

Approved 2-5-91
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE

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

10:00 a.m./p.m. on January 31, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research
Norman Furse, Revisor's Office
Jo Ann Buntten, Committee Secretary

Conferees appearing before the committee:

Rosie Williams, Community Programs for Accessible Health Care
Orville Voth, Silver Haired Legislature
Laura Schlobohm, Silver Haired Legislature
Earl Mundy, Silver Haired Legislature
Donna Kidd, Executive Dir., Jayhawk Area Agency on Aging
Betty Londeen, Executive Dir., So. Central Area Agency on Aging
Robert C. Harder, Secretary, Dept. of Social and Rehab. Services

Chairman Ehrlich called the meeting to order at 10:00 a.m. asking for approval or correction to the minutes of January 17, 23 and 24th. Senator Hayden made the motion to accept the minutes as presented with a second from Senator Walker. Motion carried.

SB 54 - An act concerning the department of aging; relating to home care and in-home services; transferring certain powers duties and functions from the secretary and department of social and rehabilitation services to the secretary of and department of aging; designating the department of aging as the official state agency for purposes of compliance with certain federal acts and programs; amending K.S.A. 75-5928, 75-5929 75-5931, 75-5932 and 75-5933 and K.S.A. 1990 Supp. 46-922, and repealing the existing sections; also repealing K.S.A. 75-5935

Rosie Williams, Community Programs for Accessible Health Care, presented written testimony and spoke in support of SB 54, stating that the duties and responsibilities of the Department of SRS have grown so massive that the delivery of services has often been negatively affected. (Attachment 1)

Testifying and presenting written testimony in support of SB 54 were three members of the Silver Haired Legislature. Orville Voth, President of SHL stated he believes the home care program belongs in the Department of Aging, and enactment of SB 54 would eliminate the 60 or over age requirement and the dollar for dollar match by area agencies on aging. (Attachment 2) Laura Schlobohm, SHL, expressed her concern about the needs of the clients and more efficient service as reasons to support the bill. (Attachment 3) Earl Mundy, SHL, also expressed his belief that the Department of Aging should be the service provider for all in-home care, and that SRS may not provide necessary services because of possible lack of funding. (Attachment 4)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE,

room 526-S, Statehouse, at 10:00 a.m. ~~xxx~~ on January 31, _____, 1991

Donna J. Kidd, Area Director, Jayhawk Area Agency on Aging, testified and presented written testimony in support of SB 54. The area agencies are supporting passage of this bill because they feel area agencies have better accessibility and are a focal point in the community. (Attachment 5)

Betty Londeen, Executive Director of the South Central Kansas Area Agency, also supported the concept of SB 54. (Attachment 6) Questions were asked by the committee regarding in-home care and eligibility for services.

Testifying and presenting written testimony in opposition to SB 54 was Robert C. Harder, Secretary of SRS. He stated the transfer of home care services for income eligible will only lead to further duplication and confusion, and will hinder the state's progress towards the development of a comprehensive, coordinated, and planned long term care system. Because of the integration and relationship to the Medicaid HCBS program, with required administration by a single state agency, Dr. Harder stated it would be more efficient and sensible to leave the Home Care Program under SRS. (Attachment 7) Question was asked by Senator Hayden regarding screening for eligibility, and Dr. Harder stated social workers provided that type of service. Senator Salisbury expressed concern about the high level of institutional care and the feasibility of shifting money from adult care homes to home base care. Dr. Harder stated it was difficult to shift money, because in the last four years the nursing home budget went up 96% and no savings would be made.

Senator Walker expressed his concern about continuity, and question was asked by Senator Reilly as to what other states were doing in regard to home care. Dr. Harder stated he would get an answer back soon.

After considerable discussion, Dr. Harder stated the original intend of the Department of Aging was to be an advocacy body, and services for both the elderly and severely disabled could better be developed and controlled by SRS. Senator Strick commented about the number of people in support of SB 54 and that some dissatisfaction with SRS was evident.

The chair requested written testimony be submitted to the committee from conferees Martha K. Gabehart, Commission on Disability Concerns, Department of Human Resources (Attachment 8); Marilyn Bradt, Kansans for Improvement of Nursing Homes, Inc. (Attachment 9); and Linda Lubensky, Executive Director, Kansas Home Care Association. (Attachment 10)

The meeting was adjourned at 11:00 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1-31-91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

GREG RESEK

KDHE

Josh Koeck

KDHE

Marilyn Bradt

KIN H

Linda Lubensky

KS Home Care Assoc

Jeff Montague

Budget

Sherrill Holliday

Budgets Division

Mary Ann Gabel Topeka

BSRB

KEITH R LANDIS Topeka

CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

Mickey Bruno Topeka

KDOA

Hanna J. Keild Topeka

J. A.A.

Anna Mae Shaffer Marysville

NEK A.A.A.

Katie Kyle Topeka

CCTF (AARP) ^{Council} SHL. J.A.A.A.

Laura Schlobohm Reading

Council SHL

Leo Schlobohm Reading

Reading Senior Citizens

George Goebel Topeka

CCTF-AARP-SLC

Betty London Oklahoma City

SGIC AAA

Earl Mundy

Chautauque Co. ^{Citizen} Senior

Oroville Voth

SHL

Raymond E. Olson

JHL

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1-31-91 10Am

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Annie W. White

JOCO AAA

Rosie Williams 46 CPAHC 1000 SW 10th Topeka
ECRAAA

CPAHC - Stormont - Veril

BEATRICE L SHISLER 132 S. Main, Ottawa

East Central Kansas Area Agricultural

Donald J Foet 2206 Manor Dr Dodge City

Behav. Science Reg. Board

Mareline Taylor Topeka

SHL

John Peterson Topeka

Ks Assn of Prof Psychologists

John Alquist Topeka

SRS

R. Harder Topeka

SRS

Kevin Siek Topeka

KDHR-KCDC

TESTIMONY

Senate Bill 54 - Public Health & Welfare Committee

By: Rosie Williams

January 31, 1991

Community Programs for Accessible Health Care

Mr. Chairman and Members of the Committee:

I would like to thank the members of the committee for allowing me to testify in favor of Bill No. 54.

I am a case manager for Community Programs for Accessible Health Care (CPAHC), an outreach initiative of Stormont-Vail Health Services Corporation. It is my job as a case manager to coordinate, advise, and help people arrange for in-home services in order to maintain independent living within their own homes.

My experience at CPAHC has allowed me to work with the Kansas Department on Aging as our organization was chosen to do the screening & assessment for the Kansas Senior Care Act pilot program in NE Kansas. I have previously worked at SRS as a case manager for the Home and Community Based Services program and am familiar with SRS homemaking services as well.

It has been my observation that the duties and responsibilities of the Department of Social & Rehabilitation Services have grown so massive and at such a fast pace that the delivery of services have often been negatively affected. The result is long waiting lists, lack of communication from program planners to Department heads; and clients that become frustrated with lack of access to the "system".

I speak in support of Bill No. 54 for the following reasons:

- 1) The Kansas Department on Aging (KDOA) is smaller and specifically focused to the special needs of the elderly.
- 2) KDOA has effectively demonstrated it's ability to implement homemaking services through the Kansas Senior Care Act.
- 3) Contrary to the approach of many state programs, KDOA has a track record of working with established local programs at the community level thus avoiding duplication of services.
- 4) SRS line staff, already familiar with homemaking

services, will be maintained although transferring departments.

- 5) Most people are willing to pay for services that they can afford. The Senior Care Act programs have been successful in collecting payment for homemaking and personal care services. Bill 54 requires client responsibility for fees based on a sliding scale. As a result, this will address the needs of the large number of people who are not eligible for low-income programs currently available but also can't afford the full price of services.

January 31, 1991

Before the Senate Committee on Public Health and Welfare concerning SB 54: transferring the income eligible homecare program from the department of social and rehabilitative services to the department on aging.

I am Orville Voth, delegate from Douglas County to the Kansas Silver Haired Legislature. I am currently Speaker and recently elected president of the Board of SHL. I appreciate the opportunity to appear before this committee and speak in support of SB 54.

SB 54 is a reflection of Silver Haired Legislature Bill 706 which ranked third in priority of the twelve bills and resolutions we passed in November. As noted earlier, this bill transfers the income eligible homecare program (referred to in the statutes as the homemaker program) from SRS to KDOA. Enactment of SB 54 would also eliminate the 60 or over age requirement and the dollar for dollar match by area agencies on ageing, a requirement which the area agencies find prohibitively difficult to meet. This measure would allow the secretary of aging to set the match.

We believe that the homecare program properly and logically belongs in the department on ageing, that there would be greater efficiency in a smaller agency working directly with clients, that there would be less cost to area agencies and benefits to more persons by eliminating the age restriction.

I urge your favorable action on SB 54. Thank you.

Senate P H&W
Attachment #2
01-31-91

Thank you for hearing my testimony on this bill. I am Laura Schlobohm, of Reading, and a member of the Kansas Council of the Silver Haired Legislature.

I urge you to support Senate Bill 54 for several reasons:

1. A large number of elderly in the 100% to 150% of the poverty level are not eligible for in-home care of the Social Rehabilitation Services' (SRS) program. They are financially above the S.R.S. requirements yet cannot afford private caretakers. They want to pay as they are able, but they "fall through the cracks."

2. Because S.R.S. in-home services have been frozen for the past two years, many districts have added no new people to the program. The need, however, continues to grow.

3. The Senior Care Act, a pilot program, established by this legislature, has proven in 15 counties that the Area Agencies on Aging can respond to clients' needs within 24 to 48 hours. Historically, S.R.S. response has taken much longer.

4. Because the Kansas Department on Aging (KDOA) is smaller and specifically focused to the special needs of the elderly, it can administer the program of in-home service through the 11 Area Agencies and subsequently the local units more effectively and economically.

5. Over 70% of those requiring in-home care are over 60 years of age and through the nutrition and other aging programs established a connection with their Senior Centers. Here they are comfortable and willing to accept help. On the other hand, S.R.S. has, unfortunately, become identified with the "welfare" label and this keeps deserving but proud people from seeking help.

Dr. David Balk, Department of Human Development and Family Studies, Kansas State University, stated in his Final Evaluation Report of the Senior Care Act, August, 1989 - May 1990, "These three programs (under the Senior Care Act) demonstrated marked ability to deliver cost effective programs."

Ladies and Gentlemen, this is not an untried program. The success enjoyed by the Senior Care Act should be shared with the entire state and by transferring the powers to KDOA through this bill, this can be accomplished. Please give Senate Bill 54 serious and favorable consideration.

Testimony Before the
Senate Public Health and Welfare Committee
Presented By
Earl Mundy, Chautauqua County

Mr. Chairman and members of the Committee, I wish to thank you for the opportunity to appear before you today. I wish to speak in behalf of SB 54, as I think it should be passed into law.

I would like to preface my remarks by telling you that I actively participate in at least 7 senior citizen organizations. Since I am also a senior citizen, I believe that I am fairly well versed on the needs and wishes of senior citizens. However, I am first and foremost just another senior citizen of Chautauqua County. All of my activities on behalf of senior citizens are strictly on a volunteer basis.

I did not come here today to "beat up" on the Department of SRS. Instead I extend my best wishes to them and truly hope that they can find a way to gain better publicity in the near future. My concern is that under SRS many senior citizens have not or may not receive the sufficient amount of in-home care needed to keep them in their own homes. To up-root a senior citizens from his or her home, because of the lack of a few hours of in-home care a week, is both costly and foolish.

It has been brought to my attention that many older men and women would be glad to pay for a few scheduled hours of in-home care if they could find dependable part time help. It is not just the poor elderly that need help to take care of small necessary tasks. As many senior citizens as possible should be assisted to live out their lives in their own homes or a place of their own choosing.

To have a right to maintain dignity and peace of mind are foremost in the minds of most senior citizens.

I have no real concrete or valid statistics to support the following claim, but many usually dependable sources of information estimate that our senior citizens need and use from 65 to 80 percent of all in-home care. The Department on Aging is the only department that devotes its entire effort in behalf of senior citizens. It then should follow that the Department on Aging should be the department to be the caregiver for the in-home care for senior citizens. The Department on Aging could easily expand to care for the other 30 percent of persons who have a need for in-home care.

The South Central Kansas Area Agency on Aging has been awarded a pilot program which is known as the Senior Care Act. This program is closely monitored by KDOA. There are 10 counties in the area agency. Chautauqua County is one of the counties involved.

This program has been extremely successful. In Chautauqua County since July 1 through December 31, 1990, there are 91 clients served. There was 433 unit hours of homemaker services provided and 171 unit hours of attendant care provided. The total cost of the above program was \$6,212.50 for an average unit hour cost of only \$10.11.

The Kansas SRS Department is a large department with many interests. They often find themselves expending many hours, money and manpower just to keep the brush fires in control. They can move money and personnel to grease a "squeaking wheel" and in so doing other programs may lack attention. It is my feeling that in-home care for senior citizens is too important to risk being the victim of more immediate pressing needs which might arise in the Department of SRS.

In conclusion, I believe that the Department on Aging should be the service provider for all in-home care for the State of Kansas. The transfer of authority, funds and personnel to enable the Department on Aging to carry out all in-home care service should be made as quickly as possible.

I wish to again thank you for the opportunity to appear before this Committee.

Earl Mundy
Route #2, Box 67
Sedan, Kansas 67361

TESTIMONY FOR
SENATE BILL No. 54

Senator Ehrlich and committee members, thank you for the opportunity to testify before this committee this morning.

My name is Donna Kidd, Executive Director of the Jayhawk Area Agency on Aging, Inc., which is located here in Topeka.

Today, I am representing K-4A which is an organization of Kansas Area Agency on Aging Directors from across the state.

Each Area Agency is a focal point in their communities for aging services. The role of the Area Agencies is to plan, coordinate and to serve as advocates for the aging population. Each Area Agency is different, but our goals and charges are the same. Area Agencies understand the needs of the elderly in their respective communities and it is because we know and understand them that I come before you today.

The Area Agencies are supporting passage of Senate Bill No. 54 relating to homecare and in-home services, transferring certain powers, duties and functions from the Secretary and Department of Social and Rehabilitation Services to the Secretary and Department on Aging, designating the Department on Aging as the official state agency for purposes of compliance with certain federal acts and programs.

The Area Agencies in the State of Kansas are a close knit network, helping each other help the elderly. Because of this close network, the elderly would not have to access a large bureaucratic organization when requesting services. We, the Area Agencies are accessible.

Therefore, we would appreciate favorable consideration in passing Senate Bill No. 54.

If you have any questions, please do not hesitate to contact me at the address and/or telephone number below.

Donna J. Kidd, Area Director
Jayhawk Area Agency on Aging, Inc.
1195 Buchanan, Suite 103
Topeka, KS 66604
(913) 235-1367

January 31, 1991
Committee on Public Health and Welfare

Mr. Chairman, Members of the Committee, my name is Betty Londeen, Executive Director of the South Central Kansas Area Agency on Aging, Arkansas City. I do appreciate this opportunity to speak to you concerning Senate Bill No. 54.

Our Area Agency on Aging, consisting of ten rural counties in South Central Kansas was fortunate to be a recipient of one of the Kansas Senior Care Act model projects to provide in-home care for our frail elderly. We most sincerely thank our Kansas legislators for their support of this program.

We are now in our second year in providing services through the Kansas Senior Care Act. Our project, as well as the model projects in the Northeast Kansas Area Agency on Aging and the Johnson County Area Agency on Aging, has proven to be very successful. The Kansas Department on Aging enlisted the services of two professional staff to study and evaluate the Kansas Senior Care Act projects. Both evaluators have issued reports commending the accomplishments of the three projects. One of the evaluators, Dr. David Balk, Kansas State University, concluded that "the success of the SCKAAA with the Senior Care Act is attributable to many interacting factors: the well organized and coordinated aging network, earlier experience of the AAA in providing similar services on a smaller scale, and a wealth of open communications between organizations".

During this past fiscal year we provided 7,299 units of homemaker services to 230 frail elderly at an average cost of \$8.22 per hour. We provided 631 units of attendant care services to 28 frail elderly at an average cost of \$10.50 per hour.

Most important, is the fact that the elderly, themselves, have become a part of the planning process and the service delivery system for the services that they receive. Inasmuch as there were no service providers to provide many of the needed services in the rural counties, county councils were organized in each county. Elderly from all communities within the counties serve on the county councils on aging. These councils, together with other incorporated groups composed of elderly, and organized specifically to provide service for the aging, have become the major service providers for the elderly. Through this network, all services for the aging are coordinated to most effectively serve the elderly. Some of the services that this aging network provides include in-home meals, congregate meals, transportation, case management, home repair, homemaker services, attendant care, home chore, information and referral services, outreach services, telephone reassurance, advocacy representation, and others.

Reports on all these services are given at county council meetings. This gives the council members the opportunity of evaluating all services on a continual basis. Our boards of directors and advisory council members, as well as county council members continually assess and monitor all services. They know first hand the value of a service.

The elderly not only support their programs and services through the many hours of volunteer work that they contribute, but, they also support their services through their many avenues of financial support. I submit, for your review, the South Central Kansas Area Agency on Aging Annual Report for fiscal year 1990.

In 1974 the circle of resources available to the aging network in Planning and Service Area No. 10 was 100% Older American Act funds. Today the Older American Act funds represent only 23.7% of the circle of resources. The elderly contribute 57.9% of the cost of their services, with the remaining 18.4% representing other resources that they have been able to generate. Through project income, mill levies and contributions our aging network contributed \$1,889,363 this past fiscal year in support of their services. What other agency in the State of Kansas can match this record?

In addition to these programs our Area Agency has been designated the Housing Authority for our ten county area. This program serves all age people, so we would have no problem in serving all age clients with in-home services.

The aging network in the State of Kansas is strong. We have demonstrated our ability to serve the elderly through the many services that are now available throughout the state. We are ready to assume our responsibility of providing in-home services for all our elderly.

We do urge you to support Senate Bill No. 54.

Thank you for taking time to listen to me and to consider my comments.

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

Testimony on House Bill 54

The Kansas Department of Social and Rehabilitation Services (SRS) does not support the passage of House Bill 54. In our opinion, the transfer of home care services for income eligible only will lead to further duplication and confusion, and will hinder the state's progress towards the development of a comprehensive, coordinated, and planned Long Term Care System.

It is important to note and remember that home care is a statewide in-home service provided within the continuum of the SRS Community Based Long Term Care Program (CBLTC). Over the past year, SRS has made major moves towards implementing an integrated, single service delivery system for adults who are functionally impaired, due to disability or age, for the income levels and within the funding sources available to SRS to serve this population. We have moved to establishing a systematic process for determining eligibility and assessing the recipient's needs. We have increased case management activities to ensure better coordination of the delivery of a package of services and monitoring of the quality of care. This integration is important to the state's ability to successfully target services to those individuals most in need, to provide the appropriate services at the appropriate level of care, and to make sure quality care is being provided statewide. Separating out a service from the program which serves a segment of the eligible population that receives public supported long term care services will be counter-productive.

Prior to July 1, 1987, SRS staff were the direct service providers for homemaker services funded through the Homemaker Program which was established in 1975. Non-medical attendant care services, funded through the Medicaid waiver program, were provided by individual providers hired by the client. The home care service, implemented July 1, 1987, combined the funding of the former Homemaker Program and the Medicaid funding available through the Home and Community Based Waiver Program (HCBS) for non-medical attendant care services. SRS staff became the direct service provider for both homemaker and non-medical attendant care services to clients who were eligible to receive these services as either Income Eligible or as HCBS.

Home care staff are SRS employees and are the direct service providers. The same worker often provides services to both income eligible and HCBS recipients and in some areas to Area Agency on Aging (AAA) clients. Staff consists of approximately 1,200 part-time and full-time employees located in the 105 counties. The program is administered through the 10 Area Offices. The administration and supervision is one, not separate based on funding source. If the direct service is divided, then separate administrative and supervisory staff will be required. In the end, more staff will need to be employed to deliver the same amount of service.

The service is funded by multiple funding sources--primarily state funds and Medicaid. These funding sources have different eligibility criteria. Currently, all non-medical community based in-home services offered statewide are located within SRS, with the exception of counties involved in the Senior Care Act (15 of the 105 counties), and individuals can and do move from income eligible to Home and Community Based Services (HCBS) without a break or delay in service when necessary.

In an attempt to provide options to clients, SRS has recently sought to contract with local providers for the delivery of home care services. This has, thus far, proved to be marginally successful in that the providers have not been able to guarantee continuity in the provision of the service and the ability to provide the number of hours necessary. Under SRS administration, history will show that the service has been delivered in a reliable and consistent manner statewide within the funding available.

The underlying cause that colors this issue is local vs. state control. The Kansas Department on Aging (KDOA) is viewed as being the advocate of local control through the use of AAAs (Area Agencies on Aging) which fall within their organizational structure; SRS typifies a state controlled program. There is inherent in Kansas values the desire for local control. With the expansion of in-home services to the elderly, the center of this debate is now around who is going to determine eligibility and who is going to be the direct service providers of two services, homemaking/ non-medical personal care (the cornerstone of in-home services) and case management, but could potentially include other community based services as funds become available. The Senior Care Act is a result of this strong interest on the part of advocates and consumers to use locally controlled agencies to determine not only who provides the services, but who gets the service.

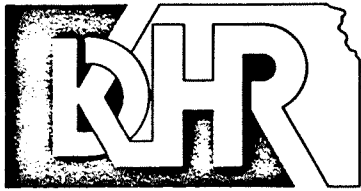
The AAAs are the service delivery system of KDOA; however, KDOA does not currently have the authority or ability to exercise much control over their program. There are eleven (11) AAAs in Kansas. They operate as independent and autonomous agencies with different program priorities and services. With the three AAAs in the Senior Care Act projects, there is a lack of consistency in the provision of the services.

In addition, the bill states that the transfer would include not only funding, but also employees who are necessary to perform these function, and that the Secretary of Aging shall then designate area agencies on aging to administer the program. It begs the question as to whether the transferred staff would remain state employees, and, if so, can they be supervised by individuals who are not state employees?

If the goal is to provide a comprehensive community based long term care program that is offered consistently statewide, there is currently no system of AAAs or other local agencies that can easily be tapped into.

If the state's objective is to provide equal access to services, to assure the quality of care being provided, and to control the growth of nursing facilities, then the policies that govern and monitor long term care programs and services for both the elderly and severely disabled can better be developed, implemented, and monitored if they are set at the state level with one agency under one service delivery system.

Because of the integration and relationship to the Medicaid HCBS program, with required administration by a single state agency, it is more efficient and sensible to leave the Home Care Program with SRS. The FY 1992 Governor's budget recommendation for the income eligible home care programs is \$4.2 million and in addition, administrative costs. The program has 932 part-time home care workers and 9 full-time case managers serving about 5,000 clients monthly.

**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

Testimony on SB 54
by Martha K. Gabehart
Employment and Training Liaison, KCDC
Senate Committee on Public Health and Welfare
January 31, 1991

Thank you for the opportunity to submit testimony on SB 54, an act which moves the homemaker program from the Department of Social and Rehabilitation Services (SRS) to Department on Aging.

We are against moving the homemaker program from SRS to Aging for three reasons. They are 1) the possibility of bias on the part of the agencies providing the services, 2) the difficulty in finding the program when younger people want services and 3) the stigma of being grouped with older people.

We are concerned about the possibility of preferential treatment being given to people 55 and over. This program is designed for all adults regardless of age. Department on Aging was created to deal with issues for older people. It would be easy for them and the Area Agencies on Aging to give services to older people prior to those under the age of 55. This kind of discrimination keeps services from eligible younger people with disabilities.

Moving a program for adults of all ages to an agency for people 55 and over creates a difficulty in finding the program. Ordinarily, when looking for social services one would look to the agency designed to provide social services - SRS. By moving the program, younger adults will have more difficulty finding the program.

SB 54

Martha Gabehart

Kansas Commission on Disability Concerns

January 31, 1991

When a younger person with a disability finds the program, the question naturally arises, "Why should I go to Aging for services? I'm not old." The stigma of being grouped with older people may be distasteful for them. Because people with disabilities have similar needs to those 55 and over, they have been arbitrarily grouped together in many programs. However, they also have needs dissimilar to those of older Kansans. They are still in the workforce and may be actively raising a family. Because of these differences, putting the homemaker program in Aging could prove to be a disincentive for younger people with disabilities who are seeking these services.

We ask that you take these issues into consideration when discussing the bill. It is our hope that you will decide not to pass SB 54.



TESTIMONY PRESENTED TO
THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
CONCERNING SB 54

January 31, 1991

Mr. Chairman and Members of the Committee:

KINH can well understand the confusions and frustrations that have arisen from having two different but similar programs for delivery of homecare services in two different state agencies. It may well be that authority for the two programs should ultimately be consolidated in one agency.

It is KINH's position at this time, however, that such a move would be premature. We note the recommendation of the SRS Task Force that a Long Term Care Commission be formed that would direct its attention toward alternatives to institutional care and the development of a comprehensive program of in-home care services statewide. We assume such a commission would identify the service needs, look for gaps in services wherever they are found and determine how and by whom those gaps should be filled. The homecare program is an important part of the full range of in-home care and services.

There can be no assurance, it is true, that a long term care commission will be formed. If it is not, it may be that the state will simply continue to patch together a system of in-home services piecemeal. KINH would much prefer to see Kansas set about developing a comprehensive system. We see little value in moving the pieces of the system about until that is done. It seems more important to us at this time that funding for the program be adequate regardless of how or by whom the services are delivered.

Marilyn Bradt
Legislative Coordinator



Kansas Home Care Association • 4101 West 13th Street • Lawrence, Kansas 66049 • (913) 841-8611

To: Senate Public Health & Welfare Committee
From: Kansas Home Care Association
Date: January 31, 1991
Subject: S.B. 54, An Act concerning the department on aging,
relating to homecare and in-home services.

On behalf of the Kansas Home Care Association, I appreciate this opportunity to comment on S.B. 54.

As the statewide organization representing the providers of home care, we are only too aware of the value and need for the homemaker program, currently administered by SRS. It is the major, state-funded program that attempts to address the basic needs of Kansans with long term care conditions. These services have enabled hundreds of individuals to remain in their homes and communities, avoiding or delaying institutionalization. We know that such support services are not only more cost-effective, but more humane, preserving family, independence and dignity. It is a program that must be continued and supported.

Although there are, admittedly, many problems evident in this program (financing, staffing, etc.), KHCA urges the committee members to delay action on S.B. 54 at this time. In the last year, the public and its legislative representatives have become increasingly aware of the need for comprehensive planning in regards to our service programs. The Governor's Commission on Health Care recently recommended the establishment of a Health Office and Health Authority for the purpose of comprehensive planning. The SRS Task Force recommended "the introduction of legislation that creates a long-term care planning commission that includes members of the public, the Legislature, and appropriate executive agencies."

KHCA strongly supports the wisdom of a comprehensive re-evaluation and planning process. The issues are complex and must be thought out carefully. It would be precipitous, we believe, to take action at this time on any bill that speaks to massive shifting of bureau responsibility.

The Kansas Home Care Association appreciates your consideration. We would be happy to answer any questions that you might have.

Sincerely,

Linda Lubensky
Executive Director

Senate P H&W
Attachment #10
01-31-91