

Approved Feb. 12, 1987
Date pk

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Vice-Chairman, Frank Buehler at
Chairperson

1:30 a.m./p.m. on February 10, 1987 in room 423-S of the Capitol.

All members were present except:

Chairman Littlejohn, Representative Pottorff, both excused.

Committee staff present:

Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Jan Schalansky, Department of Social & Rehabilitation Services, (SRS)
Dick Hummel, Kansas Health Care Association
John Grace, Kansas Association of Homes for Aged
Marilyn Bradt, Ks. Improvement of Nursing Homes
Nadine Burch, Kansas Coalition on Aging
Mike Lechner, Chairman of Task Force on Non-Medical Care for Community Based Services

Vice-Chairman Frank Buehler called meeting to order calling attention to hearings on HB 2096.

Hearings on HB 2096 began:

Ms. Jan Schalansky, SRS gave hand-out to members, (see Attachment NO.1) for details, The intent of HB 2096 she said is to screen all individuals who would be entering adult care homes for the purpose of reviewing individuals needs for adult care home level of care and informing those individuals of alternative services which might be available which would allow them to stay in their own home or a less costly living situation. There are two issues she said related to mandatory screening. 1, the issue of making sure persons who need Medicaid assistance are eligible for it before they sell or transfer their personal possessions. 2, taxpayers would have money saved if by offering less expensive options when appropriate for persons to remain in their own homes or in less costly environments was initiated. There would be no fiscal impact to SRS. The system would work as outlined in KSA 1983 Supp. 39-777 and 39-778, wherein private pay individuals would be responsible for the cost of screening. Screening would be completed by private agencies, such as home health agencies and county health departments who would have a contractual agreement with SRS to follow Medicaid criteria. The current Medicaid cost is approximately \$35 per individual screening. Cost of private screening varies from \$50 to \$75 per screening. SRS supports the idea of mandatory screening for persons who apply for admission to an adult care home. She answered questions, i.e., yes, their Department too thinks there is room for compromises. Some feel it is best to have the screening done when persons perhaps are not in position to make the choice and look to SRS as a protector of their rights in this instance. There are others who feel it is an infringement to have SRS mandate the screening; yes, the private pay persons also have to go through the screening process as HB 2096 is now written. Yes, screening itself is time consuming, but one day in an inappropriate facility could make up the cost of screening. The definition of adult care home is intermediate care facility, skilled nursing facility, 1 and 2 bed personal care home, and 3 and 4 bed boarding home.

Dick Hummel, Kansas Health Care Association gave hand-out, (see Attachment No.2) for details. He asked members to weigh and balance the merits of HB 2096 versus its liabilities and hopefully conclude it isn't necessary and should be stricken as an unwarranted intrusion into the private lives of Kansas citizens. No private-pay person may be admitted into an adult care home without the screening by SRS. The screening is done by a nurse and social worker. He spoke of the importance in educating the public about the alternative care services that are available. The coordination of efforts by agencies, such as SRS, area agencies, aging offices need to form programs to explain alternatives to the public and include in these planning sessions the physicians. Private pay persons whose personal resources may be exhausted in six months and thus

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a.m./p.m. on February 10, 19 87

Hearings continue on HB 2096:

become Medicaid eligible. No one should have the right or authority, he said, to delve into the financial status of others. The single greatest reason for the rapid depletion of private resources is the inadequate funding of the Medicaid program, which places an additional financial load on the private sector. He spoke to the liability problem. He urged for unfavorable reporting by this committee of HB 2096. He answered questions, i.e., costs for screening vary; sometimes screening can be delayed and this causes problems for individuals.

John Grace, Kansas Association of Homes for the Aging gave hand-out, (see Attachment No.3), for details. He spoke in opposition of HB 2096. Their concerns are, i.e., when screening is done at the time of admission, it is too late. People need to know their options long before admission is necessary. There must be alternatives for care, and these require funding commitments. Their Association will continue to support information and educational efforts on the part of the Aging Network to inform consumers of programs and services available. They feel persons who are not receiving Government Assistance should have the right to choose their own living arrangement suitable to their needs and desires. Feel also that HB 2096 is another clear effort on the part of the state to "cost shift", requiring the private pay person to pay for a mandated government program. He answered questions, i.e., information can be given out to older population through newsletters, public forums, hospitals, physicians, family members, entire community; there is a complete program and it needs to be circulated.

Marilyn Bradt, Kansans for Improvement of Nursing Homes, spoke to yes, but on HB 2096. The most essential point she wished to make is to assure all applicants have the information they need to make a rational decision. Most who are given options choose to be as close to home as possible. There needs to be a specific point in the process where we can be assured, she said, that persons giving consideration to nursing care will be given the information necessary to point out options of care. This is not being done, and many times when screening is done, it is after the fact. They don't/ shouldn't burn any bridges behind them. Perhaps it would be wise for Nursing Home Administrators to report to the Area Office on Aging, area SRS office, all applicants for admission, with the requirement that agencies follow-up in a timely way with the information to these individuals the options that are available. She answered questions. Yes, persons should keep their home/possessions, because down the line these people might then be made aware they are ineligible for Medicaid and by that time their homes are gone. There are many sad cases such as this, and yes, the educational process would help eliminate some of these problems.

Nadine Burch, Sr. Advocate for Kansas Coalition on Aging gave hand-out from Mr. Mark Intermill, (see Attachment No.4), for details. She presented this testimony in support of HB 2096, saying such a system as provided for in this legislation would include community services as well as institutional long term care and would insure that an appropriate level of care is provided. As the number of persons in need of long term care increase, it will help Kansas to use its resources wisely. The costs of screening in Community-Based Services program is \$45-\$55. While this may sound like an undue burden for a family it is roughly equivalent to only one day's cost of nursing home care. Their Association believes that due to the growth of the aged population, the state needs a range of community based services that is adequately funded and utilized appropriately, and HB 2096 moves in that direction. No questions.

Mike Lechner, Chairman of Task Force on Non-Medical Care for Community Based Services. They discovered there were a few who had been referred to nursing homes without prior screening. Those persons who are Medicaid eligible need screening before admittance to a nursing home institutions. As he sees it, a screening process needs to be put in place prior to referral, rather than prior to admittance. There are individuals who have no opportunity to be screened or informed which is unfair. Persons should be able to make a choice of care. No questions.

Representative Wells introduced students from the Three Lakes Gifted Program who were in attendance at Committee Meeting this date. Vice-Chair welcomed them and thanked them for taking the time to monitor the meeting.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a/m. p.m. on February 10, 1987

Hearings Closed on HB 2096.

Vice-Chair recognized those who have bill requests this date.

Rep. Branson called attention to bill draft, (see Attachment NO.5), for details. She explained reasoning for requesting this legislation. A Nursing Home Chain, or individual would be limited to a certain percentage of total bed capacity license in the State. There are other states that presently have this law. Limits would be for not over 15% of the total bed capacity. It would prevent any one Chain or Individual from controlling or dominating this service. Rep. Branson moved this legislation be introduced and referred back to this committee, seconded by Rep. Hassler, motion carried.

Vice-Chairman called attention to HB 2054, and asked wishes of committee in regard to disposition of this bill. He gave background information, calling attention to the hearings and discussion on itemized bills on request from hospitals. He noted that there were questions the language in section 2 was too broad, but when asked if as author of the bill was he in agreement with this language, and Rep. Buehler said yes, he felt along with co-sponsor of the bill Rep. Sughrue that the Secy. of H&E was committed to make just decisions in this regard. Rep. Blumenthal moved HB 2054 out favorably, seconded by Representative Green. Discussion ensued, i.e., what would the time restrictions be in providing the itemized statement to patient; perhaps 30 days would be sufficient time; is this statement to be provided free to patient or would there be a charge; such a list would be encumbering for many hospitals; such a list is taken from a nursing records and perhaps to mandate this is not in the best interest of all parties concerned. At this point, Representative Blumenthal and Representative Green withdrew their motion. The language will be refined by Revisor and returned to this committee at a later date.

Motion adjourned at 2:45 p.m.

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE COMMITTEE

Date 2-10-87

NAME	ORGANIZATION	ADDRESS
Janet Schabonsky	SAS Adult Serv	Topeka
Marilyn Bradt	Kansans for Improvement of Nursing Homes	Lawrence
Richard Morrissey	KDH + E	Topeka
Ken Schatermeyer	KS Pharmacists Assoc.	Topeka
John Bruce	KS Hw & Aging	Tyulka
Dick Hummel	Ks HEALTH CARE ASSN	TOPEKA
HAROLD PITTS	KCOA	Topeka
KETH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"
George A. Dygger	Ks Dept. on Aging	"
Sporeni A. Bechtold	AARP Ks Cap. Leg. Task Force	Wichita
Ann E. Simon	AARP	Topeka
John D. Miller	AARP Leg. Task Force	Topeka
Madeline Bueck	KCOA	
Ralph Duran	Silver Haird Leg	Lawrence
Robert K. Miller	Natl. Co. on Aging	W.D.C.
Sharon M. Bloom	KAAA	Topeka
Dale Hunt		Lyndon
John Stout	BHS	Burlingame
Chris Harmon	BHS	Burlingame
Annie Woods	BHS	Burlingame
Kathlyn Parker	Three Lakes ^{Special Education} Group	Waverly (Office)
Walt Hill	" "	Osage City
Troy Schaffer	" " "	Carbondale
Steen J. Simpson	" " "	Overbrook
Tricia Thompson	" " "	Overbrook

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding House Bill No. 2096
February 10, 1987

Title - Mandatory screening of all individuals entering adult care homes.

Purpose - The intent of this bill is to screen all individuals who would be entering an adult care home for the purpose of reviewing the individuals needs for the adult care home level of care and informing the individual of alternative services which might be available which would allow them to stay in their own home or a less costly living situation.

The dilemma that occurs as a result of these individuals not having been screened is one that is based on inappropriate placement. Under Medicaid guidelines, an individual must be medically and financially needy and meet certain specified qualifications. If a person entering an adult care home is not screened under those guidelines, as many private pay residents are not, it is likely that by the time their resources are depleted and they apply for Medicaid, all of their possessions have been sold or transferred. If the person is not eligible for Medicaid because they do not qualify, they then have no home or resources to return to.

There are two issues relating to mandatory screening. One is the issue of making sure those persons who will need Medicaid assistance are eligible for it before they sell or transfer all their belongings. The second is that this would save taxpayer money by offering less expensive options when appropriate for persons to remain in their own homes or in less costly environments.

PHW
2-10-87
Attn. #1

The home and community based service task force recommended this past year that all people be screened prior to admission. Many of these persons were young handicapped individuals who had been admitted to adult care homes with no knowledge of other programs which might be available which would allow them to remain in their own home or in a less restrictive community setting.

In 1985 there were 1,694 Medicaid applicants screened who were already in an adult care home. There were 60 of these applicants who were not medically eligible. In the same year there were 1,026 Medicaid applicants screened who were not in the adult care home when screened. There were 154 of these applicants who did not have a medical need. The total number screened in 1985 was 2,720. Out of 2,720 screenings, 214 did not have a medical need for adult care home placement. It is felt that these figures would be similar for screening the non-Medicaid eligible residents.

If the 60 cases which were screened in the adult care home had been screened prior to admission to the facility, they could have possibly used some less expensive care settings and had their resources last a longer period of time and would have avoided the trauma of being inappropriately placed with nowhere to go.

Effect of Passage - There would be no fiscal impact to Social and Rehabilitation Services. This system would work as outlined in KSA 1983 Supp. 39-777 and 39-778 wherein the private paying individual would be responsible for the cost of screening. The screening would be completed by private agencies such as home

House Bill 2096
Page Three

health agencies and county health departments who would have an agreement with SRS to follow Medicaid guidelines on criteria. The current Medicaid cost is approximately \$35 per individual screening. The current cost of private screening under KSA 39-777 and 39-778 varies from \$50 to \$75 per screening.

SRS Recommendation - SRS supports the idea of mandatory screening for those persons who apply for admission to an adult care home.

Robert C. Harder, Secretary
Office of the Secretary
Social and Rehabilitation Services
913-296-3271
February 10, 1987

cc



TESTIMONY PRESENTED BEFORE THE HOUSE
PUBLIC HEALTH AND WELFARE COMMITTEE

By

Dick Hummel, Executive Director
Kansas Health Care Association

February 10, 1987

House Bill No. 2096

"AN ACT concerning adult care homes; providing for the screening of admissions thereto by the Secretary of Social and Rehabilitation Services; authorizing fees for screening services."

Mr. Chairman and Committee Members:

My name is Dick Hummel, Executive Director of the Kansas Health Care Association (KHCA). Our organization represents 250 licensed adult care homes in Kansas, both proprietary and not-for-profit entities. Our membership includes individually held facilities as well as multi-facility interests.

Adult care home services and professional nursing care are but one component of a continuum of long-term care. We have no objections to and support the proper level of health care services for individuals and the appropriate setting for them to receive this care.

Persons residing in our facilities are elderly, infirmed and chronically ill with increasingly more medical care requirements. Average age is now about 83 years old. Those entrusted to us need our services and are appropriately placed. All must be admitted under a physician's order and have an approved plan of care and treatment.

With this qualifier for background we ask you to weigh and balance the merit of H.B. 2096 versus its liabilities and hopefully conclude that it isn't necessary and should be stricken as an unwarranted intrusion into the private lives of Kansas citizens.

*PHW
Attn. #2
2-10-7* "We Care"

H.B. 2096 Provides: No private-paying person may be admitted into an adult care home unless the person's need for care, and level of appropriate services, has been screened by SRS. The screening is done by a nurse and a social worker.

PRESENTLY:

- all Medicaid recipients "determined likely" to need nursing home care must be prescreened under the HCBS program.
- Kansas law (S.B. 32 in 1983) permits private-pay to voluntarily apply for screening upon payment of a fee.

PURPOSE OF BILL?

1. To avoid unnecessary nursing home placement given as a reason.

Response: The HCBS program has only targeted a very small number of persons as inappropriately placed. Is the cost warranted?

2. To inform and educate the elderly public about non-institutional services available.

Response: A coordination of efforts by agencies, such as SRS local offices and Area Agency on Aging offices, to explain various services available in a community to the public, including physicians, may be a better approach than placing a fee of \$50-\$60 on all private-paying persons.

3. To identify those private-paying persons whose personal resources may be exhausted in six months and thus become Medicaid eligible.

Response: No one has the right, or authority, to delve into the financial status of another person. The single greatest reason for the rapid depletion of private resources is the inadequate funding of the Medicaid Program, which places an additional financial load on the private sector.

RESPONSIBILITY FOR ENFORCEMENT: Would appear to fall upon the adult care home, i.e., no person may be admitted to an adult care home....(lines 0028-0029). A question of general liability arises with the facility as the gate-keeper. For example, a hospitalized patient is advised, under physician's orders, that skilled nursing care is now needed. Transfer and admission documents

are completed, patient arrives, but facility discovers that patient hasn't had screening by a nurse and social worker done as required by law. What would be the exposure for failing to accept the patient? Equally important, what affect would this have upon the patient, and family?

CONCLUSION: While H.B. 2096 appears on the surface to be a simple proposal, a close review finds it to be complex and of questionable value, in first considering the additional expense it places upon the private sector and second for its obvious encroachment by government into the private lives of citizens.

We respectfully request your unfavorable reporting of H.B. 2096.

Thank you for this opportunity.



The Organization of
Nonprofit Homes and
Services for the Elderly

Kansas Association of Homes for the Aging
One Townsite Plaza
Fifth and Kansas Avenue
Topeka, Kansas 66603

913-233-7443

February 10, 1987

Statement of John Grace, Executive Director
Kansas Association of Homes for the Aging

The Organization of Church, Governmental and County Sponsored
Homes and Services for the Aging

Re: House Bill 2096

Position: Opposed To House Bill 2096

Our Organization supports information and educational services and programs for older persons on the availability of health and social community based and institutional services.

In fact, each Area Agency on Aging in Kansas is required by law to provide Information and Referral services to older persons. Our concerns with this bill are twofold:

1. Persons who are not receiving Government Assistance should have the right to choose their own living arrangement suitable to their needs and desires. We would not support any restrictions on freedom of choice, or the rights of privacy for older persons.
2. The cost for this program could exceed \$100,000 annually, based upon 4000 older persons, private paying, who enter adult care homes each year. This is just another clear effort on the part of the state to "cost shift", requiring the private pay older persons to pay for a mandated government program.

We will continue to support information and educational efforts on the part of the Aging Network to inform consumers of the program and services available to them.

Thank You.

*P. Hall
Attn #3
2-10-7*

KANSAS COALITION ON AGING
TESTIMONY ON HB 2096
MARK INTERMILL

My name is Mark Intermill. I am the Director of the Kansas Coalition on Aging. I am here to speak in support of HB 2096. The Kansas Coalition on Aging has as one of its top priorities the establishment of a comprehensive and coordinated system of long term care. Such a system would include community services as well as institutional long term care and would ensure that an appropriate level of care is provided. HB 2096 would provide a mechanism which could help to ensure the appropriate utilization of the long term care system. As the number of persons in need of long term care increases, it will be especially important for Kansas to use its resources wisely.

I have worked in aging services for ten years as a nursing home ombudsman, a grants administrator for an area agency on aging and as the director of the Kansas Coalition on Aging. One of the observations I have made is that people do not become aware of aging services until they have a need for them, and at that point the need is critical. We believe that older persons who need long term care should be able to choose the form of that care. If, when presented with the options available they select nursing home care, then they should be allowed to pursue that option. It is our concern that HB 2096 could preclude older persons from entering a nursing home when that is their choice or when there are no alternative community services available to them. We do believe that when provided a choice most older Kansans will choose to remain in their own homes with the assistance of formal services.

The cost of pre-admission screening will and should be a part of the debate over HB 2096. Yesterday we heard that the cost of pre-admission screening for the Home and Community-Based Services program was between \$45 and \$55. While this may sound like an undue financial burden for a family which is about to place a family member in a nursing home, it is roughly equivalent to one day's cost of nursing home care. The screening would amount to about .4% of the cost of one year of care in a nursing home. Also, the screening tool used by the HCBS program is a long document. The Department may be able to review some of the screening tools developed by case management projects in Kansas, that would not take as much time to complete and could elicit adequate screening information.

In summary, we believe that, due to the growth of our aged population, Kansas must move towards the development of a system of long term care that uses long term care resources optimally. We need to have a range of community and institutional services that are adequately funded, and utilized appropriately. I believe that the concept embodied in HB 2096 is an important step in that direction.

PAW
Attn #4
2-10-87

HOUSE BILL NO. _____

By

AN ACT concerning the adult care home licensure act; placing certain limitations on the operation of such homes; amending K.S.A. 39-926a and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 39-926a is hereby amended to read as follows: 39-926a. (a) Except as otherwise provided in this section subsection (a), no more than three different persons shall be licensed to operate any one adult care home under the adult care home licensure act, and no license to operate any one adult care home shall be issued under that act to more than three different persons. The provisions of this section subsection (a) shall not apply to any license to operate an adult care home which is in effect on the effective date of this act and which is issued to more than three different persons, or the renewal of any such license, unless subsequent to the effective date of this act three or fewer persons operate the adult care home or the license to operate the adult care home is denied or revoked.

(b) On and after the effective date of this act, no person shall be granted an original license to operate an adult care home or granted an increase in the licensed resident capacity of a currently licensed adult care home: (1) If at the time of application therefor such person is licensed under the adult care home licensure act to operate adult care homes which have a combined licensed resident capacity in excess of 15% of the total licensed resident capacity of all licensed adult care homes in this state; or (2) if such application is granted, such person will be licensed under the adult care home licensure act to operate adult care homes which have a combined licensed resident capacity in excess of 15% of the total licensed resident capacity

*P. New
Attn. #5
2-10-87*

of all licensed adult care homes in this state.

{b} (c) This section shall be part of and supplemental to the adult care home licensure act.

Sec. 2. K.S.A. 39-926a is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the Kansas register.