Approved 3-27-91
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Carol H. Sader at
Chairperson

1:30 a.m./p.m. on March 20, 1991 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

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

Conferees appearing before the committee:

John Alquest, Acting Commission of Income Support/Medical Services, Dept. of SRS
John Grace, Ks. Association of Homes for the Aging
Nancy Kirk, Kansas Health Care Association
Marilyn Bradt, Kansans for Improvement of Nursing Homes
Lyndon Drew, Department on Aging

Chairperson Sader called meeting to order drawing attention to fiscal notes. (Attachment No.1) fiscal note on **HB 2484.**
(Attachment No. 2) fiscal note on **HB 2485**
(Attachment No. 3) fiscal note on **HB 2487.**

Chair requested staff briefing on **HB 2566.**

Ms. Correll explained the recommendations of the Task Force do not appear in the bill. The recommendation of the Task Force was to introduce legislation to mandate that any individual who sought admission to an adult care home participate in pre-screening prior to admission. This would be not just for those who are medicaid eligible, but all candidates for admission to adult care homes. She then gave a detailed explanation of **HB 2566,** noting that some adult care homes in Kansas will be excluded, and that was not the intent of the Task Force. She apologized for the error that was made at the time the bill was drafted.

Chair suggested, as a point of clarification, in view of the drafting misunderstanding that Committee Members think in terms of the intent of the Task Force, not as the bill reads.

HEARINGS BEGAN ON HB 2566.

Mr. John Alquest, Acting Commissioner of Income Support/Medical Services, Department of SRS offered hand-out (Attachment No. 4). He noted the purpose of **HB 2566** is three fold, i.e., to save unneeded expense to families if home care is a feasible alternative; to delay SRS financial involvement in the care of the individual needing care; to introduce families to home care options prior to SRS involvement. Pre-screening of all prospective clients would be fee supported. It is believed SRS funds will be saved in the long run. **HB 2566** will be a catalyst to change thinking about alternatives of health care for the frail/elderly/disabled individuals. He noted if a person wishes private pay, this legislation will in no way restrict that freedom. Agreements with hospital staff to assist with screenings has been discussed. If done, this could become a part of hospital discharge planning. Since considerable work would be needed to plan and implement an expanded screening program, he recommended an extension of the implementation date. He offered data on screenings (Attachment No. 5), a data sheet on Community-Based Long Term Care is indicated in (Attachment No. 6). He outlined and explained each attachment in detail. He answered numerous questions.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 a.m./p.m. on March 20, 1991.

HEARINGS CONTINUED ON HB 2566.

Discussion and questions of Mr. Alquest followed. Rep. Scott requested a copy of the pre-screening form. Mr. Alquest agreed to provide same. The charge for pre-screening is projected to be approximately $120.00. Many Committee members think this charge will be impossible for many people to pay. It was noted the current language of the bill indicates all persons would be required to have pre-screening done prior to admission to a adult care home.

John Grace, Kansas Association of Homes for the Aging offered hand-out (Attachment No. 7). He noted current statutes do allow for a private individual to voluntarily seek a pre-screening. The Kansas Association of Homes for the Aging support that voluntary choice for pre-screening, but have great concerns about mandating screening services for persons who do not rely upon the state for payment of their services. Lines 23-26 of **HB 2566** require payment for this screening. If the state mandates the screening, then it should be paid for by the state, not by the older citizen. If the goal of this legislation is to inform and educate, he pointed out, current federal law requires the Kansas Department on Aging to do the same. He indicated language in lines 16-24 of **HB 2566** would prevent admission of a resident until the prescreening is completed. He pointed out there are times when a delay of this type would not be in the best interest of the older patient.
He recommended amended language if the bill were to be advanced.
He answered questions.

Nancy Kirk offered testimony in behalf of John Kiefhaber, Kansas Health Care Association (Attachment No. 8). She noted Mr. Kiefhaber is appearing at another hearing. Ms. Kirk noted mandating screening for private pay patients is not a new issue. She gave background of other legislation in reference to this issue and the defeat of it in previous legislation. She cited statistics of numbers of residents transferred directly from acute care hospitals. Most people do not choose to go to a nursing home. They are admitted because of medical needs. She stated pre-screening of private pay residents is unnecessary. The Kansas Health Care Association believes screening strategy would cost the state more, not less. She answered questions.

Marilyn Bradt, Kansans for Improvement of Nursing Homes, Inc. offered hand-out (Attachment No. 9). Ms. Bradt noted that often those persons are admitted to nursing home facilities without full knowledge of alternative services available to them, i.e., home health aides, visiting nurses, meals-on-wheels, companion aide services. Most would prefer to remain in their own homes as long as possible. She noted pre-screening is not a problem for persons who are already eligible for Medicaid at the time they apply for nursing home admission, but on occassion, it is a problem for those who enter as private pay residents without screening. At times, there are those who feel they do not need nursing home care, but by this time, resources are gone, their home may be gone, and it is too late to make use of community-offered services. She noted data gathered in the screening process could permit the state to identify needed services, to determine where gaps in services exist, and to encourage development of a larger range of services in communities. She urged support but asked that if **HB 2566** is advanced favorably, the provision for allowing the state to charge for pre-screening be deleted from the bill. She answered questions.

It had been mentioned numerous times during testimony by conferees on this date that it is the responsibility of the Department on Aging to provide education in regard to alternative services. The question was asked at this point, "Does the Department on Aging have any comment?"

Lynden Drew, a representative from Department on Aging was present and offered comments. He noted the Department does not have a formal position on **HB 2566**. He noted John Grace of the Kansas Association of Homes for the Aging has actually portrayed the role of the Department on Aging by informing people of Area on Aging Agencies.

Staff inquired of Ms. Bradt how the short-term patient might be identified versus the longer-term patient resident.

Chair drew attention to hand-out (Attachment No. 10 written testimony on **HB 2566** from Kevin Siek, Commission on Disability Concerns, Department of Human Resources. Mr. Siek was unable to appear in person.

Chair noted (Attachment No. 11) response from Kansas Midwives Association to questions posed on an earlier date regarding **HB 2127.**

Chair adjourned meeting.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-20-91

AME	ORGANIZATION	ADDRESS
[illegible]	SRS	
[illegible]	KAHA	
[illegible]	Dept Healing Arts	
Larry Buening	Bd of Healing Arts	Topeka
[illegible]	AARP	Tpk
[illegible]	KDOA	Topeka
[illegible]	Student	Lawrence
R. Matthew Hankin	Student	Lawrence
[illegible]	KSHA	Tpka
Michelle Siester	John Peterson & Associates	Topeka
[illegible]	KS Foundation for Medical Care	Topeka
[illegible]	KHCA / Cooperative Health Ctr	6th Center - Topeka
[illegible]	Hospital Association	7th Scott
[illegible]	Hospital Association	7th Scott
Anne Harvey	KS. Midwives Association	Topeka
Chip Wheelen	KS Medical Society	Topeka
Beth Powers	KS Choice Alliance	Topeka
Armin Samelson	Herston	Self
Nelle Eyestone	Manhattan	Self
Merle Eyestone	Manhattan	Self

STATE OF KANSAS

JOAN FINNEY, GOVERNOR

DIVISION OF THE BUDGET
Room 152-E
State Capitol Building
Topeka, Kansas 66612-1578

(913) 296-2436
FAX (913) 296-0231

March 7, 1991

The Honorable Gary Blumenthal, Chairperson
Committee on Governmental Organization
House of Representatives
Third Floor, Statehouse

Dear Representative Blumenthal:

SUBJECT: Fiscal Note for HB 2484 by Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2484 is respectfully submitted to your committee.

HB 2484, as introduced, amends KSA 1990 Supp. 39-7,108 to add a representative from the state Department of Education who is knowledgeable in the area of area vocational-technical education or community colleges, or both, to the KanWork Interagency Coordinating Committee. The representative of the Department of Education would be appointed by the Chairperson of the state Board of Education. The provisions of HB 2484 would take effect July 1, 1991.

HB 2484, as introduced, would have no impact on state receipts or expenditures.

Sincerely,

Louis S. Chabira
Deputy Director

cc: Dale Dennis, Department of Education
Karen DeViney, SRS

3335

P.H.&W.
3-20-91
attm. #1

115-5

STATE OF KANSAS

JOAN FINNEY, GOVERNOR

DIVISION OF THE BUDGET
Room 152-E
State Capitol Building
Topeka, Kansas 66612-1578

(913) 296-2436
FAX (913) 296-0231

March 1, 1991

The Honorable Carol Sader, Chairperson
Committee on Public Health and Welfare
House of Representatives
Third Floor, Statehouse

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2485 by Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2485 is respectfully submitted to your committee.

HB 2485, as introduced, would eliminate the requirement, contained in KSA 65-516, that the Department of Social and Rehabilitation Services provide notice of a proposed finding to an alleged perpetrator of child abuse and neglect and an opportunity to reply in writing or in person prior to an official hearing. The provisions of HB 2485 would take effect July 1, 1991.

HB 2485, as introduced, would reduce expenditures for postage by $4,447, of which $2,664 is from the State General Fund, in FY 1992 and each year thereafter from the funds contained in the *FY 1992 Governor's Budget Report*.

Sincerely,

Louis S. Chabira
Deputy Director

cc: Karen DeViney, SRS

3114

PX/HW
3-20-91
attm #2

STATE OF KANSAS

JOAN FINNEY, GOVERNOR

DIVISION OF THE BUDGET
Room 152-E
State Capitol Building
Topeka, Kansas 66612-1578

(913) 296-2436
FAX (913) 296-0231

March 6, 1991

The Honorable Carol Sader, Chairperson
Committee on Public Health and Welfare
House of Representatives
Third Floor, Statehouse

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2487 by Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2487 is respectfully submitted to your committee.

HB 2487, as introduced, would establish in statute the Advisory Committee on Medical Care to advise the Secretary of Social and Rehabilitation Services about health and medical care services, and to participate in policy development and program administration. The advisory committee would consist of 17 members, appointed by the Governor. The provisions of HB 2487 would take effect July 1, 1991.

HB 2487 will have a negligible impact on state expenditures. The Department of Social and Rehabilitation Services currently has an Advisory Committee on Medical Care, as required by federal regulation. Funding for this committee is included in the *FY 1992 Governor's Budget Report*.

Sincerely,

Louis S. Chabira
Deputy Director

cc: Karen DeViney, SRS

3333

P H & W
3-20-91
Attach #3

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Robert C. Harder, Acting Secretary

House Public Health and Welfare
House Bill 2566

The Kansas Department of Social and Rehabilitation Services (SRS) supports the passage of House Bill 2566. In our opinion the establishment of a program of preadmission screening, evaluation and referral services for all individuals seeking admission to an adult care home would be a major step toward preventing inappropriate or premature adult care home placements.

House Bill 2566 has a threefold purpose. (1) to save unneeded expense to the family if home care is a feasible alternative; (2) to delay SRS financial involvement in the individual's care as long as possible; and (3) to introduce the family to home care options prior to SRS involvement so that when SRS assistance is required, home care will be the preferred alternative.

As background to the preadmission screening process, we note that in 1980, Kansas started screening Medicaid applicants and recipients who wanted to be admitted to an adult care home or who were already in an adult care home and who were running out of private resources to pay for their care and were applying to the Medicaid Program. There was an initial pilot project of four counties in Southeast Kansas. When this project proved to be successful, the Department initiated statewide screening in December, 1981.

The benefits of the screening program have been recognized by the general public and the Kansas Legislature. Some individuals admitted to an adult care home as a private paying person, deplete their resources fairly quickly, and apply for Medicaid. Many of these individuals, when screened, are determined to be inappropriately placed in an adult care home. If an individual is screened and does not meet the criteria for coverage in an adult care home Medicaid payment cannot be made. The essence of House Bill 2566 would be to screen, evaluate and refer private citizens who are not determined to be Medicaid-eligible prior to admission to the adult care home. Presently the screening teams consist of social workers and registered nurses who complete the assessment of personal needs based upon a formalized assessment process, targeting those individuals who are at the greatest risk of adult care home placement.

We recognize House Bill 2566 indicates that "any ineligible person provided with such a screening, evaluation and referral services may be required to pay a fee." It is left to the discretion of the Secretary with regard to whether or not to charge the client a fee. We would expect that plans would need to be developed to charge a fee.

We believe that House Bill 2566 will save SRS funds in the long run. It will be the catalyst to a change in thinking about care alternatives for frail elderly and disabled persons. We do not envision savings in the short term because private pay individual would not be required to accept the screening recommendations on care alternatives. If a individual or family chooses an adult care home and once the individual has depleted his or her resources paying for this care SRS will aid in the payment as long as the screening indicates an adult care home placement is warranted.

PHW
3-20-91
Attm # 4

We would intend to implement this bill in a cost neutral manner with a blend of charges for screenings and savings we would expect from diversions from adult care home placement. Additionally, we would plan to use the twelve (12) additional staff, currently in our appropriations bill and to be assigned to disproportionate share hospitals, to assist with screenings. We have given thought to developing agreements with hospital staff to assist with screenings. This should currently be a part of hospital discharge planning.

Since considerable work is needed to plan, communicate and implement an expanded screening program, we would recommend an extension of the implementation date. We also need time to develop a comprehensive view of alternate resources available throughout the state. We would expect that if we began the process with the adoption of the bill a fully developed program could be in place by July 1, 1992.

John W. Alquest
Acting Commissioner
Income Support/Medical Services
(913) 296-6750

3/20/91

PHCC
3-20-91
Attn # 4-2

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Division of Medical Services

Screening for Adult Care Home Placement

Screening of individuals in Community-Based Long-Term Care has been completed on 2,167 individuals from July 1, 1990 to January 8, 1991. Individuals were screened to assess eligibility for either Adult Care Home placement, the Income Eligible Program (Home Care) or other appropriate services. Services for all programs, regardless of funding sources are currently targeted to individuals greatest at risk of institutionalization.

The screening team, composed of a nurse and social worker, assesses the deficits and strengths of adults functionally impaired due to disability or age. Various aspects of the individual's physical, psychological, social, and environmental status are also assessed. Professional judgement and performance testing may be necessary in some cases to assure an accurate evaluation of the individual's capabilities.

Screening is not only important in determining appropriate level of care, but is essential in developing care plans specific to the individual's needs whether it be for institutional or in-home services.

Screening is also essential in determining the individual's ability to remain in the least restrictive and least costly setting consistent with his/her care needs. Other advantages include the following:

To assure appropriateness of placement, addressing needs specific to the individual.

To assess the individual's informal and formal support systems along with community resources making appropriate referrals as indicated by screening information.

To be able to serve those individuals most functionally impaired or those with impairments who have no or few support systems.

To assure the individual is in a safe and adequate setting.

Currently screening referrals are received as follows:

From the Income Maintenance Department of SRS,

From Rehabilitation Services or Mental Health and Retardation Services, or as

A verbal request from the applicant, person or agency acting in his/her behalf.

03/20/91

COMMUNITY-BASED SERVICES ASSESSMENT SUMMARY

The following statistics are based on screening of individuals referred to Community-Based Services from July 1, 1990 through January 8, 1991.

Type of Assessments

1. Initial - 2010
2. Reassessments = 161

Total Assessments = 2171

Living Arrangement

1. Alone = 1453
2. Relatives = 447
3. Others = 271 (Group home, unrelated family home, etc.)

Primary Health Problem

25	1. Blood Disorder
683	2. Cardiovascular
61	3. Digestive Disorder
4	4. Drug/Alcohol Dep.
42	5. Genitourinary
77	6. Hearing/Vision/ Speech Impairment
183	7. Mental Impairment
122	8. Metabolic and Endocrine Disorder
628	9. Musculoskeletal
200	10. Neurological
137	11. Respiratory
9	12. Skin Disorders

Secondary Health Problems

31	1. Blood Disorder
446	2. Cardiovascular
143	3. Digestive Disorder
12	4. Drug/Alcohol Dep.
106	5. Genitourinary
222	6. Hearing/Vision/ Speech Impairment
113	7. Mental Impairment
198	8. Metabolic and Endocrine Disorder
555	9. Musculoskeletal
77	10. Neurological
130	11. Respiratory
34	12. Skin Disorders
104	13. No Secondary Prob.

Financial Eligibility

1. Medicaid Eligible = 847
2. Income Eligible = 1270
3. Without Regard to Income = 39
4. Not Eligible = 15

Social Support

1. Strong Social Support = 1132
2. Not needed = 129
3. Weak but can continue = 657
4. Support cannot continue = 140
5. Does not exist = 113

Services to be provided or alternative disposition of cases:
(May mark more than one on code sheet.)

Home and Community-Based Services = 392
Home Care = 1328
Individual Chooses ACH = 292
Individual Ineligible = 104
Critical Services Unavailable = 7
Refuses Services = 6
Miscellaneous = 36 (Self-Directed Care, Protective Services, Head-Injured)

03/20/91

BHHW 3-20-91 attn # 5-2

COMMUNITY BASED LONG TERM CARE

Department of Social and Rehabilitation

	Income Eligible Services	Medicaid Waivered Services (HCBS)
ELIGIBILITY		
Financial	Up to 150% of poverty ($785/mo for one)	Up to 65% poverty
Personal	Degree of functional limitation, age, and available support (for elderly/SD)	In need of Adult Care Home level of care
Age	18 + years	16 + years 65 + years(mentally ill only)
CLIENT OBLIGATION	No	Yes-Spenddown required to meet financial elig.
RECIPIENT	Elderly Physically disabled Mentally retarded/DD Mentally ill	Elderly Physically disabled Mentally retarded/DD Mentally ill (over 65) Head Injured
SRS as DIRECT SERVICE PROVIDER		
Home Care: Services	Homemaker Nonmedical attendant Household maintenance	Homemaker Nonmedical attendant
Av. hrs.	7 hrs/per month/avg	38 hrs/per month/avg.
Case Management		Av. 3 hrs/per month
PURCHASED SERVICES	Residential Care Residential Care/Trng Habilitation (primarily for MI/MR-through grants/state aide/ purchase of serv.) Nonmedical Attendant (primarily for Elderly through POS contracts)	Purchase of Service: Residential Care; Residential Pers. Care; Medical attendant - Adult day health; Night Support; Respite Care; Wellness Monitoring; Medical Alert; Nonmedical Attendant (Consumer Directed) ICF/MR Services: Case Mgmt-for ICF/MR; Habilitation; Residential Care/Trng
ESTIMATED AVERAGE COST		
Home Care (for FY 91)	$ 75 monthly $894 yearly average	$ 316 monthly $3,794 yearly average
Waiver (for FY 91 under current waiver)		$ 1,750 - Elderly/SD $15,000 - MR
CLIENTS SERVED (FY 90)		
Home Care (mo/av)	6,085-Elderly/Sev.Dis Adults	1,216-Elderly/SD
Waiver - Served		1,969-NF 417-ICF/MR
Non-waivered	4,459-MR	
FUNDING	% Fed % State % Other	57% Fed 43% SGF

11/90

COMMUNITY BASED LONG TERM CARE SERVICES

A. MEDICAID WAIVERED SERVICES (HCBS)

1. ADULT DAY HEALTH is designed to develop and maintain optimal physical and social functioning of the elderly and the physically disabled by providing medical and nursing care (if necessary), one meal a day, and daily supervision. Day care offers only socially oriented services; day treatment provides socially and medically oriented services.

2. CASE MANAGEMENT is comprised of a variety of specific tasks and activities designed to coordinate and integrate all other services required in the individual's care plan. Case management is required in conjunction with the provisions of any home and community based services.

3. RESIDENTIAL CARE is supervised, non-medical care in a licensed or registered residence. Service does not include room and board.

4. RESIDENTIAL PERSONAL CARE is supervised, medical care in a residence which has been licensed by the Department of Health and Environment.

5. RESIDENTIAL CARE AND TRAINING is supervised, non-medical care in a residence which has been licensed by SRS. Services include basic provision of care and training services according to an established individual program plan (IPP). Care and training services are provided by facilities licensed to provide group living and semi-independent living programs.

6. HABILITATION services are designed to improve the skills and adjustment of persons who are developmentally disabled to promote self-care.

7. MEDICAL ALERT (ADULT FAILURE ALARM SYSTEM) Equipment rental to individuals are alone a large portion of the day.

8. HOMEMAKER is the performance of nutritional and environmental support functions (ie. general household activities, and meal preparation).

9. NON-MEDICAL ATTENDANT CARE is personal care services which do not have to be delivered "under the direction of a licensed health care professional".

10. MEDICAL ATTENDANT CARE provides medically necessary long-term maintenance or supportive care.

11. RESPITE CARE provides temporary relief to persons caring for elderly and/or disabled individuals. This relief can be provided during an emergency or for planned short-term or extended periods.

12. WELLNESS MONITORING is a process whereby a registered nurse evaluates the level of wellness of a recipient to determine if the recipient is properly using the medical health services being provided and/or if the health and medical functioning of the recipient is sufficient to maintain the individual in his/her place of residence.

13. NIGHT SUPPORT is overnight assistance to recipients in their homes for a period not to exceed 12 hours.

B. INCOME ELIGIBLE SERVICES

1. HOMEMAKER is general household activities.

2. HOUSEHOLD MAINTENANCE is activities related to home and yard upkeep, such as performance of heavier cleaning requiring more time and effort than normally needed on a daily basis (e.g. washing windows), minor home repairs, lawn mowing, shoveling snow.

3. NON-MEDICAL ATTENDANT CARE is personal care services which do not have to be provided under the direction of a licensed health care professional.

4. RESIDENTIAL SERVICES (supportive living) Residential services are funded by the Alternate Care Program budget. Services are either residential care or residential personal care and consist of room, broad, and supervision and is suppplied by a state regulated residential facility provider. Residential services are provided when individuals cannot live in their own home. Very few elderly recipients receive supportive living services--less than 1% of all recipients.

PHC
3-20-91
Attmt #6-2

KAHA
Kansas Association
of Homes for the Aging

Enhancing the quality of life of those we serve since 1953.

MEMORANDUM

Date: March 19, 1991
To: House Public Health and Welfare
Representative Carol Sader
From: John Grace, President

Re: HB No. 2566

Our association represents over 130 not-for-profit nursing facilities and retirement communities across the state.

First of all a screening does occur when a resident does make application for medicaid and the state determines appropriate services for the resident.

Current law allows a private individual to seek a screening voluntarily. We support such individual voluntary choices for older persons.

HB 2566 would **mandate** that all private pay persons seeking admission would receive a screening, evaluation and referral services to determine the need for care and appropriate services.

We have strong concerns about mandating such services for persons who are not relying upon the state for payment of their services. Lines 23-26 require the older person to pay for the screening. If the state mandates such screening, then the state, and not the older person should pay for the cost of such service.

Secondly, if the goal of this legislation is to **inform and educate**, then we would point out that current federal law requires the Kansas Department on Aging to do the same.

Through our statewide network of Area Agencies on Aging, which cover all Kansas counties, older persons must receive;

> "information and referral services...that provide concrete information to older persons about available public and voluntary services and resources; and provide linkage with appropriate community resources to ensure necessary service will be delivered to the client."

-over-

634 SW Harrison
Topeka, Kansas 66603
913-233-7443
Fax: 913-233-9471

PH&W
3-20-91
Attm # 1

Third, language in lines 16-24 of the bill, would prevent the admission until the resident has undergone this pre-screening. Most admissions occur at "crisis points", those times when the resident is being discharged from a hospital, when the family comes from out of town and finds their parent confused and disoriented, etc.

Therefore, if the committee moves ahead with this program, we would propose the following amendment;

> **"notwithstanding the provision of subsection (a), a person may be provisionally admitted to an adult care home pending the implementation of screening, evaluation and referral services provided by the Secretary".**

This would allow the staff of the agency enough time to complete the process and the resident can receive the care needed.

And finally, it is our understanding that this screening process is "advisory and not binding" so that should the resident elect the services of the nursing home, they would be allowed to do so.

Thank you Madam Chairman and Members of the Committee.

LHall
3-20-91
Attm #7-2

KHCA

Member of ahca

Kansas Health Care Association
221 SOUTHWEST 33rd STREET
TOPEKA, KANSAS 66611 • 913-267-6003

TESTIMONY

March 20, 1991

before the

House Public Health and Welfare Committee

HOUSE BILL 2566

"An Act concerning adult care homes---providing for screening of admissions---."

Chairperson Sader and Committee Members:

My name is Nancy Kirk, Vice President for Government Affairs for the Kansas Health Care Association, representing 220 nursing facilities statewide.

As you know legislation on mandatory screening of private pay residents in nursing facilities is not a new issue. In the 1990 Session H.B. 3108, requiring this screening, was heard before the Appropriations Committee - but failed passage. In addition, H.B. 2096 was considered in the 1987 Session and was defeated.

In 1983 the passage of S.B. 32 enacted two provisions:

1. All Medicaid recipients determined likely to need nursing home care were to be screened under the Home and Community Based Services Waiver; and

2. Private-pay residents may voluntarily apply for screening services upon payment of a fee to SRS.

Persons residing in our facilities are elderly, infirm, chronically-ill Kansans with increasingly more medical care requirements. The average age of our residents is around 83 years old. All residents are admitted only under a physician's order and must have a plan of care and treatment. Approximately 68% of our residents are transferred directly from acute care hospitals. These people do not choose to go to nursing homes - they have a medical need.

P H & W
3-20-91
Attm # 8

We believe the mandatory screening of private pay residents is unnecessary.

In addition, the screening strategy to reduce costs through placement screening could backfire and cost the State more. Presently the Department of SRS personnel are overworked and have a screening backlog. This means more screening requests could potentially leave patients in $300/day hospitals waiting for approval to move to $50/day nursing facilities.

Professional nursing home services are only one component of the continuum of long term health care. The Kansas Health Care Association has no objection to the proper placement of individuals into the appropriate setting for them. We simply do not see the screening of more private pay elderly Kansans to be a step in that direction.

Thank you for your attention.

PH&W
3-20-91
Attm 8-2

KINH Kansans for Improvement of Nursing Homes, Inc.

913 Tennessee. suite 2 Lawrence. Kansas 66044 (913) 842 3088

TESTIMONY PRESENTED TO
THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
CONCERNING HB 2566

SCREENING OF ADMISSIONS TO ADULT CARE HOMES

March 20, 1991

Madam Chairperson and Members of the Committee:

It is a generally accepted view that there are some people in nursing homes who do not need that level of care but who could have continued to function independently if appropriate services were offered in the community. Most people would clearly prefer to remain in their own homes if at all possible; too few know that there are, in some instances, community services available that would assist in keeping them out of nursing homes -- such services as homemaker services, home health aides, visiting nurses, meals-on-wheels, and companion aide services.

The decision to enter a nursing home or to urge nursing home care on a frail relative is too often made without full knowledge of the alternatives. Mandatory screening of all persons applying for nursing home placement is not only a tool to assess the care needs of the person applying for entry, but also presents an opportunity for advising that person of community options that they might wish to consider as an alternative to nursing home care if the screening indicated that they could function with a lesser (and less costly) level of assistance and remain in their own home.

One point must be made very clear. The screening is not a mechanism to limit the choices of the kind of long-term care that non-medicaid applicants may avail themselves of. It is, in fact, a mechanism for assuring that the widest possible choice is made known to them. If it is their choice to enter a nursing home, they are free to do so; if it is their choice to seek other alternatives, advice should be available to them as to what other possibilities exist in the community.

At the present time, all persons whose income is within the guidelines for Medicaid assistance must be screened or assessed, and determined to be in need of nursing home care before Medicaid will reimburse for that level of care. This is not a problem for persons who are already eligible for Medicaid at the time they apply for nursing home admission. It has, on occasion, created a problem for individuals who have entered the nursing home as private pay residents without screening and, having subsequently exhausted their resources, must then apply for Medicaid assistance. Though they might then be determined not to need nursing home care, they have by that time burned their bridges behind them; they have no home to return to. It is too late to make the most effective use of community alternatives.

PH&W
3-20-91
attm # 9

The one problem we see in HB 2566 is the provision that the secretary of SRS may require the person who is not Medicaid eligible to pay the cost of the screening. In prior attempts to pass legislation similar to HB 2566, it has been this requirement that has defeated it. KINH believes that the state stands to gain far more from savings resulting from diverting people from nursing home care than it would pay for screening both medicaid-eligible and private pay applicants.

Assessment of all nursing home admissions offers a tool to advise and counsel older persons and their families at a critical decision point in their lives. In counseling private-pay individuals to avail themselves of the less costly in-home services they can be assisted to stretch their resources and to delay the time when they may need Medicaid assistance.

In addition, data gathered in the screening process would permit the state to identify needed services, to determine where gaps in services exist and to encourage community development of a range of services.

KINH urges your support for HB 2566, but asks that you give serious thought to deleting the provision allowing the state to charge a fee for the screening.

Marilyn Bradt
Legislative Coordinator

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3-20-91
Attm# 9-2

KANSAS DEPARTMENT OF HUMAN RESOURCES

Commission on Disability Concerns
1430 S.W. Topeka Boulevard, Topeka, Kansas 66612-1877
913-296-1722 (Voice) -- 913-296-5044 (TDD)
913-296-4065 (Fax)

Joan Finney, Governor

Michael L. Johnston, Secretary

March 20, 1991

TESTIMONY ON HB 2566 BY KEVIN SIEK
KANSAS COMMISSION ON DISABILITY CONCERNS

Thank you for the opportunity to submit testimony in favor of HB 2566. My remarks represent the opinions of the Kansas Commission on Disability Concerns (KCDC) and may not necessarily reflect those of the administration.

KCDC is in favor of the screening of all people who are seeking placement in an adult care facility. By screening all applicants we should be able to significantly decrease the number of people who end up in nursing homes, but who do not require such a high of degree of care.

Some opponents of the bill may argue that if there are not sufficient community-based programs for these people to access, the bill will accomplish very little. At the very least this bill should be able to provide the state with a vehicle to gather reliable data on the numbers of people who are needlessly being placed in nursing homes and on the potential demand for community-based programs.

KCDC also feels it is unfair to charge "ineligible persons" for these screening procedures. As it is the stated goal of the state of Kansas to place people in community-based programs when ever possible, people who are being directed into these programs should not be

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penalized for using them. If a person opts for community-based services instead institutional care then they are already saving the state a considerable amount of money, because the cost of community-based programs is much less than that of institutional care.

If it is the opinion of the Committee that the fee for this service should be eliminated KCDC suggests that the language starting with line 23 beginning with the word "Any" to the end of line 35 be stricken from the bill.

HB 2566 is a bill that will cost very little when the savings that will be reaped over the long term are considered. It will also assure that Kansans with disabilities and older Kansans will know what options are available to them besides institutional care. In this way they will be able to decide for themselves what program best suits their individual needs.

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Attach #10-2

KANSAS MIDWIVES ASSOCIATION

Caring friends Team for Unassisted Childbirth

dedicated to safe home birthing

PO Box 175
Newton, KS 67114
Mar. 19, 1991

Rep. Carol Sader
State Capitol
Topeka, KS

Dear Rep. Sader,

I would like to make a response to one of the questions I heard asked in the H & W Committee meeting yesterday on HB 2127, about whether anyone has tried to keep any midwife from practicing to date.

I would have to say "yes", in the aspect that the Kansas Medical Society is putting tremendous peer pressure upon any physician who does cooperate to back-up a midwife, and most of the Physician's Malpractice Insurance companies are doing the same. I have had the experience of several very supportive physicians reluctantly have to tell me they could no longer be associated in any way with home birth because their insurance companies will drop them if they do.

This is even the case now with one physician who shares an office with another physician, (not even in a partnership -just sharing office space). "Supporting Dr." was told by "Dr. B", that "Dr. B" received a letter from his malpractice insurance carrier that if "Dr. Support" continued to associate with home birth couples, then "Dr. B" will have his malpractice coverage dropped.

These types of power plays indeed do have the effect of trying to prohibit the practice of midwifery.

I thank you for any help you can give us, and look forward to further dialogue with you in the future.

Sincerely,

Signe Rogers

Signe E. Rogers
President
Kansas Midwives Association

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