

Approved

4-25-91
Date sh ✓

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

1:40 //a.m//p.m. on March 28, 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:

Chairperson Sader called meeting to order, drawing attention to SB 39.

Chair requested a staff briefing on SB 39.

Ms. Correll gave a comprehensive explanation of SB 39. She highlighted specific changes and technical amendments. She noted a Sub-Committee had been appointed in Senate Committee and the bill as it appears now is the recommendation of that Sub-Committee.

HEARINGS BEGAN ON SB 39.

Jim Snyder, Kansas Funeral Director's Association, introduced the Legislative Chairman of the Association, Mr. McElwain, who would give testimony.

Larry McElwain, Kansas Funeral Director's Association, offered hand-out (Attachment No. 1). He stated support for amended SB 39, noting the amended bill is acceptable to all parties. There are two proposed changes in present law, i.e., clarifying language regarding placement of financial institution names on pre-need contract; and a change in the amount of money allowed to be irrevocably set aside by individuals for pre-need funeral accounts from \$2,000 to \$3,000. He explained irrevocable placement of money is used primarily by those anticipating, or those actually going into some type of public assistance, medicaid, or medicare. He stressed the Board of Mortuary Arts does audit routinely every two years. In order to be re-licensed, a funeral director must report to the State Board of Mortuary Arts all pre-need funeral accounts. He answered numerous questions, i.e., current Kansas law is one of the best since the total amount of money set aside plus total interest stays in the account set aside in this irrevocable trust; average funeral cost estimated by an accounting firm doing national averaging is \$3800 for this area.

HEARINGS CLOSED ON SB 39.

Chair drew attention to HCR 5008 and requested a staff briefing on the resolution. Ms. Correll gave a detailed explanation of HCR 5008. She answered questions, i.e., a similar resolution was requested by the Committee on Access to Services for the Medically Indigent and the Homeless and was passed out of House Committee on Public Health/Welfare. It went to the House, but was stricken from the House calendar late in the 1990 Session.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:40 a.m./p.m. on March 28, 1991

HEARINGS BEGAN ON HCR. 5008.

Mr. Orville Voth, Silver Haired Legislator, offered hand-out (Attachment No. 2). He noted the federal government is a major enabler of any comprehensive national health care system so there will be a broad universal policy parameters to guide the system. Such a health system should, however, be administered by state authority. He recommended HCR 5008 be amended in line 35 to read, "comprehensive national health care plan administered by state authorities..." He urged support, noting this would serve as a signal to the federal Congress that universal health care is a priority concern for all Kansans and a responsibility of both the national and state government.

GiGi Felix, Executive Director of Kansas Chapter of National Organization of Social Workers (NASW), offered hand-out (Attachment No. 3). It is the hope of the NASW that legislation proposed in HCR 5008 can be passed at some level. The insurance cost issue has reached crisis proportions in Kansas, and in the nation. She directed attention to hand-out indicating NASW suggested Health care Plan; cost analysis of such a health care plan. She urged support of HCR 5008.

Helen Baker, a resident of Kansas City, Kansas, thanked members for the opportunity to speak on HCR 5008. She noted, medical care should be a right of every individual. For an individual to be totally insured would cost \$500 or more per month, which is out of the question for most people. She stated the only way a National medical care program could work is to do away with Medicare/Medicaid and put every citizen on the same level. She cited personal experiences of her son who has incurred enormous hospital bills after heart surgery. This young man is a teacher and does not have the income to pay for today's outrageous hospital costs. She noted her son has given authority to not prolong his life should he suffer from an accident or further heart problems since he feels he cannot emotionally or financially withstand costs of the magnitude charged for health care today. She answered questions, i.e., she has previously run for a seat in the State Legislature, and plans to again.

Chair commented it is refreshing to have private citizens come before Committee on their own initiative to express their views on issues that concern them.

HEARINGS CLOSED ON HCR 5008.

Chair drew attention to discussion on SB 39.

Rep. Amos answered questions in regard to funeral costs; information given on options for pre-planning, pre-need funding for funerals; concerns with the word "audit" remaining in the title of SB 39.

Rep. Wiard made a motion to pass SB 39 favorably subject to the deletion of the word "audit" from the title of the bill. Motion seconded by Rep. White. Discussion continued. The intention of this pre-need plan to be only for those people who are on state assistance; it can save the SRS from having to pay funeral costs if an individual's estate is depleted; the irrevocable trust is primarily for those persons who have to spend down before they can become eligible for state assistance, however, others can put money into a pre-planned funeral trust as well.

Vote taken. Motion carried. Rep. Amos abstained from voting on SB 39.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:40 a/m./p.m. on March 28, 1991

Chair opened discussion on HB 2566.

Chair requested John Grace, Kansas Association of Homes for the Aging, explain the spend-down system. He noted statistics indicate 27% of the people who start out as private pay, spend down to become Medicaid-eligible for nursing homes.

Chair thanked Mr. Grace for his explanation to Committee.

Rep. Carmody offered a balloon amendment for HB 2566. He noted there are companies, whether or not they are for profit or non-profit organizations, there is a need for information of this type for the aging population. The balloon proposed was explained. It appears there is a need for it. See (Attachment No. 4.)

Chair requested Mr. Furse to explain balloon. He did so indicating the new section 1 (a), subject to appropriations, would direct the Secretary of SRS to establish a program to counsel/advise persons who are considering admission to an adult care home; (b) would provide screening, print and electronic media information, brochures detailing community-based services that might provide alternatives to adult care home admission.

A lengthy discussion continued on this proposal, i.e., concerns with costs of brochures to the facilities; it was noted an attractive side could be shown to adult care homes; screening would be the proper tool for evaluation and prioritizing; some felt the Department on Aging should be giving this information out now; some thought it best not to advance HB 2566 with numerous concerns still unresolved.

At this point, Rep. White made a motion to Table HB 2566. Motion seconded by Rep. Wagle. Discussion continued.

Question called for by Rep. Wiard. Vote taken. Motion carried.

Chair drew attention to hand-outs, (Attachment No. 5, pre-screening document. (Attachment No. 6) a narrative of Summary Code Sheet on pre-screening. (Attachment No. 7) a Summary on Community-Based Services Assessment.

Rep. Carmody noted that since HB 2566 and HB 2567 are somewhat inter-related, he would make a motion to Table HB 2567 as well. Motion seconded by Rep. Neufeld. No discussion. Vote taken, motion carried.

Chair adjourned the meeting.

The next meeting will be held Monday, April 1, 1991 at 1:30 p.m.

SENATE BILL #39
REMARKS BY LARRY MC ELWAIN
KANSAS FUNERAL DIRECTORS ASSOCIATION
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
MARCH 28, 1991

Mr. Chairman, members of the Committee. My name is Larry McElwain, Warren-McElwain Funeral Home, Lawrence, Kansas. I am the Legislative Chairman of the Kansas Funeral Directors Association and a past president of that organization. We represent more than 95% of the funeral homes in Kansas.

I am here to request your support in the passage of Senate Bill #39. This legislation originally was requested to clean up some language in the Kansas Funeral Pre-Need Law ... to repeal a section of the law that was thought to be a duplicate process ... and to remove what we thought was unnecessary language.

However, as you well know as members of the Kansas Legislature, not all things are as simple as they begin. I can assure you, though, the amended Senate Bill 39 you are considering today is acceptable to all parties concerned, and--we hope--to you as well.

We have two proposed changes in present law. The first one clarifies language regarding the placement of financial institution names on the pre-need contract. The removal of this language has been approved both by the Kansas Bankers Association (Jim Maag) and the Kansas Savings and Loan League (Jim Turner). The other change in present law would raise the amount allowed to be irrevocably set aside by people from the present \$2,000 up to \$3,000.

This irrevocable placement of money primarily is used by those anticipating or actually going on some type of assistance--public assistance, medicaid, or medicare. Irrevocable monies, as well as money used to pre-purchase merchandise such as vaults and caskets,

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Attn #1.*

is excluded as an eligibility asset for those people entering these programs. Since this legislation was originally enacted more than 8 years ago, those expenses falling under this area (i.e. Services of funeral director and staff, use of facilities, automotive equipment, embalming, opening and closing grave, flowers, etc.) have increased more than 50% making this change necessary. Legislation of this type passed the Senate in 1986 but was not acted upon in the House because of our request that the increase was premature at that time. Now, five years later, this change is needed.

Corrall

One of your staff, Mrs. Corral, has checked this out with SRS and stated during the Senate hearing that that department regarded this a minor change.

The Senate amended the bill by removing the deletion of a statute and by replacing language regarding Credit Life Insurance. As I stated earlier, the Kansas Funeral Directors desire the changes still in the bill and for this reason would ask your support by reporting Senate Bill 39 favorably for passage.

I shall be happy to answer any questions.

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3-28-91
Atkins 1-2*

Testimony before the House Public Health & Welfare Committee.
Re: House Concurrent Resolution 5008
March 28, 1991
Orville L. Voth, Speaker, Kansas Silver Haired Legislature.

I appreciate the opportunity to appear as a proponent of
Concurrent Resolution 5008, representing the Silver Haired
Legislature.

Support for this resolution rests on a very simple premise,
namely, that the federal government is a major enabler of any
comprehensive national health care system so that there will be
broad universal policy parameters to guide the system. Such a
health care system should, however, be administered by state
authorities and with that in mind, Resolution 5008 might be
amended on line 35 to read, "comprehensive national health care
plan administered by state authorities...".

I am fully aware of SB 205 and the fact that there are other
state-initiated programs. It should be noted, however, that
many proponents of such programs argue that state-based health
care systems should serve as pilot or model programs for a
national system. I submit that lack of models is not the
problem. The problems are inertia at the federal level,
opposition by special interest groups (e.g., reportedly a
coalition of Congress, a president and the health care
industry), and a mind-set that it can't be done or that voters
don't really want it. In connection with voter wishes, it is
worth noting that an NBC 1989 poll showed that 67 percent of
Americans prefer a comprehensive national health plan that
covers all Americans and is paid for by federal tax revenues.
One may also cite public statements by such groups as the AARP,
Citizen's Action (a national grassroots group), Gray Panthers,
the Heritage Foundation, Physicians for a National Health Plan,
National Insurance Organization, and the Silver Haired
Legislature representing over 400,000 senior citizens in Kansas
which support a national health program.

Therefore, I urge that Concurrent Resolution 5008 be passed as
a signal to the federal Congress that universal health care is
a priority concern for all Kansans and a responsibility of both
national and state government.

Thank you.

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Attn # 2

KANSAS NASW

National Association of Social Workers, Inc.
Chapter Office
817 West Sixth Street
Topeka, Kansas 66603

Telephone: 913-354-4804

TESTIMONY IN SUPPORT OF HCR 5008

BY: Gigi Felix, LMSW
Executive Director

Madame Chair, and members of the House Committee on Public Health and Welfare. I am Gigi Felix, the Executive Director of the Kansas Chapter of the National Association of Social Workers.

Thank you for giving me the opportunity to present brief supporting testimony today for HCR5008. Our National Office has been pursuing the goal of federal legislation for National Health Insurance for several years. Attached for you information are copies of several documents:

- a summary of NASW proposed National Health Care components,
- a sample resolution as developed by the National Office for use by Chapters of the organization which embodies our "dream" plan, and
- a copy of a news article which appeared in the NASW National newsletter in February 1991 showing a cost analysis of such a plan.

It is our sincere hope that this type of legislation can be passed at some level. The insurance cost issue has reached crisis proportions in Kansas, and in the nation.

We are working with Sen. Walker for SB205 - now scheduled for Summer Interim Committee study - so at least residents of our state can have accessible, affordable, quality health care, and business can afford to continue covering employees, and their dependents.

Again, we can not say strongly enough that this issue is of great concern to NASW at every level, especially here in Kansas.

Thank you for your time, I'd be glad to try to answer any questions you may have of me.

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Attn #3

NASW National Health Care Plan

In response to our nation's severe health care crisis, the NASW developed a National Health Care (NHC) plan that fundamentally restructures our costly and inefficient health system and provides every American with comprehensive health and mental health services, including long-term care.

The basic components of the NHC Plan include:

- A single-payer health system administered by the states under federal guidelines.
- Universal access for all U.S. residents regardless of race, national origin, income, religion, age, sex, sexual preference, language, or geographic residence.
- Freedom to choose from among any of the participating public and private providers.
- Expansion of public health functions for disease prevention and health promotion.
- Care coordination services to ensure appropriate and cost-efficient health care.
- No cost-sharing, except for a modest room and board fee based on income for nursing home care. The plan allows limited cost-sharing based on income, if necessary, to control excess utilization.
- Global budgeting for states with expenditure targets by category of services.
- Global budgeting for hospitals and prospective payment options for other health facilities, with state regulated funds for capital expansion and purchase of highly-specialized equipment.
- Negotiated fee schedules for physicians and other health care practitioners.
- Emphasis on community-based health and mental health services, including home health care for those in need of long-term care, regardless of age.
- Health planning at all levels to ensure more efficient utilization and equitable distribution of health resources.
- Financing primarily through a dedicated federal tax on personal income and a federal employer payroll tax. Additional sources of revenue include state contributions, earmarked estate taxes, and higher taxes on alcohol and cigarettes.
- Quality assurance standards for all health care providers with federal and state responsibility for data collection, evaluation and monitoring of appropriate treatment and utilization.
- Targeting of essential health and mental health services for underserved populations.
- Expanded federal support for training/education of health/mental health professionals and allied personnel.
- Continued support for basic biomedical and mental health research, and research efforts that will improve the delivery of cost-conscious, quality health care.
- Support for medical malpractice reform.

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SAMPLE RESOLUTION ON NATIONAL HEALTH CARE

(May be used by chapters to get a resolution passed on national health care by state legislatures, state or local political organizations, professional organizations or coalitions where the NASW chapter is a member.)

Whereas the health of the nation is short of what can be achieved;

Whereas the cost of health care in the U.S. has reached an unacceptable level with no end in sight;

Whereas thirty-seven million people have no health insurance and fifty million people lack adequate insurance coverage;

Whereas the burden of providing health care for the uninsured falls disproportionately on those employers that do provide insurance to their own employees and in the process subsidize uncompensated care;

Whereas the U.S. spends \$600 billion a year on health care constituting almost twelve percent of the Gross National Product;

Whereas this expenditure is larger than that of any other nation;

Whereas the health status of our citizens is worse than that of many other nations that spend relatively less than we do for health care;

Whereas health care costs are rising at a faster rate than those in other sectors of the economy;

Whereas cost containment measures by a single organization, business, or state are only marginally effective in containing costs;

Whereas piecemeal approaches to the health care crisis have been unsuccessful;

Whereas all citizens are entitled to comprehensive community and personal health programs that emphasize health promotion and disease prevention and provide efficient, high quality services;

Now, therefore, be it resolved that it is the sense of the (name of organization) that the (organization) should advocate, and the U.S. should enact, a National Health Care program with the following characteristics:

- Universal access and delivery of services regardless of income, age, race, gender, health status, or geographic location;
- Comprehensive health and mental health benefits, including long-term care;
- Progressive financing with little or no consumer cost-sharing;
- A single-payer health system administered by the states under federal guidelines;
- Freedom to choose among any of the participating public and private providers;
- Incentives and safeguards to assure effective and cost efficient organization and delivery of services and high quality care;

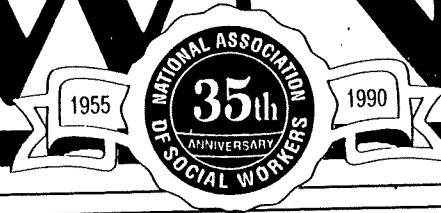
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- Technology assessment and practice guidelines that encourage appropriate utilization by consumers;
- Fair payment to providers using negotiated fee schedules, global budgeting for hospitals and prospective payment options for other facilities with regulation of capital expenditures;
- Ongoing evaluation and planning to improve the delivery of health services and promote efficient utilization and equitable distribution of health resources;
- Community based disease prevention and health promotion programs; and
- Consumer access to adequate information on the quality and costs of health care services.

NOTE: This resolution is based on a resolution developed by the NASW New Hampshire Chapter.

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NASW NEWS



National Association of Social Workers • Silver Spring, Maryland • Volume 36, Number 2 • February 1991

National Health Care Proposal by NASW Would Save U.S. Billions, Analysts Find

By M. Scott Moss
NASW NEWS Managing Editor

THE NATIONAL HEALTH care plan NASW unveiled last spring would save the United States \$200 billion to \$300 billion a year at the turn of the century, independent economic analysts confirmed on Jan. 8.

In releasing the analysts' projection of the plan's cost at a Capitol Hill press conference, NASW became the first national organization in the country to go on record with a detailed cost estimate for a health care plan that would cover all U.S. residents and rely on a single payment source.

"We expect this proposal to be introduced as a bill in Congress very shortly, and we will work to move that bill through Congress," NASW President Richard L. Edwards told reporters from the national news media.

"We call upon Congress and the



President Richard L. Edwards (right), with economist Zachary Dyckman and NASW's Judy A. Hall, briefs reporters at Capitol Hill press conference.

president to responsibly address the health care needs of all Americans and to courageously expend the resources needed now in order to save later," he urged.

Edwards said that the association will mobilize its 135,000 members and 55 chapters to lobby for the plan's enactment.

The proposal, based on the 1979

Delegate Assembly's "National Health" policy statement and shaped by NASW's Legislative Affairs Department in concert with numerous social work experts and the NASW Health and Mental Health Commission, underwent the independent cost analysis after it was announced in the May 1990 NASW NEWS.

"In the long run, we project that the NASW plan, with expanded coverage for the entire population, will cost less than maintaining current systems of care," said Zachary Dyckman, executive vice-president of the Center for Health Policy Studies, who analyzed the proposal in consultation with the Actuarial Research Corporation.

Dyckman acknowledged that in the plan's first full year of implementation, it would cost about \$40 billion to \$77 billion more than is currently spent on health care, depending on whether a system of nominal, income-based copayments were used.

But by the year 2002, if the co
(See HEALTH, page 14)

Handwritten notes: 15-23-91, 16-23-91, 17-23-91

Health Plan's Costs, Advantages Analyzed

HEALTH

CONT'D FROM P. 1

ments were applied, the plan would reduce health care spending by \$308 billion, he said.

The annual savings would amount to nearly \$200 billion even if a long-term care benefit were added at a price tag of \$46.5 billion.

The study projected the long-term care benefit's cost separately because, "for the most part, [long-term care costs] are not reflected in current health care expenditures," Dyckman noted.

Under the copayment system, persons with incomes below 150 percent of the federal poverty line would pay nothing out-of-pocket for outpatient visits and prescription drugs. Others would pay from \$5 to \$15 for visits and from \$1 to \$5 for prescriptions, with those who earn more than \$100,000 paying the highest amounts. Yearly out-of-pocket spending would be subject to caps ranging from \$1,000 to \$3,000, also geared to income.

For the long-term care benefit, consumers' share of the costs would range from \$5 to \$10 per service for in-home and community-based services, and from 10 percent to 30 percent of nursing home room-and-board costs, depending on income and on the length of stay.

The analysts did not estimate what the entire plan's cost would be in the year 2002 if no copayments were required.

They also did not attempt to gauge additional savings that would accrue as a result of the plan's nationwide coverage of preventive care and its promotion of widespread health education.

According to Dyckman, the plan's reliance on a uniform package of comprehensive benefits and a single payment source—the states, under federal guidelines—would reduce the amount currently spent on health care administrative costs by \$9.6 billion, or 30 percent.

In addition, its prospective budgeting and other reforms would cut the cost of hospital care by \$2.4 billion, or nearly 1 percent, he said.

Dyckman acknowledged that the plan's expansion of benefits for dental care and other professional services, including mental health services, would "very substantially" increase their costs over current levels. About \$23 billion more would be spent for dental care, and about \$18 billion more for other professional services. But these services, he noted, "are

(GNP), according to NASW's figures. By 2002, if health care costs increase at an average annual rate of 9.5 percent, the current system's bite out of the GNP would be 15.5 percent, Dyckman estimated.

But under NASW's plan, with copayments, only 13.1 percent of the GNP would be consumed in 2002 (14 percent if the long-term care benefit were included), while all U.S. residents would be served, he said.

The plan would be funded by an earmarked federal personal-income

The new system would be run by an independent National Health Board, which would set federal guidelines.

States would get a lump sum annually to use in paying for all covered services. They would pay physicians and other health care practitioners directly on a fee-for-service basis at negotiated rates, comparable to rates paid under what is now the Medicare program.

Hospitals would be given a lump sum yearly for operating expenses. Separate, state-regulated funds would be available for capital expansion and for purchasing high-tech equipment.

Private insurers would be prohibited from covering services provided under the national plan, but could offer additional benefits.

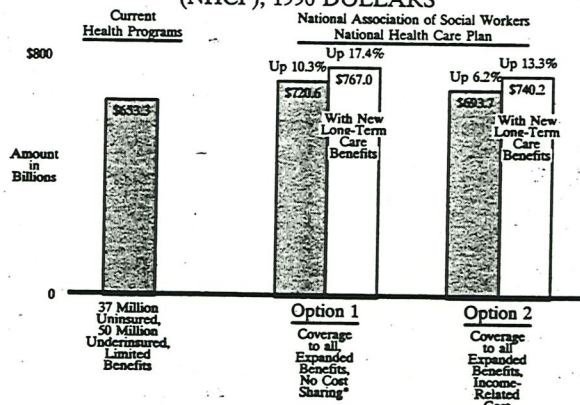
Consumers would remain free to choose their health care providers. "While this plan is a radical departure from the current system, we believe that the American people—as indicated by numerous opinion polls—want this kind of change," said NASW Deputy Executive Director Judy A. Hall.

Recent surveys by national polling organizations found that 89 percent of the public wants fundamental change in the health care system and that 66 percent favors a national health insurance system similar to Canada's, according to figures cited by NASW.

A Jan. 9 *Washington Post* report on the association's proposal predicted that the current state of the health care system "could become a major point in the 1992 presidential election, with Democrats likely to push for some form of comprehensive national coverage."

Copies of NASW's national health care proposal and the Center for Health Policy Studies' cost analysis are available for \$5 each/\$10 both (NASW members), or \$7.50 each/\$15 both (nonmembers), from: Legislative Affairs Department, NASW, 7931 Eastern Ave., Silver Spring, MD 20910; (301) 565-0333, ext. 284, or toll-free 1-800-638-8799, ext. 284.

PROJECTED ANNUAL NATIONAL HEALTH EXPENDITURES UNDER THE NASW NATIONAL HEALTH CARE PLAN (NHCP), 1990 DOLLARS



* The Long-Term Care Program Does Assume Limited Cost Sharing, Based on Income, for a Portion of Room and Board Costs.

Source: Center for Health Policy Studies

not well covered under most insurance programs now," keeping current spending low because many consumers forgo the services as a result.

"I would like to stress that our cost estimates are based on a benefit package that far exceeds most private insurance coverage—and is extended to the entire population," Dyckman said.

At least 13.5 percent of the U.S. population is excluded from service by the current health care system, on which the nation now spends 12 percent of its gross national product

tax and an employer payroll tax.

Dyckman said he anticipated that individuals would pay, on average, about the same amount in taxes as they now spend on premiums, deductibles and out-of-pocket costs.

"Consumers may not be asked to pay substantially more than they do now—just to change the way they pay," he said.

Each state would also contribute an amount based on its previous level of health care spending, incidence of health problems and other demographic factors.

Plan Highlights: Inclusiveness, Simplicity

NASW's proposed national health care plan includes these basic components:

- Negotiated fee schedules for physicians and other practitioners.
- Emphasis on community-based health and mental health services.

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Plan Highlights: Inclusiveness, Simplicity

NASW's proposed national health care plan includes these basic components:

- A single-payer health care system administered by the states under federal guidelines.
- Comprehensive benefits for all U.S. residents regardless of race, national origin, income, religion, age, sex, sexual orientation or geographic residence.
- Freedom to choose among the participating public and private health care providers.
- Expanded public health efforts for disease prevention and health promotion.
- Care coordination to ensure appropriate and cost-efficient health care.
- Limited cost-sharing based on income, if necessary, to control excess utilization, and modest room-and-board fees based on income for nursing home care.
- Global budgeting for states, with separate spending targets for each category of service.
- Global budgeting for hospitals and prospective-payment options for other facilities, with state regulation of funds for capital expansion and purchasing highly specialized equipment.

- Negotiated fee schedules for physicians and other practitioners.
- Emphasis on community-based health and mental health services, including home health care for those in need of long-term care, regardless of age.
- Health care planning at all levels to ensure more efficient service utilization and equitable distribution of health care resources.
- Financing primarily by a dedicated federal tax on personal income and a federal employer payroll tax, with additional revenue from state contributions, earmarked estate taxes and higher taxes on alcohol and cigarettes.
- Quality-assurance standards for all health care providers, with federal and state responsibility for data collection, evaluation and monitoring of appropriate treatment and service utilization.
- Targeting of essential health and mental health services to underserved populations.
- Expanded federal support for training and education of health and mental health care professionals and allied personnel.
- Continued support for basic biomedical and mental health research, and support for research aimed at improving the delivery of cost-conscious, quality health care.
- Support for reforms to reduce medical malpractice insurance costs, protect patients and mitigate the causes of malpractice.

ATTN #
3-28-91
3-17
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HOUSE BILL No. 2566

By Committee on Appropriations

3-11

PHell
3-28-91
Attn # 4

8 AN ACT concerning social welfare; relating to adult care homes;
9 providing for screening of admissions thereto by the secretary of
10 social and rehabilitation services; amending K.S.A. 39-778 and
11 repealing the existing section.

12
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 39-778 is hereby amended to read as follows:
15 39-778. (a) ~~Any ineligible person may make application to the~~
16 ~~secretary for~~ *On and after the effective date of this act, no person*
17 *shall be admitted to an adult care home providing care under a plan*
18 *developed by the secretary pursuant to subsection (s) of K.S.A. 39-*
19 *708c and amendments thereto unless the person has received the*
20 *screening, evaluation and referral services provided by the secretary*
21 *for eligible persons to determine the need for care and appropriate*
22 *services, including the need for admission to an adult care home or*
23 *referral to community-based services. Any such ineligible person*
24 *may be provided with such screening, evaluation and referral serv-*
25 *ices upon payment of may be required to pay a fee therefor to by*
26 *the secretary.*

27 (b) The secretary may fix, charge and collect fees from ineligible
28 persons for provision of the screening, evaluation and referral services
29 specified in subsection (a). Such fees shall not be fixed in excess of
30 reasonable cost or charges for such services, whichever is less.

31 (c) The secretary shall remit all moneys received by or for the
32 secretary to the state treasurer at least monthly. Upon receipt of
33 each such remittance, the state treasurer shall deposit the entire
34 amount thereof in the state treasury and credit the same to the social
35 welfare fund.

36 (d) The secretary shall adopt rules and regulations necessary to
37 administer the provisions of this act and for the establishment of
38 fees authorized to be charged and collected hereunder.

39 ~~Sec. 2. K.S.A. 39-778 is hereby repealed.~~

40 Sec. 3 This act shall take effect and be in force from and after
41 its publication in the statute book.

a program providing information relating to admissions
to adult care homes and

Section 1. (a) Subject to appropriations therefor, the
secretary of social and rehabilitation services shall
establish a program to counsel and advise persons who
are considering admission to an adult care home.

(b) The program established under this section may in-
clude providing screening services and print and elec-
tronic media informational presentations and shall in-
clude the preparation of an informational brochure to
be provided to all persons and their families, if ap-
plicable, by an adult care home prior to such person's
admission to an adult care home. The informational
brochure shall detail community-based services that
might provide alternatives to adult care home admission.

PHell
3-28-91
Attn # 4



STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor

March 27, 1991

The Honorable Carol H. Sader
Kansas House of Representatives
Statehouse, Room 115-South
Topeka, Kansas 66612

RE: House Bill 2566

Dear Representative Sader:

I am enclosing a copy of the pre-admission screening instrument used to identify the needs of adult care home applicants/recipients. This is the instrument used to assess an individual's ability to utilize home and community based services in place of adult care home placement.

Attached to the instrument is a brief summary of the screening process, background of its use and a brief statement as to how the screening teams proceed once they have completed the screening.

I have also enclosed information you had requested on "Admissions to Adult Care Homes". This is in a memo I have enclosed that Joyce Sugrue put together for me on March 21, 1991.

If I may be of any further assistance in this matter, please give me a call at 296-3981.

Sincerely,

John W. Alquest
Acting Commissioner
Income Support/Medical Services

JWA:EW:lv
Enclosure
cc: Dr. Robert C. Harder

PN4W
3-28-91
Alm # 5

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Division of Medical Services

SCREENING FOR COMMUNITY BASED SERVICES

Individuals applying for Community Based Long Term Care are screened by a social worker and/or registered nurse who determines eligibility and necessity of services. Medical, social, psychological needs, and functional capacities are assessed to determine the most appropriate type of service that meets the needs of the individual in the least restrictive setting. The assessment process acts as a gatekeeping function, targeting those who are greatest risk of Adult Care Home Placement.

The screening process includes: interviewing the applicant, completing the assessment instrument, and developing a plan of care. This process takes approximately one and one-half to two hours. The time invested in properly assessing applicants is vital in order to: 1) avoid duplication of services, 2) target services to those most in need, 3) provide services at the appropriate level of care, 4) provide referrals, 5) inform applicants of available resources, and 6) to assure quality of care. Professional judgment and performance testing may be necessary in some cases to assure an accurate evaluation of the client's capabilities. Plans of care are developed specific to the individual's needs.

The screening process is usually completed on an individual only one time. The screening instrument and plan of care are updated if there is a significant change in the individual's medical status, support systems, or other factors. In the Home and Community Based program, the case manager contacts the recipient monthly to assess quality of care and appropriateness of services. Individuals in the Income Eligible program are reviewed annually and as indicated per their condition.

Although all resources are not available statewide, the individual's needs may be met in a variety of settings and services. We are able to provide care as long as "critical" services are available. Critical services are defined as services necessary to maintain the individual's minimum level of health, safety, and welfare in the home.

Currently the Income Eligible and Home and Community Based Services programs have different assessment instruments. Our goal is to develop a single assessment instrument for both home care programs. By applying criteria consistently across both programs, we are ensuring those individuals greatest at risk of institutionalization receive adequate and appropriate care.

EW:mks

cc: Joyce Sugrue

3/25/91

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3-28-91
attm # 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)	Residential Care Residential Pers. Care Medical attendant Adult day health Night Support Respite Care Wellness Monitoring Medical Alert Nonmedical Attendant (Consumer Directed) Case Mgmt-for ICF/MR Habilitation Residential Care/Trng
		Purchase of Service
		ICF/MR Services
ESTIMATED AVERAGE COST		
Home Care (for FY 91)	\$ 75 monthly \$694 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	57% Fed
	% State	43% SGF
	% Other	
11/90		

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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. RESPIRE 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, board, and supervision and is supplied 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.

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DEMOGRAPHIC DATA

*1. Sex of Individual Screened:

- 1 Male
- 2 Female

*2. Birthdate _____ Age _____
(month/day/year)

(Make certain to indicate the correct birthdate and age in the above spaces.)

*2a. Were the birthdate and age given by the client both correct?

- 1 Yes
- 2 No

*3. Ethnic Background:

- 1 Black
- 2 White (non-Hispanic)
- 3 American Indian
- 4 Hispanic
- 5 Asian/Pacific Islander
- 6 Other (specify) _____

*4. Is the client able to communicate well in the English language?

- 1 Yes
- 2 No

IF NO, indicate the client's primary language. _____

*5. Years of School Completed: _____

*6. What is/was your (the client's) primary occupation? _____

*7. Are you now married, divorced, separated or have you never been married?

- 1 Now Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never Married
- 9 Not answered

ASK 7a and 7b ONLY IF CLIENT IS CURRENTLY MARRIED!

*7a. What is your spouse's current place of residence?

- 1 Adult Care Home or Other Institutional Setting
- 2 Own Residence (include apts. or other rented housing facility)
- 3 Home of relatives, friends, etc.
- 4 Other _____

(specify)

*7b. What is your spouse's condition?

- 1 Able to perform routine household tasks without assistance
- 2 Requires assistance with household tasks
- 3 Unable to perform routine household tasks

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Attm 5-5*

HEALTH INFORMATION

(Questions 1-5 represent information which may be needed for referrals. This information is OPTIONAL).

- *1. Name of Primary Physician _____
Name of Other Physicians _____
- *2. What is your Medicare number? _____
- *3. What is your Medicaid number? _____
- *4. Other ID# needed for referrals _____

HEALTH STATUS

*1. List the health problems, sensory problems, or other health related conditions currently experienced by the client. Place a check mark (✓) in the column CURRENT TREATMENT if the client is currently receiving treatment for the condition. Make any additional comments under the section titled COMMENTS. Sources of information may be the client, the client's family and/or other persons familiar with the client, medical records, etc.

PROBLEMS OR CONDITIONS	CURRENT TREATMENT	COMMENTS (i.e. type problem, severity, etc.)

*PN4W
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attn 5-7*

- *2. How is the client's hearing (with hearing aid)? (USE PROFESSIONAL JUDGEMENT IN EVALUATING.)
- 0 Good
 - 1 Fair
 - 2 Poor
 - 3 Totally Deaf
 - 9 Not answered
- *3. How is the client's eyesight (with glasses or contacts)? (USE PROFESSIONAL JUDGEMENT IN EVALUATING.)
- 0 Good
 - 1 Fair
 - 2 Poor
 - 3 Totally blind
 - 9 Not answered
- *4. Have you (has client) fallen in the last month?
- 1 Yes
 - 2 No
- *4a. IF YES, how many times have you (has client) fallen in the last month?
Number of times _____
- *5. What medications are you (is client) currently taking on a regular basis? Give (1) medication(s), (2) the dosage, and (3) how frequently do you (does client) take it?

Medications (including over-the-counter drugs such as vitamins, laxatives, etc.)	Dosage		Frequency	Prescribed
	OTC	Rx	Taken	Frequency

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- *6. Do you (does client) require any of the following procedures or services? Place a check mark (✓) next to any procedures or services needed.
- (a) _____ Dressing changes
 - (b) _____ Administration of oral, IM, or IV medications or fluids
 - (c) _____ Medication monitoring
 - (d) _____ Close Monitoring of health problem
 - (e) _____ Therapy (i.e. physical, occupational, speech, etc.)
 - (f) _____ Other (specify) _____

- *7. Does the client need any of the following equipment or assistive devices? IF YES, place a check mark (✓) in the NEED column next to the appropriate equipment or device. Complete the USE section for all items needed. Check N/A if not answered.

	NEED	USE			
		Has	Does	Not	N/A
		Uses	Use	Have	
	(1)	(3)	(2)	(1)	(9)
Glasses or Contact Lenses....					
Magnifying Glass.....					
Dentures.....					
Cane.....					
Walker.....					
Crutches.....					
Wheelchair.....					
Hospital Bed.....					
Leg Brace.....					
Limb Prosthesis.....					
Back Brace.....					
Pacemaker.....					
Hearing Aid.....					
Portable Commode.....					
Indwelling Catheter.....					
External Urinary Device.....					
Ostomy Equipment.....					
Speech Aids (voice box, word box).....					
Other.....					

- *8. How many times were you (was client) in the hospital in the past six months? Number of times _____
- *9. When did you (client) last see a physician?
- 1 Within last month
 - 2 1-6 months ago
 - 3 7 months to 1 year ago
 - 4 Longer than 1 year ago
 - 5 Not sure
 - 9 Not answered

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- *10. When did you (client) last see a dentist?
- 1 Within last month
 - 2 1-6 months ago
 - 3 7 months to 1 year ago
 - 4 Longer than 1 year ago
 - 5 Not sure
 - 9 Not answered
- *11. How often do you drink alcoholic beverages?
- 0 Never
 - 1 Less than once/mo.
 - 2 Once a month
 - 3 A few times a month
 - 4 Once a week
 - 5 A few times a week
 - 6 Almost every day
 - 7 Drank at one time, no longer drinks
 - 9 Not answered
- *11a. **INTERVIEWER:** Do you suspect the client has a greater alcohol intake than reported? 1 Yes 2 No
 Comments _____
- *12. Have you ever had a problem with your health because of drinking or has your physician advised you to cut down on drinking?
- 1 Yes
 - 2 No
 - 3 Not answered
- *13. What is your smoking status; currently smoking, a former smoker, or never smoked? (smoking only a few cigarettes in lifetime is coded "NEVER SMOKED")
- 1 Never Smoked
 - 2 Former Smoker
 - 3 Currently Smoking
 - 9 Unknown
- *14. If currently smoking or a former smoker...
- a) How long have (did you) smoke? _____
 - b) How many cigarettes per day? _____
15. During the past six months, how much time were you too sick to carry on your usual activities around the house?
- 0 None
 - 1 A week or less
 - 2 More than a week, but less than a month
 - 3 1-3 months
 - 4 4-6 months
 - 5 Not sure
 - 9 Not answered

*PNW
 3-28-91
 Attn # 5-10*

- *16. How would you rate your health at the present time: good, fair, or poor?
- 0 Good
 - 1 Fair
 - 2 Poor
 - 9 Not answered
- *17. Do your health troubles keep you from doing the things you want to do?
- 0 Not at all
 - 1 A little (some)
 - 2 A great deal
 - 9 Not answered
- *18. Do you feel anyone is taking advantage of you physically, emotionally, or any other way?
- 3 Yes
 - 2 Unsure
 - 1 No
 - 9 Not Answered

IF YES or UNSURE, what is the person's or persons' relationship to you?

1. _____
2. _____

COGNITIVE STATUS

INTERVIEWER: This section should be administered to all persons 60 years of age and older, persons with a history of severe head trauma, and persons with any indication of cognitive impairment, confusion, or disorientation. This section is optional for other persons.

INSTRUCTIONS FOR ADMINISTRATION:

1. Ask all questions exactly as stated.
2. If client is unable to answer a question as a result of obvious confusion or disorientation, mark the question incorrect.
3. If client refuses to answer a question and you are uncertain whether he/she is able to do so, mark "9 Refused to answer".
4. If client is unable to answer the questions because of a communication disorder or other physical condition, place a checkmark (✓) in the box below, explain the problem, and go to the next section.

CLIENT UNABLE TO RESPOND

REASON: _____

Go to Interviewer's Manual for additional instructions on administration.

- *1. I am going to say three words that I'd like you to remember. They are PENCIL, CAR, and WATCH. Would you say them? (Any order is acceptable. Spontaneous correction is permissible. Place the number of correct words below. Also indicate below words other than the correct stimulus words. Use of correct response means all three words are correct.)
- 0 Correct
 - 1 Incorrect
 - 9 Refused to answer

Number of correct responses _____

Indicate any incorrect responses _____

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5-11

*10. CAN YOU TELL ME THE THREE WORDS I ASKED YOU TO REMEMBER? WHAT ARE THE THREE WORDS? (Any order is acceptable. Spontaneous correction is permissible. Place the number of correct words below. Also indicate below words other than the correct stimulus words. Use of correct response means all three words are correct.)

- 0 Correct
- 1 Incorrect
- 9 Refused to answer

Number of words given correctly _____
Indicate any incorrect responses _____

SCORING: To obtain cognitive status score, add the number of incorrect responses.

COGNITIVE STATUS SCORE: _____ NUMBER OF QUESTIONS NOT ANSWERED: _____

IF CLIENT SCORES 3 OR GREATER ON COGNITIVE STATUS SCORE, try to obtain the following information from FAMILY MEMBERS or OTHERS WHO KNOW CLIENT.

- *1. Have you noticed whether (name) has difficulty remembering or becomes confused at times?
 - 2 Yes
 - 1 Unsure
 - 0 No

- *2. How long ago did the memory problem or confusion first become apparent?
 - 1 Within the last month
 - 2 Within the last six months but longer than a month ago
 - 3 Within the last year but longer than six months ago
 - 4 Over a year ago but less than 2 years ago
 - 5 Over 2 years ago
 - 6 Don't know
 - 9 Not answered

- *3. Did the onset of memory problem seem to begin and progress...
 - 1 Very rapid (within days or weeks)
 - 2 Very slow (became apparent over months or years)
 - 3 Don't know

BEHAVIORAL ASSESSMENT

INTERVIEWER: This section is to be used if there is an indication of behavior disorders. These questions may be answered through interviewer observation or by a person or persons who know the client well.

IF QUESTIONS ON THIS SECTION ARE NOT ASKED, PLACE A CHECK (✓) IN THE BOX

*BHW
3-25-91
Attn: 5-12*

*1. Does the client exhibit any of the behaviors listed below? If he/she does exhibit a specific behavior, indicate whether the behavior interferes with his/her functional capacity or requires special care and/or supervision.

	DOES EXHIBITS		
	NOT EXHIBIT (0)	Does Not Interfere (1)	Interferes (2)
Disoriented/Confused.....			
Withdrawn.....			
Hyperactive.....			
Emotionally labile.(i.e. cries easily, rapid mood swings, etc.)..			
Paranoid.....			
Abusive to self.....			
Verbally abusive to others.....			
Physically abusive to others.....			
Hallucinates/Delusional.....			
Wanders.....			
Socially inappropriate behavior....			

SCORE: _____

EMOTIONAL (AFFECTIVE) STATUS

INTERVIEWER: Ask these questions of the CLIENT ONLY. Ask the questions as they are worded on this form. Emphasize the words in bold print when asking the initial question.

If client is unable to answer the questions, place a check mark (✓) in the box below and explain the problem.

CLIENT **UNABLE TO RESPOND** REASON: _____

Go to Interviewer's Manual for additional instructions on administration.

	Yes (1)	No (0)
*1. IN THE LAST MONTH, HAVE YOU FREQUENTLY:		
a) Had difficulty concentrating on one thing?.....		
b) Had difficulty sleeping?.....		
c) Felt extremely tired?.....		
d) Felt nervous or restless?.....		
e) Felt useless, for example, felt like you were a burden on others?.....		
f) Felt irritable and impatient with yourself?.....		
g) Felt lonely even when you were with people?.....		
h) Felt life is no longer worth living?.....		
IF the answer to two or more of the above questions is YES, ASK:		
i) Seriously thought about taking your own life?.....		

SCORING: Add the number of YES responses to obtain the Emotional Status score. Also indicate the number of questions Not Answered in the box provided below.

SCORE: _____

NUMBER OF QUESTIONS NOT ANSWERED: _____

*PNW
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attn #
5-13*

- *2. Have you (has client) ever been treated for a nervous breakdown, depression or other emotional problems?
- 1 Yes
 - 2 No
 - 9 Not Answered

ACTIVITIES OF DAILY LIVING

INTERVIEWER: The client should be the primary source of information for this section if he/she is able to respond appropriately and reliably to questioning. If you question a client's responses or the client is unable to respond appropriately to this section, seek information from other persons who know the client well and have had an opportunity to observe his/her performance in these areas. If no one is available to provide this information, performance testing and professional judgment should be used in evaluating the client's ability. Place a check mark (✓) in the appropriate column to indicate functional level.

	Level	(✓)	Score
*1. <u>Drink/Feed</u>	Independent . . .	<input checked="" type="checkbox"/>	0
		<input type="checkbox"/>	-2
	Helper	<input type="checkbox"/>	-5
		<input type="checkbox"/>	-8
		<input type="checkbox"/>	-10
*2. <u>Dress Upper Body</u>	Independent . . .	<input type="checkbox"/>	0
		<input type="checkbox"/>	0
	Helper	<input type="checkbox"/>	-1
		<input type="checkbox"/>	-2
		<input type="checkbox"/>	-4
*3. <u>Dress Lower Body</u>	Independent . . .	<input type="checkbox"/>	0
		<input type="checkbox"/>	0
	Helper	<input type="checkbox"/>	-1
		<input type="checkbox"/>	-2
		<input type="checkbox"/>	-5
*4. <u>Grooming</u>	Independent . . .	<input type="checkbox"/>	0
		<input type="checkbox"/>	0
	Helper	<input type="checkbox"/>	-1
		<input type="checkbox"/>	-3
		<input type="checkbox"/>	-4
*5. <u>Wash or Bathe</u>	Independent . . .	<input type="checkbox"/>	0
		<input type="checkbox"/>	0
	Helper	<input type="checkbox"/>	-1
		<input type="checkbox"/>	-3
		<input type="checkbox"/>	-5

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Attn: F.
5-174*

	Level	(✓)	Score
*6. <u>Care of Perineum/Clothing</u> Independent. <u>at Toilet</u>	0		0
	1		0
	2		-2
	3		-3
	4		-5

Personal Care Score 33 less _____ = _____

*7. <u>Bladder Continence</u>	Independent.	0		0
	Helper.	1		-1
		2		-3
		3		-7
		4		-10

*8. <u>Bowel Continence</u>	Independent.	0		0
	Helper.	1		-1
		2		-3
		3		-7
		4		-10

Continence Score 20 less _____ = _____

*9. <u>Transfer, Chair</u>	Independent.	0		0
	Helper.	1		0
		2		-2
		3		-5
		4		-8

*10. <u>Transfer, Toilet</u>	Independent.	0		0
	Helper.	1		-1
		2		-2
		3		-4
		4		-6

*11. <u>Transfer, Tub or Shower</u>	Independent.	0		0
	Helper.	1		0
		2		-1
		3		-2
		4		-3

*12. <u>Transfer, Automobile</u>	Independent.	0		0
	Helper.	1		0
		2		-1
		3		-3
		4		-5

*13. <u>Walk up & down stairs/1</u> Independent. <u>flight</u>	0		0	
	1		0	
	Helper.	2		-2
		3		-5
		4		-8

PH4W
3-28-91
attn:
5-15

ASK QUESTIONS 14 AND 15 ONLY OF PERSONS FOR WHOM WALKING IS THEIR PRIMARY FORM OF MOBILITY

		Level	(<input checked="" type="checkbox"/>)	Score
*14. <u>Walk on Level/50 Yards</u>	Independent . . .	0	<input checked="" type="checkbox"/>	0
		1	<input type="checkbox"/>	0
	Helper	2	<input type="checkbox"/>	-2
		3	<input type="checkbox"/>	-8
		4	<input type="checkbox"/>	-10
*15. <u>Walk Outdoors/50 Yards</u>	Independent . . .	0	<input type="checkbox"/>	0
		1	<input type="checkbox"/>	0
	Helper	2	<input type="checkbox"/>	-2
		3	<input type="checkbox"/>	-5
		4	<input type="checkbox"/>	-7

ASK QUESTIONS 16 AND 17 ONLY OF PERSONS FOR WHOM WHEELCHAIR IS THEIR PRIMARY FORM OF MOBILITY

*16. <u>Wheelchair for 50 Yards</u>	Independent . . .	0	<input type="checkbox"/>	0
		1	<input type="checkbox"/>	0
	Helper	2	<input type="checkbox"/>	-2
		3	<input type="checkbox"/>	-8
		4	<input type="checkbox"/>	-10
*17. <u>Wheelchair outdoors/50 Yards</u>	Independent . . .	0	<input type="checkbox"/>	0
		1	<input type="checkbox"/>	0
	Helper	2	<input type="checkbox"/>	-2
		3	<input type="checkbox"/>	-5
		4	<input type="checkbox"/>	-7

Transfer/Mobility Score 47 less _____ = _____

TOTAL _____ + _____ + _____ = _____ /100

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

INTERVIEWER: The client should be the primary source of information for this section if he/she is able to respond appropriately and reliably to questioning. If you question a client's responses or the client is unable to respond appropriately to this section, seek information from other persons who know the client well and have had an opportunity to observe his/her performance in these areas. If no one is available to provide this information, performance testing and professional judgment should be used in evaluating the client's ability. Place a check mark () in the appropriate column to indicate functional level.

		Level/	Score	(<input checked="" type="checkbox"/>)
1. USE OF TELEPHONE (i.e. locate and read phone numbers, dial numbers, and communicate effectively)	Independent . . .	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		1	<input type="checkbox"/>	<input type="checkbox"/>
	Helper	2	<input type="checkbox"/>	<input type="checkbox"/>
		3	<input type="checkbox"/>	<input type="checkbox"/>

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5-16

		Level/	Score
2. MEAL PREPARATION (i.e. plan, prepare, and/or cook a full meal)	Independent.	0	<input checked="" type="checkbox"/>
	Helper. . . .	1	<input type="checkbox"/>
		2	<input type="checkbox"/>
		3	<input type="checkbox"/>
		4	<input type="checkbox"/>
3. LIGHT HOUSEKEEPING (i.e. straighten up, wash dishes, dusting, and sweeping, etc.)	Independent.	0	<input type="checkbox"/>
	Helper. . . .	1	<input type="checkbox"/>
		2	<input type="checkbox"/>
		3	<input type="checkbox"/>
		4	<input type="checkbox"/>
4. LAUNDRY (i.e. sort clothes, carry laundry, measure detergent, operate washer and dryer, etc.)	Independent.	0	<input type="checkbox"/>
	Helper. . . .	1	<input type="checkbox"/>
		2	<input type="checkbox"/>
		3	<input type="checkbox"/>
		4	<input type="checkbox"/>
5. ROUTINE HOME MAINTENANCE (i.e. fixing minor repairs such as tightening loose screws bolts, checking and lighting pilot lights, changing accessible light bulbs, carrying out trash, etc.)	Independent.	0	<input type="checkbox"/>
	Helper. . . .	1	<input type="checkbox"/>
		2	<input type="checkbox"/>
		3	<input type="checkbox"/>
		4	<input type="checkbox"/>
6. MONEY MANAGEMENT (i.e. manage household budget, pay bills, balance checkbook, etc.)	Independent.	0	<input type="checkbox"/>
	Helper. . . .	1	<input type="checkbox"/>
		2	<input type="checkbox"/>
		3	<input type="checkbox"/>
		4	<input type="checkbox"/>
7. COMMUNICATION (i.e. communicate verbally and in written form)	Independent.	0	<input type="checkbox"/>
	Helper. . . .	1	<input type="checkbox"/>
		2	<input type="checkbox"/>
		3	<input type="checkbox"/>
		4	<input type="checkbox"/>
8. MEDICATION ADMINISTRATION (i.e. manage and administer own medication)	Independent.	0	<input type="checkbox"/>
	Helper. . . .	1	<input type="checkbox"/>
		2	<input type="checkbox"/>
		3	<input type="checkbox"/>

IADL SCORE: 30 - =

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HOUSEHOLD SUPPORT

THIS CHART IS TO BE COMPLETED FOR HELPERS CURRENTLY LIVING IN HOUSEHOLD WITH CLIENT.

6. Please tell me who in your household regularly helps you with daily activities and/or assists you with personal care tasks. Give those persons who currently live with you. Begin with the person who helps you the most, then give the name of the person who would next provide the most help, etc. (If client is unable to answer, obtain information from family or other persons familiar with client).

	NAME 1 _____	NAME 2 _____	NAME 3 _____
RELATIONSHIP (i.e., husband, wife, daughter, son, friend, etc.)	_____	_____	_____
PHONE NUMBER? (optional)	_____	_____	_____
Is <u>(Name)</u>	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
Is <u>(Name)</u> usually available to help	1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Night 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Night 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Night 3 <input type="checkbox"/> Both
Does <u>(Name)</u> provide you assistance	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> 4-6 days/week 3 <input type="checkbox"/> 1-3 days/week 4 <input type="checkbox"/> < 1 day/wk	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> 4-6 days/week 3 <input type="checkbox"/> 1-3 days/week 4 <input type="checkbox"/> < 1 day/wk	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> 4-6 days/week 3 <input type="checkbox"/> 1-3 days/week 4 <input type="checkbox"/> < 1 day/wk
What does <u>(Name)</u> generally help you with? (Check all applicable categories)	1 <input type="checkbox"/> Personal care 2 <input type="checkbox"/> Preparing meals 3 <input type="checkbox"/> Housework, laundry, shopping, chores 4 <input type="checkbox"/> Taking medicines 5 <input type="checkbox"/> Medical treatments 6 <input type="checkbox"/> Transportation 7 <input type="checkbox"/> Managing money 8 <input type="checkbox"/> Supervision 9 <input type="checkbox"/> Other (specify) _____ _____ _____	1 <input type="checkbox"/> Personal care 2 <input type="checkbox"/> Preparing meals 3 <input type="checkbox"/> Housework, laundry, shopping, chores 4 <input type="checkbox"/> Taking medicines 5 <input type="checkbox"/> Medical treatments 6 <input type="checkbox"/> Transportation 7 <input type="checkbox"/> Managing money 8 <input type="checkbox"/> Supervision 9 <input type="checkbox"/> Other (specify) _____ _____ _____	1 <input type="checkbox"/> Personal care 2 <input type="checkbox"/> Preparing meals 3 <input type="checkbox"/> Housework, laundry, shopping, chores 4 <input type="checkbox"/> Taking medicines 5 <input type="checkbox"/> Medical treatments 6 <input type="checkbox"/> Transportation 7 <input type="checkbox"/> Managing money 8 <input type="checkbox"/> Supervision 9 <input type="checkbox"/> Other (specify) _____ _____ _____

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INFORMAL SUPPORT SYSTEM

THIS CHART IS TO BE COMPLETED FOR HELPERS LIVING OUTSIDE THE CLIENT'S HOUSEHOLD

7. Please tell me the names of family members, friends, and neighbors who do not live with you but regularly help you. Begin with the person who helps you the most, then give the name of the person who would next provide the most help, etc. Please do not include persons who help you as part of their paid or volunteer work. (If client is unable to answer, obtain information from family or other persons familiar with client).

	NAME 1 _____	NAME 2 _____	NAME 3 _____
RELATIONSHIP (i.e., husband, wife, daughter, son, friend, etc.)	_____	_____	_____
PHONE NUMBER? (optional)	_____	_____	_____
Is (Name)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
Is (Name) usually available to help	1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Night 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Night 3 <input type="checkbox"/> Both	1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Night 3 <input type="checkbox"/> Both
Does (Name) provide you assistance	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> 4-6 days/week 3 <input type="checkbox"/> 1-3 days/week 4 <input type="checkbox"/> < 1 day/wk	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> 4-6 days/week 3 <input type="checkbox"/> 1-3 days/week 4 <input type="checkbox"/> < 1 day/wk	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> 4-6 days/week 3 <input type="checkbox"/> 1-3 days/week 4 <input type="checkbox"/> < 1 day/wk
What does (Name) generally help you with? (Check all applicable categories)	1 <input type="checkbox"/> Personal care 2 <input type="checkbox"/> Preparing meals 3 <input type="checkbox"/> Housework, laundry, shopping, chores 4 <input type="checkbox"/> Taking medicines 5 <input type="checkbox"/> Medical treatments 6 <input type="checkbox"/> Transportation 7 <input type="checkbox"/> Managing money 8 <input type="checkbox"/> Supervision 9 <input type="checkbox"/> Other (specify) _____ _____ _____	1 <input type="checkbox"/> Personal care 2 <input type="checkbox"/> Preparing meals 3 <input type="checkbox"/> Housework, laundry, shopping, chores 4 <input type="checkbox"/> Taking medicines 5 <input type="checkbox"/> Medical treatments 6 <input type="checkbox"/> Transportation 7 <input type="checkbox"/> Managing money 8 <input type="checkbox"/> Supervision 9 <input type="checkbox"/> Other (specify) _____ _____ _____	1 <input type="checkbox"/> Personal care 2 <input type="checkbox"/> Preparing meals 3 <input type="checkbox"/> Housework, laundry, shopping, chores 4 <input type="checkbox"/> Taking medicines 5 <input type="checkbox"/> Medical treatments 6 <input type="checkbox"/> Transportation 7 <input type="checkbox"/> Managing money 8 <input type="checkbox"/> Supervision 9 <input type="checkbox"/> Other (specify) _____ _____ _____

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FORMAL SERVICES

8. Please tell me the services or assistance you are currently receiving or have received the last year from any agency or organization, paid provider, or volunteer. (List the following services to the client then ask if he/she is receiving any additional services. List additional services under "Other" and give the agency or provider.)

	Currently receiving the service or assistance			Received service or assistance in the last year			If Used or Currently Using Service or Assistance, Give Name of Agency(ies) or Provider(s)
	Yes	Not Sure	No	Yes	Not Sure	No	
	(1)	(2)	(3)	(1)	(2)	(3)	
Meals or Assistance with Meal Preparation (i.e. Meals on Wheels, Nutrition Site, Paid helper, etc.)							
Housekeeping Services							
Routine home maintenance service (i.e., lawn care, minor repairs)							
Home Health Services (i.e. nurse, therapist, etc.)							
Personal Care							
Respite Care (i.e. Adult Day Care, Companion Sitter, etc.)							
Financial Assistance (e.g. food stamps, energy assistance, Medicaid, etc.) (specify)							
Socialization and/or Recreational							
Transportation Services							
Legal Assistance (e.g. Legal aid, lawyer)							
Other							

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*9. How many persons are you (is client) very close to that you (client) can talk with about feelings, problems, and concerns? _____

What is the relationship of this/these person(s) to you?

Relationship

1. _____
2. _____
3. _____
4. _____

10. Are there people you have not listed, who would be available on a regular basis to assist you with daily activities should you need it?

- 1 Yes
- 2 No

IF YES, who are these people and what is their relationship to you?

Name	Phone #	Relationship

PHYSICAL ENVIRONMENT

1. Is your home in an area which is.....
 - 1 rural area (population less than 2500)
 - 2 town (population 2500-30,000)
 - 3 city (population 30,000 plus)
 - 4 suburb (area adjoining city with no central city area)

2. What kind of home do you (does client) live in?
 - 1 Your own home
 - 2 A rented single family home
 - 3 A duplex
 - 4 An apartment in non-subsidized building
 - 5 A trailer
 - 6 Government subsidized housing (i.e., high-rise or other apt)
 - 7 An efficiency apartment or room
 - 8 Live with relatives or friends
 - 9 Other _____
(specify)

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3. Does the client have to climb two or more stairs to get to the following places?

	2 or More Stairs		Elevator or Ramp	
	Yes	No	Yes	No
	(1)	(2)	(1)	(2)
Street into his/her dwelling				
First level to				
a) bedroom				
b) bathroom				
c) kitchen				
d) laundry facilities				

4. Does the client's dwelling have the following equipment and amenities and do they function adequately:

	Have		Function Adequately		
	Yes	No	Yes	Unsure	No
Flush toilet, tub or shower, (both)	1	2	1	2	3
Telephone.....	1	2	1	2	3
Refrigerator and stove.....	1	2	1	2	3
Television and/or Radio.....	1	2	1	2	3
Furnace.....	1	2	1	2	3
Fans or Air Conditioner.....	1	2	1	2	3
Piped Hot Water.....	1	2	1	2	3

5. Do you (does client) have pets in the home?
 1 Yes
 2 No

IF YES, How many? _____

6. Is the client's dwelling accessible from the street for wheelchairs and other assistive devices?
 1 Yes
 2 No

7. Are the following rooms in the dwelling accessible for wheelchairs and other assistive devices?

	Yes	No
	(1)	(2)
a. bathroom		
b. bedroom		
c. kitchen		

ASK QUESTIONS 8-12 OF CLIENT ONLY:

8. Do you feel safe inside your house at night?
 1 Very safe
 2 Somewhat safe
 3 Very unsafe
 9 Not answered

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9. Do you feel safe outside of your house during the day?

- 1 Very safe
- 2 Somewhat safe
- 3 Very unsafe
- 9 Not answered

*10. Are you satisfied with your current living arrangement?

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Not very satisfied
- 9 Not answered

IF NOT SATISFIED, explain why? _____

*11. Do you wish to remain in your present place of residence?

- 1 Yes
- 2 No
- 8 Don't Know

*12. If you would find you are unable or would no longer wish to remain in your present place of residence where would you choose to go?

- 1 Own single family home
- 2 Apartment in community (intergenerational)
- 3 Apartments for elderly and disabled
- 4 Home of relative or friend
- 5 Sheltered housing facility
- 6 Adult family home
- 7 Nursing home or Adult care home
- 8 Other _____

(specify)

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13. Indicate the condition of the following environmental structures and amenities. Put a check mark (✓) under the appropriate column. Use the comment section to further elaborate on problems.

	A	P	O	COMMENTS
	D	B		
	E	N	S	
	Q	O	O	
	U	B	T	
	A	L	V	
	T	E	E	
	E	M	D	
	(0)	(1)	(8)	
EXTERIOR ENVIRONMENT				
SIDEWALKS-general condition, uneven cracks, raised slabs, etc.				
STAIRS-loose boards, inadequate width, slippery surface, etc.				
HANDRAILS-absent on stairs, loose, inadequate height, etc.				
PORCH-general condition, raised boards, uneven cracks, etc.				
EXTERIOR DWELLING CONDITION-general condition, peeling paint, improperly fitted windows, etc.				
OTHER EXTERIOR MAINTENANCE-piles of rubbish or junk, unkempt lawn, overgrown shrubbery, etc.				
INTERIOR ENVIRONMENT				
FLOORS-Slippery surfaces, rugs not tacked or lack non-skid backing, clutter, etc.				
STAIRS-Loose boards, inadequate width, slippery surface, etc.				
HANDRAILS-absent on stairs, loose, inadequate height, etc.				
TUB/SHOWER-slippery surfaces, no handrails or sturdy support structures, etc.				
TOILET AREA-No railing or support structure				
DOORS/WINDOWS-Inadequate locks, cracks or breaks in glass, inadequate fit, no curtains or shades, etc.				
ELECTRICAL EQUIPMENT-Bare wires, overloaded circuits, etc.				
HEATING/COOLING-Area heaters used, gas fumes present, no air conditioning or fans, inadequate ventilation, etc.				
GENERAL SAFETY-Barring or blockage of fire exits, excessive clutter, flammable chemicals, etc.				
CLEANLINESS-Unclean food preparation surfaces, soiled bedding, presence or odor of excrement, accumulation of trash or garbage, etc.				
OTHER HEALTH CONDITIONS-Evidence of rats or mice or their droppings, evidence of infestation with bugs or insects, etc.				

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FINANCIAL SECTION

1. Do you (does client) have difficulty meeting your (his/her) expenses?
 - 1 All of the time
 - 2 Most of the time
 - 3 Sometimes
 - 4 Rarely
 - 5 Never

2. Who is responsible for paying bills and managing money in household?
 - 1 Self/Client
 - 2 Spouse
 - 3 Daughter/Son
 - 4 Other Relative
 - 5 Friend
 - 6 Guardian
 - 7 Bank
 - 8 Other _____
(specify)

OVERALL INTERVIEWER ASSESSMENT

- *1. a. Was the client able and willing to provide reliable and appropriate answers to the questions on the assessment?
 - 1 Yes
 - 2 Uncertain
 - 3 No

IF UNCERTAIN or NO, explain behavior _____

- b. If the answer to the above question is "UNCERTAIN" or "NO", indicate what other persons or sources you relied on for information?
 - 1 Client
 - 2 Family member (Relationship _____)
 - 3 Friend
 - 4 Written records (medical charts, etc.)
 - 5 Personal observation/performance testing
 - 6 Other (specify) _____

- *2. Did client display any unusual behavior during the interview?
 - 3 Yes
 - 2 Uncertain
 - 1 No

IF YES or UNCERTAIN, explain behavior _____

JNYW
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*3. Do you suspect the client is:	Yes	Unsure	No
	(3)	(2)	(1)
1) Depressed.....			
2) Psychotic.....			
3) Confused or disoriented.....			
4) Physically abused.....			
5) Psychologically abused.....			
6) Abusing alcohol, medication &/or drugs			

IF YES to any of above, explain _____

*4. Do you suspect the client has impaired judgment?
 3 Yes
 2 Unsure
 1 No

*5. Do you question the client's ability to function safely in his/her current environment due to poor orientation or judgment?
 3 Yes
 2 Unsure
 1 No

*6. Do you question the client's ability to function safely in his/her current environment due to physical problems?
 3 Yes
 2 Unsure
 1 No

*7. Based on this assessment and other information available to you, has there been a significant change in the client's physical, mental, social, or environmental status in the last 6 months?

	Yes	No
	(1)	(0)
Physical health status		
Cognitive status.....		
Behavioral status.....		
Ability to perform ADLs & IADLs.....		
Social support.....		
Environmental conditions.....		

Describe what changes have occurred. _____

*8. In your opinion, does this client have the potential for significant improvement in his/her functional status if the following interventions were implemented:
 a. rehabilitative or habilitative therapy
 1 Yes 2 No
 b. alterations in structure of the physical environment
 1 Yes 2 No
 c. caregiver education to enhance client's self-care capabilities
 1 Yes 2 No

*OK'd
 3-28-91
 Attm #
 5-26*

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Income Support/Medical Services**

M E M O R A N D U M

TO: John W. Alquest **DATE:** March 21, 1991

FROM: Joyce C. Sugrue **SUBJECT:** Admissions to Adult Care Homes

The questions asked were:

Of the total admissions to adult care homes in a given period of time how many were private pay and how many were Medicaid?

What is the average length of time it takes for a private pay resident to deplete their resources and convert to Medicaid?

Answers to these questions are not available. The following may be helpful:

Calendar 1989 total number of admissions (1) 24,773

Calendar 1989 total number of new Medicaid residents (2) (3) 6,213

On December 31, 1989 the number of residents in adult care homes by source of payment (1)

Medicare	601
Medicaid	11,834
Private Pay	12,012
Commercial Insurance	37
VA	277
Other	9
Total	24,770

Contacted Department of Aging, Department of Health and Environment, Gary Weidenbach, Bill McDaniel, Sandra Powell, Jack Gumb, Charles Moore and EDS.

- (1) Source KDHE
- (2) Source EDS
- (3) There is no break down of new admissions versus conversion from private pay to Medicaid

JCS:jas

*PX4W
3-28-91
attm
5-27*

NARRATIVE OF "SUMMARY CODE SHEET"

The type of assessments completed represents the completion of either a Personal Needs Assessment or the Kansas Screening Instrument to ultimately determine the services to be provided or alternative disposition of cases. This is the chart at the bottom of the summary page which is equal to the number of assessments completed.

The prescreening instrument has been useful in its consistency of assessing individuals medical, social and psychological needs and functional capacities to determine the most appropriate type of service to meet the needs of the individual in the least restrictive setting. It further allows those individuals who are appropriate for adult care home (ACH) placement to choose between the ACH or HCBS. Our past experience indicated fifty-four percent of those prescreened in FY 89 were diverted into community based services. The current data indicates this number has increased to fifty-seven percent choosing HCBS. Thus, fifty-three percent of those eligible for ACH placement (292 recipients) chose the institutional alternative.

The remaining number of recipients not appropriate for nursing home placement must meet the minimum functional level of Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) to receive Home Care. The number of recipients receiving this service is 1328 or sixty-one percent of all assessments completed. The remaining number of critical IADL services unavailable are due to funding, staff shortage, lack of resources in the community, etc. Critical Services as defined on the Personal Needs Assessment include such IADL's as shopping, meal preparation, medications, money management and daily task planning.

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1. Area
2. Worker Number
3. Identification Number (Individual's Soc. Sec. #)
4. County of Residence (use co. #)
5. Date of Assessment (Date of actual interview)
6. Type of Assessment (Existing indicates services prior to 7-1-90)
 1. Initial (New)
 2. Initial (Existing)
 3. Reassessment (New)
 4. Reassessment (Existing)
7. Person(s) Completing Assessment
 1. Social Worker
 2. Nurse
 3. Social Worker & Nurse
 4. QMRP
8. Date of Birth (MM/DD/YY)
9. Sex
 1. Male
 2. Female
10. Race
 1. American Indian
 2. Asian
 3. Black
 4. Caucasian
 5. Hispanic
 6. Other
11. Living Arrangement
 1. Alone
 2. Spouse
 3. Child(ren)
 4. Spouse and Child(ren)
 5. Other Relative/Friend
 6. Paid Helper
 7. Unrelated Family Home
 8. Group Living
12. Primary Reason for Assessment
 1. Change in functional capacity (illness, injury)
 2. Disorientation/Confusion
 3. Behavioral/Emotional problems
 4. Permanent/Temporary change in caregiver status (loss, absence or exhaustion of caregiver)
 5. Abuse/Neglect/Exploitation
 6. Relocation from institutional to community setting
 7. Change in eligibility status
13. Primary Health Problem (Choose appropriate category)
 1. Blood Disorder
 2. Cardiovascular
 3. Digestive Disorder
 4. Drug/Alcohol Dependency
 5. Genitourinary
 6. Hearing/Vision/Speech Impairment
 7. Mental Impairment
 8. Metabolic and Endocrine Disorder
 9. Muskuloskeletal
 10. Neurological
 11. Respiratory
 12. Skin Disorders
14. Secondary Health Problem (Choose appropriate category)
 1. Blood Disorder
 2. Cardiovascular
 3. Digestive Disorder
 4. Drug/Alcohol Dependency
 5. Genitourinary
 6. Hearing/Vision/Speech Impairment
 7. Mental Impairment
 8. Metabolic and Endocrine Disorder
 9. Muskuloskeletal
 10. Neurological
 11. Respiratory
 12. Skin Disorders
 13. No secondary health problem
15. Functional Level
 1. Level I
 2. Level II
 3. Level III
 4. Level IV
 5. Level V
16. Prioritization Score (Actual assessed score)
17. Financial Eligibility
 1. Medicaid Eligible
 2. Income Eligible
 3. Without Regard to Income
 4. Not Eligible
18. Primary Informal Caregiver
 1. None Needed
 2. Needs but does not have
 3. Spouse
 4. Child
 5. In-Law
 6. Parent
 7. Sibling
 8. Friends/Neighbors
 9. Other relative
19. Social Support
 1. Not Needed
 2. Support is strong; can continue indefinitely
 3. Support is weak; can continue indefinitely (includes partial support)
 4. Support is strong/weak; cannot continue
 5. Support is needed but does not exist
20. Community Services Needed Use professional judgement in determining whether any of the following critical services are required. (Circle all that apply)
 1. Adult Care Home placement
 2. Contracted professional services (Counselor, Social Worker, Therapist)
 3. Day Health services (medical supervision, recreation, socialization, exercise, Congregate Meals)
 4. Financial assistance
 5. Hospice
 6. Housing
 7. In-Home services (Housekeeping, Home-Health, Delivered Meals)
 8. Medical services (Hospitalization, Physician, Physical/Occupational/Speech Therapist, Audiologist, Optometrist)
 9. Pharmaceutical services (arrangements to ensure availability of medication(s))
 10. Residential services
 11. Training services (Independent Living Skills, Behavioral, etc.)
 12. Transportation
21. Community Services Referred Based on individual's choice (Circle all that apply)
 1. Adult Care Home placement
 2. Contracted professional services (Counselor, Social Worker, Therapist)
 3. Day Health services (medical supervision, recreation, socialization, exercise, Congregate Meals)
 4. Financial assistance
 5. Hospice
 6. Housing
 7. In-Home services (Housekeeping, Home-Health, Delivered Meals)
 8. Medical services (Hospitalization, Physician, Physical/Occupational/Speech Therapist, Audiologist, Optometrist)
 9. Pharmaceutical services (arrangements to ensure availability of medication(s))
 10. Residential services
 11. Training services (Independent Living Skills, Behavioral, etc.)
 12. Transportation
 13. All needed services unavailable
 14. Client refuses referral for any community services
22. SRS Community Based Services To Be Provided Based on individual's choice and results of assessment (Circle all that apply)
 1. Alternate Care
 2. Head Injured
 3. Home and Community Based Services
 4. Home Care
 5. House Bill 2012-Self-Directed Care
 6. Protective Services
 7. Individual eligible; funding unavailable
 8. None; individual chooses ACH
 9. None; critical services unavailable
 10. None; individual refuses services
 11. None; individual ineligible

PHW
3-28-91
Attch 6-2

COMMUNITY-BASED SERVICES ASSESSMENT SUMMARY

The following data has been extracted from the "Community Based Services Assessment Summary Code Sheet" of individuals referred to Community Based Services from that data entered between July 1, 1990 through January 8, 1991. Total assessment in this summary is 2,171.

I. Screened/Appropriate and Eligible for ACH Placement	720
a. Chose HCBS	392
b. Chose ACH	292
c. Misc. (Self Directed Care, Protective Ser. and Head Injury)	36
	720
II. Home Care/Service (Homemaker, Non Medical Attendant & Household Maintenance Services) These recipients are not eligible for ACH placements because no medical needs is established or they are above income level.	1328
III. Home Care Services Do not meet the eligibility criteria for Home Care Services. Services are met via donor funds, i.e. Area Agency on Aging.	104
IV. Critical Service Unavailable (defined on Personal Needs Assessment as shopping, meal preparation, medications, money management and daily task planning)	7
V. Refuses Services	6
VI. Data Collection Error	6
	6
TOTAL	2171

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PHW
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