

Approved

Jan. 29, 1992
Date sh

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

1:30 A.M./p.m. on January 22, 1992 in room 423-S of the Capitol.

All members were present except:

Representative Dorothy Flottman, excused

Committee staff present:

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

Conferees appearing before the committee:

Joseph Kroll, Department of Health/Environment
Mack Smith, Executive Secretary, Kansas Board of Mortuary Arts
Chip Wheelen, Kansas Medical Society and Kansas Psychiatric Society
Joann Hurst, Secretary, Department on Aging
Lyndon Drew, Department on Aging
Robert L. Epps, Department of SRS
Rita Wolf, Department of SRS

Chairperson Sader called meeting to order requesting a humorous interlude from Representative Carmody.---Representative Carmody stated part of our concern here in the legislature is to define those senior citizens who are eligible for care. He shared with members of Committee an item he had received in the mail. It seems a "senior citizen" is anyone over the age of 40 and eligible for benefits.....

Chair drew attention to the agenda, and called on those persons wishing to make bill requests.

Joseph Kroll, Department of Health/Environment offered hand-out, (Attachment No.1) draft #1839 concerning infants and toddlers with disabilities and early intervention system. He detailed this draft.

Chair entertained motions in regard to the bill request. Rep. Bishop moved to introduce this legislation, seconded by Rep. Wiard. No discussion. Motion carried.

Mr. Kroll then offered hand-out, (Attachment No.2), draft #1843 concerning licensure of dietitians. He detailed the draft.

Rep. Flower moved to introduce this legislation, seconded by Rep. Weiland. No discussion. Motion carried.

Mack Smith, Executive Secretary of Board of Mortuary Arts offered hand-outs:- (Attachment No.3), outline of bill requests.
(Attachment No. 4) Temporary embalming permit draft #1895
(Attachment No.5), Pre-arranged funeral agreement, draft #2033
(Attachment No.6), Clarify laws for payment of fee, and grounds for Board Action, draft #2036
(Attachment No.7), Shifting Random Audit, draft #2054.

Mr. Smith gave a detailed explanation of the Board feels this legislation is important. He answered questions.

Rep. Neufeld moved to bulk all these bill requests together and he moved to introduce all of them, seconded by Rep. White. No discussion. Motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 /a./p.m. on January 22, 1992

Chip Wheelen, Kansas Medical Society stated they do wish Committee to know their Society does not request legislation unless they feel it is indeed necessary. He offered hand-out, (Attachment No. 8). He explained rationale for the request to require licenses for operation of tanning facilities and providing for administration/inspection by the state board of cosmetology.

Rep. Wiard moved to introduce this legislation, seconded by Rep. Hackler. No discussion. Motion carried.

Mr. Wheelen noted he wished to represent the Kansas Psychiatric Society as he offered hand-out, (Attachment No. 9), a draft concerning medical malpractice liability actions. He explained the proposal and answered questions.

Rep. Bishop moved to introduce this bill request, seconded by Rep. Amos. No discussion. Motion carried.

Mr. Wheelen, on behalf of the Kansas Psychiatric Society, offered hand-out, (Attachment No. 10), to amend authorities of Secretary of SRS for purposes of administering the Medical Assistance Program. He explained rationale.

Rep. Scott moved to introduce this bill request, seconded by Rep. Cozine. No discussion. Motion carried.

Chair drew attention to the report on a combined study by the Departments of Health/Environment; Aging; and SRS.

Secretary Joann Hurst, Secretary of Department on Aging offered hand-out, (Attachment No. 11) Recommendations to the 1992 Legislature related to Long-Term Care Issues.

Secretary Hurst outlined the comprehensive report, highlighting the numerous recommendations on the, Senior Care Act; Income Eligible Home Care Programs; Housing Options; Adult Daycare/Respite Care; Data Base; Interagency Collaboration; Comprehensive Resource Information; Mandated Information; Preadmission Assessment/Referral; 300% Supplemental Security Income Cap; Health Insurance Counseling; and Tax Incentives. Secretary Hurst drew attention to the recommendations in regard to the Substitute Bill for HB 2566. The Secretary of Department on Aging shall require each area agency to compile comprehensive resource information for use by individuals/agencies related to community long-term care resources, including all SRS area offices and local health departments. This information shall include, but not be limited to, resources available to assist persons to choose alternatives to institutional care. They recommend further that any licensed practitioner of the healing arts, adult care homes, or medical care facilities be required to make resources available to any person identified as seeking and/or needing long-term care; a uniform needs assessment instrument should be developed and used by all providers of assessment and referral services; no person shall be admitted to an adult care home unless assessment has been made; the act shall not be construed to prohibit the selection of any long-term care choice by anyone, but an individual's right to choose does not supersede the authority of Secretary of SRS to determine if placement is appropriate and to deny eligibility for long-term care payments if an inappropriate placement is chosen.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 /a.m./p.m. on January 22, 1992.

Secretary Hurst offered her public thanks for a very cooperative effort among the three Agency Secretaries. They are committed to working together and with the 1992 Legislature to create an appropriate and effective long-term care system. Governor Finney has supported the efforts put forth by the Secretaries in developing this plan.

It was noted that in past years it has been rare that the Department Secretaries have met together to work on a cooperative plan. These recent efforts were praised and applauded by Chair and members of this Committee.

Secretary Hurst, Department on Aging; Lyndon Drew, Department on Aging; Rita Wolf, Department of SRS; Robert Epps, Departments of SRS, all answered numerous questions.

Lyndon Drew, Department on Aging, and Rita Wolf, Department of SRS agreed there should be freedom of choice of providers for the consumer. It was felt HB 2566 should be written in such a way that the consumer could choose the Department of SRS as the assessor, or they can choose the Area Agency on Aging as the assessor, but SRS would provide a uniform assessment instrument in order that the same data would be collected no matter who does the assessment of the individual.

Chair gave background on HB 2566, it was in Public Health/Welfare Committee last year, was tabled when the Department of SRS indicated to the Chair they wished to have an Interim Study directed to this particular legislation. The Chair noted, it is now assumed the Substitute Bill for HB 2566 is in fact that work product coming out of interim study.

Chair requested Mr. Furse give an explanation of the original HB 2566. Mr. Furse did so, detailing language section by section.

Mr. Furse then detailed the Substitute HB 2566, noting changes that reflect somewhat Minnesota law that is in effect. He noted several exceptions in Minnesota law, i.e., patients having to enter acute care facilities from certified nursing facilities, or returning to a certified nursing facility; residents transferring from other nursing facilities; individuals who stay 30 days or less in these facilities, based on physician's certification; individuals who have a contractual right to have nursing care paid by the Veteran's Administration; individuals who have been screened in another state within 3 months before admission to the nursing facility.

Numerous questions were asked. It was noted by Commissioner Epps, Department of SRS, an annual fee of \$1000 would be charged to those performing the assessment procedure. The assessor would be reimbursed \$120 per patient for this screening process. The assessment procedure could be done by a physician, a social worker, a health care provider, Registered Nurse.

It was noted by Commissioner Epps, that 90% of private pay patients become medicaid eligible within the first year that they are in a nursing facility.

It was noted the assessment document can provide data and also gives information to the consumer about alternatives for care.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 /a/m/p.m. on January 22, 1992

It was noted, the assessment is not to be confused with a gatekeeper function. The assessment is mandated because it will provide data, and allow patients the opportunity to learn about other options before they are admitted to a nursing care facility. Once the assessment is done, it is then up to the individuals to choose what kind of services they want if they are private pay.

Discussion ensued in regard to the fiscal impact of HB 2566.

Questions were raised in regard to, had the Housing Authority people been contacted yet? Perhaps this could be an option in providing independent living facilities. Secretary Hurst noted it is the hope of the Secretaries of the Departments, i.e., Aging; SRS; Health/Environment; that the Housing Authority be involved in this project as well.

It was noted there are 12,240 admissions to nursing facilities expected per year. Some areas of the state do not have community home based services available. There is concern with inappropriate placement of patients.

At this time, Chair made the motion to remove HB 2566 from the table so that hearings can proceed on this legislation. Motion seconded by Rep. Wiard. Motion carried.

Chair then drew attention to Committee minutes. Rep. Neufeld moved to approve minutes of January 16, 1992 as written, seconded by Rep. Scott. Motion carried.

Chair adjourned meeting at 2:48 p.m.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE

Jan 23, 92

NAME	ORGANIZATION	ADDRESS
Rogers Kirkwood	Kans AARP - Topeka	
Wendell Strom	" " - "	
Sharon Huffman	Ks Comm on Disability Concerns	- Topeka
Linda Dun	KDOA	Topeka
Opal West	KDOA	Topeka/Lawrence
Yaph Kover	KOHK	Topeka
Jack Smith	Ks St Bd of Mortuary Arts	Topeka
Marilyn Bradt	KINH	Lawrence
Walter H. Crockett	AARP	Lawrence
Linda Lubensky	Kansas Home Care	Lawrence
Kumy Townsend	Kansas Hospital Assoc	Lawrence
Suzanne Frost	KS Assoc Comm Action Dir	Topeka
TK Shively	KS Legal Services	Topeka
Jerrri Roberts	Ks State Nurses Assn.	Topeka
Bob Sees	Ks Assn for Retired Clerg	Topeka
Basil Covey	KRTA	Topeka
Greene Hart	Sedgwick Co. Aging Dept	Wichita
Harriet Berg	HWK AAA	Hays
Collene Jarvis	HWKs AAA	Hays
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
David Hanglick	KS Mental Assn	Topeka
Robert Spis	SRS	Topeka
Brian de Wolf	SRS	Topeka
Bill Cutler	KDOA	Topeka
Chip Wheelen	Ks Medical Soc.	Topeka
Matthe Wispsitt	KARF	Topeka

PROPOSED BILL NO. _____

By

AN ACT concerning certain children; infants and toddlers with disabilities; early intervention system; authorizing the secretary of health and environment to adopt rules and regulations; amending K.S.A. 1991 Supp. 74-7802 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. As used in this act:

(a) "Infants and toddlers with disabilities" means children from birth through two years of age who need early intervention services because:

- (1) They are experiencing developmental delays; or
- (2) they have a diagnosed mental or physical condition that has a high probability of resulting in developmental delay.

(b) "Early intervention services" means developmental services which are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development.

(c) "Lead agency" means the Kansas department of health and environment, designated by the governor to perform the duties described in section 2 and amendments thereto.

(d) "Council" means the coordinating council on early childhood developmental services established in K.S.A. 74-7801 to 74-7803 and amendments thereto.

(e) "Local council" means an interagency coordinating council established in a local community for the purpose of coordinating early intervention services for infants and toddlers with disabilities and their families who reside within that local community.

New Sec. 2. The secretary of health and environment may

PHW
1-22-92
Attn #1.
1-3

adopt rules and regulations in order to carry out the responsibilities of the lead agency under PL 102-119, Part H which include, but are not limited to:

(a) The administration of federal and state funds designated for this program;

(b) the entry into contracts with agencies in a local community which have been designated by a local council as the providers of services within their community;

(c) the development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families in a timely manner;

(d) a procedure for contracting or making of other arrangements with service providers to provide early intervention services in Kansas;

(e) procedural safeguards with respect to programs under this early intervention system shall include, but are not limited to, procedures which address resolution of complaints, confidentiality issues, ability of parents to examine records, informed consent, provision of services during disputes and adequate notice to parents;

(f) procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this program are appropriately and adequately prepared and trained;

(g) a system for compiling data on the numbers of infants and toddlers with disabilities and their families in Kansas in need of appropriate early intervention services, the number of such infants and toddlers and their families served, types of services provided, and other information required by the United States secretary of education;

(h) the development of an early intervention service system which shall consist of local councils which plan and coordinate early intervention services for infants and toddlers with disabilities and their families; and

(i) a procedure for making grants or other funding mechanisms, within the limits of appropriations, by the secretary

PHW
1-22-92
Attn #1
2-3

of health and environment to local community agencies or entities to provide comprehensive, coordinated, multidisciplinary, interagency, early intervention services for infants and toddlers with disabilities and their families.

Sec. 3. K.S.A. 1991 Supp. 74-7802 is hereby amended to read as follows: 74-7802. The coordinating council on early childhood developmental services established by this act shall:

(a) Solicit information and opinions from concerned agencies, groups and individuals on proposed policies and recommendations for the delivery of health, education and social services for young children from birth through age five with or at risk for handicapping conditions and for their families;

(b) establish appropriate committees to perform tasks, gather information, and explore issues as directed by the council;

(c) determine the work activities of a staff person to the coordinating council on early childhood developmental services;

(d) disseminate information about the activities of the council and its actions to local, private and public service providers, parents, advocacy organizations, state agency personnel and other interested parties;

(e) develop and implement a state plan for young children from birth through age five with or at risk for handicapping conditions and for their families;

(f) recommend policies, procedures, and legislation for effectively providing health, education and social services;

(g) develop interagency agreements to promote a comprehensive service delivery system for young children with handicapping conditions and for their families;

(h) advise and assist the lead agency, as defined in section 1 and amendments thereto, in implementing PL 102-119, Part H at both state and local levels; and

(h) (i) submit annual reports to the governor.

Sec. 4. K.S.A. 1991 Supp. 74-7802 is hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

PHW
1-22-92
Attm #1
3-3

PROPOSED BILL NO. _____

By _____

AN ACT concerning licensure of dietitians; amending K.S.A. 1991 Supp. 65-5912 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1991 Supp. 65-5912 is hereby amended to read as follows: 65-5912. (a) Nothing in this act shall be construed to require any insurer or other entity regulated under chapter 40 of the Kansas Statutes Annotated or any other law of this state to provide coverage for or indemnify for the services provided by a person licensed under this act.

(b) So long as the following persons do not hold themselves out to the public to be dietitians or licensed dietitians or use these titles in combination with other titles or use the abbreviation L.D., or any combination thereof, nothing in this act shall be construed to apply:

(1) To any person licensed to practice the healing arts, a licensed dentist, a licensed dental hygienist, a licensed professional nurse, a licensed practical nurse, a licensed psychologist, a registered masters level psychologist, a licensed pharmacist or an employee thereof, a physician's assistant, a registered professional counselor;

(2) to any unlicensed employee of a licensed adult care home or a licensed medical care facility as long as such person is working under the general direction of a licensee in the healing arts, nursing or a dietetic services supervisor as defined in regulations adopted by the secretary of health and environment or a consultant licensed under this act;

(3) to any dietetic technician or dietetic assistant;

(4) to any student enrolled in an approved academic program in dietetics, home economics, nutrition, education or other like

PJW
1-22-92
Attn # 2
1-3

curriculum, while engaged in such academic program;

(5) to prevent any person, including persons employed in health food stores, from furnishing nutrition information as to the use of food, food materials or dietary supplements, nor to prevent in any way the free dissemination of information or of literature as long as no individual engaged in such practices holds oneself out as being licensed under this act;

(6) to prohibit any individual from marketing or distributing food products, including dietary supplements, or to prevent any such person from providing information to customers regarding the use of such products;

(7) to prevent any employee of the state or a political subdivision who is employed in nutrition-related programs from engaging in activities included within the definition of dietetics practice as a part of such person's employment;

(8) to any person who performs the activities and services of a licensed dietitian or nutrition educator as an employee of the state or a political subdivision, an elementary or secondary school, an educational institution, a licensed institution, or a not-for-profit organization;

(9) to any person serving in the armed forces, the public health service, the veterans administration or as an employee of the federal government;

(10) to any person who has a degree in home economics insofar as the activities of such person are within the scope of such person's education and training;

(11) to any person who counsels or provides weight-control services as a part of a franchised or recognized weight-control program or a weight-control program that operates under the general direction of a person licensed to practice the healing arts, nursing or a person licensed under this act;

(12) to any person who is acting as a representative of a trade association and who engages in one or more activities included within the practice of dietetics as a representative of such association;

PHW

1-22-92

Attn #2

2-3

(13) to a registered physical therapist who makes a dietetic or nutritional assessment or gives dietetic or nutritional advice in the normal practice of such person's profession or as otherwise authorized by law;

(14) to a dietitian licensed, registered or otherwise authorized to practice dietetics in another state who is providing consultation in this state;

(15) to any person conducting a teaching clinical demonstration which is carried out in an educational institution or an affiliated clinical facility or health care agency;

(16) to any person conducting classes or disseminating information relating to nonmedical nutrition; or

(17) to any person permitted to practice under K.S.A. 65-2872a and amendments thereto.

(c) Nothing in this act shall be construed to interfere with the religious practices or observances of a bona fide religious organization, nor to prevent any person from caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing.

Sec. 2. K.S.A. 1991 Supp. 65-5912 is hereby repealed.

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

PHW
1-22-92
Attn #2
3-3

MEMBERS OF THE BOARD

HARRY W. BEDENE,

MR. FRANK L. BRUNER

WICHITA

MR. DAREL D. OLLIFF,

PHILLIPSBURG

MR. ROBERT L. ROBERTS,

OTTAWA

MRS. CECILE A. WEINHEIMER,

POMONA

OFFICE STAFF

MACK SMITH,

EXECUTIVE SECRETARY

FRANCIS F. MILLS,

INSPECTOR-INVESTIGATOR

TERRY A. BLAND,

OFFICE SECRETARY

The Kansas

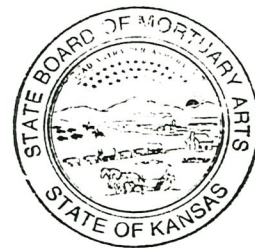
State Board of Mortuary Arts

CREATED AUG. 1, 1907

1200 S. KANSAS AVE., SUITE 2

TOPEKA, KANSAS 66612-1331

(913) 296-3980



REQUEST FOR COMMITTEE BILL INTRODUCTION

PURPOSE: The Kansas State Board of Mortuary Arts is requesting the introduction of four bills: 1) to allow the board to issue temporary embalming permits to out-of-state licensed embalmers for teaching purposes and disaster situations; 2) to require payments for pre-financed funeral agreements to be made out to the financial institution and deposited within five business days; 3) to clarify establishment and branch establishment laws and making failure to pay a licensure fee grounds for board action, and 4) shifting the random audit of pre-financed funeral agreements from the responsibility of the Secretary of State's Office to the Board of Mortuary Arts.

COMMENTS: Due to increased activity in the area of pre-financed funeral agreements, the Mortuary Arts Board would like to tighten the belt in an effort to protect consumers. Recent licensure suspensions and revocations indicate a need to take this action to help avoid future problems in this area. The bills on temporary permits and licensing are minor in nature and basically clean-up undefined areas.

I shall be happy to answer any questions. Thank you in advance for your assistance.

Sincerely,

Mack Smith, Executive Secretary
Kansas State Board of Mortuary Arts

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PHW
1-22-92
Attn #3

HOUSE BILL NO. _____

By

AN ACT authorizing the state board of mortuary arts to issue temporary embalming permits.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) The state board of mortuary arts may issue temporary embalming permits to out-of-state licensed embalmers for teaching purposes involving an approved continuing education program, or in emergency or disaster situations, as deemed necessary by the board. A temporary embalming permit shall be subject to such conditions and limitations as the board may specify in such permit and as may be specified by law. A temporary embalming permit shall authorize the permit holder to practice embalming subject to the conditions and limitations specified by the board in such permit and the conditions and limitations specified by law.

(b) Each applicant for a temporary embalming permit shall hold an active embalmer license or certificate in another state.

(c) Each application for a temporary embalming permit shall be submitted on forms provided by the board.

(d) Each temporary embalming permit shall be issued for a maximum of 30 days at no cost to the applicant and shall be signed by the president or executive-secretary of the board and attested by the board's seal.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

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1-22-92*

HOUSE BILL NO. _____

By xx

AN ACT concerning prearranged funeral agreements; amending K.S.A. 1991 Supp. 16-302 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1991 Supp. 16-302 is hereby amended to read as follows: 16-302. Except as authorized by K.S.A. 16-308, and amendments thereto, all ~~such money shall be deposited in such bank, credit union or savings and loan association and shall be~~ payments under any agreement, contract or plan governed by K.S.A. 16-301 and amendments thereto shall be:

(a) Made in the form of checks, cashiers checks or money orders payable only to the bank, credit union or savings and loan association where deposited;

(b) deposited in such bank, credit union or savings and loan association within five business days after receipt by the seller; and

(c) held by such bank, credit union or savings and loan association in a separate account in the name or names of the purchaser of the merchandise or services and the name of the seller, until released as herein provided.

Sec. 2. K.S.A. 1991 Supp. 16-302 is hereby repealed.

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

PHW
1-22-91
Attn = 5

HOUSE BILL NO. _____

By xx

AN ACT concerning mortuary arts; relating to licensure and regulation of embalmers, funeral directors and funeral establishments; amending K.S.A. 1991 Supp. 65-1713a, 65-1729 and 65-1751 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1991 Supp. 65-1713a is hereby amended to read as follows: 65-1713a. (a) A "funeral establishment," as the term is used herein, is a place of business, or branch thereof, conducted, used and equipped for funeral services, or for the retail sale or display of funeral merchandise, or for the care and preparation for burial or transportation of dead human bodies, or for any or all of the above purposes. It shall be conducted at a fixed and specific street address or location and shall contain a preparation room equipped with a sanitary floor, walls and ceiling, with adequate sanitary drainage and disposal facilities, good ventilation and light, and the necessary instruments, equipment and supplies for the preparation and embalming of dead human bodies for burial or transportation. The preparation room shall be separate from the display room and chapel, and shall not be a part of the living quarters. Each establishment, or branch thereof, must have or employ a Kansas licensed embalmer for all embalming work, if the funeral director in charge of the establishment is not a Kansas licensed embalmer. Each establishment, or branch thereof, shall be under the ~~personal--supervision--and--charge--of--a~~ supervision of the Kansas licensed funeral director in charge of the establishment.

(b) The provisions and requirements herein contained shall apply to all branch establishments as well as principal establishments, except that:

*2/24/05
1-22-91
att# 6
1-5*

(1) Only ~~a person who holds a~~ the funeral director who holds the funeral establishment license and who would wholly own the branch establishment shall be eligible to apply for a branch establishment license;

(2) a branch establishment is not required to contain a preparation room or to be a place where dead bodies are prepared for burial or transportation; and

(3) a branch establishment is not required to be under the personal supervision and charge of a licensed funeral director.

Sec. 2. K.S.A. 1991 Supp. 65-1729 is hereby amended to read as follows: 65-1729. (a) ~~Every~~ The funeral director in charge of a funeral establishment, as defined by K.S.A. 65-1713a and amendments thereto, including any branch establishment, located or doing business within the state shall apply for and obtain a funeral establishment license or branch establishment license, as appropriate, from the state board of mortuary arts for each location within the state of such funeral establishment or branch establishment.

(b) An application for a new license is required if the funeral establishment or branch establishment changes ownership, name or location. Such application shall be made to the state board of mortuary arts at least 30 days prior to such change of ownership, name or location.

(c) The funeral establishment license fee or branch establishment license fee shall be fixed by the state board of mortuary arts under K.S.A. 65-1727 and amendments thereto and shall be due and paid to the state board of mortuary arts on or before the expiration date of such license. The disposition of all funds collected under the provisions of this act shall be in accordance with the provisions of K.S.A. 65-1718 and amendments thereto.

(d) Each funeral establishment license or branch establishment license shall expire every two years on a date established by the state board of mortuary arts by duly adopted

PHW
1-22-92
Attn #6. Attn #6
Pg. 275 2

rules and regulations.

Sec. 3. K.S.A. 1991 Supp. 65-1751 is hereby amended to read as follows: 65-1751. (a) The state board of mortuary arts may refuse to issue or renew a license, may revoke or suspend a license or may publicly or privately censure a licensee, upon a finding that a licensee or applicant for a license:

(1) Has committed fraud or misrepresentation in applying for or securing an original or renewal license;

(2) has committed an act of unprofessional or dishonorable conduct or professional incompetency;

(3) has been convicted of a felony, and the board determines the licensee or applicant for a license has not been sufficiently rehabilitated to warrant the public trust, or has been convicted of any offense involving moral turpitude;

(4) has violated any law, ordinance or rule and regulation affecting the handling, custody, care or transportation of dead human bodies;

(5) is rendered unfit to practice embalming or funeral directing by reason of illness, chemicals or other types of substances, or as a result of any mental or physical condition when certified by a physician as to unfitness;

(6) has failed or refused to properly protect or guard against contagious, communicable or infectious disease, or the spreading thereof;

(7) has refused to surrender a dead human body upon the request of the next of kin, or legal representative, if there is no next of kin, or person entitled to the custody and control of the body if there is no next of kin available and no legal representative qualified to act;

(8) or the agent, employee or representative thereof, has advertised, solicited or sold merchandise or services in a manner which is fraudulent, deceptive or misleading in form or content;

(9) or the agent, employee or representative thereof, has engaged in the uninvited, in-person solicitation of an actual or

PHW
1-22-92

Attn # 6

Pg 375

3

potential customer, who, because of the customer's particular circumstances, was vulnerable to undue influence, intimidation, coercion or overreaching or has violated a provision of K.S.A. 1987 1991 Supp. 65-1752 and amendments thereto;

(10) or the agent, employee or representative thereof, has knowingly engaged in at-need solicitation;

(11) has employed, directly or indirectly, any representative or person, for the purpose of contacting individuals or institutions by whose influence dead human bodies may be turned over to a particular licensee or funeral establishment;

(12) has aided or abetted an unlicensed person to practice any activity for which a license is required under article 17 of chapter 65 of the Kansas Statutes Annotated and acts amendatory of the provisions thereof or supplemental thereto;

(13) has had a license to practice embalming or funeral directing revoked or suspended, has been censured or has had other disciplinary action taken against oneself or has had an application for a license denied by the proper licensing authority of another state, territory, District of Columbia or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof;

(14) has cheated on or attempted to subvert the validity of the examination for a license;

(15) has been found to be mentally ill, disabled, not guilty by reason of insanity or incompetent to stand trial by a court of competent jurisdiction;

(16) has failed to furnish the board, or its investigators or representatives, any information legally requested by the board;

(17) has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a professional association or society, a governmental agency, by a law enforcement agency or a court for

PHW

1-22-92

Attn #6

Pg 475

acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

(18) has an adverse judgment, award or settlement against the licensee resulting from the practice of funeral directing or embalming which related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section or has failed to report such matter to the board;

(19) has knowingly submitted any misleading, deceptive, untrue or fraudulent representation on a claim form, bill or statement; ~~or~~

(20) has violated any lawful rule and regulation promulgated by the board or any state or federal law related to the practice of funeral directing, embalming or funeral establishments; or

(21) failure to pay any fee required under this act.

(b) The board may adopt rules and regulations defining, construing and interpreting the above grounds for licensure action. All administrative proceedings taken by the board pursuant to this section shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(c) As used in this section:

(1) "License" means an embalmer's license, funeral director's license ~~or~~, assistant funeral director's license, funeral establishment license or branch establishment license.

(2) "At-need solicitation" means any uninvited contact for the purpose of the sale of funeral services or merchandise to the family or next of kin of a person after the person's death, or where death is imminent.

Sec. 4. K.S.A. 1991 Supp. 65-1713a, 65-1729 and 65-1751 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

PHW
1-22-92
Att # 6
5-5

PROPOSED BILL NO. _____

By xx

AN ACT concerning prearranged funeral agreements; relating to audits thereof; amending K.S.A. 65-1718, 75-441 and 75-442 and K.S.A. 1991 Supp. 16-310 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1991 Supp. 16-310 is hereby amended to read as follows: 16-310. (a) The ~~secretary--of--state,--or--the secretary's~~ state board of mortuary arts or the board's representative, may audit whenever and as often as deemed necessary by the ~~secretary-of-state~~ board all accounts or trusts of each prearranged funeral agreement, plan or contract entered into pursuant to K.S.A. 16-301 et seq., and amendments thereto. For such purposes, the ~~secretary--of--state--or--the--secretary's~~ board or the board's representative is authorized to administer oaths and to examine under oath the directors, officers, employees and agents of any seller of personal property or funeral or burial merchandise. Such examination may be reduced to writing by the person taking it and the examiner may make findings as to the condition of each account or trust examined. Accounting records and information required by this section shall be maintained in a format approved by the ~~secretary--of--state~~ board. For the purposes of such audits, the ~~secretary-of-state~~ board may require any person or officer of a partnership, association, firm or corporation who sells such merchandise to furnish and submit the books, records, papers and instruments of such partnership, association, firm or corporation for examination.

(b) In the event the ~~secretary--of--state~~ state board of mortuary arts determines that moneys have been improperly

2/4/10
1-22-92

Attn #7
1-5

obtained from the account or trust by the seller of personal property or funeral or burial merchandise during the period covered by the audit, then the secretary board may order the seller of personal property or funeral or burial merchandise to redeposit to the account or trust such moneys improperly withdrawn within ~~60~~ 30 days.

(c) The attorney general, at the request of the secretary-of-state state board of mortuary arts, may initiate an action to recover payments required to be redeposited to the account or trust under subsection (b), or to recover other moneys received or disbursed in violation of this act. In addition, the attorney general may seek to enjoin any violation of this act.

(d) In the absence of fraud, all funds held in an account or trust established pursuant to a prearranged funeral agreement, plan or contract shall not be subject to attachment, garnishment or other legal process, nor be seized, taken, appropriated or applied to pay any debt or liability of the seller of personal property or funeral or burial merchandise, buyer or beneficiary, by any legal or equitable process or by operation of law.

(e) No person, partnership, association, firm or corporation shall enter into any prearranged funeral agreement, plan or contract until such person, partnership, association, firm or corporation has filed with the secretary--of--state board of mortuary arts a notification of its intention to sell and engage in such prearranged agreements, plans or contracts. Such notice shall include the name of the person, partnership, association, firm or corporation, its principal place of business and the name and address of the bank or savings and loan association, trustee or trustees to be utilized under the provisions of this section.

(f) Whenever any person, partnership, association, firm or corporation refuses to submit the books, records, papers and instruments to the examination and inspection of the secretary-of-state board of mortuary arts, or of any of the secretary's board's representatives, or in any manner obstruct or interfere

PHAW
1-22-92
Attn # 7
2-5

with the examination or audit authorized by this section, or refuse to be examined under oath concerning any of the affairs of its prearranged funeral agreements, plans or contracts, the ~~secretary--of--state~~ board may request the attorney general to institute proceedings for the appointment of a receiver for such person, partnership, association, firm or corporation.

(g) Any person, partnership, association, firm or corporation which refuses or neglects to comply with the requirements of this act for a period of 90 days after demand to do so is made upon it by the ~~secretary-of-state~~ state board of mortuary arts shall be subject to the penalties provided in K.S.A. 16-305, and amendments thereto. The attorney general, upon the request of the ~~secretary-of-state~~ board, shall then begin an action for the appointment of a receiver for such person, partnership, association, firm or corporation and to dissolve the same.

(h) Whenever an audit is made pursuant to this section, the person, partnership, association, firm or corporation so audited shall pay to the ~~secretary-of-state-such--expenses--as--shall--be assessed--pursuant--to--K.S.A.--1988-Supp.-75-422,--and--amendments thereto~~ state board of mortuary arts such expenses as assessed by the board in an amount not exceeding \$100 for each day or part thereof related to a field audit. The board shall remit to the state treasurer at least monthly all moneys received from the assessments. Upon receipt of such moneys, the state treasurer shall deposit the entire amount in the state treasury and credit it to the mortuary arts fee fund.

Sec. 2. K.S.A. 65-1718 is hereby amended to read as follows: 65-1718. (a) The state board of mortuary arts shall remit all moneys received by or for it from fees, charges, assessments or penalties to the state treasurer at least monthly. Upon receipt of any such remittance the state treasurer shall deposit the entire amount thereof in the state treasury. Twenty-percent Except as provided by subsection K.S.A. 16-310 and amendments

DHW
1-22-92
Alt #7
3-5

thereto, 20% of each such deposit shall be credited to the state general fund and the balance shall be credited to the mortuary arts fee fund.

(b) All expenditures from such the mortuary arts fee fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the secretary of the state board of mortuary arts or by a person or persons designated by the secretary.

~~(b) On July 17, 1985, the director of accounts and reports shall transfer all moneys in the embalming board fee fund to the mortuary arts fee fund. On July 17, 1985, all liabilities of the embalming board fee fund are hereby imposed upon the mortuary arts fee fund, and the embalming board fee fund is hereby abolished.~~

(c) Whenever the embalming board fee fund, or words of like effect, is referred to or designated by a statute, contract or other document, such reference or designation shall be deemed to apply to the mortuary arts fee fund.

Sec. 3. K.S.A. 75-441 is hereby amended to read as follows:
75-441. (a) There is hereby created in the state treasury the cemetery ~~and funeral~~ audit fee fund which shall be a continuation of the cemetery and funeral audit fee fund created by this section prior to amendment by this act.

(b) The secretary of state shall remit to the state treasurer at least monthly all fees received by the secretary of state for auditing any person, association, partnership, firm or corporation pursuant to ~~K.S.A. 16-310 and 16-325~~ and K.S.A. 17-1312a, and amendments thereto. Upon receipt of any such remittance, the state treasurer shall deposit the entire amount in the state treasury and credit the amount to the cemetery ~~and funeral~~ audit fee fund.

(c) All expenditures from the cemetery ~~and funeral~~ audit fee fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant

PHW
1-22-92
Attm #7
4-5

to vouchers approved by the secretary of state or a person or persons designated by the secretary of state.

Sec. 4. K.S.A. 75-442 is hereby amended to read as follows:
75-442. Whenever the secretary of state audits any person, association, partnership, firm or corporation pursuant to ~~K.S.A. 16-310 or 16-325 or~~ K.S.A. 17-1312a, and amendments thereto, such person, association, partnership, firm or corporation shall pay the expenses thereof, which shall be assessed against it by the secretary of state on a per diem basis for days or parts thereof related to a field audit in an amount not to exceed \$100 per diem.

The secretary of state shall determine the expenses of any audit and submit a bill to the person, association, partnership, firm or corporation audited. The bill shall constitute notice of such assessment and demand of payment thereof.

Sec. 5. K.S.A. 65-1718, 75-441 and 75-442 and K.S.A. 1991 Supp. 16-310 are hereby repealed.

Sec. 6. This act shall take effect and be in force from and after its publication in the statute book.

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Attn # 7
1-22-92
5-5

DRAFT

*revised 12/12/91 - Committee
Kansas Medical Society*

AN ACT concerning tanning facilities; requiring licenses for operation thereof; providing for administration and inspection by the state board of cosmetology; prohibiting certain acts and providing penalties for violations.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) As used in this section:

(1) "Authorized agent" means an employee of the board of cosmetology designated by the board to enforce this act.

(2) "Board" means the state board of cosmetology.

(3) "Phototherapy device" means equipment that emits ultraviolet radiation that is used in the treatment of disease or other medical use.

(4) "Tanning device" means equipment that emits electromagnetic radiation with wavelengths in the air that is used for tanning of human skin and includes any accompanying items incidental to operation of the tanning device.

(5) "Tanning facility" means any facility, whether independent or part of a salon, health spa, or any other facility, which provides access to tanning devices.

(b) This act does not apply to use of a phototherapy device by or under supervision of a person licensed to practice medicine and surgery.

Section 2. (a) A tanning facility shall give each customer a written statement warning that:

(1) failure to use the eye protection provided to the customer by the tanning facility may result in damage to the eyes;

(2) overexposure to ultraviolet radiation causes burns;

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1-22-92
Attn #8
1-6*

(3) repeated exposure to ultraviolet radiation may result in premature aging of the skin and skin cancer;

(4) abnormal skin sensitivity or burning may be caused by reactions of ultraviolet radiation to certain:

(A) foods;

(B) cosmetics; or

(C) medications, including:

(i) tranquilizers;

(ii) diuretics;

(iii) antibiotics;

(iv) high blood pressure medicines; or

(v) birth control pills; and

(5) any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device.

(b) Compliance with the notice requirements does not affect the liability of a tanning facility operator or a manufacturer of a tanning device.

Section 3. (a) A tanning facility shall post a warning sign in a conspicuous location where it is readily visible by persons entering the establishment. The sign shall have dimensions of no less than 36 inches to a side and shall contain the following wording:

DANGER: ULTRAVIOLET RADIATION

Repeated exposure to ultraviolet radiation may cause skin damage characterized by wrinkling, dryness, fragility, bruising, and skin cancer.

Failure to use protective eyewear may result in severe burns

PHW
1-22-92
Attn #8
2-6

or permanent injury to the eyes.

Medications or cosmetics may increase your sensitivity to ultraviolet radiation. Consult a physician before using a tanning device if you are using medications, have a history of skin problems or believe you are especially sensitive to sunlight. Pregnant women or women taking oral contraceptives who use this product may develop discolored skin.

IF YOU DO NOT TAN IN THE SUN, YOU WILL NOT TAN
FROM USE OF AN ULTRAVIOLET DEVICE OR SUNLAMP

(b) A tanning facility shall post a warning sign, one for each tanning device, in a conspicuous location that is readily visible to a person about to use the device. The sign shall have dimensions of no less than 24 inches to a side and shall contain the following language:

DANGER: ULTRAVIOLET RADIATION

1. Follow the manufacturer's instructions for use of this device.
2. Avoid too frequent or lengthy exposure. As with natural sunlight, exposure can cause serious eye and skin injuries and allergic reactions. Repeated exposure may cause skin cancer.
3. Wear protective eyewear. Failure to use protective eyewear may result in severe burns or permanent damage to the eyes.
4. Do not sunbathe before or after exposure to ultraviolet radiation.
5. Medications or cosmetics may increase your sensitivity to ultraviolet radiation. Consult a physician before using a sunlamp if you are using medication, have a history of skin

PHW
1-22-92
Attn # 8
3-6

problems, or believe you are especially sensitive to sunlight. Pregnant women or women using oral contraceptives who use this product may develop discolored skin.

IF YOU DO NOT TAN IN THE SUN, YOU WILL NOT
TAN FROM USE OF THIS DEVICE

Section 4. A tanning facility shall not claim, or distribute promotional materials that claim that using a tanning device is safe or free from risk.

Section 5. A tanning facility shall not allow any person less than 18 years of age to use a tanning device.

Section 6. (a) A tanning facility shall have an operator present during operating hours. The operator must be sufficiently knowledgeable in the correct operation of the tanning devices used at the facility that the operator may inform and assist each user in the proper use of the tanning devices.

(b) Before each use of a tanning device, the operator shall provide the customer with protective eyewear that protects the eyes from ultraviolet radiation and allows adequate vision to maintain balance. The operator may not allow a person to use a tanning device if that person does not use the protective eyewear. The operator shall also show each customer how to use suitable physical aids, such as handrails and markings on the floor, to maintain proper exposure distance as recommended by the manufacturer of the tanning device.

(c) The tanning facility shall use a timer with an accuracy of at least plus or minus 10 percent of any selected time interval. The facility shall limit the exposure time of a user on a tanning

PHW
1-22-92
Attn #8
4-6

device to the maximum exposure time recommended by the manufacturer. The facility shall control the interior temperature of a tanning device so that it may not exceed 100 degrees Fahrenheit.

Section 7. (a) The board may adopt administrative regulations to implement this act.

(b) An authorized agent shall have access at all reasonable times to any tanning facility to inspect the facility to determine compliance with this act.

(c) If an authorized agent finds that a person has violated, or is violating or threatening to violate this act and that the violation or threat of violation creates an immediate threat to the health and safety of the public, the authorized agent may petition the district court for a temporary restraining order to restrain the violation or threat of violation.

(d) If a person has violated, or is violating or threatening to violate this act, the board, after a hearing in accordance with the administrative procedure act, may suspend the license of a tanning facility until such time that the tanning facility can demonstrate to the board that it has corrected deficiencies and is in compliance with this act and administrative regulations adopted pursuant to this act.

(e) On application for injunctive relief and a finding that a person is violating or threatening to violate this act, the district court shall grant any injunctive relief warranted by the facts.

PHW
1-22-92
Attn #8

Section 8. (a) On and after January 1, 1993, a person may not operate a tanning facility without a valid license issued by the board.

(b) The license shall be displayed in a conspicuous place in the tanning facility.

(c) On application, on forms provided by the board, and on receipt of the appropriate fee, a license shall be renewed by the board.

(d) The board may adopt a system under which licenses expire on various dates during the year. As part of this system the annual renewal fee may be prorated on a monthly basis to reflect the actual number of months the license is valid.

(e) The board may revoke, cancel, suspend, or probate a license to operate a tanning facility for any of the following reasons:

(1) a failure to pay a license fee or an annual renewal fee for a license;

(2) the applicant obtained or attempted to obtain a license by fraud or deception;

(3) a violation of any of the provisions of this act;

(4) a violation of a regulation of the board adopted under this act;

(f) The board shall establish appropriate licensure and renewal fees by adoption of administrative regulations.

Section 9. Any person who operates an unlicensed tanning facility in this state or knowingly violates this act shall be guilty of a Class C misdemeanor.

Section 10. This act shall take effect and be in force from and after its publication in the statute book.

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DRAFT

BILL NO _____

AN ACT concerning medical malpractice liability actions; defining certain information as inadmissible evidence.

Be it enacted by the Legislature of the State of Kansas:

Section 1. In any medical malpractice liability action as defined by K.S.A. 1991 Supp. 60-3401, a condolence or expression of sympathy by a health care provider to the spouse, family as a whole, or any other person related to a deceased or injured patient or former patient of the health care provider shall be privileged and shall not be subject to discovery, subpoena or other means of legal compulsion for release to any person or entity or be admissible at trial in any form.

Section 2. This act shall be supplemental to the code of civil procedure.

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

*Requested by Chip Stuelken
on behalf of Kansas Psychiatric Society*

*PHW
1-22-92
Attn #9*

ices," and in that name the secretary may sue and be sued on such contracts. The grant of authority under this subsection shall not be construed to be a waiver of any rights retained by the state under the 11th amendment to the United States constitution and shall be subject to and shall not supersede the provisions of any appropriations act of this state.

(l) All moneys and property of any kind whatsoever received from the Kansas emergency relief committee or from any other state department or political subdivision of the state shall be used by the secretary in the administration and promotion of social welfare in the state of Kansas. The property may be given, loaned or placed at the disposal of any county, city or state agency engaged in the promotion of social welfare.

(m) The secretary shall prepare annually, at the time and in the form directed by the governor, a budget covering the estimated receipts and expenditures of the secretary for the ensuing year.

(n) The secretary shall have authority to make grants of funds, commodities or other needed property to local units of government under rules and regulations adopted by the secretary for the promotion of social welfare in local units of government.

(o) The secretary shall have authority to sell any property in the secretary's possession received from any source whatsoever for which there is no need or use in the administration or the promotion of social welfare in the state of Kansas.

(p) The secretary shall adopt a seal.

(q) The secretary shall initiate or cooperate with other agencies in developing programs for the prevention of blindness, the restoration of eyesight and the vocational rehabilitation of blind persons and shall establish a division of services for the blind. The secretary may initiate or cooperate with other agencies in developing programs for the prevention and rehabilitation of other handicapped persons.

(r) The secretary shall develop a children and youth service program and shall administer or supervise program activities including the care and protection of children who are deprived, defective, wayward, miscreant, delinquent, children in need of care, juvenile offenders or children in danger of becoming juvenile offenders. The secretary shall cooperate with the federal government through its appropriate agency or instrumentality in establishing, extending and strengthening such serv-

ices and undertake other services to children authorized by law. Nothing in this act shall be construed as authorizing any state official, agent or representative, in carrying out any of the provisions of this act, to take charge of any child over the objection of either of the parents of such child or of the person standing *in loco parentis* to such child except pursuant to a proper court order.

(s) The secretary shall develop plans financed by federal funds or state funds or both for providing medical care for needy persons. The secretary, in developing the plan, may enter into an agreement with an agent or intermediary for the purpose of performing certain functions, including the making of medical payment reviews, determining the amount due the medical vendors from the state in accordance with standards set by the secretary, preparing and certifying to the secretary lists of medical vendors and the amounts due them and other related functions determined by the secretary. The secretary may also provide medical, remedial, preventive or rehabilitative care and services for needy persons by the payment of premiums to the federal social security system for the purchase of supplemental medical insurance benefits as provided by the federal social security act and amendments thereto.

(t) The secretary shall carry on research and compile statistics relative to the entire social welfare program throughout the state, including all phases of dependency, defectiveness, delinquency and related problems; develop plans in cooperation with other public and private agencies for the prevention as well as treatment of conditions giving rise to social welfare problems.

(u) The secretary may receive grants, gifts, bequests, money or aid of any character whatsoever, for state welfare work. All moneys coming into the hands of the secretary shall be deposited in the state social welfare fund provided for in this act.

(v) The secretary may enter into agreements with other states or the welfare department of other states, in regard to the manner of determining the state of residence in disputed cases, the manner of returning persons to the place of residence and the bearing or sharing of the costs.

(w) The secretary shall perform any other duties and services necessary to carry out the purposes of this act and promote social welfare in the state of Kansas, not inconsistent with the state law.

DRAFT

by Craig Steelen 1/20/92

Any time that the secretary, an agent of the secretary, or an intermediary performing functions on behalf of the secretary makes a determination that payment shall not be made for medical services otherwise covered by the state medical assistance program that have been recommended by a person licensed to practice medicine and surgery in this state for a person who is eligible for medical assistance benefits, the secretary shall become solely liable for any injury caused as a result of failure to render such recommended medical services.

Draft
1-22-92

*Joann Hurst Say
for Aging*

RECOMMENDATIONS TO THE 1992 KANSAS LEGISLATURE
RELATED TO LONG-TERM CARE ISSUES

Developed Jointly by
Kansas Department on Aging
Kansas Department of Health & Environment
Kansas Department of Social & Rehabilitation Services

*P H & LU,
Jan. 22, 92
Attm. # 11
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LONG-TERM CARE ACTION COMMITTEE

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PHW
1-22-92
Attn #11
2-19

INDEX

BACKGROUND Page 1

STATISTICAL DATA Page 1

RECOMMENDATIONS Page 2

- Senior Care Act Page 2
- Income Eligible Home Care Program Page 2
- Housing Options Page 2
- Adult Daycare & Respite Care Page 2
- Data Base Page 3
- Interagency Collaboration Page 3
- Comprehensive Resource Information Page 3
- Mandated Information Page 3
- Preadmission Assessment & Referral Page 4
- 300% Supplemental Security Income Cap Page 4
- Health Insurance Counseling Page 4
- Tax Incentives Page 4

FISCAL IMPACT Page 5

LEGISLATIVE ISSUES Page 5

CONCLUSIONS Page 5

ATTACHMENTS Page 6

PHW
1-22-92
Attn # 11

BACKGROUND

For more than a decade the Secretaries of the Department on Aging (KDOA), the Department of Health and Environment (KDHE), and the Department of Social and Rehabilitation Services (SRS), have encouraged their staff to work cooperatively on long-term care (LTC) issues. These efforts resulted in the development of the 1978 Home Care Study; the 1984 Joint Position Statement; and the 1986 LTC Plan, resulting from House Concurrent Resolution (HCR) 5052.

In the late fall of 1991 the Secretaries of the three agencies agreed key members of their staff should develop a systematic, comprehensive statewide action plan for the cost-effective delivery of long-term care (LTC) programs and services to the elderly and disabled in Kansas.

The committee met for the first time on November 7, 1991 and subsequently met six additional times including a public forum on December 20, 1991. Advocacy groups and other groups with interests in LTC were invited to comment on the committee's recommendations. Overwhelming public approval was received for the committee's efforts with only a few issues of concern voiced.

The committee decided early on that the best method of response to the legislature early in 1992 was to develop a short, simple and direct report that outlines what has and has not been accomplished in reaching LTC goals since 1986; identifies gaps and/or impediments to the delivery of LTC programs and services; recognizes areas of consensus and divergence among the three agencies regarding LTC issues; coordinates administrative initiatives and legislative tasks of three agencies; and considers the fiscal implications of their recommendations.

STATISTICAL DATA

The statistics reflected below indicate the immediate need for a comprehensive LTC action plan in Kansas and the difficult decisions that face our state:

- The Kansas population 85+ has increased by 26% since 1980.
- Kansas has the 7th highest rate of institutionalization for people over age 85 in the U.S.
- Kansans are spending \$3 million per week on nursing home care for Medicaid clients.
- Kansas ranks 46th among the 50 states and the District of Columbia on per capita state spending for community-based LTC services.

*NOTE: (Source: 1988 State Financing of Long-Term Care Services for the Elderly, George Washington University; 1990 U.S. Census; and SRS Medical Services Fiscal Unit)

These statistics indicate our current policy may be limiting options for elderly and/or disabled individuals to remain in their own homes. While the cost-effectiveness of developing and expanding alternatives to institutionalization may not always be immediate, the positive social rewards of assisting this population in maintaining their independence will be.

RECOMMENDATIONS

With these concerns in mind, the LTC Action Committee proposes changes in service development; system reform; and interagency coordination for long-term care. The following recommendations will implement these changes:

SENIOR CARE ACT - Appropriate adequate funds to the Secretary of Aging to ensure expansion to a statewide program. Currently this program covers 13 counties and provides community-based services on a sliding fee scale to individuals with incomes above 150% of poverty in a cost-effective manner with a dollar-for-dollar match required.

* Basis for Recommendation: 1991 Evaluation of the Senior Care Act - Final Report.

INCOME ELIGIBLE HOME CARE PROGRAM - Appropriate adequate funds to the Secretary of SRS to ensure that all eligible persons can be served. Currently this program is available in all counties of Kansas and provides community-based services free of charge to individuals with incomes below 150% of poverty. This program is funded through social service block grants and State General Funds.

* Basis for Recommendation: Since 1987 utilization of this program has diminished. Funding levels to this point created waiting lists and not all eligible individuals could be served.

HOUSING OPTIONS - Remove barriers and create incentives which will encourage the expansion of adult family homes and personal care facilities. Currently these housing options are available but underutilized as a part of residential personal care. The services consist of room, board and supervision of or assistance with activities of daily living (simple nursing) and are supplied by a state regulated provider. Medical care is not provided. There are 21 facilities for a total of 743 licensed personal care beds in Kansas. Only two of those facilities are freestanding personal care homes. Additionally, there are 60 active adult family homes registered.

* Basis for Recommendation: Agency staff recognize that reimbursement rates and financing are identified by potential providers of this service as stumbling blocks to expansion and development of adult family homes and personal care facilities.

ADULT DAYCARE & RESPITE CARE - Appropriate adequate funds to the Secretary of Aging and to the Secretary of SRS to provide daycare and respite care to the elderly and/or disabled population. Currently these programs are available on a limited basis for Medicaid recipients in the HCBS Program and on a very limited basis under the Older Americans Act.

* Basis for Recommendation: Research indicates that a large portion of LTC services is provided by relatives and friends. By offering these services we present families with options and assistance for caring for loved ones in their homes.

DATA BASE - Develop a common data base of needs of all persons entering adult care homes by coordinating the collection of data from a combination of services including the existing data base of HCBS, Home Care, and Senior Care Act recipients; the accumulated Minimum Data Set + (MDS+) information; and the proposed preadmission assessment and referral service information that would result from substitute for HB 2566.

* **Basis for Recommendation:** A single source of data on LTC issues is not currently available, and a common data base can be used as a tool in evaluating progress in achieving LTC goals.

INTERAGENCY COLLABORATION - Enhance strategic planning, program development, budgeting, rule-making and legislative activities between KDOA, KDHE, and SRS. Currently these three agencies have major roles in effective development of LTC programs. They must work together to identify available resources that meet our service needs and to close the gaps in existing community-based services, including case management, as well as to direct the development of resources.

* **Basis for Recommendation:** Problem resolution in the early planning stages of any program and policy development will improve the delivery of services from all three agencies.

COMPREHENSIVE RESOURCE INFORMATION - Appropriate adequate funds to the Secretary of Aging to develop, maintain and make available comprehensive LTC resource information (including information about case management) through the KDOA information & referral system, SRS area and local offices and county health departments. This information shall be provided to all physicians, medical care facilities and adult care homes. In conjunction with this effort, funding shall be provided to the Secretary of Aging to develop and maintain a statewide public awareness program.

* **Basis for Recommendation:** A need exists to educate the public of available community-based alternatives for LTC before a personal crisis strikes and little planning time for families is available.

MANDATED INFORMATION - Mandate adult care homes, medical care facilities and physicians will be mandated to provide information on community-based resources available within an area prior to admission to a long-term care facility in accordance with proposed substitute for 1991 HB 2566.

* **Basis for Recommendation:** Based on MDS+ (minimum data set) data approximately 56% of admissions to nursing facilities were from hospitals. Individuals and families most often seek information from medical providers, especially physicians, when a health crisis occurs.

PREADMISSION ASSESSMENT & REFERRAL - Require that all applicants seeking adult care home placement receive an assessment of need and be given referrals to any appropriate and available services. This assessment and referral process shall be performed in accordance with the substitute for 1991 HB 2566. Currently Medicaid applicants seeking adult care home placement from general hospitals or applicants institutionalized longer than six months do not receive an assessment of need for adult care home placement.

* **Basis for Recommendation:** Individuals must be informed of alternatives to institutionalization before their financial and personal resources are depleted or are no longer available.

300% SUPPLEMENTAL SECURITY INCOME CAP - Have the Secretary of SRS review the impact of the decision to implement the 300% SSI cap rule for persons seeking Medicaid coverage for nursing home care.

* **Basis for Recommendation:** The public and advocacy groups have raised concerns over the implementation of this policy which they perceive to reduce access to LTC.

* **Divergence:** The Secretary of Aging recommends the legislative review of the 300% rule.

HEALTH INSURANCE COUNSELING - Establish a statewide health insurance counseling program focused on older persons, Medicare, Medicare supplemental insurance, Medicaid and LTC insurance issues. Since a current counseling program does not exist, the committee recommends utilization of existing social services organizations in conjunction with the Insurance Commissioner and the Secretary on Aging to organize, plan and develop a counseling program.

* **Basis for Recommendation:** Elderly and disabled populations are vulnerable to overstating or understating their insurance needs. With such a high volume of complicated insurance options existing, this population requires a counseling service to ensure the value of private and public monies expended towards insurance premiums is maximized.

TAX INCENTIVES - Review Kansas' tax structure to evaluate potential incentives that could be created to encourage in-home care for the elderly and/or disabled.

* **Basis for Recommendation:** Real and timely financial incentives enhance a family's ability to care for elderly and disabled in the home and reflect an attitude of support towards this type of care from the state level.

FISCAL IMPACT

The committee recognizes the need for a detailed fiscal analysis of these 12 recommendations and this analysis shall be provided by the specific agency assigned to each of the recommendations and will be available January 17, 1992.

LEGISLATIVE ISSUES

In addition to the recommendations, the legislative issues identified below were reviewed and the following comments made:

- **HB 2566:** The committee recommends adopting the substitute for HB 2566 as attached. The development of this substitute does not restrict choice or access to nursing facility placement but will provide the elderly and disabled with information on community-based service options.
- **SB 54:** The committee does not support this bill. It is a higher priority to work on internal administrative issues and funding for the Home Care Program. KDOA does not take a stand on this issue.
- **SB 377:** The committee does not support this bill. The three state agencies responsible for the delivery of long-term care services are working together and making progress.
- **HB 2567:** The committee does not support this bill for the following reasons:
 - 1) It compromises the availability of quality care;
 - 2) limits choice;
 - 3) does not realistically control nursing home costs in that it does not address the bed utilization issue;
 - 4) does not promote community-based services;
 - 5) does not take into account variations throughout the state on the availability of beds based on geographic issues or demographics; and
 - 6) indirectly sanctions inadequate care.
- **HB 2033:** The committee does not support this bill. We support a tax credit for families caring for the elderly and/or disabled in their own home. HB 2033 is too limited because:
 - 1) serves only eligible HCBS clients;
 - 2) benefits provided are untimely and inadequate;
 - 3) no realistic measurement of fiscal impact at this time.

CONCLUSIONS

Through our action group's efforts, we have defined a vision of providing a continuum of care for the elderly and/or disabled and this effort will be further enhanced by our three agencies' continued collaborations. We must emphasize the importance that the concept of an assessment and referral service system can only succeed if community based services are available as alternatives. Development of community-based services and the implementation of the assessment process must occur simultaneously to be truly effective and to limit the potential of adverse impact on a vulnerable population.

Legislative Committee
 Substitute
 House Bill No. 2566

An act concerning social welfare; relating to providing Kansans information and assistance in obtaining appropriate long-term care services.

Be it enacted by the legislature of the State of Kansas:

Minerals (a) The secretary of the department on aging shall assure that each area agency on aging shall compile comprehensive resource information for use by individuals and agencies related to long-term care resources including all SRS area offices and local health departments. This information shall include, but not be limited to, resources available to assist persons to choose alternatives to institutional care.

(b) Adult care homes as defined in K.S.A. 39-923 and medical care facilities as defined under K.S.A. 65-425 shall make available information referenced in section (a) to each person seeking admission or upon discharge as appropriate. Any licensed practitioner of the healing arts as defined in K.S.A. 65-2802 shall make these same resources available to any person identified as seeking and/or needing long-term care.

(c) (i) The secretary of the department of social and rehabilitation services shall develop a uniform needs assessment instrument to be used by all providers of assessment and referral services.

(ii) On and after the effective date of this act, no person shall be admitted to an adult care home providing care under Title XIX (Medicaid) unless the person has received assessment and referral services as defined in c(i). These services shall be provided under the Senior Care Act, under the Older Americans Act, by the secretary of the department of social and rehabilitation services, or by other providers as identified by the secretary.

(d) This act shall not be construed to prohibit the selection of any long-term care resource by any person. An individual's right to choose does not supersede the authority of the secretary of social and rehabilitation services to determine whether the placement is appropriate and to deny eligibility for long-term care payment if inappropriate placement is chosen.

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Substitute bill
 for 2566
 PHW
 1-22-92
 Attn # 11
 9-19

ATTACHMENTS: A - Substitute HB 2566
B - Status Report
C - Secretaries' Endorsement

PHW
1-22-92
Attn # 11
10-19

STATUS REPORT
1987-1991

Based on the recommendations identified by the interagency committee of 1986, pursuant to HCR 5052, the following is a brief summary of the status of each recommendation:

Short-Term Implementation Plan 1987-1989

1. Develop a continuum of long-term care service programs in each county.
 - a. Mandate a prioritized continuum of care services in every county. Care services will include: meals, homemaker, personal care, respite care, medical transportation, chore and counseling.

STATUS: Aging network in-home meal availability has expanded although waiting lists and unmet demand for additional meal sites still exist. SRS income eligible home care service hours are 30% fewer than in 1986. State funds for elderly transportation (\$390,000 annually) are now available. Some oil overcharge funds have been used to purchase vehicles for elderly transportation programs although unmet demand still exists. The state and local funded Senior Care Act program now provide homemaker and attendant care services in thirteen counties. Waiting lists exist in these counties. Older Americans Act funding has not kept pace with inflation during the 1980's.
 - b. Fund homemaker services at a level that will ensure that waiting lists are eliminated.

STATUS: Waiting list data is no longer maintained at the state level. Service hours provided currently are about 30% below 1986 levels.
 - c. Use the Department on Aging, Department of Health and Environment, and Department of Social & Rehabilitation Services as options for channeling money to service providers for service development.

STATUS: Continues to occur.
 - d. Set a maximum on the value of support services provided to each person.

STATUS: SCA, HCBS and Income Eligible Home Care programs have established maximums.
 - e. Offer services on a sliding fee scale.

STATUS: SCA utilizes a sliding fee scale. Older Americans Act continues to preclude use of a means test. Income eligible home care does not have a co-pay.
 - f. Opportunities should be available for families to participate in the financial as well as social support function for long-term care.

PHW
1-22-92
Attn # 11
11-19

STATUS: SRS allows families to pay the difference between what nursing facilities charge for a private room and semi-private room.

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

STATUS: Department on Aging has recently received a small grant that will be used to recruit volunteers. Establishing a service credit bank is one option.

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.

STATUS: Local health departments have been used as providers of attendant care services in the SCA program. KDHE funds a cardiac risk reduction program.

- 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).

STATUS: KDOA has designated 15% of one person's time to do health promotion activities. KDOA and KDHE have been jointly implementing a Healthy Aging seminar service. Project Lively is no longer a program of KDHE.

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

STATUS: Senior Care Act program established in 1989 and now operating in thirteen counties.

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

STATUS: HB 2033 (1991 session) passed by Public Health and Welfare and currently pending in House Taxation Committee.

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.

STATUS: SB 132 (1987 session) passed in 1987 becoming effective January 1, 1988. Implementing regulations were adopted by Insurance Department in 1988. The Department is currently updating regulations.

PH+W
1-22-92
Attn # 11
12-19

- 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 agency nurse and when the policy holder's physician certifies in writing that the services are medically necessary.

STATUS: OBRA 90 standardized Medigap coverage into 10 discrete packages. The National Association of Insurance Commissioners has developed new Medigap policy standards to guide state development of new standards which must be in place by the summer of 1992. Four of the ten packages cover at home care after a hospital stay.

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 caseload.

STATUS: SRS is currently providing adequate funds for these programs.

- b. Enact a division of assets law.

STATUS: SB 264 (1987 session) passed in 1988. This was superseded by federal regulations in 1989. In 1991, SRS implemented the 300% SSI Cap which affects a portion of the population served by the spousal impoverishment provisions of 1989.

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 social services, adequacy of current training/education programs, and related issues to ensure future requirements for adequate and appropriately trained personnel to staff the proposed long-term care system.

STATUS: IN 1986 AND 1987, the Administration on Aging and the Fund for the Improvement of Postsecondary Education funded the expansion of the gerontological curriculum development begun in Western Kansas to Iowa, Missouri, Nebraska, and Southeastern Kansas. No state level task group has been established.

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

STATUS: The Center on Aging became operational at the University of Kansas Medical Center on December 1, 1986. Since July 1, 1988, all senior medical students have taken a required four-week clerkship in Geriatric Medicine. KDHE implemented competency testing for nurse aides in 1990 pursuant to OBRA 1987.

PHW
1-22-92
Attn # 11
13-19

- 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.

STATUS: The Kansas Plan for a Client Centered Community Based Mental Health System, September, 1989 contains the following action step: "Develop and facilitate statewide training for mental health professionals" (57). This action step would partially fulfill the goal to "increase interagency collaboration to better meet the mental health needs of the elderly." The report on implementation of the state plan (September 30, 1991) said, "Statewide training is still seen by the Special Populations Committee as an important part of developing appropriate mental health services for the elderly. The committee will continue to plan how to offer or facilitate training, with the support of Mental Health and Retardation Services and Department on Aging."

The annual conference of the Mental Health Association of Kansas on November 8, 1991 was devoted to training on mental health and aging.

The conference report on the U.S. Department of Health and Human Services FY 1992 budget encourages "the Department of Health and Human Services to provide funds for rural outreach programs which provide geriatric training by geriatric mental health specialists to individuals working with elderly persons, for the purposes of detecting mental health conditions common among the aged." Kansas State University Cooperative Extension Service plans to submit a proposal to fund a training program for rural geriatric mental health providers.

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

STATUS: The National Board for Certified Counselors, Inc., of Alexandria, Virginia, has initiated a certification process for professional counselors who specialize in assisting older persons. The National Board for Certified Counselors began accepting applications in January 1991.

Psychiatrists interested in specializing in geriatric psychiatry can be certified by the American Board of Psychiatry and Neurology. The Board administered the first geriatric psychiatry certifying examination in April 1991.

- 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.

STATUS: The 1989 Kansas Legislature created the nursing student scholarship program (K.S.A. 74-3291 et seq.). Of the 250 scholarships

PH+W
1-22-92
Attn # 11
19-19

to be awarded each year, 100 scholarships are to be awarded to nursing students whose sponsors are located in rural areas. A sponsor can be any adult care home, any medical care facility, any psychiatric hospital, or any state agency which employs licensed practical nurses or licensed professional nurses.

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

STATUS: The University of Kansas has received a \$2.8 million grant from the National Institute on Aging to establish an Alzheimer's Disease Center.

Long-Range Implementation Plan 1990

- 1. Identify the types, prevalence, and severity of health and social characteristics of Older Kansans.

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

STATUS: The Heartland Center on Aging prepared in 1991 a technical assistance document on the National Medical Expenditure Survey. The document presents national, regional, and census-division level estimates of characteristics of the non-institutionalized population for persons aged 60 or more and for persons aged 45 to 59. A method to produce State and local estimates is also presented.

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

STATUS: To expand the In-Home Nutrition program, KDOA has requested in its FY 1993 budget submittal funding of \$217,455 for 96,264 additional in-home meals. This request is based on the number of people on waiting lists for in-home meals as of September, 1991.

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

STATUS: Blue Cross and Blue Shield of Kansas conducted a survey in 1987 of 1,00 Kansans, 67% age 64 and over, 33% in the 55 to 64 age group. Responses were broken out in four areas: marital status, health, finances and insurance.

The Kansas Coalition on Aging prepared "A Report on the Status of the Very Old in Kansas: A comparison with Selected States:" in January, 1990.

The Kansas Hospital Association prepared "Profiles of Kansas Hospitals" in 1990. Older patients accounted for 37.5 percent of hospital discharges in 1988. This was higher than any other age group under the age of 65.

PHW
1-22-92
Attn #11
15-19

The North Central/Flint Hills Area Agency on Aging conducted a long-term care needs assessment during the summer of 1990. A survey sought to assess functional need as well as formal service demand. The Kansas Commission on Veterans Affairs prepared a study of older veterans in FY 1990.

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

STATUS: These procedures have not yet been developed.

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

STATUS: The KDHE 1991 grant application to the Robert Wood Johnson Foundation to plan an integrated health information system was not approved. The establishment of a Kansas health care data system is the top priority of the AARP State Legislative Committee.

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 services, and adult day care.

STATUS: The Department of Commerce is preparing a Comprehensive Housing Affordability Strategy. Gov. Finney is reorganizing the Department of Commerce to create a division on housing.

Senior Care Act regulations (K.A.R. 26-8-3) list residential repair and transportation for care services as priority services.

The Department of Transportation distributes \$390,000 annually pursuant to the Elderly and Handicapped Coordinated Public Transportation Assistance Act (K.S.A. 75-5032 et seq.)

Pursuant to the Older Americans Act of 1965, Section 307(a)(22) as amended by P.L. 100-175 in 1977, the Kansas Department on Aging established minimum percentages for area agencies on aging to budget for legal services from the Older Americans Act III-B funds. The minimum percentage increased from 6% in FY 1989 to 7% in FY 1990 and 1991 to 8% in FY 1992 (KDOA PI-88-2, PI-90-2).

The Department of Education School Food Service Section now provides federal reimbursement monies from the Child Care Food Program to adult day care centers. The funds must be used to provide nutritious meals and snacks for enrolled participants in 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.

PHW
1-22-92
Attn # 11
16-19

STATUS: SRS continues to develop its Community-Based Long-Term Care program as a comprehensive package of services for adults who are functionally impaired due to disability or age.

Each Area Agency on Aging continues to provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers.

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

STATUS: The Senior Care Act of 1989 requires that area plans "be developed with support of a local or regional coordinating committee comprised of representatives of senior organizations, home health agencies and health departments, department of social and rehabilitation services offices and other interested groups (K.S.A. 75-5928(b)). The Administration on Aging funded three Project Care coalition building projects in Kansas in FY1992. These coalitions will develop an active plan to address some priority unmet need for home and community-based service.

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.

STATUS: There is currently limited case management available in the state and many counties are uncovered. This is primarily due to lack of funding and services. An independent Kansas Case Management Association consisting of private and public funded case managers has been started.

It is the feeling of this group that there was little coordination between the 3 SRS pilot case management projects started in 1990 and local existing case management projects funded either through KDOA or with local funding.

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

STATUS: KDOA submitted a proposal to the Administration on Aging to develop a "self-administered case management program" that would train individuals and families how to do case management for themselves, spouses and family members. The proposal was not funded.

PHW
1-22-92
Attn # 11
17-19

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

STATUS: Assessment instruments and care plan formats remain unstandardized. Attempts to develop a standard assessment for the Senior Care Act and the SRS Homecare program were unsuccessful.

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.

STATUS: Budgetary constraints have resulted in staff cutbacks in the agency. KDOA testimony on SB377 indicated that to adequately participate in the effort described above that staff and resources would need to be added to the agency.

- 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.

STATUS: Not developed.

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

STATUS: KDOA is establishing a state eldercare coalition to plan for development of services for older persons at risk. This activity is a part of the Administration on Aging Project Care eldercare coalition demonstration program. Otherwise, this goal remainst undeveloped, other than the current activities of the Long-Term Care Action Committee.

Objective No. 1 "A continuum of long-term care services should exist in Kansas communities so that there are alternatives to institutional care."

STATUS: The development of a continuum of LTC services has been uneven at best. While an in-home service program based on a sliding fee scale was established, it receives very limited funding, operates in only 13 counties, provides only two services, and has waiting lists. Older Americans Act funding has not kept pace with inflation during the 1980's. Although the OAA was amended in 1987 to include Title III-D in-home services for frail older adults, only a token amount of funding has been provided. Income eligible home care services are about 30% fewer than they were in 1986. KDOA has required that a minimum of 20% Title III-B funds be used for in-home services.

PHW
1-22-92
Attn # 11
18 - 19

SECRETARIES' ENDORSEMENT

We, the Secretaries of Kansas Department on Aging (KDOA), Kansas Department of Health and Environment (KDHE), and Kansas Department of Social and Rehabilitation Services, do hereby accept and endorse the recommendations and the substitute for HB 2566 as referred to in the LTC Action Committee's 1992 Report to the Kansas Legislature.

1/10/92
DATE

Joanne E. Hurst
Joanne E. Hurst, Secretary of KDOA

1/10/92
DATE

Azzie Young
Azzie Young, PhD., Secretary of KDHE

1-10-92
DATE

Donna L. Whiteman
Donna L. Whiteman, Secretary of SRS

PHW
1-22-92
Attn #11
19-19