Approved 3-26-91
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

10:00 a.m./p.m. on March 18, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Services
Bill Wolff, Legislative Services
Norman Furse, Revisor's Office
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Marilyn Bradt, Kansans for Improvement of Nursing Homes, Inc.
Debra Murphy-Scheumann, Mid-America Chapter of the National MS Society
Dorothy Woodin, Kansas Coalition on Aging
Lindon Drew, Department on Aging
John Alquest, SRS
Ann Smith, Kansas Association of Counties

Chairman Ehrlich called the meeting to order at 10:00 a.m. Minutes of the meeting for March 4, 5, 6, 7, 8 and 11, 1991, were distributed to the committee for review.

SB 377 - Creating the long-term planning commission.

Marilyn Bradt appeared before the committee stating her organization sees SB 377 as an opportunity to move in the direction of in-home care in preference to institutional care, and urged the committee to remain sensitive to the needs for nursing home care. She also stated the commission should be enlarged by two members, so that four members are consumer public and two are health care service providers. (Attachment 1) Senator Hayden questioned if she had any objection to non-proprietary organizations as members on the commission, and Ms. Bradt felt they should be included. Senator Hayden also stated he would like to know what percentage of people in long-term care units are in proprietary or non-proprietary homes.

Debra Murphy-Scheumann, Director of Community Services, Mid-America Chapter of the National MS Society, submitted written testimony and appeared in support of SB 377. Ms. Scheumann stated the idea that long-term care is limited to the nursing home setting, or that it is a concern reserved exclusively for the frail elderly, the confused and the abandoned, is a fundamental misconception. She also stated the creation of a long-term care planning commission is essential and deserves the funding to provide legislative research to assist in identifying alternatives to long-term institutional care which would be accessible, available, comprehensive and continuous. She further stated she endorsed the bill and made reference to legislative research and administrative assistant positions that should be funded, not added to another caseload. (Attachment 2)

Dorothy Woodin, Kansas Coalition on Aging, submitted written testimony and appeared in support of the SB 377. She stated her organization supports the development of care which would provide a complete range of long-term care services for Kansans with long-term care needs regardless of their age. (Attachment 3)

Linden Drew, Department on Aging, submitted written testimony and appeared before the committee stating the Department on Aging supports the bill to establish a long-term care planning commission but suggested the following

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

amendments: (1) Additional staff to include a full-time research person and secretarial support; (2) Funding to bring in outside witnesses; (3) Directive to bring in an outside evaluator of the current system; and (4) Mandate a number of studies to be included in section (2) b. (Attachment 4) John Alquest, SRS, submitted written testimony and stated the department of SRS supports the passage of SB 377. He stated considerable work had been accomplished in previous planning efforts relative to identifying existing services gaps, and it was now time to build on those efforts and move forward. Only an accepted, identified statewide system can systematically address the service gaps, control costs, reverse the current institutional bias, and ensure equal access and quality care for Kansas citizens. He further stated a long range planning group was needed to coordinate the effort. (Attachment 5) Ann Smith, Kansas Association of Counties, submitted written testimony on SB 377 and appeared before the committee stating her organization supports the concept of SB 377 but expressed concern there is no local representation provided in the bill on the planning commission. She further stated counties levy approximately seven million dollars annually to aging programs, and felt with this level of involvement, they should have a role in the decision making process. (Attachment 6) Senator Salisbury also brought up the fact no local community member is represented on the commission.

The Chairman announced written testimony in support of SB 377 was submitted by John Grace, Kansas Association of Homes for the Aging. (Attachment 7)

SB 378 - Establishing a family support subsidy program.

Lila Paslay, Association for Retarded Citizens of Kansas, Inc., submitted written testimony and appeared in support of SB 378. Ms. Paslay stated the bill would help alleviate the plight of many families with children who have mental retardation/developmental disabilities. Expenses incurred by these families are not always tax deductible as medical expenses or child care expenses. (Attachment 8) Senator Hayden made reference to a section of the bill (page 3, line 5) regarding the geographic areas of such programs and also questioned who recommended the bill. Staff Furse stated both SB 377 and SB 378 were recommended by the Task Force on SRS. Staff Correll stated the Task Force recommendation specifically said this should be a pilot program limited to 200 families or less with a $3,000 limit per year per family. Ms. Paslay felt 200 was not a large enough number. Senator Walker stated this recommendatation of the subcommittee was on a small scale and a start for this type of legislation. Senator Anderson made the motion to recommend SB 378 favorably for passage, seconded by Senator Walker. After committee discussion, the motion carried. Senator Walker will carry the bill. Written testimony on SB 378 was also submitted by George Vega, SRS. (Attachment 9)

The wishes of the committee were asked regarding SB 377. Senator Salisbury stated she would support an amendment to Section 1 that would provide some form of community or local representation on the commission. Senator Langworthy questioned if there was reason having four members appointed by the governor to represent the general public, and expressed concern people knowledgeable in that field should be appointed. Senator Hayden made a motion to delete on page 1, line 17, starting with (5), language through lines 24, dealing with representation of legislators on the commission. Senator Reilly seconded the motion. Senator Anderson expressed his concern a legislator should be represented on the commission. Senator Walker suggested the President of the Senate and the Speaker of the House of Representatives both appoint one member from each body. Senator Hayden amended his motion to have the President of the Senate appoint one Senator, and the Speaker of the House of Representatives appoint one Representative to serve on the commission. The motion was seconded by Senator Anderson. No further discussion. The motion carried. Committee discussion followed regarding the effective date of the bill. Senator Reilly expressed concern regarding the fiscal impact of the bill and the filling of two vacancies created by the amendment. Senator Salisbury made the motion that two members be representatives of community services or local government, seconded by Senator Langworthy. Discussion followed, the motion carried. The wishes of the committee were asked on SB 377. Because of much discussion on the bill, the Chairman announced SB 377 would be taken up at the next meeting.

The meeting was adjourned at 11:05 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 18 March '91

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Mark Miller 1823 Gage Topeka	Washburn
Becky Ross 5th Floor DSOB	MHRS/SRS
Marilyn Bradt Lawrence	KINH
Linda Clanton 401 Topeka, Topeka	KDHR
Lyndon Drew Topeka	KDOA
Steve Steinhaus	—
M. Darlene Hall RR	KHCA Kansas Home Care Assoc.
Glenda Freeman, Topeka	KAHA
Martha Gabehart	KCDC
Lela Paslay	ARC/Kansas
Debra Murphy-Schuemann	MAC-Nat'l MS Society
Anne Smith	Ks. Assoc of Counties
Matt Truell	AP
Diane Silver	freelance writer
Joseph Keoe	KAKE
Dorothy Woodin	KCOA
John Alquest	SRS
John F Kiethaber	KHCA
R L Walker	

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 18 March '91

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
D. Hanzlick	KS Hosptl Ass'n
Scott Brunner	Sen Hayden
Tom Bell	Ks. Hosp. Assn

KINH Kansans for Improvement of Nursing Homes, Inc.

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

TESTIMONY PRESENTED TO
THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
CONCERNING SB 377

THE LONG-TERM CARE PLANNING COMMISSION

March 18, 1991

Mr. Chairman and Members of the Committee:

The basic premise of SB 377 is hardly a new one. It is only the recognition, once again, that most people would prefer to remain in their own homes as long as possible, and that providing services that enable them to do so is not only more satisfactory for the individual but less costly for the state, in those instances in which the individual is unable to pay the full cost of the care. KINH has supported that concept in its many legislative incarnations from the beginning.

Over a period of several years and in several legislative committees, advocates have discussed the concept of a system of long-term care that emphasizes in-home care in preference to institutional care. But we are not much closer to achieving that goal and, indeed, the medicaid reimbursement system continues its bias toward institutional care. KINH sees in this bill an opportunity to move in the direction we all want to go. We support SB 377.

We do suggest, for your consideration, that the commission be enlarged by two so that four members are consumer public and two are health care service providers. We are sure that the provider community will have a great deal of good advice to offer the commission, and we recognize that the legislative members do, indeed, represent the general public. But it is the consumer who has experienced the problems and frustrations of a system clearly biased toward institutional care whose needs and desires must be central to any plan.

The focus of SB 377 is exclusively on planning for alternatives to long-term institutional care. We understand and agree on the need for that focus. But a lurking fear remains in our minds that, in our enthusiasm for in-home care, it may be too easy to consider it a panacea for all care of the elderly and to push still farther out of mind the far end of the continuum, the nursing home. We urge you to remain sensitive to the need for further efforts in that arena, as well as in developing alternatives, and to understand that when we talk about long-term care we should be referring to the full spectrum of care from in-home supports and services to nursing home care.

Marilyn Bradt
Legislative Coordinator

Senate P H&W
Attachment 1
3-18-91

Long-Term Care Planning Commission

The birth of this nation saw the beginning of a country built on those principles that preserve and protect basic human rights. While precise parameters of these rights have been debated in scholarly and public discussions throughout our history, their original intent remains unchanged.

The National Multiple Sclerosis Society is firmly committed to those human rights and strongly support expanding their focus. We assert that the time has come when essential medical, social and personal services should be available to all Americans, with programs targeted to address the special needs of those with chronic, disabling conditions. This concept is known as **LONG-TERM CARE.**

I am here to testify that long-term care is an issue that affects every American. The need for the creation of a commission to identify the need for a comprehensive system to provide long-term services is critical and a major concern for health care planners, providers and policy makers.

In 1990, a study was conducted by Foxwood Springs to determine what type of illness resulted in individuals 55 years of age and under to be institutionalized in Kansas and Missouri. The study indicated that the majority population 55 and under were individuals with Multiple Sclerosis. Because of this study and due to our National offices commitment, the Mid-America Chapter of the National Multiple Sclerosis Society has initiated a Long-Term Care Coalition which represents more than 40 agencies in the Greater Kansas City area. It is also our goal to expand this coalition beyond the Greater Kansas City Area to include all of Kansas and Missouri.

The National Multiple Sclerosis Society has a special interest in long-term care services because of the above study and also because of the nature of the disease and the age group of its constituents (MS affects approximately 250,000 Americans with symptoms generally beginning between the ages of 20-40). Consequently, the Society has adopted and approved the following definition:

> Long-term care is a coordinated continuum of preventive, diagnostic, therapeutic, rehabilitative, supportive and maintenance services that address the health, social and personal needs of individuals with multiple sclerosis and their families.

The idea that long-term care is limited to the nursing home setting , or that it is a concern reserved exclusively for the frail elderly, the confused and the abandoned, is a fundamental misconception. It is estimated that approximately 5,708,000 Americans needed long-term care services in 1989 and of these 2,645,000, or 46%, were between the ages of 16-64.*

Senate P H&W
Attachment #2
3-18-91

Currently, there are many gaps in our knowledge base. While we have a sense of the problem we lack significant data and statistics to measure program objectives, determine new trends, prepare alternative services, weigh the impact of policy changes and conduct evaluative studies. The creation of a Long-Term Care Planning Commission is essential and deserves the funding to provide legislative research and legislative administrative assistants to assist in identifying alternatives to long-term institutional care which is accessible, available, comprehensive and continuous.

Submitted by:

Debra Murphy-Scheumann
Director of Community Services
Mid-America Chapter of the National MS Society
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Mission, KS 66205
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*Lewin/ICF division of Health and Sciences Research Incorporated, Washington D.C.

KANSAS COALITION ON AGING
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Telephone: (913) 235-1367

Testimony Presented to
The Senate Public Health and Welfare Committee
Concerning SB No. 377
March 18, 1991

Mr. Chairman and Members of the Committee:

The Kansas Coalition on Aging has for several years been studying and supporting the development of long-term care services for Kansas. Our 1991 Statement of Public Policy Priorities starts with the following statement: "KCOA supports the development of a continuum of care which will provide a complete range of long term care services for Kansans with long term care needs regardless of their age. Development of a continuum of care will require adequate funding of in-home and community-based long term care services and the implementation of state long term care policy". Because of this we are interested in the passage and implementation of SB No. 377

We see the continuum of care as starting with home based care and including all living arrangements necessary from that point on in caring for people. It is important to address the complete spectrum in any long-term care policy.

We are also interested in long-term care services for all age groups. Although the over 65 age group is rapidly growing and will represent about 25% of the population by 2040 we know that the noninstitutionalized disabled under age 65 represent at least one half of the disabled population nationally, They are also 40 percent of the institutionalized population. Covering the complete age spectrum is important.

During the at least four years that KCOA has been studying the long-term care needs in Kansas we have collected a great deal of Background material and had many ideas related to what a comprehensive long-term care system should be. We have found that not all data needed is easily or readily available. Because of our experience, we know that developing an adequate public policy will take the expenditure of much time and effort. The time provided for in this bill is impressive, but we believe it will take the full time of at least one, if not two staff to collect all the data needed for decision making.

Senate P H&W
Attachment #3
3-18-92

We have found that while some needed services are widely available in Kansas, they are uneven in who and how many they will serve. This is partly due to age, condition and funding restrictions. There is a variety of funding sources, including the state. Federal and state funds are available from three state agencies: SRS, KDH&E, and KDOA. Neither funding nor programming are coordinated to form a framework on which to build an adequate program.

Because of our study we have come to the conclusion that both adequate funding and a "state long term care policy" are of paramount importance. We commend the Ways and Means Committee for a bill that will help us to accomplish that and urge serious consideration of S.B. No. 377.

Thank you.

Dorothy Woodin, Secretart KCOA

TESTIMONY ON SB 377
BEFORE THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
MARCH 18, 1991
BY THE KANSAS DEPARTMENT ON AGING

The Kansas Department of Aging appears here today in support of Senate Bill 377 to establish a long-term care planning commission with the task of the study and review of alternatives to institutional long-term care.

NEED FOR IN-HOME SERVICES

The growth of the aging population in Kansas, and specifically the number of "old old"; those over the age of 80, will put an even more severe strain on our existing long-term care system. Our experience at KDOA in administering the Senior Care Act, and the experience of Area Agencies on Aging providing other alternatives to institutional long-term care ranging from in-home meals programs to homemaker services, has shown us that most Kansans will do whatever they can to stay in their homes as long as possible. Accessible available alternatives to institutional long-term care are needed and wanted.

As they currently exist, the options are limited, fragmented, and often inaccessible. A lack of options often forces people to use more expensive and less desireable alternatives. Neither the clients nor the state's pocketbook are well served by this situation. This situation has not escaped the attention of other legislative committees this year, as evidenced by the recommendations in recent committee reports on state agency budgets that various current alternative long-term care programs receive further study.

RECOMMENDATIONS

1. The Committee should reexamine whether the bill provides adequate staff support for such a study; the named departments currently would have difficulty providing the support needed for the task; they would need to turn much of the work over to the staff of the three departments serving on the commission. This would have a serious impact on small agencies. The Kansas Department on Aging proposes that Sec. 3 be amended to add:

" In addition, a full-time research person and secretarial support be added either to one of the preceeding offices or to one of departments serving on the commission. These staff shall serve at the direction of the commission chairperson."

2. The Committee should consider language to include funding to bring in outside witnesses (e.g. Dick Ladd of Oregon, whose system is considered a national model; Diane Justice of the National Association of State Units on Aging Long Term Care Resource Center and author of a comparative study of different state models, and other nationally recognized experts.)

3. The Committee should consider a directive to bring in an outside evaluator of the current system who would not have a vested interest in justifying our current service delivery model. This approach was taken in the state of Oklahoma.

4. The Kansas Department on Aging proposes that Sec. 2(b) be amended to mandate a number of studies. The Commission should not just review old studies and data. Topics in addition to the nine listed in section 2(b) include:

(10) assess the characteristics and eventual outcomes of people on the waiting list for SRS in-home services;

(11) determine the fate of people discharged from hospitals, and what options hospital discharge planners feel they have as they work with these patients;

(12) measure the current need for home care services;

(13) calculate the cost effectiveness of existing services;

(14) determine the fate of those people who are not eligible for SRS in-home services, but need long-term care; and

(15) conduct an updated survey of the number of nursing home beds per 1000 Kansans in comparison to other states.

CONCLUSION

Within the resources available, the Kansas Department on Aging will do what it can to assist this proposed commission and supports the need for its creation.

LONG-TERM CARE SERVICES FOR OLDER KANSANS

A COMPREHENSIVE PLAN

JOHN CARLIN
GOVERNOR

Joyce V. Romero
Secretary of Aging

Robert Harder
Secretary of Social and Rehabilitation Services

Barbara J. Sabol
Secretary of Health and Environment

December 1986

4-4

KANSAS DEPARTMENT ON AGING

610 West 10th
Topeka, Kansas 66612-1616
Phone: 913-296-4986

JOHN CARLIN
Governor

JOYCE V. ROMERO
Secretary of Aging

TO: Governor John Carlin
Governor-elect Mike Hayden
Members of the Kansas House of Representatives
Members of the Kansas Senate

FROM: Joyce V. Romero, Secretary, Department on Aging JVR
Robert C. Harder, Secretary, Department of Social and Rehabilitation Services RCH
Barbara J. Sabol, Secretary, Department of Health and Environment

Here is the jointly developed comprehensive plan for providing community alternative long-term care services for the elderly which you requested in House Concurrent Resolution NO. 5052 (1986).

We have built on previous work including the 1978 Home Care Study by the Department of Social and Rehabilitation Services, Department of Health and Environment, and Department on Aging; the 1981 interim legislative study of alternatives to nursing home services; the State Health Plan for Kansas on long term care; and the 1984 Joint Position Statement on Long Term Care by the Kansas Medical Society, Kansas Department of Health and Environment, Kansas Department on Aging, and the Kansas Department of Social and Rehabilitation Services. We have examined long term care initiatives in all 50 states and in Canada.

We submit this plan for implementation so that our years of study can culminate in a decade of action.

JVR:LD:mj

EXECUTIVE SUMMARY

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COMPREHENSIVE LONG TERM CARE PLAN FOR THE STATE OF KANSAS

Kansas families need help to keep older disabled relatives out of nursing homes. Unavailability of service is the most common reason that requests for help are unfilled; and the reasons services are unavailable is the lack of funding.

Cost effective family support services should be implemented according to the following schedule:

Year 1 - Homemaker Service
Personal Care Services

Year 2 - Respite Care
Medical Transportation
Chore Services

Year 3 - Case Management

Homemaker and personal care are the most essential core services in long term care. Kansas should begin implementation of a continuum of care with these two services. These services target disabled older adults who are most likely to need help to maintain their independence.

Homemakers provide household services, such as shopping, cooking, and cleaning. Personal care includes such services as bathing, dressing, and toileting.

These services are unavailable because many Kansas communities do not have adequate resources to provide them. The state should enter a partnership by matching local resources to provide services when the family or the client can not.

Families will continue to provide most of the care, but home care services can make an independent life at home possible when families and clients have done all that they can do.

Report Highlights

Chapter I - Needs Assessment

The percentage of Older Kansans who need help with home management functions increases with age. Nearly 6 percent of persons aged 65 to 74 could use help while almost 40 percent of those age 85 or older need assistance with shopping, chores or meals.

The percentage of persons needing assistance with activities of daily living also increases with age.

In the year 1990, 17,000 to 43,000 Older Kansans will require personal care services; 39,000 to 85,000 will need chore services; 13,000 to 23,000 will require nursing and related services and more than 41,000 Older Kansans will need and use home care services.

Unavailability of service is the most common reason that requests for help are unfilled; and the reason services are unavailable is the lack of funding.

Income/resource limits and the expense of services are related problems. People can not qualify for free service, nor can they afford private service.

The consensus of home health agencies/local health departments is that service development would have a positive impact on family support.

Chapter II - Goals and Objectives

One of four Older Kansans may at some point be in a nursing home.

Failure to consider the full range of long term care services, providers and settings will result in unnecessary institutionalization of persons who would otherwise receive needed medical care while living at home or in the community.

The ability to make available a broad range of social support and health services to assure care and treatment in the least restrictive, most appropriate setting will be a major issue of the future.

Chapter III - Implementation

Short Term Implementation Plan 1987 - 1989

1) Develop a continuum of core long term care service programs in each county.

   a. Mandate a prioritized continuum of core services in every county. Core services will include: meals, homemaker, personal care, respite care, medical transportation, chore and counseling.

   b. Fund homemaker services at a level that will ensure that waiting lists are eliminated.

   c. Use the Department on Aging, Department of Health and Environment, and Department of Social and Rehabilitation Services as options for channeling money to service providers for service development.

   d. Set a maximum on the value of support services provided to each person.

   e. Offer services on a sliding fee scale.

   f. Opportunities should be available for families to participate in the financial as well as social support function for long term care.

   g. Establish a service credit bank as a small part of the comprehensive plan.

2) Increase the use of local agencies, including local health departments, as providers of long term care, especially in rural areas.

   a. Provide funding to non-profit long term care service providers for use in developing services such as in-home personal care.

   b. Establish a health promotion prevention and wellness pilot project (e.g., Project LIVELY) in each planning and service area to establish programs on injury control, proper drug use, better nutrition, and improved fitness and provide dental, vision, hearing and foot care screenings (education).

   c. Start a grant-in-aid program of in-home support services for Older Kansans on a sliding fee scale. Match local funding.

   d. Provide for an individual Kansas income tax credit for any person providing in-home care for a disabled person, whom the tax payer claims as a dependent.

3) Expand alternative sources of funding for long term care, including private long term care insurance programs.

   a. Enact state standards for long term care insurance.

   b. Require that insurance policies that supplement Medicare coverage include coverage for home health aide services, for a minimum of $500 per year when the services are provided by a certified home health aide employed by a licensed home health agency nurse and when the policy holder's physician certifies in writing that the services are medically necessary.

4) Reduce the possibility that private pay nursing home clients spending jointly held resources to pay for nursing home care will leave a healthy spouse without resources to remain independent.

   a. Fund Medicaid and HCBS services to cover increased case load.

   b. Enact a division of assets law.

5) Address issues related to the training/education, continuing education, availability/distribution, and reimbursement of health and social service professionals and providers.

   a. Create for a four year period, a state level Health Personnel Task Group composed of representatives from the educational institutions, health and social services professions and provider organizations to assess the adequacy of current and projected health and training/ education programs, and related issues to ensure future requirements for adequate and appropriately trained personnel to staff the proposed long term care system.

   b. Education for relevant health and social service professionals should contain mandated, structured content on gerontology and geriatrics.

   c. Increase the training of mental health workers and training of all health professionals to better understand current state of knowledge about mental health problems of the elderly and their treatment.

   d. Review and establish a mechanism by which standards for continuing education programs containing gerontology-geriatric content are required as a condition for re-licensure, re-registration, re-certification or continued employment for professionals and other health and social service personnel who serve the aging population. A credentialing system for personnel not currently credentialed should be considered.

e. Review and recommend necessary changes in reimbursement policies to encourage health care and social service personnel to serve geographically underserved areas and to encourage students to enter training programs where shortages exist.

f. Fund gerontological health care education for local health service agency staffs.

Long Range Implementation Plan 1990

1) Identify the types, prevalence, and severity of health and social problems among Older Kansans throughout the State of Kansas.

    a. Identify and compile existing data on the health and social characteristics of Older Kansans.

    b. Review existing data to identify deficiencies and gaps in relation to health and social characteristics of Older Kansans.

    c. Review existing data to ascertain the prevalence and severity of health and social problems among Older Kansans.

    d. Develop and implement procedures for obtaining data on the health, functional and social characteristics of Older Kansans.

    e. Develop and implement a statewide data collection and computerized data management system.

2. Provide a comprehensive, coordinated community-based long term care system in Kansas.

    a. Expand core services to encompass housing services (including home repair), emergency alert services (including telephone reassurance), non-medical transportation, seven day congregate and in-home meals, legal service, and adult day care.

    b. Develop a comprehensive continuum of services. The list of services in the State Health Plan and The Harvey County long term care plan, when combined, describe such a continuum.

    c. Require local long term care plans by Area Agencies on Aging in collaboration with local elected officials, community service providers, and consumers.

Chapter IV - Gaps in Programs and Services

Only 15 long-term care services are offered in the majority (53) of the 105 Kansas counties.

Ninety-seven counties do not have support services; 88 do not have companion programs; 81 do not have physical/ occupational or speech therapy services; respite care is not available in 70 counties.

Home health services are offered in 103 counties; homemaker and transportation services are each available in 105 and 102 counties respectively; home delivered meals and congregate meals are offered in 100 and 99 counties, respectively.

Certain services by their very nature are restricted geographically. While Senior Centers are found in all but 5 counties, 26 counties each have only one senior center. While congregate meals are offered in all but 6 counties, 49 counties each have only one congregate meal site.

The majority of counties, 64, offer less than half of the 42 in-home care services inventoried. Three counties offer 10 or fewer services.

Services are generally concentrated in counties which contain cities with a population of 25,000 or more.

Chapter V - Methods of Coordination

Coordination is not as significant a problem in Kansas as is the unavailability of services. There is no reason to coordinate services which do not exist.

Short Term Coordination Plan 1987-1989

1) Extend case management services for the elderly to maintain them in their own homes.

    a. Use the Kansas Department on Aging as the central or umbrella agency for channeling money to Area Agencies on Aging in order that they may provide or contract for case management services. The Kansas Department on Aging would be responsible for the development of case management. Area Agencies on Aging would designate a case management agency in each county in consultation with county commissioners, community service providers, and consumers.

b. Continue to involve family members in the case management process.

c. Develop standardized assessment and standardized format for care plans and provide for on-going monitoring and follow-up.

Long Range Coordination Plan

1) Assure authority, funding, and staff for interdepartmental coordination through an Interdepartmental Council on Long Term Care (Option c).

   a. The Kansas Department on Aging should have adequate funding and staff to develop, implement and provide a comprehensive, coordinated, community-based long term care system for the State.

   b. Establish a Policy Board on Long Term Care made up of experts in the areas of health services, social services and health planning for the elderly. This Board will report directly to the Governor and State Legislature.

   c. An Interdepartmental Council on Long Term Care shall be established.

Background of Study

The Kansas Department on Aging has long seen the need for a coordinated and comprehensive long term care policy for the State. In 1984, House Concurrent Resolution 5071 was introduced in the Kansas Legislature. The resolution called for a study of community long term care by the three State agencies most involved in the area of long term care: Aging, Health and Environment, and Social and Rehabilitation Services. HCR 5071 died in the House.

In the 1985 Legislative Session, the need for a Long Term Care Commission was formalized in House Bill 2466. The legislation was introduced by the House Committee on Public Health and Welfare. No action was taken on HB 2466 during the 1985 Session so the legislation remained in Committee for the 1986 Session.

Also in 1985, House Concurrent Resolution 5015 was introduced by 44 Representatives. The resolution directed the Secretaries of Aging, Health and Environment and Social and Rehabilitation Services to jointly develop a plan on community long-term care services for the elderly. As with HB 2466, no action was taken on HCR 5015 during the 1985 Session but the Resolution was carried over to the next Session.

In addition to HB 2466 and HCR 5015, two other long term care-related legislative issues were brought before the 1986 Kansas Legislature -- House Bill 2491 and House Bill 3051. HB 2491, the Older Kansans Senior Care Act, was designed to establish a program of in-home and community support services for adults with long-term care needs. HB 3051, introduced at the request of the Kansas Alzheimer's and Related Diseases Task Force, directed the Department on Aging to provide or coordinate the following services: in-home respite care, adult day care, short-term in-patient respite care, emergency respite care, peer support groups for caregivers, counseling services, educational programs, and case management.

The House Committee on Public Health and Welfare recommended that both HB 2466 and HB 2491 be not passed. HCR 5015 and HB 3051 died in Committee. The Committee decided on January 21, 1986 to rewrite HCR 5015, which directed the development of a joint plan on long term care, in order to incorporate HB 2491 and HB 3051. The newly drafted legislation become House Concurrent Resolution 5052. The deadline of December 31, 1987 was established as the date for submission of the report on the plan. The Kansas Coalition on Aging later proposed an amendment to HCR 5052 to change the deadline to December 31, 1986. The Committee accepted the amendment.

On April 27, 1986, the last day of the 1986 Session, the Kansas House of Representatives passed HCR 5052 by a vote of 117 to 5, and the Kansas Senate passed the Resolution by a unanimous vote (35-0).

House Concurrent Resolution 5052

HCR 5052 directed the Secretaries of Aging, Health and Environment and Social and Rehabilitation Services to "jointly develop a comprehensive plan for providing community alternative long-term care services for the elderly through the various state and community agencies."

The Resolution specified that the long term care plan should include the following seven components: "(a) An analysis of the need for community alternative long-term care services in the state; (b) the goals and objectives for community long-term care services; (c) recommendations for implementation, including methods for enhancing family support; (d) analysis of gaps in programs and service; (e) methods of coordination of efforts among the appropriate state agencies and between the state agencies and community agencies; (f) an estimate of the costs of such services; and (g) any anticipated cost savings and efficiencies."

The Secretaries were directed by HCR 5052 to consider and analyze at least the following 14 services: (1) respite; (2) long-term care; (3) adult day care; (4) companion and sitter; (5) physical, occupational and speech therapy; (6) nutrition; (7) home health aide; (8) handyman; (9) chore and homemaker; (10) counseling; (11) transportation for care; (12) adult day health; (13) family support; and (14) case management.

HCR 5052 Advisory Committee

In 1985, the Departments on Aging, Health and Environment and Social and Rehabilitation Services agreed to form a Resource Coordination Network. Personnel from each of the agencies and one of the State's eleven Area Agency on Aging directors began meeting quarterly in 1986. With the adoption of HCR 5052, the Resource Coordination Network proposed that an advisory committee be appointed to advise the Secretaries on the development of the comprehensive long term care plan.

The Resource Coordination Network recommended that the 5052 Advisory Committee be comprised of three members from each of three State agencies' own advisory committees, in addition to a representative of the Association of Local Health Departments and a representative of the Kansas Association of Area Agencies on Aging Directors. It was also recommended that the Secretaries designate staff members to work with the 5052 Advisory Committee in developing the plan.

The three Secretaries agreed with the Resource Coordination Network's proposal to establish an advisory committee and the recommendations for its composition. The following appointments were made to the 5052 Advisory Committee:

Appointed by Secretary Joyce V. Romero, Kansas Department on Aging, from the Kansas State Advisory Council on Aging --

Elena Bastida-Barreto, Wichita
Charles Barnes, Dodge City
John Grace, Manhattan

Appointed by Secretary Barbara Sabol, Kansas Department of Health and Environment, from the Statewide Health Coordinating Council --

Marvin Kaiser, Manhattan
Harriet Nehring, Lawrence
Paul Vann, Wichita

Appointed by Secretary Robert Harder, Kansas Department of Social and Rehabilitation Services, from the Adult Services Advisory Committee --

Bea Bacon, Olathe*
Jack Gumb, Topeka
Linda Redford, Kansas City

*later replaced by Marilyn Bradt, Lawrence

Appointed by the Association of Local Health Departments --

Kay Kent, Lawrence

Appointed by the Kansas Association of Area Agency on Aging Directors, Inc. --

Irene Hart, Wichita

The three Departments' appointees to the Resource Coordination Network -- Lyndon Drew, Aging; Rita Wolf, Health and Environment; and Rosalie Sacks, Social and Rehabilitation Services -- were assigned to serve as staff to the 5052 Advisory Committee, in addition to Ronald Harper, Marlene Hoglund and Suellen Weber, Aging; and Ron Henricks and Bill Pagano, Health and Environment.

At their first meeting, held June 23 in Topeka, the Advisory Committee agreed to adopt the goals and objectives of the "Joint Position Statement on Long Term Care", developed by the Secretaries of the three agencies and the Kansas Medical Society in 1984 (Journal of the Kansas Medical Society, July 1, 1984, pp. 119-201). The Advisory Committee divided into three subcommittees to make recommendations on each of the three objectives in the Position Statement.

Objective No. 1 stated, "A continuum of long term care services should exist in Kansas communities so that there are alternatives to institutional care." Persons serving on Subcommittee No. 1 were: John Grace (chair), Jack Gumb, Paul Vann, Irene Hart, Kay Kent, and Lyndon Drew and Ron Henricks (staff).

Objective No. 2 stated, "Education programs for health professionals should contain mandated, structured content on geriatric care." Persons serving on Subcommittee No. 2 were: Elena Bastida-Barreto (chair), Bea Bacon, Harriet Nehring, and Ronald Harper and Rosalie Sacks (staff).

Objective No. 3 stated, "A comprehensive coordinated state policy on long term care must be developed and actively promoted by a partnership of the public and private health sectors." Persons serving on Subcommittee No. 3 were: Linda Redford (chair), Charles Barnes, Marvin Kaiser, and Suellen Weber and Rita Wolf (staff).

The Subcommittees met separately to make recommendations for implementation and coordination for their objective from the Joint Position Statement. At the second meeting of the Advisory Committee, held in Lindsborg on August 12th, the Subcommittees issued their recommendations. The chairs of the Subcommittees met later to review and finalize the recommendations. The final meeting of the 5052 Advisory Committee was held October 10 in Wichita, at which time the members gave final approval to the recommendations.

The work of the 5052 Advisory Committee is reflected in this document.

Needs Assessment and Service Inventory

It is difficult to measure the needs of Older Kansans for in-home care services. The Resource Coordination Network and the 5052 Advisory Committee agreed to survey long term service providers, including Area Agencies on Aging, home health agencies, local health departments and Social and Rehabilitation Services' Area Offices. In addition, in lieu of a costly consumer survey, the Kansas Department on Aging contracted with the University of Kansas Institute for Public Policy and Business Research for a projection of need in the State based on national data (completed by Catherine Shenoy, July 23, 1986). Two counties, Riley and Harvey, had earlier made projections of the needs for their older residents; these projections were used to partially validate the State projections which were based on national data.

In order to analyze the statewide availability of in-home care programs and services, the Kansas Department on Aging contracted with the Kansas Association of Area Agency on Aging Directors to revise and update a 1984 study conducted by Kansas State University. Marvin Kaiser, Henry Camp and Jacque Gibbon, Department of Sociology, Anthropology and Social Work, KSU, had conducted a statewide inventory of long term care services by county on July 1, 1984. The inventory, "Long-Term Care Service Development for the Rural Aged," was later updated by the KSU research team to January 1, 1986. The review conducted by the Area Agency on Aging Directors was updated to August, 1986. The Directors additionally compiled a directory of long term care services in Kansas. The directory is appended to this report.

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

Testimony Before the House Public Health and Welfare Committee
Senate Bill 377

The Kansas Department of Social and Rehabilitation Services (SRS) supports the passage of Senate Bill 377. Experience has demonstrated that a statewide system needs to be put in place and methods developed so that 1) duplication of services can be avoided, 2) services can be targeted to the identified priority groups, 3) adequate services can be developed and provided for the appropriate level of care, 4) elder Kansans with varying income levels can be accomodated, 5) the sparse resources used in the best manner, and 6) quality of care can be ensured.

Despite the fact that numerous comprehensive plans for long term care for the elderly and disabled have been developed over the past ten years in Kansas, the state still lacks a defined statewide service delivery system, and major issues identified by previous studies still exist. Program and funding decisions continue to be made in isolation and in a segmented manner with little or no understanding of the inter-relationship between institutional and community, elderly and disabled, medical and nonmedical, and Medicaid and non-Medicaid services. In addition, while many services and programs are in operation, a coordinating mechanism is still needed to interrelate the various service elements, which continue to be basically independent organizational structures, into a comprehensive, coordinated system of long-term care.

The most recent study, completed December 31, 1986, was built on previous works including the 1978 Home Care Study; the 1981 interim legislative study of alternatives to nursing home services; the State Health Plan for Kansas on long

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term care; and the 1984 Joint Position Statement on Long Term Care by the Kansas Medical Society, Ks. Dept. of Health and Environment, Ks. Dept. on Aging, Ks. Dept. of SRS. The plan, which was directed by HCR 5052, included an analysis of the need for community alternative long-term care services; the goals and objectives for community long-term care services; recommendations for implementation; analysis of gaps in programs and service; and methods to coordinate efforts among and between appropriate state and community agencies.

Considerable work has been accomplished in these previous planning efforts relative to identifing existing services gaps, and it is now time to build on those efforts and move forward. Every agency, local or state, who has some involvement in long term care services operates under a different philosophy and has different priorities. Coordination is difficult at best, but achieveable with a common vision and committment to an identified and agreed upon long term care delivery system. Experience tell us that **only an accepted, identified statewide system can systematically address the service gaps, control costs, reverse the current institutional bias, and ensure equal access and quality care** for Kansas citizens.

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

3/18/91

"Service to County Government"

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Executive Director
John T. Torbert

March 18, 1991

To: Senate Public Health and Welfare Committee
Chairman Roy Ehrlich

From: Anne Smith
Director of Legislation

Re: SB 377

The Kansas Association of Counties is in support of SB 377, which creates the long-term planning commission.

We would, however, like to express concern that there is no local representation on the planning commission. Counties levy funds to aging programs resulting in around seven million contributed annually by local government to aging programs. It is felt with this level of involvement currently by county government, they should have a role in the decision-making-process by the planning commission.

Thank you for the opportunity to address this concern. We can discuss it further with you at your convenience.

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

MEMORANDUM

Date: March 18, 1991

To: Senator Roy Ehrlich Chairman
Senate Public Health and Welfare
& Members of the Committee

From: John R. Grace, President
Kansas Association of Homes for the Aging

RE: SB No. 377 Long Term Care Planning Commission

==

The Kansas Association of Homes for the Aging is a trade association of 130 not-for-profit retirement and nursing homes of Kansas.

We are in full support of SB 377.

We believe the commission should study and review the entire long term care system, not just "alternatives" to institutional care.

To best serve our growing elderly population, we need a "continuum of care" of services, ranging from institutional care to home based care.

In this way, older persons would have a choice of services available best designed for their needs.

Thank you Mr.Chairman and Committee members.

Senate P H&W
Attachment #7
3-18-91

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

THE ASSOCIATION FOR
RETARDED CITIZENS OF KANSAS, INC.

P.O. BOX 676 • HAYS, KS 67601

Hope through understanding

March 18, 1991

TO: Sen. Roy Erlich, Chairman
Members of the Senate Public Health and
Welfare Committee

FROM: Lila Paslay, Chair
Legislative Affairs

RE: S. B. 378

I represent the Association for Retarded Citizens of Kansas, a volunteer advocacy organization with a membership of 5,000 individuals who are involved in 37 local ARC units across the state of Kansas. Most of the members are parents with sons and daughters who have mental retardation.

The Association supports S. B. 378

This legislation, if passed, could help in alleviating the plight of many families with children who have mental retardation/developmental disabilities. The birth of a child with these disabilities can place a family close to or over the edge of financial disaster. A recent article in the Topeka Capital Journal regarding the search for foster families for residents of KNI gave as one of the reasons children were institutionalized was the financial problems of the families. There has been little recognition by the state of Kansas that these families who have chosen to keep their members in their home and involved in their communities have saved the state thousands of dollars over even one year.

Expenses incurred by these families are not always tax deductible as medical expenses or child care expenses. Babysitting to meet needs other than employment, special foods which may not be ordered by a physician, equipment needed at home which may not be medical in nature, and diapers which may be needed for the lifetime of the individual.

With a daily rate of more than $200 per day for some Kansas citizens who are in state institutions, a family subsidy of $3,000 is a terrific bargain for the state and may provide families with some assistance which can result in their child being able to continue to be served in the community.

We urge your support of S. B. 378.

Senate P H&W
Attachment #8
3-18-91

Kansas Department of Social and Rehabilitation Services

Testimony Submitted to

Senate Public Health and Welfare Committee

Regarding Senate Bill 378

Family Support Subsidy Program

March 18, 1991

Submitted by:

George D. Vega, Acting Commissioner
Mental Health and Retardation Services
Department of Social and Rehabilitation Services
Telephone (913) 296-3773

Senate P H&W
Attachment #9
3-18-91

Social and Rehabilitation Services
Mental Health & Retardation Services
March 18, 1991

The Department of Social and Rehabilitation Services Division of Mental Health and Retardation Services is in favor of the concept a family support subsidy program which has demonstrated in other states that it can prevent institutionalization of children with disabilities. Assessments of such programs in other states have been positive; both families and public officials view them as beneficial. They empower families and permit them to decide what their children need. However, this is not a program that can receive federal matching funds, and severely limited state funds made it impossible for the Governor to include it in her recommended budget.