs unless one of two exceptions is met: 1) the prescriber informs the pharmacist to specifically use the brand name drug; or 2) the generic drug is more expensive than the prescribed drug. The pharmacist must inform the purchaser of the price difference between the brand name and the generic drug, and notify the purchaser that they have the right to refuse the drug selected.

K.S.A. 65-1637 states that pharmacists "may exercise brand exchange with a view toward achieving a lesser cost to the purchaser," unless the prescriber has specified in written form or orally communicated that the prescription must be dispensed as written/communicated, or if the Federal Food and Drug Administration has determined that the generic product is not bioequivalent to the brand name product. This law differs from Ohio's in that Kansas pharmacists are not mandated to use the least expensive product, it is up to the pharmacist's discretion to use generic products.

The required posting of pharmaceutical prices would benefit the older and the general Kansas population in several ways. If such a law were enacted, consumers would not only be able to compare the cost of generic vs. brand name drugs within a given pharmacy, but they would also be able to compare prices between pharmacies. Required posting of prescription prices would encourage price competition, which, in turn, should lead to reduced prices as pharmacies compete for customers.

A Kansas statute similar to those passed in the aforementioned states would inform consumers and prevent them from paying more for prescriptions than is necessary. The elderly can not afford not to know about prescription prices.

1986 LEGISLATIVE PRIORITIES
OF KANSAS AGING ORGANIZATIONS

CATEGORY	KANSAS COALITION ON AGING	KANSANS FOR IMPROVEMENT OF NURSING HOMES	SILVER HAIRED LEGISLATURE	AMERICAN ASSOCIATION OF RETIRED PERSONS	KANSAS CITIZENS COUNCIL ON AGING
<u>Health</u>				<p>1. Health care cost controls to include more effective planning system, health promotion and wellness programs, and measures to improve purchasing decisions.</p> <p>2. Expansion and coordination of community based and in-home services, especially for low income Kansans.</p>	
<u>Adult Care</u>	<p>1. 24-hour-a-day licensed nursing care.</p> <p>2. Older Kansans Senior Care Act - In-home and community based care as alternatives to institutionalization.</p> <p>3. Maintain access to services through federal and state programs.</p>	<p>1. 24-hour-licensed nurse coverage in all intermediate care homes.</p> <p>2. Study of private pay rates and the effect of out-of-state corporations on cost and quality of care.</p>	<p>1. Older Kansans Senior Care Act - In-home and community based care as alternative to institutionalization.</p> <p>2. 24-hour-a-day licensed nursing care</p>		<p>1. Integrate homemaker/home health aide service administration and training.</p>

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<u>Taxes/Income</u>	1. Lid on out-of-pocket expenses under Medicare.		1. Kansas Income Tax Form Check Off. 2. State Sales and Use Tax. 3. Social Security COLA Freeze, and Use of the Trust Fund. 4. Income Tax Credit for in-home elderly care. 5. Kansas State Income Tax Revenues on Social Security to Area Agencies on Aging. 6. Medicaid Personal Needs Allowance.	1. Exemption of Social Security income from state tax.	
<u>Consumer</u>	1. Plain Language Act. 2. Lien Law			1. Consumer savings disclosure and validation act. 2. Develop statewide network of consumer assistance and information. 3. Truth in insurance legislation. 4. Extend 3 day cool-off to health spas, exercise salons and discount buying clubs. 5. Amend Kansas Consumer Protection Act to protect from fraudulent offers or sale of business	

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<u>Transportation</u>			1. Elderly and Handi- capped Transportation Act.		
<u>Safety</u>			1. Mandatory use of motor vehicle seat belts.		
<u>Utilities</u>			1. Conservation Rates on natural gas and electricity.		

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<u>Other</u>					<ol style="list-style-type: none"> 1. Probate reform to streamline settlement of certain estates. 2. Eliminate age discrimination in employment. 3. Development of flex-time and work reduction programs for older employees. 4. Aging advocates in all State administrative agencies. 5. No surcharge for credit card users.

BRIEF HISTORY OF KANSAS DEPARTMENT ON AGING

I OVERVIEW

II PROGRAMS--partially or completely financed from the State General Fund

1. Older Americans Act (OAA) Nutrition Program (ongoing)
2. In-Home Nutrition Program (ongoing)
3. Senior Citizens Day Care Projects (discontinued)
4. Older Kansans Employment Program (ongoing)
5. Positions

III PROGRAMS--completely financed from federal funds

1. General Community Grants (ongoing)
2. Legal Services/Ombudsman (ongoing)
3. Alzheimer's Disease Task Force (short-term)
4. Training Grants (ongoing)
5. Older Workers Job Training Partnership Act (JTPA) Program (ongoing)