

Approved 1-23-86
Date sh

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at
Chairperson

1:30 a.m./p.m. on January 22, 1986 in room 423-S of the Capitol.

All members were present except:

Rep. Blumenthal, excused.

Committee staff present:

Norman Furse, Revisor
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Ms. Joyce Romero, Secretary of Department on Aging

Visitor's register, (see Attachment No. 1.)

Chairman called meeting to order. There was discussion on minutes for previous meetings, and Chair will ask for action on those tomorrow's meeting.

Chair stated he had been contacted by sponsor of HB 2301, Rep. Apt that there was new testimony and she requested this bill be reconsidered. This committee had passed HB 2301 adversely January 21, 1986. Rep. Foster had made original motion on this action and Chair asked Rep. Foster his wishes in this regard. Rep. Foster moved that HB 2301 be reconsidered by this committee, motion seconded by Rep. O'Neal motion carried.

Chair then introduced Secretary Joyce Romero of Dept. on Aging and she began her remarks to committee.

Ms. Romero thanked all for opportunity to appear before this committee, and had distributed a packet of information to members. (See Attachment No. 2.) Ms. Romero introduced staff members, Dr. Ronald Harper, Ass't Secy. to Dept. on Aging; Alice Knatt, Chief of Administration Services Division; Dr. Linden Drew, Chief of Policy Planning and Advocacy Division.

The purpose of their Departments Program Operation is to insure development of comprehensive and coordinated service delivery systems which provide social and employment services for older Kansans and assist older Kansans to remain independent and to remain in their homes and communities as long as possible.

She gave a comprehensive over-view of activities, goals, citing some interesting statistics, i.e., 2.4 million congregate meals were purchased, 1.1 million home delivered meals purchased, and 194,000 meals purchased for low income, homebound Kansans, for a total of 3.7 million meals purchased to serve over 60,000 older Kansans.

She spoke to placing of older Kansans in employment in unsubsidized programs, and having these citizens become an intrical part of their community. Many are right on the poverty line and need just a bit more income to keep them off welfare rolls, and this program is becoming very successful in working along these lines.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a.m./p.m. on January 22, 1986

Ms. Romero stated her remarks are meant to be a general over-veiw and she would like an opportunity to speak to this committee to discuss the future. Our future, she said. Two out of every ten persons in Kansas are over the age of 60. 412,000 are 60 plus years. 57,000 of those live in poverty. She would like all older Kansans to have a viable place in our society.

She then requested 2 bills be introduced:--

(1) to amend K.S.A. 65-1650, to mandate that the State Board of Pharmacy require posting of prices for the 50 prescription drugs most frequently sold in this state, to be determined by the Board of Pharmacy.

(2) to amend K.S.A. 79-5916-C, to give jurisdiction to Long Term Care Ombudsman in Adult Family Homes.

Ms. Romero then gave background for thse bill requests. She touched also on re-commendations of the Alzheimers and related diseases Task Force, and asked for an opportunity to speak at length to committee on these issues, giving an over-view of their report.

Further, she asked the Legislature look to other issues her Department will be supporting this year, i.e., Long Term Care Commission, asking for conservation rates on electric and gas users, to provide incentives to conserve and to benefit small users; and the Department on Aging falls under the provision of the Sunset Law this year. She asked that these issues also be considered.

Ms. Romero then answered questions from members, i.e., older workers employment services in which the state of Kansas is involved with Mc. Donalds in their Mc Masters program. This is a pilot program that will utilize older workers. It is found thay are depend-able, the hours and labor are adaptable to their needs.

After questions, Chair asked committee their wishes in regard to bill requests.
Rep. Harder made a motion to introduce these two bills, seconded by Rep. Hassler, motion carried.

Rep. Friedeman wished to be recorded as NO vote on bill request regarding Long Term Care Ombudsman.

Chair noted to members some agenda items committee will study next week, then adjourned meeting at 2:15 p.m.

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

Attn. #2
1-22-86
Hs. PHW

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.

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

1986 LEGISLATIVE PRIORITIES
OF KANSAS AGING ORGANIZATIONS

CATEGORY	KANSAS COALITION ON AGING	KANSANS FOR IMPROVEMENT OF NURSING HOMES	SILVER HAIRD LEGISLATURE	AMERICAN ASSOCIATION OF RETIRED PERSONS	KANSAS CITY 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 intermeciate 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>

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 COUNCIL ON AGING
<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.	

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 C. NS COUNCIL ON AGING
<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.		

1986 LEGISLATIVE PRIORITIES
OF KANSAS AGING ORGANIZATIONS

CATEGORY	KANSAS COALITION ON AGING	KANSANS FOR IMPROVEMENT OF NURSING HOMES	SILVER HAIRE LEGISLATURE	AMERICAN ASSOCIATION OF RETIRED PERSONS	KANSAS C... ANS COUNCIL ON AGING
<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.

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

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

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

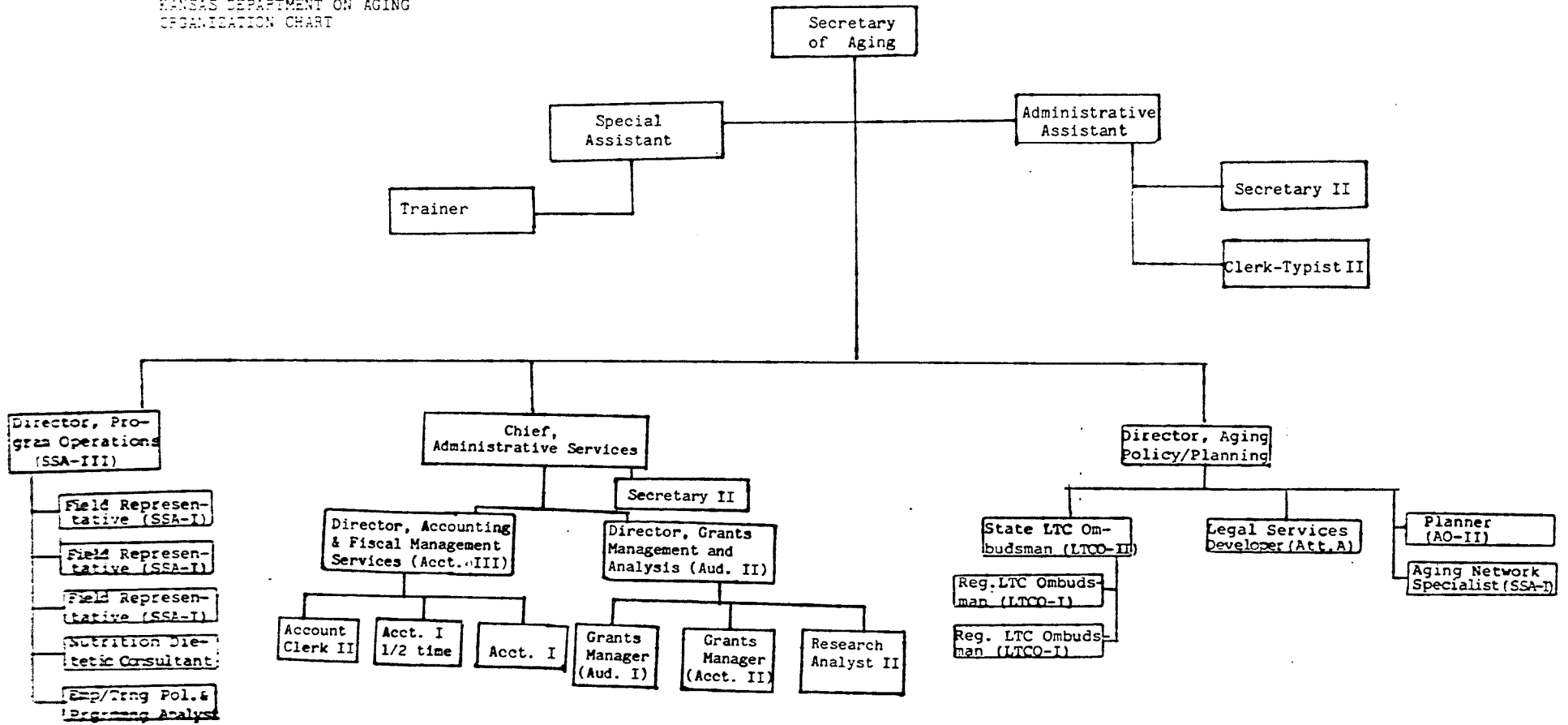
FINAL RESULTS
 KANSAS DEPARTMENT ON AGING
 NUTRITION PARTICIPANT CHARACTERISTICS
 1985 SURVEY

	<u>Congregate</u> <u>III-C(1)</u>	<u>Home-Delivered</u> <u>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</u> (Home-Delivered Only)		
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

KANSAS DEPARTMENT ON AGING
ORGANIZATION CHART



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

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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)

Age Group	1980		1990	
	Population	% of Total	Population	% of Total
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

	Male		Female	
	Number	% of Age Group	Number	% of Age Group
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:

AREA	% OF POPULATION	
	1980	1990
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