

Approved 2-21-89 Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at  
Chairperson

10:00 a.m./~~p.m.~~ on February 15, 1989 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research  
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

Esther Wolf, Secretary, Kansas Department on Aging  
Linda Lubensky, Executive Director, Kansas Home Care Association  
Irene Hart, Director, Sedgwick County Department on Aging and Central Plains  
Area on Aging  
Ila V. Major, Older Women's League of Kansas City  
Monda M. Spool, Executive Director, North Central Flint Hills Area Agency  
on Aging  
Mitzie Richards, Executive Director, Home Care, Manhattan  
Michael Lechner, Department of Human Resources, Advisory Committee on  
Employment of Handicapped  
Written testimony by Basil Covey, Chairman, Legislative Committee, Kansas  
Retired Teachers Association  
Written testimony by Lawrence A. Bechtold, Kansas State Legislative  
Committee of AARP  
Written testimony by Ralph Turner, Douglas County Delegate, Silver Haired  
Legislature  
Written testimony by Duane Hagstrand, Chairman, Board of Directors, North  
Central Flinthills Area on Aging  
Written testimony, Terri Roberts, Executive Director, KSNA

The meeting was called to order and Senator Hayden was requested to introduce his two pages, Bethanie Popejoy from Johnson, Kansas and Heike Hagadorn, a foreign exchange student from Germany.

Esther Wolf, Secretary, Department on Aging, appeared in support of SB-60 stating that this bill was endorsed by Governor Hayden in his State of the State address. Secretary Wolf said her goal would be to test the viability of the Senior Care Program under different circumstances. Plans would include funding of homemaker and personal care services and cost sharing would be a necessary factor. State funding will not be tied to income and resources restrictions would not require impoverishment of recipients before allowing purchase of services as needed. (Attachment-1)

Linda Lubensky, KHCA, appeared in support of SB-60 stating that her organization represented licensed providers of in-home services across the state and were cognizant of the benefits of long term care support services which enabled individuals to remain independent in their homes and communities. She stated that the Senior Care Act would provide the foundation or first step toward achieving a Kansas long term care program which ultimately will assist all functionally disabled Kansans, not just seniors, to remain in their homes and communities. (Attachment 2)

Irene Hart of Sedgwick County, Kansas Department on Aging appeared in support of SB-60 alluding to examples of persons who would be able to pay a portion of the cost of care, but are unable to pay the full market price of that care. Ms. Hart outlined a study of six states by the National Association of Governors who had successful community-based, long-term care programs. The study included cost control management, flexibility of services and providers, use of nonmedical in-home services, need for

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 526-S Statehouse, at 10:00 a.m./~~p.m.~~ on February 15, 1989

state general revenues and a system built incrementally. (Attachment 3)

Ila V. Major spoke in support of SB-60 telling the committee of her own personal experiences in this area and outlining amendments that in her opinion, should be included in SB-60. (Attachment 4)

Monda M. Spool, Manhattan, testified in support of SB-60 stating that older Kansans valued their independence, that Kansas offers few alternatives to institutionalization and in-home services now available are under-funded with many restrictions. She also made recommendations based on experience from administering in-home services projects. (Attachment 5)

Mitzi Richards, Manhattan, spoke in support of SB-60 emphasizing the acute need for state funding of in-home services. She encouraged the creation of top-quality, well-coordinated programs that could reduce the number of caregivers going into a home to provide services. She further encouraged the best possible assessment of needs of older Kansans by listening to their individual needs and then setting criteria for evaluation. Use of the expertise and experience of Kansas' home health agencies was encouraged along with providing adequate funding so that service providers could receive a living wage. (Attachment 6)

Michael Lechner, Advisory Committee on Employment of Handicapped, told the committee that the Advisory Committee on Employment of the Handicapped oppose SB-60 stating there is no need to set up a separate program administration in the Department on Aging simply because SRS has not fully explored the options available. House Bill 2012 would further enhance those options. By rewriting the waiver, more of the \$250,000 will be directed to the consumer and away from administrative costs. (Attachment 12)

Due to time constraints those on the agenda who could not appear were requested to present written testimony.

Basil Covey, Kansas Retired Teachers Association, presented written testimony stating his organization supported SB-60 as long term care is expensive and a couple's resources may be exhausted sooner if institutionalization becomes necessary. Many retired teachers have expressed their greatest fear is being forced to leave home when they can no longer manage on their own. (Attachment 7)

Lawrence A. Bechtold, AARP, presented written testimony stating his organization supported an interim study of in home care problems this summer and believes SB-60 incorporates the most important aspects of the proposal. He further noted older Kansans desire to be independent and with a few services could enjoy a higher quality of life in their own homes. (Attachment 8)

Ralph J. Turner, Douglas County delegate of the Silver Haired Legislature, presented written testimony stating his organization's support for SB-60, the Governor's Senior Care Act. He further stated that this pilot program, with matching fund provisions, could deliver a coordinated system of homemaker and personal care services to those senior Kansans who prefer to remain in their homes and maintain an independent lifestyle. (Attachment 9)

Duane Hagstrand, Manhattan, presented written testimony in support of SB-60 citing need for in-home services by many older Kansans, particularly those who live in rural areas. He urged funding direct services as a top priority along with minimized administrative costs. (Attachment 10)

Written testimony was presented by Carolyn Middendorf, R.N., M.N. in support of SB-60. Ms. Middendorf expressed the belief that additional state monies must be appropriated to adequately fund this very important

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
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piece of legislation. Numerous projects are in place that need to be expanded under this act. Also, there is adequate evidence to suggest a need for case management, in addition to the in-home services that will need expanding in order to keep older adults in their homes longer. (Attachment 11)

The meeting adjourned at 11:00 a.m. and will convene at 10:00 a.m. on Thursday, February 16, 1989, in room 526-S.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE February 15, 1989

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Baril Covey	KRTA
Vernon L. Muekey	Advisory board Aging
Mitz Richards	Homecare, Executive Director
Carolyn Middleton	KSWA
Linda Lubenki	Ks. Home Care Assn.
Emily Taylor	State Advisory Council on Aging
Julie Govea Water	NC-FH AAA
An Janzen	State Adv Council on Aging
Erna Speer	State advisory council on aging
Ida Mae Edmunds	State Adv. Counc. on ag.
Ray Arvin Jean Arvin	Citizens
Hattie Norman	KOD A/State Adv. Council
Claire McCurdy	KAOA
Greene Hart	Sedgwick County Aging
Ben Court	SRS
Belva Chang	KSBN
Ellen E. Bunnett	ARP
Olenna Kamp	SW Student
Xabi Tyle	SHL

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-15-89

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Lynda Dren

KDOA

Gary Gibson

S.H.L.

Lela Mae Gibson

concerned citizens

Dorothy Woodin

KCOA

KATHY FREEMAN - TOPEKA

KNASW

Charlotte Morley

NASW Chapter - Kansas

Jeanette R Baraban

NASW - Topeka

Deane Hagstrom

NC-FH Area Agency on Aging

Monda M Spral

NC-FH Area Agency on Aging

Mike O'Neil

KALEH/DHR

Mike Lehnor

10 11

TESTIMONY ON SB 60, THE KANSAS SENIOR CARE ACT  
By  
Kansas Department on Aging  
Before  
Senate Public Health and Welfare Committee  
February 15, 1989

Mr. Chairman and members of the committee, my name is Esther Wolf, Secretary of Aging. It is a privilege to speak to you on behalf of Governor Hayden and the citizens of Kansas.

The bill you have before you is one that Governor Hayden endorsed in his State of the State address, and it is a concept that the citizens of Kansas have requested. The Kansas Department on Aging asks for your support of SB 60 to establish a program of in-home services.

The bill is a simple one; is contained on one page. You will remember, Mr. Chairman, that in 1986 we began our work on division of assets with a one page bill. The issue before you today may be just as important.

PROGRAM OPERATION

Other witnesses today will speak on the need for this program. I want to devote my time to its operation. Here is how I foresee the Governor's program in operation:

Administration - The Kansas Department on Aging would grant funds to three area agencies on aging which would provide assessment and contract for homemaker and personal care services within their planning and service areas.

Kansas has eleven area agencies on aging. They are responsible for the administration of Older Americans Act programs, which include in-home services. The area agencies on aging do not usually operate the programs directly; they contract for services with community-based organizations.

Selection of Sites - Every area of the State needs long term care services. We can make a measurable impact on this need by concentrating the funding available in SB 60 in three pilot locations.

The Department plans to select sites by their geographical location and by their stage of program development. We plan to locate one project in a rural area and one project in an urban area. We also plan to target an area which currently has minimal services, as well as an area which has a well-developed mix of services. With only three pilot locations, we will decide how to best select sites based on population and services.

Our goal is to test the viability of the Senior Care Program under different circumstances. All areas of the State will be considered for a project.

Cost Sharing - Recipients and area agencies should share the costs of the program. Cost-sharing doubles the impact of the program and reduces the stigma of welfare.

The Department plans to offer grants only to area agencies on aging which can match the State money with an equal amount of local resources. There must be a local commitment to make this program a success. The State money serves as an incentive for local effort.

The Department also plans to offer services on a sliding-fee scale. One of the important advantages of the Senior Care program is the availability of services which it will provide to people who do not meet the income and resource tests of existing programs, such as Home and Community Based Services provided under Medicaid. By offering the services on a sliding-fee scale, we make the services more acceptable. People who want to use the services and who want to pay for the services can use and pay for the services. This arrangement also generates income for the program.

I want to emphasize the concept of independence. The Senior Care program intends to offer independence to Older Kansans who have disabilities. Those Kansans who want to be independent probably prefer not to be dependent on the State for their care. We do not want to foster dependency. By offering Older Kansans an opportunity to contribute to the cost of these services, we are maintaining their dignity.

Service Development - If SB 60 is passed the Department plans to fund two services -- homemaker and personal care services. These services are the two essential services identified in December, 1986 by the Secretaries of SRS, Health and Environment and Aging in Long Term Care Services for Older Kansans: A Comprehensive Plan. We will target our resources by devoting our funding to these two services.

Attached are tables from a survey at the 1987 Governor's Conference on Aging which show the preferences of Older Kansans. The top three choices were home health services, home delivered meals, and homemaker services.

SRS has a successful homemaker program known now as the Home Care Worker Program. Some area agencies on aging use Older Americans Act funds to purchase homemaker services from SRS so that people above the income eligibility standards can be served. With the Senior Care Program the Department intends to increase the availability of homemaker services.

Personal care services are also purchased by some area agencies using Older Americans Act money. Area agencies on aging commonly contract with home health agencies for these services. Personal care services, however, need to be more available.

The Department intends to collect base line data before the start of the program in each selected area. This data should measure the need for services. After implementation, the Department intends to collect data on the program's impact on families, recipients, and communities. This data should test the validity

of our assumptions about necessary services and the effectiveness of our program in providing homemaker and personal care services.

I am pleased to note in passing that home delivered meals are also going to be more available pursuant to the Governor's 1990 proposed budget. Low-income home delivered meals will increase by 33 percent and all other meal programs by 4.45 percent.

#### CONCLUSION

Even though the \$250,000 provided for SB 60 is a modest amount of money, it will double the amount of funding the Department will be providing for in-home services in Kansas. Older Americans Act funds now only purchase \$400,000 of in-home care statewide. The Senior Care Program, when matched with local money, will purchase \$500,000 of in-home care services.

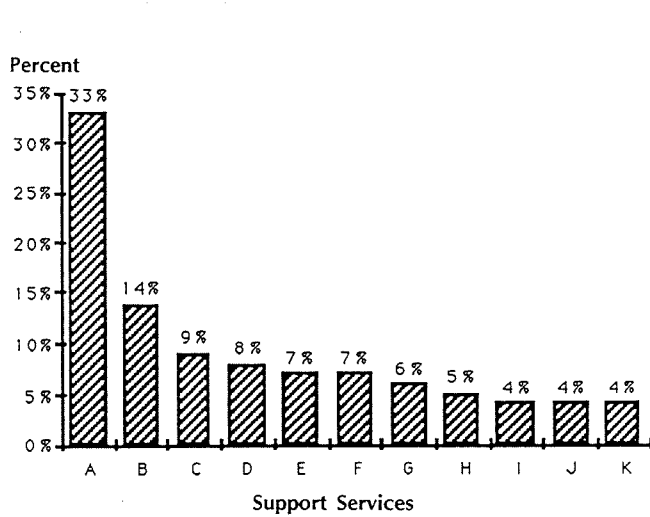
State funding will allow us to move around the restrictions of federal funding that hamstring the development of a long-term care system in Kansas. State funding will not be tied to income and resource tests which are a part of the Medicaid and SRS programs. State funding will not be tied to the restrictions in the Older Americans Act which prohibit the pricing of services. We can therefore build a system of services which will not require the impoverishment of recipients and which will allow them to purchase services as needed.

By this time next year, the Department intends to show that the State's investment in a Senior Care Program enhanced the well-being of Older Kansans. It is an investment worth making.



## CAREGIVERS

70% of the respondents are currently providing or have provided care to an older person for an extended period of time. The following is an indication of what form of caregiver support was or would have been of greatest benefit.

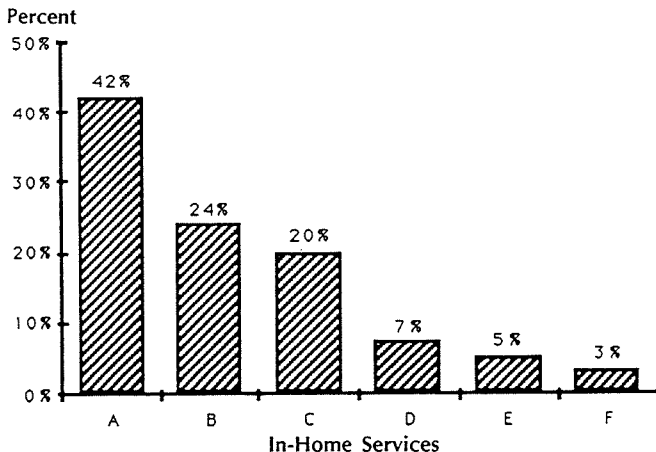


### Support Services

- A. Home Health Care
- B. Adult Day Care
- C. Information and Referral Services including caregiver training
- D. Long Term Care Insurance
- E. Other
- F. No caregiver support was necessary
- G. Respite Care
- H. Local Support Group
- I. Unpaid leave from work with health and pension benefits protected
- J. Hospice Care
- K. Dependent Care Tax Credit

## IN-HOME SERVICES

91% of the respondents indicated a preference for use of funds for in-home services over case management. Those respondents indicated that the following in-home services are most important to be funded.



### In-Home Services

- A. Home-Health Services
- B. Home Delivered Meals
- C. Homemaker
- D. Home Repair
- E. Friendly Visitor
- F. Telephone Reassurance



Kansas Home Care Association · 4101 West 13th Street · Lawrence, Kansas 66046 · (913) 841-2833

To: Senate Public Health and Welfare Committee  
From: Linda Lubensky, Executive Director, KHCA  
Date: February 15, 1989  
Subject: S.B. 60, Kansas Senior Care Act

On behalf of the Kansas Home Care Association, I would like to express my appreciation for the opportunity to testify before you today in support of S.B. 60, the Kansas Senior Care Act.

The Kansas Home Care Association represents licensed providers of in-home services across the state. Consequently, our members are intimately aware of the benefits of long term care support services that enable individuals to remain independently in their homes and communities rather than being institutionalized. We are equally aware of the limitations within our current system that continue to make such services unavailable to many in need.

Kansas has long exhibited a strong institutional bias, which has failed to recognize that most individuals prefer to remain in their homes, when possible, and that the cost of institutionalization is usually substantially more than home care. Moreover, as Kansas has a proportionally high percentage of senior citizens, it particularly important that our state support those programs which address their long term care needs appropriately and cost effectively. In 1986, more than \$876,000,000 was spent nationwide on state-financed long term care programs. Even though more than 1.1% of the nation's 65+ population live in our state, Kansas spent less than .05% of the nation's total expenditure, ranking 46th among the states.

The need for long term care services within our state is extensive, and growing rapidly. We know that any comprehensive means of addressing the situation will involve national, state, local and private sector involvement. S.B. 60 would enable the state, through its Department on Aging, to build and develop a program that would, not only provide for some of the need, but would provide the insight, the experience, and the data upon which a comprehensive program could be developed for future years.

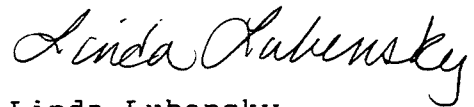
It is our hope that S.B. 60 will, through the Senior Care Act, provide the foundation, the first step toward achieving a Kansas long term care program...a program that will, some day, assist all functionally disabled Kansans, not just seniors, to remain in their homes and communities; that will encourage local government and private sector participation; that will utilize existing

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Attachment 2

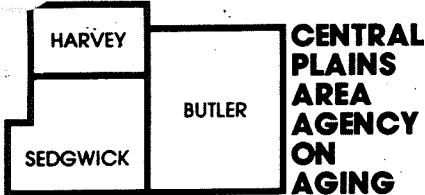
local home care agency resources; and that will capitalize on and support family and community involvement.

The Kansas Home Care Association asks that you support S.B. 60. We appreciate your consideration and are available to provide any information that you might require.

Sincerely,

A handwritten signature in cursive script that reads "Linda Lubensky".

Linda Lubensky  
Executive Director



# Sedgwick County, Kansas

## Department on Aging

Room 306

COUNTY COURTHOUSE, 510 N. MAIN

WICHITA, KANSAS

TELEPHONE (316) 268-7298  
INFORMATION & ASSISTANCE (316) 268-7824

### Testimony For SB60

Good morning. My name is Irene Hart and I'm Director of the Sedgwick County Department on Aging. We operate the Central Plains Area Agency on Aging (covering Harvey, Sedgwick, and Butler Counties; administer aging mill levy funds in Sedgwick County; and provide special assistance to older persons through casework, outreach, and case management.

In Sedgwick County particularly, we have established the groundwork for a system of community-based care. If you have questions regarding implementation of the proposed Senior Care Act, I may be able to provide an answer based on our own experiences in Sedgwick County.

The two points I'd like to make today are in relation to 1) the need for the Senior Care Act; and 2) support for SB60 in its current language.

#### Need for Senior Care Act

You all have seen the statistics about the increasing numbers of older persons, and particularly of the very old, so I will not go into that data. Instead, I'll tell you about three different situations of persons living in Butler and Sedgwick Counties.

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*2-15-89*  
*Attachment 3*

1. A 98 year old person on the waiting list for mill levy-funded homemaker/personal care assistance. The person is income eligible and meets functional criteria. She is twenty-seventh on the waiting list. Her daughter-in-law, who is in poor health, can only help on the weekends.
2. An 82 year old person is in a nursing home because of a broken ankle. She has decided to stay in the nursing home, because she does not have access to personal care services due to the waiting list.
3. A county-funded homemaker program provides assistance only in two-hour blocks of time, so that limited resources may be spread to as many persons as possible. The program is unable to provide four to six hour blocks of time for needed respite services to overburdened caregivers. The lack of respite care has resulted in several recent nursing home placements.

In all these situations, the persons would be able to pay a portion of the cost of the care, but are unable to pay the full market price of that care. (Trained aides and homemakers cost \$8 - \$10 per hour through private agencies.) In all situations, county funds have been maximized - there simply isn't enough mill levy funds to assist the people who are in desperate need.

#### Support for SB60

The National Governors Association performed a study of

successful community-based long-term care programs. Six states met their criteria, and the system in each state was thoroughly analyzed. I'll give you a summary of their general findings.

1. The states did not experience run-away costs in total long term care spending. Each state had some form of the following cost control mechanisms: A) targeting; B) case management, or C) income eligibility.
2. All systems were tightly managed in financial eligibility, assessment, and case management, but provided flexibility in services and in selection of actual service providers.
3. All systems were built upon the use of non-medical, in-home services.
4. State general revenues were essential in building the system; filling gaps in assistance for the poor and near-poor.
5. Each state built their system incrementally, either with a total plan, phasing in counties, or statewide phasing in services and population groups.

SB60 reflects these findings. The Kansas Department on Aging is the appropriate administrator, working operationally through the Area Agencies and their local subcontracting agencies and organizations. SB60 maximizes the effectiveness of state funds by leveraging local funds. It provides sufficient flexibility to meet needs of individuals, but provides for accountability to the state. And it provides a resource for frail and vulnerable older Kansans who, with all their heart, desire to remain at home in dignity.

I urge your favorable consideration of SB60. Thank you.

February 15, 1989

MY TESTIMONY IN SUPPORT OF THIS BILL IS PRIMARILY PERSONAL, AND AS SUCH, I WILL NOT COPY IT HERE. HOWEVER, HAVING WORKED TO SECURE PASSAGE OF SUCH A BILL FOR THIS TYPE OF PROGRAM FOR A NUMBER OF YEARS, I FEEL THAT CERTAIN AMENDMENTS SHOULD BE MADE TO SB60 TO SPELL OUT SOME OF THE REQUIREMENTS AND THESE AMENDMENTS ARE STATED BELOW. SOME OF THE AMENDMENTS WERE SUGGESTED BY THE COMMITTEE FORMED TWO YEARS AGO TO COME UP WITH SUGGESTIONS AS TO HOW THE DEPARTMENT ON HEALTH AND ENVIRONMENT, THE DEPARTMENT ON AGING, AND THE DEPARTMENT ON SOCIAL AND REHABILITATION SERVICES COULD WORK MORE CO-OPERATIVELY. THIS WAS DONE AS DIRECTED BY THE LEGISLATURE.

1. A demonstration site/or sites shall be set up to implement in-home care as determined by the Secretary on Aging.

2. Matching funds from the area of the demonstration site shall be required.

3. On or before the end of the year following the implementation of this bill, the secretary shall submit a report to the governor and to the legislature concerning the operation of the demonstration site/sites established under this section. The report shall contain a review and evaluation of the project/projects, specific recommendations with regard to the demonstration project/projects and such other information and recommendations relating to the implementation of this bill as the

*S.H.W.*  
*2-15-89*  
*Attachment 4*

secretary deems appropriate.

4. No moneys may be expended for the provision of in-home care services as part of the implementation of this section if other moneys are available to pay for these services. Moneys available for expenditures as part of the demonstration project/projects established under this section shall be in addition to and shall not replace Medicaid, Medicare, Older Americans Act, Community Services Block Grant and other state or federal funding sources that may be used to pay for the services.

5. The secretary shall fix, charge and collect fees for services provided as part of the demonstration project/projects established under this section. The fees shall be based on the reasonable cost for the services and shall be fixed on a sliding scale which shall be adopted by the secretary based on ability to pay for the services by the people receiving the services. The secretary shall remit all moneys received for these services under this section to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury and credit the same to the state general fund.

6. Assessment and case management for each recipient shall be part of the services provided under this section.

Submitted by Ila V. Major



Testimony before the Senate Public Health and Welfare Committee  
Feb. 15, 1989

Monda M. Spool, Executive Director  
North Central-Flint Hills Area Agency on Aging  
Manhattan, KS 66502  
913-776-9294

Good morning. My name is Monda Spool. I am the executive director of the North Central-Flint Hills Area Agency on Aging, a private, non-profit agency which serves 55,000 Kansans age 60 and over who live in an 18-county service area.

I am delighted to have this opportunity to testify this morning in support of Senate Bill 60 -- a proposal which I believe would be an initial step to provide in-services enabling older Kansans with chronic health conditions to remain living independently in their own homes longer.

I'd like to highlight why I believe state funds are necessary to provide in-home services:

**1. Older Kansans value their independence.**

Most older Kansans enjoy good health. They garden, travel as they please and participate in their communities.

But many older Kansans have chronic long-term health problems or disabling conditions which prevent them from living independently in their own homes. Some have severe health problems, such as Alzheimer's Disease which require round-the-clock attention.

Another group of senior Kansans -- a sizable number of older Kansans -- have health conditions that are only mildly limiting. These seniors may need help with bathing, grooming or other types of personal care. Or they may need help with their shopping or with other household chores -- tasks which everyone knows must be done if one is to live at home.

It is this last group of seniors who risk being inappropriately institutionalized. These seniors fear being burdens to their families and friends, yet they also fear having to leave their homes.

**2. Kansas offers few alternatives to institutionalization.**

Older Kansans with chronic, long-term health problems or disabilities have really only one main alternative: the nursing home.

Currently federal funds use in Kansas provides an institutionally-biased health care system.

In 1986 our state spent \$96 million on long-term care and more than \$88 million of this went for nursing home care. A state-by-state study released in 1988 by George Washington University ranks Kansas as 46th in the nation in the amount of state dollars spent for long-term care.

In 1986, Kansas spent a total of \$400,000 on long-term health services -- about \$1.20 for every person over age 65. That same year Colorado spent \$42.90 per older person; Missouri spent \$41.90; Oklahoma spent \$16.30 and Nebraska spent \$1.80. These states, with the exception of Nebraska, have a sliding fee scale option. This means that in Missouri, a person who meets medical eligibility requirements but not the income requirements, may receive the services he or she needs to live independently at home on an ability-to-pay basis.

**3. In-home services now available are under-funded, many restrictions apply.**

Here's a review of in-home services now available in Kansas:

SRS Services

Only those Kansans who meet SRS medical and income requirements may take advantage of Home and Community Services and Homemaker services. Often only those who are already in poor health begin to receive these in-home services. An individual in a rural area is lucky if all the needed services are available in his or her county.

County Health Departments:

A survey conducted by our agency in August shows that 15 percent of those older Kansans who received in-home help in 1987 used services provided through county health departments. Sixty-two percent of all seniors who received this help were age 75 or older.

Two-thirds of the county health officials who completed the survey indicated that eligibility requirements for Medicare, Medicaid and SRS were the biggest barriers to providing in-home services. Shortages of qualified staff was the second most important barrier.

Funding restrictions of Medicare and Medicaid mean that the services provided are available only on a short-term basis. And often the in-home services available in larger, more urban counties are unavailable in rural counties.

Older Americans Act Supportive Service Grants:

During the last three years, the North Central-Flint Hills Area Agency on aging has provided almost \$193,000 in federal III-B funds for in-home services benefiting older Kansans at risk of being institutionalized.

In-home services are a priority for our Agency. Since FY 1987 20 percent of all III-B dollars have been used for these services.

Most of these funds went to supplement personal care services provided through health departments. Other services funded included hospice, chore and case management services.

Our agency has successfully built partnerships with health departments and home health agencies who know the needs of in-home services, but can't meet these needs because of Medicare and Medicaid restrictions, tight budgets or staff shortages.

Please refer to the addenda I have submitted with this testimony for a detailed summary of our Agency's response to the need of in-home services in our area.

**Recommendations based on experience of administering in-home services projects:**

Given that our agency has a successful record of administering funds for programs providing in-home services to senior Kansans, I respectfully submit these recommendations and observations.

1. Funding of in-home services should be a priority for state legislators.

Currently our long-term care system is lop-sided -- heavily favoring institutional care over providing services that could keep older Kansans living where they want to live -- in their own homes.

2. Maximize funding for direct in-home services -- specific core services targeted to meet the daily-living needs of homebound Kansans -- and minimize administrative costs.

By funding in-home services through the Kansas Department on Aging as proposed in S.B. 60, the state utilizes the state-wide network of area agencies of aging. This has the potential to allow funds from federal, state and local sources to converge so that the state can get more services for every dollar spent.

3. If funds are limited, fund a few quality projects

Currently state funds are allocated on a formula basis. But allocating few dollars throughout the state would be like fighting a tiger with a toothpick. The limited budget dollars currently under review would have a greater impact if used for specially targeted projects. These projects would be required to meet these criteria:

- a. Measuring unique service delivery characteristics

- b. Provide performance models to deliver in-home services.
- c. Target specific services of high priority for an at-risk population.

I suggest that if only a very restricted pool of funds are available for in-home services, the state should fund special projects which would model service delivery in the state. For example, dollars could be assigned to fund in-home services in a very rural area which would allow the state to learn more about the challenges and the delivery costs unique to in-home service programs serving rural older Kansans. The state could fund a program for in-home services for older Kansans who reside in one of Kansas' larger cities to learn the nuances of this type of program.

The services provided through these programs should be tracked and evaluated on performance-based criteria. With information the Kansas Legislature and the Department on Aging could expand in-home service delivery in Kansas based on experiences and results of the already funded projects.

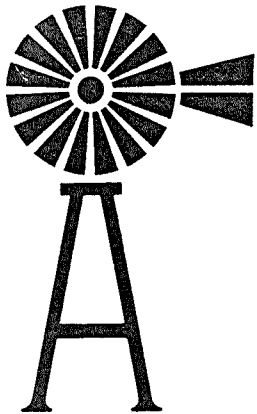
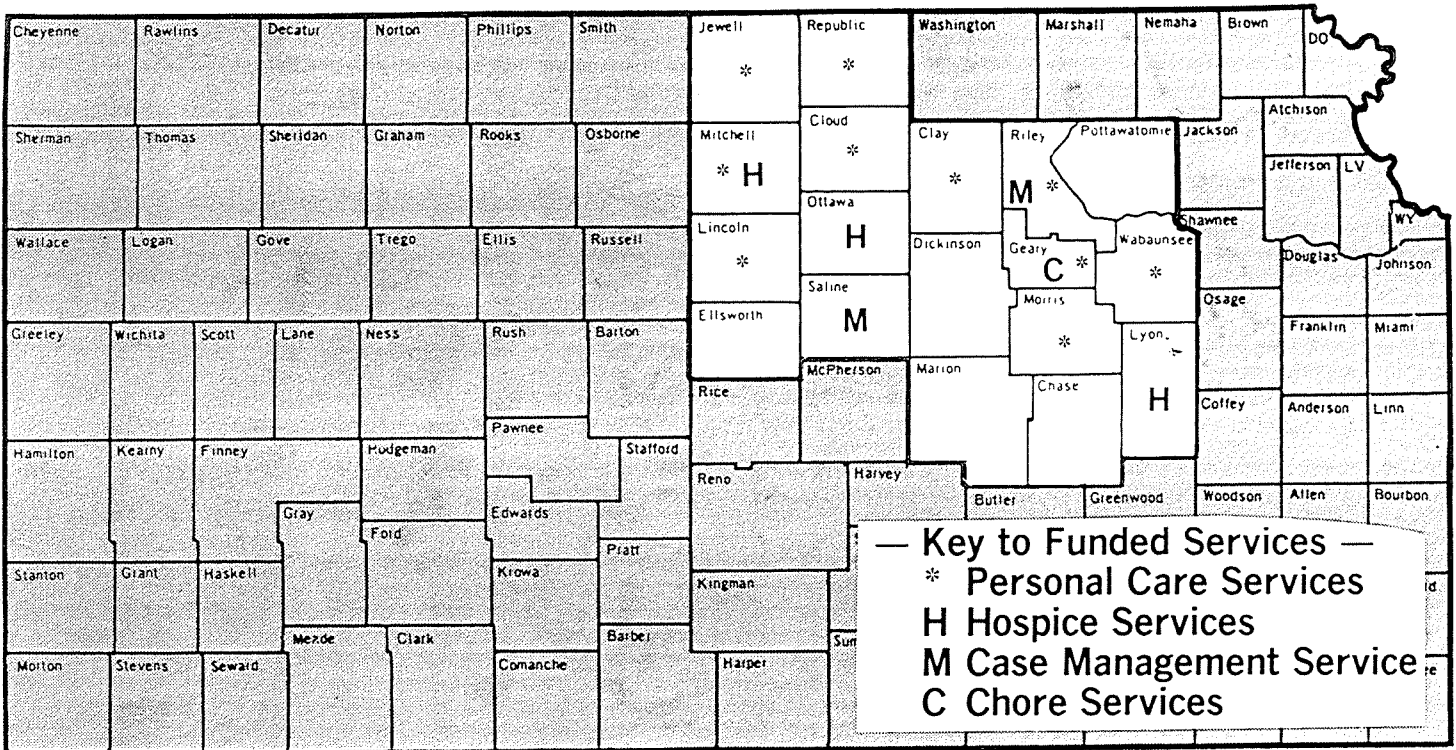
AMERICA'S OLDER POPULATION CONTINUES GROWTH

- o The older population--people 65 years or older--numbered 28.5 million in 1985. They represented 12.0 percent of the U.S. population, about one in every eight Americans. The number of older Americans has increased by 2.8 million or 11 percent since 1980, compared to an increase of 4 percent for the under-65 population.
- o Since 1900, the percentage of Americans 65+ has tripled (4.1 percent in 1900 to 12.0 percent in 1985), and the number increased nine times (from 3.1 million to 28.5 million).
- o The older population itself is getting older. In 1985, the 65-74 age group (17.0 million) was nearly eight times larger than in 1900, but the 75-84 group (8.8 million) was 11 times larger and the 85+ group (2.7 million) was 22 times larger.
- o About 2.1 million persons celebrated their 65th birthday in 1985 (5,600 per day). In the same year, about 1.5 million persons 65 or older died, resulting in a net increase of over 560,000 (1,540 per day).
- o The older population is expected to continue to increase in the future. This growth will slow somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. The most rapid increase is expected between the years 2010 and 2030 when the "baby boom" generation reaches age 65.
- o By 2030, there will be about 65 million older people, two and one-half times their number in 1980. If current fertility and immigration levels remain stable, the only age groups to experience significant growth in the next century will be those past age 55.
- o By the year 2000, people 65 and older are expected to represent 13 percent of the population. This percentage is projected to climb to over 21 percent by the year 2030.

## FACTS ABOUT DISABILITY AMONG OLDER AMERICANS

- Most older people are healthy and lead active, satisfying lives. A 1985 survey found that 69% reported their health as excellent or good. A 1981 survey found that one-fourth spent "a lot of time" exercising and that large majorities had gone shopping, eaten at a restaurant, attended church or synagogue, or visited the home of a neighbor or relative in the previous month.
  - According to a 1982 national survey, there were about 5.1 million people 65 years or older living in the community who need the assistance of another person or a special aid to perform one or more selected personal care or home management activities. This figure represented 20% of all noninstitutionalized older people in the country.
  - The percentage needing assistance was higher for older women (22%) than for older men (17%). The percentage also rose rapidly with age. Only 14% of people 65-74 years of age required such help compared to 26% of people 75-84 and 48% (or almost half) of those 85 years or older.
  - Some of the activities which caused the most difficulty for older people (as reported in the 1984 survey) are as follows:
    - Heavy work around the house (3.8 million, 14.8% ).
    - Shopping for groceries (2.9 million, 11.4%).
    - Going places outside walking distance (2.4 million, 9.3%).
    - Bathing (2.1 million, 8.4%).
    - Doing laundry (2.1 million, 8.1%).
    - Getting around outside (2.0 million, 8.0%).
    - Preparing meals (1.5 million, 6.0%).
    - Getting in or out of bed (1.3 million, 5.2%), and
    - Managing one's own money (1.3 million, 5.1%).
- In addition, about 2.1 million (8.3%) were impaired in their cognitive functioning and 1.2 million (4.8%) experienced problems with continence.
- Among the unpaid caregivers of elderly people who required personal assistance in 1982, over one-third (36%) were spouses, a similar percentage were children (37%), and about one-fourth (27%) were other relatives or nonrelatives. Most (72%) were women and over one-third (36%) were themselves elderly (65 years or older). Conflicting demands on the caregivers' time were common. One-fifth (21%) had children under 18 in the household, about 9% had quit their jobs to become a caregiver, and 20% had some form of work conflict (e.g., working fewer hours or rearranging work schedules).
  - Most older people have at least one chronic condition and many have multiple conditions. According to a 1984 national survey, the most frequently occurring conditions for the elderly were: arthritis (53%), Hypertension (42%), hearing impairments (40%), heart disease (34%), cataracts (23%), orthopedic impairments (19%), sinusitis and visual impairments (14% each), hardening of the arteries (12%), and cerebrovascular disease and diabetes (10% each).

# In-Home Service Fact Sheet



North Central-Flint Hills  
 AREA AGENCY ON AGING  
 437 Houston St.  
 Manhattan, Kansas 66502  
 1-800-432-2703

## Summaries of In-Home Services Provided with Title III-B Funds

### 1987 SUMMARY OF IN-HOME SERVICES PROVIDED WITH TITLE III-B FUNDS

Service	Hours of Service Provided	Number of Unduplicated 60+ Clients Served	Number of Grant Awards
Personal Care	6,683 hours	329 clients	7
Hospice	712 hours	53 clients	2*
Case Management	3,129 hours	220 clients	2
Chore Services	1,038 hours	50 clients	1
<b>TOTAL</b>	<b>11,562 hours</b>	<b>652 clients</b>	<b>12 grant awards</b>

\* One grant award went toward start-up funds for Hospice of the Flint Hills in Lyon County.

### 1988 SUMMARY OF IN-HOME SERVICES PROVIDED WITH TITLE III-B FUNDS

Service	Hours of Service Provided	Number of Unduplicated 60+ Clients Served	Number of Grant Awards
Personal Care	5,806.5 hours	366 clients	8
Hospice	3,669.5 hours	54 clients	3
Case Management	3,388.25 hours	232 clients	2
Chore Services	564 hours	34 clients	1
<b>TOTAL</b>	<b>10,428.25 hours</b>	<b>686 clients</b>	<b>14 grant awards</b>

## Requests for Information About In-Home Services

In FY88 the Area Agency's Community Services for Aging Program received a total of 1,006 requests for information about aging services. Of these questions, 482 were inquiries related to in-home services. The breakdown:

<u>Kind of Inquiry</u>	<u>Number of Requests</u>
Home Health Services	99
Friendly Visiting	236
Support Services	128
Chore Services	19

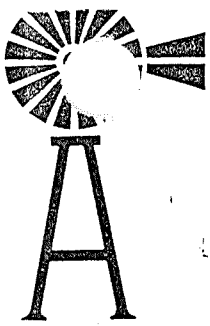
\* Eighteen percent of the 2,684 questions and cases handled by Community Services for Aging related to in-home services.

\* Forty-eight percent of the 482 questions and cases regarding aging services related to in-home services.

## Requests for Home Companions (July 1988-Dec. 1988)

Between July 1, 1988 and Dec. 31, 1988 the Area Agency's Older Kansans Employment Program received 593 job listings and placed 504 older workers in the workforce. Of these listings 12 percent were for home companion help. About eight percent of the older workers placed in jobs took home companion work.





North Central-Flint Hills  
 AREA AGENCY ON AGING  
 437 Houston St.  
 Manhattan, Kansas 66502  
 1-800-432-2703

# In-Home Services:

## Programs Funded by the North Central-Flint Hills Area Agency on Aging

These programs received III-B Older Americans Act funds through the Grants Program of the North Central-Flint Hills Area Agency on Aging, 1987-1989.

	<u>1987</u>	<u>1988</u>	<u>1989</u>
Total III-B Funds	\$302,610	\$328,878	\$305,504
Total III-B Funds Allocated to In-Home Service Programs	\$ 75,707 (25 percent)	\$ 70,500 (21 percent)	\$ 46,640 (15 percent)

### III-B Allocation

Programs Funded	<u>1987</u>	<u>1988</u>	<u>1989</u>
<u>Personal Care:</u>			
Clay Co. Health Dept.	\$ 5,000	\$ 3,500	Ø*
Cloud Co. Health Dept.	7,000	5,000	\$ 5,000
Junction City/Geary Co. Health Dept.	6,000	5,000	5,000
Jewell Co. Health Dept.	6,000	7,500	4,105
Lincoln Co. Health Dept.	6,000	6,000*	4,000*
Republic Co. Health Dept.	6,000	6,000	2,990*
Homecare (Riley Co.)	7,537	5,000*	5,000
Mitchell Co. Health Dept.	Ø	5,000	3,046
Morris Co. Home Health	Ø	Ø*	5,000
Wabaunsee Co. Health Dept.	Ø	Ø	7,069
<b>TOTAL</b>	<b>\$43,537</b>	<b>\$43,500</b>	<b>\$41,210</b>
Percentage of Total III-B Dollars	14.4%	13.2%	13.5%

### Hospice Services:

Hospice of the Flint Hills (Lyon Co.)	\$ 8,670	\$ 5,000	Ø
Ottawa Co. Health Dept.	2,500	2,500	\$ 2,375
Hospice of N.C. Kansas	Ø	5,000	Ø
<b>TOTAL</b>	<b>\$11,170</b>	<b>\$12,500</b>	<b>\$ 2,375</b>
Percentage of Total III-B Dollars	3.7%	3.8%	.8%

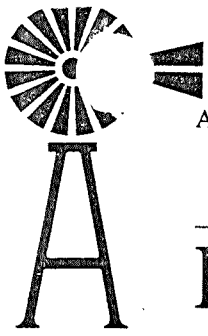
### Case Management Services:

Riley County HELP	\$ 7,000	\$ 5,000	\$ 2,000
Saline Co. CARE Management	10,000	7,000	Ø
<b>TOTAL</b>	<b>\$17,000</b>	<b>\$12,000</b>	<b>\$ 2,000</b>
Percentage of Total III-B Dollars	5.6%	3.6%	.7%

### Chore Services:

Geary Co. Chore Service	\$ 4,000	\$ 2,500	\$ 1,055*
<b>TOTAL</b>	<b>\$ 4,000</b>	<b>\$ 2,500</b>	<b>\$ 1,055</b>
Percentage of Total III-B Dollars	1.3%	.8%	.3%

\* Denotes programs which received Title III-D federal funds in 1988 and 1989. These funds are used to target in-home services. These funds totalled \$6,749 in FY88 and \$6,810 in FY89.



North Central-Flint Hills  
AREA AGENCY ON AGING  
437 Houston St.  
Manhattan, Kansas 66502  
1-800-432-2703

# Funding Summaries

## 1987 FUNDING SUMMARY

<u>Service</u>	<u>Federal III-B</u>	<u>Local Match</u>	<u>Total Combined Funds</u>
Personal Care	\$43,537	\$17,838	\$61,375
Hospice	11,170	3,723	14,893
Case Management	17,000	12,172	29,172
Chore Services	<u>4,000</u>	<u>1,333</u>	<u>5,333</u>
TOTAL	\$75,707	\$35,066	\$110,773

In 1987, 25 percent of Area Agency on Aging Title III-B funds were used to fund in-home services for seniors in north-central Kansas.

Total III-B funds: \$302,610

## 1988 FUNDING SUMMARY

<u>Service</u>	<u>Federal III-B</u>	<u>Local Match</u>	<u>Total Combined Funds</u>
Personal Care	\$43,500	\$14,501	\$58,001
Hospice	12,500	8,182	20,682
Case Management	12,000	9,173	21,173
Chore Services	<u>2,500</u>	<u>833</u>	<u>3,333</u>
TOTAL	\$70,500	\$32,689	\$103,189

In 1988, 21 percent of Area Agency on Aging Title III-B funds were used to fund in-home services for seniors in north-central Kansas.

Total III-B funds: \$328,878

## 1989 FUNDING SUMMARY

<u>Service</u>	<u>Federal III-B</u>	<u>Local Match</u>	<u>Total Combined Funds</u>
Personal Care	\$42,210	\$13,738	\$54,948
Hospice	2,375	792	3,167
Case Management	2,000	667	2,667
Chore Services	<u>1,055</u>	<u>352</u>	<u>1,407</u>
TOTAL	\$46,640	\$15,549	\$62,189

In 1989, 15.3 percent of Area Agency on Aging Title III-B funds will be used to fund in-home services for seniors in north-central Kansas.

Total III-B funds: \$305,504



## What is an Area Agency on Aging?

An Area Agency on Aging is a public or private non-profit agency, designated by the state, to address the needs and concerns of all older Americans at the local level.

Area Agency on Aging is a generic term. Specific names of local Area Agencies may vary. They may be listed under city, county, or regional planning councils. They are primarily responsible for a geographic area that is either a city, a single county or a multi-county district.

**AREA  
AGENCIES  
ON AGING**  
The National Network  
On Aging

Area Agency On Aging  
437 Houston Street  
Manhattan, KS 66502  
913 - 776-9294

**AREA  
AGENCIES  
ON AGING**  
The National Network  
On Aging

## What does an Area Agency do?

Area Agencies plan, coordinate, and advocate for the development of comprehensive community-based, long-term care services, with an emphasis on the development of case management systems as a component of such services. They are responsible for developing local systems of social and nutritional support services to assist elderly persons to remain independent in their homes and communities. Because local needs differ, not all services are funded or necessarily available in every community. Such service systems include:

- **Access Services**, including client assessment and case management, information and referral, outreach and transportation.
- **Community-Based Services**, including congregate meals, adult day care, legal assistance, counseling, multi-purpose senior centers, pre-retirement planning, recreation, respite care, and employment services.
- **In-Home Services**, including home-health, home-delivered meals, homemaker, chore services, telephone reassurance, and supportive services for families caring for older persons.
- **Services to Residents in Facilities Providing Care**, including case work and counseling, visiting, escort services, and long term care ombudsman services.

## The Key Role of Advisory Council Members

- Every Area Agency on Aging is required to have an Advisory Council comprised of a minimum of 51% elderly persons to advise the Agency on the development and administration of services and programs for the community's older citizens.
- Advisory Councils further serve to represent the elderly by reviewing and commenting on all policies, programs and actions affecting the elderly within their respective communities.

## What you should know about the National Network on Aging

- It was established in 1965 by federal law—the Older Americans Act.
- It is the largest federal/state program designed exclusively to serve the social service and nutrition needs of older persons 60 years and older.
- It is a partnership among governments—federal, state, and local—and the private sector to advance the social and economic agendas of the elderly.
- It consists of:
  - Federal Administration on Aging
  - 57 State Agencies on Aging
  - 667 Area Agencies on Aging
  - over 12,000 congregate nutrition sites
  - over 18,000 providers of home and community services
  - over 15,000 citizen advisory council members

## Primary Purpose of the National Network on Aging

- Secure and maintain maximum independence and dignity in the home or community for older individuals capable of self care with appropriate supportive services;
- Remove individual and social barriers to economic and personal independence for older individuals;
- Provide a continuum of community based and in-home care for the vulnerable elderly, thereby avoiding premature or inappropriate institutionalization.



NATIONAL ASSOCIATION OF  
AREA AGENCIES ON AGING  
*"Reaching the Nation's Elderly"*

## About the National Association of Area Agencies On Aging

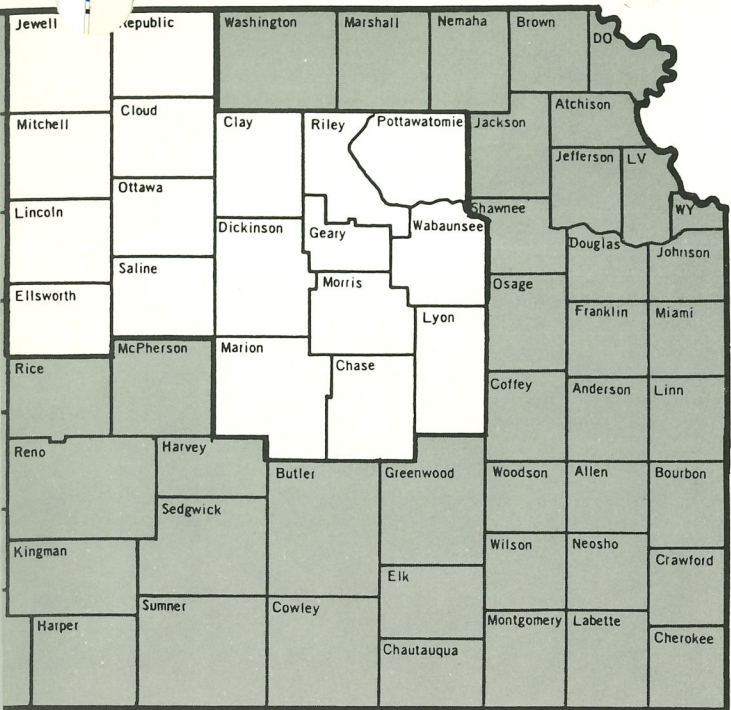
The National Association of Area Agencies on Aging (NAAAA) is a private, non-profit, national organization representing the interest of Area Agencies on Aging across the country. Incorporated in 1975, NAAAA provides legislative information, technical assistance, and training related to the management of Area Agencies and programs for the elderly. The Association's priority issues include:

- Equitable distribution of resources between health and supportive services for those elderly in need;
- The brokering of community-based long-term care services and access to such services through case management;
- Developing linkages with the private sector to enhance its responsiveness to the elderly community;
- Providing information to elderly persons to assist their efforts at responsible advocacy.

600 Maryland Avenue, S.W.,  
Suite 208  
Washington, D.C. 20024  
(202) 484-7520

Raymond Mastalish  
Executive Director

Edward Sheehy  
Director  
Marketing Comm



# Hills ON AGING . . .

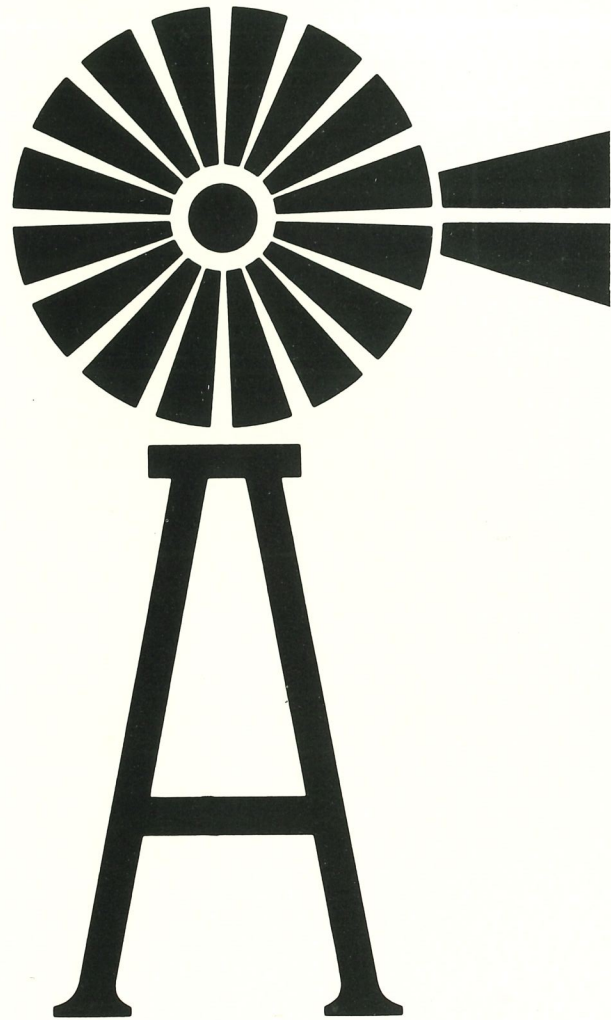
**Serving the Heartland of Kansas:**

- Chase
- Clay
- Cloud
- Dickinson
- Ellsworth
- Geary
- Jewell
- Lincoln
- Lyon
- Marion
- Mitchell
- Morris
- Ottawa
- Pottawatomie
- Republic
- Riley
- Saline
- Wabaunsee



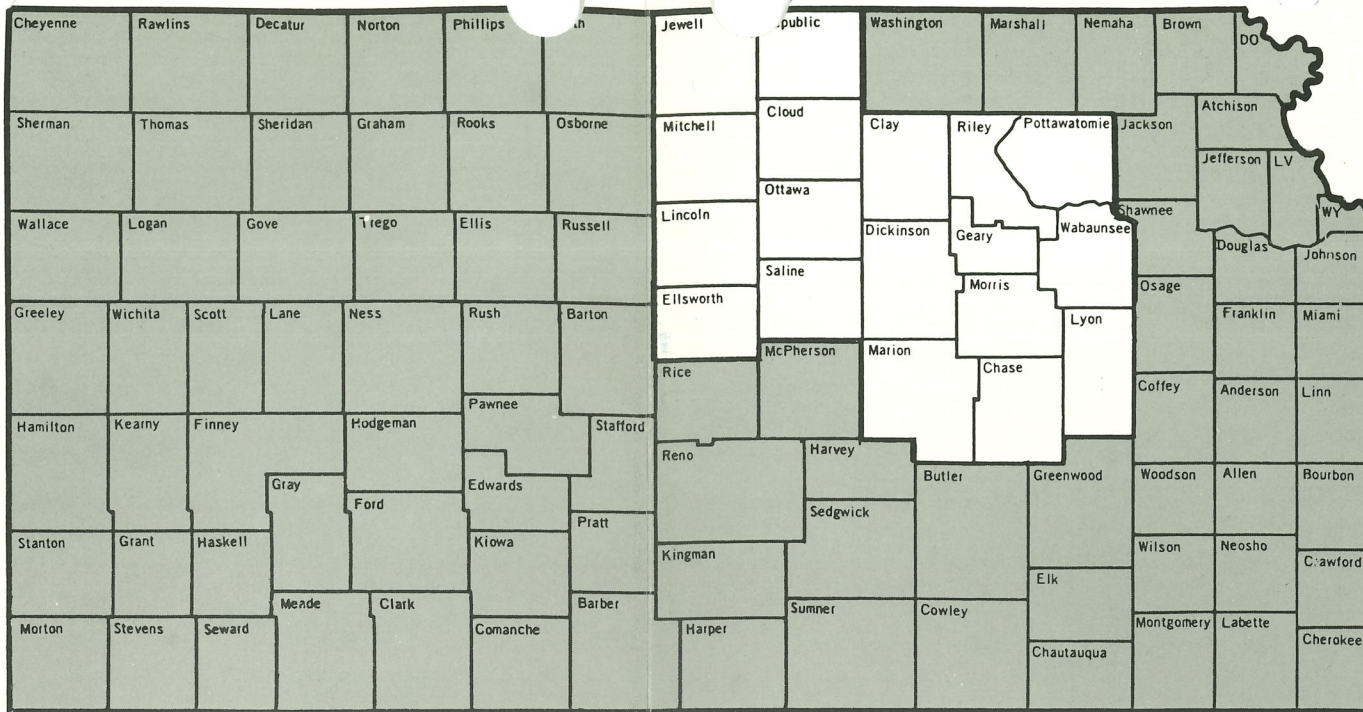
North Central-Flint Hills  
AREA AGENCY ON AGING

437 Houston St.  
Manhattan, Kansas 66502  
913-776-9294



North Central-Flint Hills  
AREA AGENCY ON AGING

Programs and Services



## The North Central-Flint Hills AREA AGENCY ON AGING ...

**I**s a private, not-for-profit organization that serves more than 55,000 Kansans over age 60 in 18 counties.

**W**orks closely with County Councils on Aging, local community leaders and senior centers to meet the needs of older Kansans and their families.

**P**rovides programs and services that help older Kansans live active and independent lives.

Fellowship Meals

Legal Services for Seniors

Grants

Employment

Keynotes

Response Card

I would like more information  
Please send me information on:

Home-Delivered Meal

Fellowship Meal Center in my area

Being a CSA Volunteer

Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Testimony for the Senate Public Health and Welfare Committee  
Wednesday, Feb. 15, 1989

Mitzi Richards, Executive Director  
Homecare, Manhattan, KS  
913-537-0688

Good morning. My name is Mitzi Richards and I am the Executive Director of Homecare, a private, not-for-profit home health agency which serves Riley County. I also serve as vice-president of the the Kansas Home Care Association, the Kansas Medical Care Advisory Committee and formerly Kansas Home Care Association's liaison for Kansas Social And Rehabilitation Services' Department of Medical Programs.

I appreciate this opportunity to present information in support of Senate Bill 60 which I believe to be a much needed addition to Kansas' health care delivery system.

**There is an acute need for state funding of in-home services**

For a variety of reasons, Kansans are living longer. But the price we're paying for our longevity is that more older Kansans are living with more chronic illnesses -- illnesses that do not require hospitalization or othey types of acute care, but which are not curable. Dementia, diabetes, arthritis and heart disease are examples of these conditions.

Many people with these and other chronic conditions and even those with two or more kinds of these illnesses, are able to enjoy an active life. But some are not so lucky. These are the older Kansans who find themselves limited by the effects of their illnesses. They are not incapacitaded to the point they are candidates for a nursing home, but they need assistance with some

kinds of daily living activities -- preparing meals, dressing and bathing, laundry and shopping.

**Case Example:**

I'd like to share a story about Mrs. Johnson, a Homecare client who is confined to a wheelchair because of post-polio syndrome -- the after-effects of polio which she battled as a young mother more than 30 years ago.

Mrs. Johnson is a widow, who lives on a modest fixed income in a Manhattan housing project. Her only family are a daughter and granddaughter live in California.

Mrs. Johnson is a bright, articulate woman who takes pride in herself and her community. She regularly volunteers to help with Retired Seniors Volunteer Program projects, and if one didn't know the extent of her disability, one would think she was a member of the Silver-Haired Legislature or the Riley County Council on Aging.

Although Mrs. Johnson cooks her own meals and maintains her apartment, she does need help bathing, grooming and getting in and out of wheelchair. Homecare is able to provide Mrs. Johnson with the help she needs. She is able to pay for part of these non-medical services, but her contribution does not cover the costs<sup>7</sup>totally.

Because she worked in a nursing home as a bookkeeper for 12 years she knows that people eligible for Medicaid are a hardship on nursing homes. But Mrs. Johnson is proud that she can pay something for the services she receives and extremely happy she can remain in her own apartment surrounded by her friends.

Homecare is able to provide these services to Mrs. Johnson



because of aggressive fundraising and because of community support. But I know that other health agencies-- especially those in more rural parts of the state aren't so fortunate. Not only are funds a critical problem but distances and staff shortages are real headaches for my rural colleagues.

I'm sure there are thousands of Kansans like Mrs. Johnson in Kansas-- many of them are probably on the verge of entering a nursing home, if they aren't there already. And national statistics show that most people are reduced to poverty after spending only 26 weeks in a nursing home. I believe the need for services as Senate Bill 60 proposes and the need to fund these services is long overdue. And I believe other testimony presented to this committee will support this. I do want to take this opportunity to highlight some points which I think this committee should consider in deliberations on this proposal.

2. **Strive to create top-quality, well- coordinated programs that will reduce the number of caregivers that go into a home to provide services.**

We've all know the saying "Too many cooks spoil the soup." I believe that too many caregivers spoil a client's quality of life. I believe living at home becomes a bother when people from 18 different agencies go into a home. One comes for the bath, another to deliver a home-delivered meal, still another to go shopping for groceries and run errands. And the nurse comes to give weekly therapy.

Older Kansans are entitled to quality in-home services and coordinated delivery of those services. When we take our car to be serviced, we don't take it one place to get the tires rotated,

another place to get the oil changed and still another to get the motor tuned up. And we don't usually find a different mechanic everytime we walk through the door.

The hardest thing about meeting the home health care needs is not the paperwork or performing complicated procedures. The hardest thing about home health care is developing caregiver-client relationships. I hope that a coordinated program of service delivery would mean that no more than two caregivers would be entering a client's home regularly during any one period of time. This is an important goal to strive for.

**3. Listen to what older Kansans want and then set criteria for evaluation**

I've already mentioned the importance of coordinated, quality delivery of in-home services. I also believe the state has an obligation to treat older Kansans who will use these services and work to providing them with the services they want. I believe this should be done before spending time issueing program guidelines.

And I respectfully suggest that there be a certain amount of flexibility in the delivery of in-home services. This would be especially important in the first years of the system's development.

**4. Use the expertise and experience of Kansas' home health agencies.**

Staff of Kansas' home health agencies go inside thousands of homes every day. We have learned through trial and error what works for clients.

This experience can be put to good use by those developing program criteria and guidelines.

**5. Provide adequate funding so that service providers will receive a living wage.**

Clients we serve tell us "When I need a helper, don't send me someone different every day." But meeting this request is difficult because of a high rate of staff turnover. And the biggest factor affecting this part of our service is money -- what we are able to pay non-medical caregivers.

The fair labor standards act says that agencies such as ours don't have to pay even the minimum federal wage to non-medical workers. Starting wages for non-medical Homecare employees is \$3.50 an hour. The average wage paid is \$3.60 an hour. Two thirds of these employees receive no benefits. As an administrator I walk a fine line making our services affordable to clients and exploiting care workers.

**6. Service performance: Expenses exceed revenues**

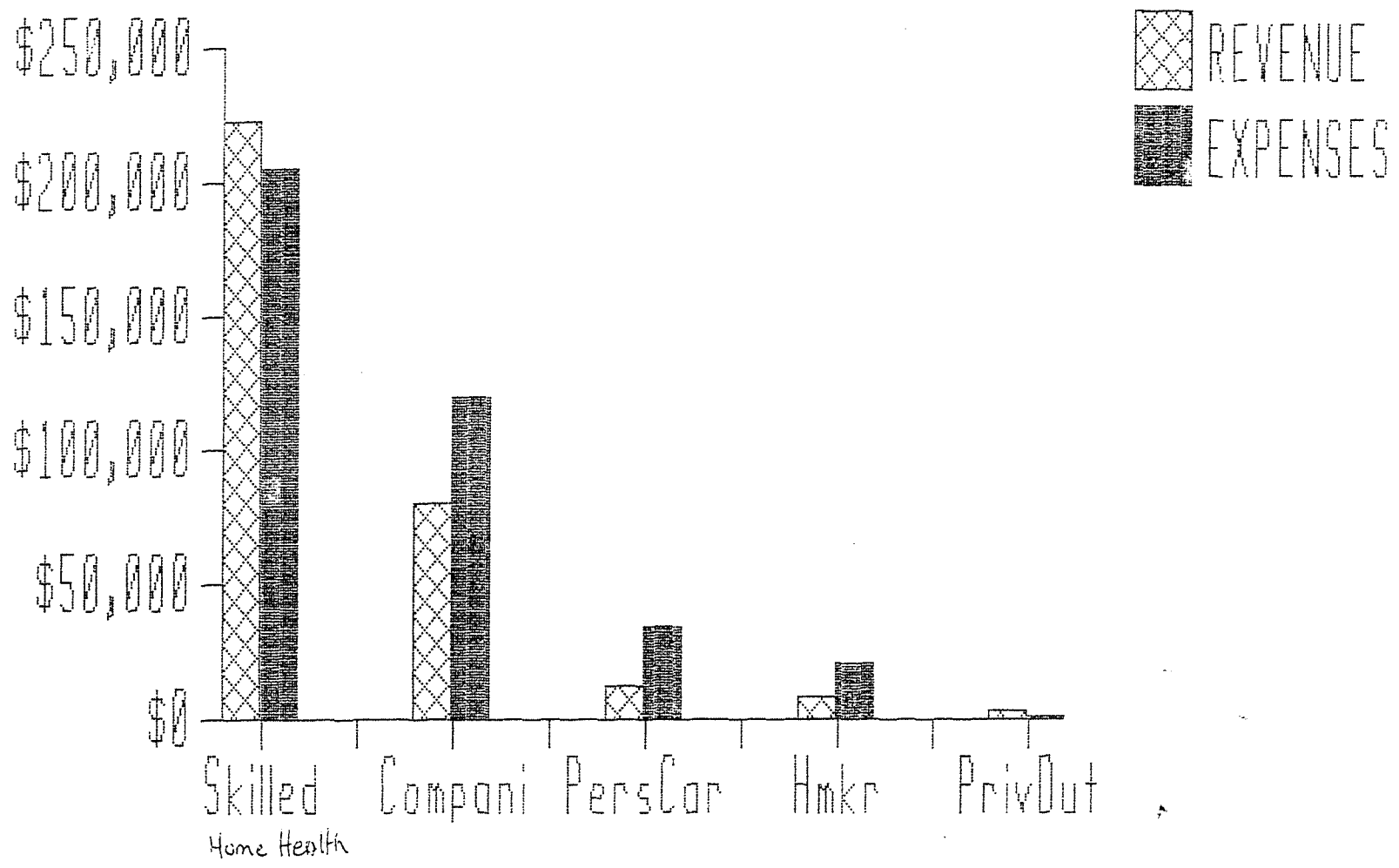
The attached "Service Performance" graph illustrates why non-medical services -- such as those used by Mrs. Johnson -- are problems for agencies delivering these services in Kansas. While programs like ours can generate program income for skilled care thanks to Medicare reimbursements, the costs of delivering personal care, home companion and homemaker services outweigh our ability to generate income to fund these services. The federal III-B funds Homecare receives from the Area Agency on Aging is used primarily to serve those senior citizens with the greatest financial need, but these funds hardly meet what it costs us to provide these services to clients.

To sum up, I am delighted that this committee is seriously considering a proposal that I feel will be of such great benefit

to seniors like Mrs. Johnson and others who are at risk of being inappropriately institutionalized. Older Kansans deserve a top-quality, coordinated, system of home health services and I believe Senate Bill 60 is a much-needed step toward development of a full continuum of home health services in Kansas.

# SERVICE PERFORMANCE

## Revenue vs. Expenses



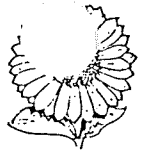
PROGRAMS



# Kansas Retired Teachers Association

YOUNG HEARTS  STILL SERVING

1988 - 1989



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Wichita, KS 67207  
Phone 316-684-2350
- District 6**  
Leon Foster  
R.R. 1 • Box 4  
Independence, KS 67301  
Phone 316-331-7459

February 15, 1989

Members of the Senate Public Health & Welfare:  
Committee:

My name is Basil Covey and I represent  
the Kansas Retired Teachers Association.

We support SB 60 that enacts the Kansas  
senior care act.

Long term care needs have been topics of  
discussion in the six districts in Kansas for  
several years.

Retired teachers have expressed their  
greatest fear during illness is they will have  
to leave their home of long tenure.

Long term care is expensive and a couple's  
resources may be exhausted sooner if one has to  
go to an institution for health care.

We commend the Senators sponsoring SB 60  
and hope that this will serve as a beginning of  
a program for in-home care. SB 60 is written  
in short understandable language but gives the  
essentials features of a workable program.

We understand there may be limited funds  
for the program, but we encourage the depart-  
ment on aging to work on the program knowing  
that elderly citizens in Kansas welcome it.

We urge the Committee to give SB 60 a  
favorable vote.

Thank you,  
*Basil Covey*  
Basil Covey  
Chairman  
Legislative Committee

## APPOINTIVE OFFICERS

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SP4/W  
2-15-89  
Attachment 7

TESTIMONY  
to the  
PUBLIC HEALTH AND WELFARE COMMITTEE  
ON SB 60  
February 15, 1989

Mr. Chairman, Senator Ehrlich, and members of the Public Health and Welfare Committee, it is with pleasure that I appear before you to give testimony in favor and support of SB 60 called the Senior Care Act. I represent the Kansas State Legislative Committee of the American Association of Retired Persons who endorses this act and encourages your favorable action on the legislation.

Long term care issues are some of the most important health care problems that will require attention by governmental agencies and groups throughout the state and nation. Many states have already passed legislation that addresses the concerns of the disabled and elderly citizens. Most authorities agree that when individuals are given a choice, they prefer remaining in the home rather than being institutionalized. The problem to be resolved is how this care is to be delivered. We believe that SB 60 will begin the process for establishing in home care for those who are in need of such service.

A Special Committee on Public Health and Welfare conducted a comprehensive study of the in home care problem this past summer. A detailed report of this study was prepared by the committee with certain recommendations to the state legislature and a bill was prepared. We believe that SB 60 incorporates the most important aspects of the proposal and, hence, we give it our support.

We firmly believe that at the present time in home care is not available for many of our citizens. The alternative is generally nursing homes which can be financially restrictive. Therefore, we feel that an alternative must be provided and appropriate funding established by the state legislature. The need exists in all areas of the state, both rural and urban. Present funding of home services is inadequate to serve those who need assistance.

Older Kansans are proud and desire to be independent and do things for themselves. Providing necessary services to more elderly Kansans means that more older Kansans could enjoy a higher quality of life in their own homes. They would not need to go to nursing homes. It would also assist many to stay off Medicaid.

In home care services are a top priority of most aging advocates. It is one of the priorities listed by the Kansas State Legislative Committee of the American Association of Retired Persons.

I wish to conclude my remarks by thanking you for the opportunity to present this testimony. Your concern and attention to this serious problem of in home care is sincerely appreciated.

Lawrence A. Bechtold, Member  
Kansas State Legislative  
Committee of AARP

*S Pd/W*  
*2-15-89*  
*Attachment 8*

TESTIMONY ON SENATE BILL 60

BEFORE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
February 15, 1989

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE - I AM RALPH J. TURNER, DELEGATE FROM DOUGLAS COUNTY TO THE KANSAS SILVER HAired LEGISLATURE. I HAVE SERVED THREE TERMS IN THE SILVER HAired LEGISLATURE AND JUST COMPLETED A SECOND TERM AS PRESIDENT OF THE BOARD OF DIRECTORS OF THE KANSAS SILVER HAired LEGISLATURE, INC. I AM ALSO SECRETARY OF THE JAYHAWK AREA AGENCY ON AGING BOARD OF DIRECTORS.

THROUGH THE YEARS THE OLDER KANSANS CARE CONCEPT HAS BEEN THE NUMBER ONE PRIORITY OF THE KANSAS SILVER HAired LEGISLATURE. WE ARE VERY GLAD THAT THE GOVERNOR PROPOSED THE SENIOR CARE PROGRAM.

THE GOVERNOR IN HIS MESSAGE STATED, "THERE ARE MANY OLDER KANSANS WHO FACE DIFFICULTIES IN MAINTAINING AN INDEPENDENT LIFESTYLE IN THEIR LATER YEARS".

"THIS DIFFICULTY OFTEN LEADS TO INAPPROPRIATE OR PREMATURE INSTITUTIONALIZATION OF SENIOR CITIZENS, AND FREQUENTLY EXHAUSTS THE FINANCIAL RESOURCES OF THOSE INVOLVED". (AS YOU ARE AWARE, THE COST OF INSTITUTIONAL CARE IS HIGH, \$22,000.00 PER YEAR)

THE GOVERNOR WENT ON TO SAY, "I AM RECOMMENDING THE IMPLEMENTATION OF THE SENIOR CARE PROGRAM, TO DEVELOP AND DELIVER A COORDINATED SYSTEM OF HOMEMAKER AND PERSONAL CARE SERVICES. THIS IS A \$250,000.00 PILOT PROGRAM WITH A 50-50 MATCH PROVISION, FOR KANSANS 65 YEARS OF AGE OR OLDER WHO HAVE FUNCTIONAL LIMITATIONS WHICH RESTRICT THEIR ABILITY TO REMAIN IN THEIR HOMES AND MAINTAIN AN INDEPENDENT LIFESTYLE".

FOR THE PAST FIFTEEN YEARS I HAVE DONE VOLUNTEER WORK IN THE FIELD OF AGING. I HAVE FOUND THAT KANSANS 65 YEARS AND OLDER PREFER TO REMAIN IN THEIR HOMES AND MAINTAIN AN INDEPENDENT LIFESTYLE. I HOPE YOU WILL VOTE YES ON THE \$250,000.00 AND HELP MAKE THIS POSSIBLE.

THANK YOU FOR YOUR ATTENTION AND THE OPPORTUNITY TO APPEAR BEFORE THE COMMITTEE.

Ralph J. Turner  
1429 Kasold Dr.  
Lawrence, KS 66044

S. P. H. W.  
2-15-89  
Attachment 9



Testimony before the Senate Public Health and Welfare Committee  
Wednesday, Feb 15, 1989

Duane Hagstrand, Chairman,  
Board of Directors of the North Central-Flint Hills  
Area Agency on Aging, Manhattan  
Program Coordinator, Dickinson County Task Force on Aging

Good morning. My name is Duane Hagstrand and I am  
Chairman of the North Central-Flint Hills Area Agency on Aging's  
Board of Directors and Program Coordinator for the Dickinson  
County Task Force on Aging.

From my position in Dickinson County and from my  
involvement on the Area Agency's board of directors, I know that  
in-home services are truly a need for many older Kansans --  
particularly those older Kansans who live in rural areas.

Our agency's concern for in-home services is reflected by  
the fact that county groups endorsed the concept of state funding  
these services. Letters or statements of endorsement of "Kansas  
Cares" proposal have been signed by 18 county groups within  
our area.

The Dickinson County's Task Force Office in Abilene gets  
four to five phone calls and inquiries each week about the  
availability of in-home services. And since August our office has  
distributed 300 copies of our revised brochure that lists people  
who are available to do handyman and home care work.

Dickinson County, like many other mostly-rural  
counties, has a large population of old-old people. This is  
because rural elderly live longer and many people who have  
migrated out of rural counties come home to retire.

The need for in-home services in Dickinson County is real.

In 1976 Dickinson County's Commissioners and Task Force on Aging responded by funding two registered nurses who worked part time providing in-home services to Dickinson County seniors. When no registered nurses were available to take on these part-time positions in 1979, the task force hired a certified nurses aide (CNA) who travels throughout the county. This nurse provides foot care, checks vital signs, organizes medications and provides bathing services. She also goes to the 11 senior centers to check seniors' blood pressure.

These services are available free-of-charge to any Dickinson County senior citizen. Foot care and blood pressure checks as well as cholesterol tests are also available from the Dickinson County Health Department. The department does charge for these services.

I also serve on the Dickinson County Home Health Board and know that our county's home health agency writes off about 20 to 25 percent of the calls they make because Medicare and Medicaid fund in-home services only for a limited time. I also know that when Medicare stops paying for a nurse's visit, the nurse doesn't necessarily stop visiting a person in need of help. That's what's great about nurses. They are too compassionate and they won't just quit.

I support Senate Bill 60 because I believe that it is cheaper to keep a person in their own home than to inappropriately admit them to a nursing home. Our state is not spending enough to keep people in their own homes compared to what we are spending to keep people in nursing homes. Money spent

on services to keep people living in their own homes is money well spent.

One thing I have observed is that there are many agencies that have trained people who talk about the need for in-home services, but very few dollars actually get to the nurse or the home health aide who calls on old people in their home. We need dollars for the people who do the work -- the nurses and the tradespeople who keep older people's houses up. In whatever plan that develops from this committee, I urge that funding direct services be a priority and administrative costs be minimized.



FOR FURTHER INFORMATION CONTACT:

TERRI ROBERTS, J.D., R.N.  
EXECUTIVE DIRECTOR  
KANSAS STATE NURSES' ASSOCIATION  
820 QUINCY, SUITE 520  
TOPEKA, KANSAS 66612  
(913) 233-8638

## S.B. 60 SENIOR CARE ACT

Senator Ehrlich and members of the Senate Public Health and Welfare Committee, my name is Carolyn Middendorf, R.N., M.N., and I am presently an assistant professor at Washburn University School of Nursing. I have been in the field of nursing for fifteen years and am currently the Legislative Chairperson for the Kansas State Nurses' Association.

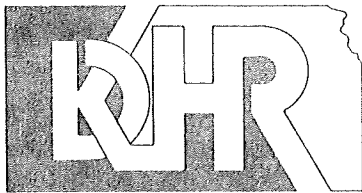
The Kansas State Nurses' Association supports Senate Bill 60 and its implementation. The bill is broadly constructed to enable the Secretary of the Kansas Department on Aging flexibility to structure the program. The Governors' budget allocation for Senate Bill 60 is \$250,000, and if Senate Bill 60 is passed, we believe that additional state monies must be appropriated to adequately fund this very important piece of legislation. We recognize this plan calls for local matching funds, also. There are currently numerous projects in place that need to be expanded under this act, and more money is needed for services. We would also support, because there is adequate evidence to suggest, a need for case management, in addition to the in-home services that will need expanding. These will all provide greater opportunities to keep older adults in their homes longer.

Additionally, Senate Bill 60 calls for a report to the 1990 Legislature regarding the implementation of the Senior Care Act. Evaluation is essential to determine if the objectives and intent of the legislation has been met. Again, we would encourage this committees support of that provision and appropriate funding for a reflective and useful analysis/evaluation of this initiative back to the 1990 Legislature.

We, too, will be monitoring the implementation and supporting the Department in this effort as we view it as a very positive step in addressing long term care needs for older Kansans.

Thank you for an opportunity to speak in support of Senate Bill 60, KSNA has been working with the Task Force on Long Term Care over the past nine months to generate support for such activity within the State.

*S Pd/vw*  
*2-15-89*  
*Attachment 11*

ADVISORY COMMITTEE ON EMPLOYMENT  
OF THE HANDICAPPED1430 S.W. Topeka Boulevard, Topeka, Kansas 66612-1877  
913-296-1722 (Voice) • 913-296-5044 (TDD) • 561-1722 (KANS-A-N)

Mike Hayden, Governor

Dennis R. Taylor, Secretary

TESTIMONY IN OPPOSITION TO SENATE BILL 60  
Presented by Michael Lechner, Executive Director  
February 15, 1989

Thank you for the opportunity to speak in support of equitable and efficient in-home care delivery. Senate Bill 60 seeks to coordinate and deliver in-home care and other support services to Kansans who are 60 years or older and who have disabilities. The coordination and delivery of services is to be administered by the Kansas Department on Aging.

We oppose this bill, not because we are against in-home care or other support services, but because there are alternatives available to accomplish this objective. In researching in-home care issues, it became evident that services delivered by SRS' Adult Services Home & Community Based Services (HCBS) Program are insufficient in meeting the needs of those who require in-home services. HCBS operates under a Title XIX Medicaid waiver. This insufficiency is due to the fact that SRS has written a Title XIX Medicaid waiver that takes little advantage of options available. Other states have written Title XIX Medicaid waivers which have greater flexibility and include more kinds of services. SRS can flesh out its present "skin and bones" waiver to include services contemplated by SB 60. Examples include:

1. Companion/escort services [Connecticut, Florida]
2. Medical supplies, equipment & assistive devices [Georgia]
3. Training programs for families [Florida]
4. Assistance in moving [New York]
5. Transportation [Colorado, Connecticut, New York, Oregon, California]
6. Minor home modifications [Colorado, Kentucky, New York, Utah, Pennsylvania]
7. Electrical monitoring/communication devices [Colorado, New York, Utah, California, Massachusetts]
8. Home maintenance tasks [New York]

*SRLW*  
*2-15-89*  
*Attachment 12*

Although not all of these service options are listed as such in the Medicaid regulations, there is a category labeled "other". Under this category, SRS may request services that are not specifically mentioned. Transportation is the most often requested "other" service in other states' Title XIX Medicaid waivers. The "other" category is open to any service which precludes, delays or inhibits institutionalization, is cost effective and protects the safety and well being of recipients.

As a result of Interim Study 37, House Bill 1012 was introduced in this session of the legislature. This bill directs SRS to provide services such as attendant care services, health maintenance and ancillary services. HB 2012 also creates an exemption to the Nurse Practice Act which allows unlicensed people to provide in-home care if the care could otherwise be done by the disabled individual and the service may be safely performed in the home.

Please bear in mind that federal regulations governing the Title XIX Medicaid waivers are quite lenient. If state law allows certain activities, federal administrators respect the allowances within those laws. HB 2012 clearly specifies these allowances.

Even though SRS can rewrite its waiver under present conditions, the directive in HB 2012 mandates inclusion of consumers in the planning, start-up, and administration of the program. It would be of greater worth if the parties interested in the concerns which led to the existence of SB 60 would participate in rewriting the Kansas Title XIX Medicaid waiver to include services needed by older Kansans. Even if HB 2012 is not passed, SRS is permitted to write waivers for special populations, such as those defined by age. It is our opinion that HB 2012 more adequately and prudently reconciles the concerns which spawned SB 60, not just for older people, but for all people with disabilities.

It is for these reasons that we oppose SB 60. The tools are already there to set up the program. Passage of HB 2012 will enhance these options further. There is no need to set up a separate program administration in the Department on Aging simply because SRS has not fully explored the options available. By rewriting the waiver, more of the \$250,000 will be directed to the consumer and away from administrative costs.

It is unfortunate that SB 60 has been promised to fulfill the needs of older Kansans with disabilities, for the promise is an empty one.

cc: Dennis Taylor  
Ray Siehndel  
Esther Wolf  
Winston Barton