Approved 3-31-92
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

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

10:00 a.m./~~p.m.~~ on March 23, 1992 in room 526-S of the Capitol.

All members were present except:

Committee staff present:
Emalene Correll, Legislative Research
Norman Furse, Revisor's Office
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:
Representative Elaine Wells
Donna Whiteman, Secretary, SRS
Irene Hart, Sedgwick County Department on Aging
Marilyn Bradt, Kansans for Improvement of Nursing Homes, Inc.
Ellen Elliston, Director of Social Work and Discharge Planning, St. Francis Hospital, Wichita

Chairman Ehrlich called the meeting to order at 10:00 a.m.

Hearing on HB 2566 - Assessment and referral service prior to admission to an adult care home

Representative Elaine Wells submitted written testimony and stated her concerns with **HB 2566** are as follows: (1) SRS adoption of a uniform needs assessment form, (2) shortage in rural areas of medical professionals to do screenings, (3) exceptions to being admitted to the facility without an assessment; (4) question of whether or not the Secretary of SRS has the constitutional right to deny eligibility for long-term care payment if a private paying person chooses nursing home placement when advised not to; and (5) new language regarding revoking the license of an administrator who has willfully admitted a person in violation to this new law on page 4, line 15. (Attachment 1) Committee discussion related to the duplication of services and shifting cost to taxpayers.

Donna Whiteman, Secretary, SRS, submitted written testimony in support of **HB 2566** which would increase the number of assessments in Kansas from approximately 2,700 to 12,240 annually. Ms. Whiteman recommended that Kansas, like Oregon, include Preassessment Screening and Annual Resident Review (PASARR) federal requirements in the assessment tool to obtain 75% federal match for assessments performed, and a revised implementation date of January 1, 1993, to initiate the assessment process along with other recommendations as shown on the balloon of the bill. (Attachment 2) During Committee discussion, Ms. Whiteman stated approximately $1.8 million would be saved annually, and a year is needed for full implementation. It was pointed out that the original 1991 bill was introduced by the 1990 SRS Task Force. There were hearings held on that bill in the House Committee in 1991 and questions and issues were raised in conjunction with the bill. Two of the Task Force subcommittees recommended passage of this legislation, but recommended that the bill be amended and considered in terms of some of the problems that have been expressed to the House Committee last year. The substitute bill came from the three agencies and was presented to the House Committee this year, and the House Committee's substitute bill is not identical as presented by the three agencies, but incorporates the changes.

Irene Hart, Sedgwick County Department on Aging, submitted written testimony and stated that many of the concerns about the bill were addressed by the House Committee in their final version but the following concerns still exist: (1) Insuring that a concise assessment tool is used and will yield statewide data usable for services planning, (2) insuring the assessment program does not result in bureaucratic barriers to obtaining needed care for which an individual is financially or functionally eligible, and (3) insuring program implementation does not cause delays which

unnecessarily increase health care costs. (Attachment 3) During Committee discussion, Ms. Hart stated that at this point they have waiting lists for nearly all of their community based services, and a bill that would expand the Senior Care Act statewide would provide additional funding to pick up those people who would be referred.

Marilyn Bradt, Kansans for Improvement of Nursing Homes, submitted written testimony and stated **HB 2566** is a much better bill than previous screening bills. Ms. Bradt expressed concern, however, with Sec. (b) which could be read to mean that adult care homes, medical facilities and all licensed practitioners of the healing arts will, themselves, provide the information and referral services and would prefer that adult care homes and healing arts practitioners be expected to refer persons to one of several designated agencies such as Area Agencies on Aging, SRS local offices, or Local Health Departments for assistance rather than to expect them to provide the information themselves. (Attachment 4)

Ellen Elliston, St. Francis Regional Medical Center, Wichita, submitted written testimony and recommended the following: (1) The Department on Aging provide screening and case management for persons still residing in their own homes, (2) social workers in hospitals or agencies be accepted as designated providers of assessment and referral services and receive the standardized reimbursement for such services for people requiring hospitalization, home health or hospice services, and (3) that medical social workers have input into the development of the screening instrument to prevent duplication of information existing in the medical record and presently considered in assessments. (Attachment 5)

Due to the time element, the Chairman announced that hearing on **HB 2566** for Proponents and Opponents of the bill will continue upon adjournment of the Senate, March 23, 1992.

Pages assisting at the Committee meeting were sponsored by Senator Hayden.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 3-23-92
AM

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Bill Dean	
LISA Getz	Wichita Hospitals / ST. FRANCIS REG. MEDCNTR
Ellen J. Elliston	St. Francis Reg. Medical Ctr.
Brad Smoot	BCBS
Peter L Wolf	SRS
Patricia A Mahon	KDHE
Joseph Kroll	KDHE
FRANK THACHER	Sn City ACCESS
Michelle Epstein	Ks Governmental Consulting
Harold Riggin	KASA
Chip Wheelen	Ks Medical Soc.
Irene Hart (& Sarah Hart)	Sedgwick Co. Aging Dept
JOHN L. KIEFHABER	KS. HEALTH CARE ASSN's
Lyndon Dunn	KDOA
John Grace	KAHA
Scott Uphoff	Manor Healthcare
John Peterson	Manor Health Care
Renee Gardner	Governor's Office
Jon Stubbs	KAPS

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-23-92

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Rona Booe	SRS
Robert Epps	SRS
Linda Whitenack	SRS
Roger Haught	KS Govt Consulting
Kathy Feeney	Ks. Dept. of Health & Env.
Jane Ford	Ks Hosp. Assoc.

STATE OF KANSAS

ELAINE L. WELLS
REPRESENTATIVE, FIFTY-NINTH DISTRICT
OSAGE AND NORTH LYON COUNTIES
R.R. 1, BOX 166
CARBONDALE, KANSAS 66414
(913) 665-7740

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
MEMBER: ELECTIONS
INSURANCE
PENSIONS, INVESTMENTS AND
BENEFITS

TESTIMONY ON H.B.2566

TO THE

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

Thank you. Chairman Ehrlich, and committee members for the opportunity to discuss with you HB2566. I appear as neither a proponent or opponent. My purpose is to provide information and address several concerns in the language of the bill. When this bill came to the House floor I voted for it after asking several questions of Rep. Bishop who carried the bill. Since then, I have read the bill very carefully and would like to see a few changes to make sure it is "good legislation" that we are attempting to pass.

Most of you know my background includes working as an adult care home administrator, from 1976 to 1989. Although I am no longer working in that field, I still am deeply concerned about the care delivery system for elderly Kansans.

Prescreening nursing home admissions is an issue that has been around for awhile and philosophically appears to be an excellent idea. Fine-tuning the process is necessary, though, before we further frustrate and complicate the problems that the elderly and their families experience. We also do not want to simply implement another layer of bureaucracy without good reason to.

My first concern with HB2566 is on page one, line 33 and 34 where it states that SRS will adopt a uniform needs assessment instrument to be used. On the House floor I asked if this form would be the MDS+ assessment or parts of it. This is the instrument required by HCFA (the Health Care Financing Administration). Rep. Bishop assured me that the direction the House committee gave the department was to not develope a new form but to adopt a current assessment being used. Since then I have heard that SRS is preparing a ten page NEW form different than the MDS+. What appears absurd is that the information requested on the new form will contain much of the information requested on the MDS+.

The MDS+ is in sections which include: Identification

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and Background Information, Cognitive Patterns, Communication/Hearing Patterns, Vision Patterns, Physical Functions and Structural Problems, Continence (Bowell and Bladder Control), Psychological Well-Being, Activity Pursuit Patterns, Disease Diagnosis, Health Conditions, Oral/Nutritional Status, Skin Condition, Medication Use, and Special Treatment and Procedures. These are all areas that will need to be addressed in a pre-screening assessment to determine appropriate placement.

More than likely, in rural areas especially where there is a shortage of medical professionals, nursing home staff will help in the preparation of the form. Dupicating their paperwork responsibilities is a problem that already exists. Although the intent may be to get doctors and other professionals to look at all the alternatives to nursing home care, they will still depend highly on the staff for the paperwork, as they do now with the required referral forms.

My first suggestion is to add language that the form include the use of the MDS+.

X My second concern simularly relates to the shortage in rural areas of medical professionals and is on page two, line 29. This section desribes setting up prescreeners who will do the assessment. We have no idea how many medical professionals will pay the $150 and go through the hoops to become a screener. In the interim with the mandate of the assessment to be done, doctors in these shortage areas, will have to do the assessment. These doctors are the Medical Directors of the nursing homes in their areas. The current language in the bill will not permit them to do the screening.

We already know there is a shortage of nurses and doctors in Kansas. The program may be headed for failure unless it is phased in or worse yet, nursing homes will be held accountable and then fined for not adhering to the mandates. These added civil penalties will further escalate the cost of nursing home care.

X My third concern lies on page three, line 13. This section outlines the exceptions to being admitted to the facility without an assessment. "Emergency basis" may mean something different than it is interpreted. To the doctor and the family it may mean that the elderly patient is in expedient need of placement, but to SRS it may mean a life-

threatening basis. This could result in a higher number of hospital admissions until an assessment is completed, which certainly will increase the cost of care, especially our Medicaid dollars. A suggestion may be to substitue the word "necessary" in line 13 and "necessity" in line 14.

Also on on page two is the question of whether or not the secretary of social and rehabilition has the constitutional right to deny eligibility for long-term care payment if a private paying person chose nursing home placement when advised not to. Although, it is my belief and experience that people do not go to a nursing home unless they have to, we may be giving the secretary the power to make negative cost cutting decisions which will be reflected on us as a legislature for passing the bill. Those without finances will have no place to go and nursing homes will face discharging residents because they cannot pay the bills.

My last concern with HB2566 is on the last page with the new language of revoking the license of an administrator who has willfully admitted a person in violation to this new law. Plus the additional headaches of more deficiencies, civil penalties, and even a ban on admissions that we would be allowing the Department of Health and Environment to issue on the industry before the program is up and running. The act is to take effect and be in force from and after its publication in the Kansas register. That means that starting July 2, 1992 homes will be penalized if residents are not pre-screened. How many professionals will be licensed by July 1st to do the screening? Will an administrator lose his license because he admitted a resident whom SRS determined was an unnessesary admission, or because there were no licensed prescreeners in the area to do the assessment?

As I indicated at the beginning of my testimony, I am neither a proponnent or opponent of HB2566, but I have serious reservations about the language in the bill. There are also a few omissions, such as who pays for the screening? And who sets the amount?

The intent of this legislation is to inform the family and the elder Kansan that there are alternatives to nursing home placement. Less costly, and less restrictive arrangements are what we all would like to see happen. But the end result may be the opposite, by adding another costly layer of bureaucracy.

Pre-creening admissions is still a good idea, like re-classification and re-appraisal was considered to be. If the

latter had been phased-in, it would have been better. I believe that is how we should implement pre-screening, by changing the effective date, allowing time for the licensing of screeners, and properly funding the implementation of the program.

Again, thank you Mr. Chairman, and I'd be happy to respond to any questions.

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Donna L. Whiteman, Secretary

Senate Public Health & Welfare Committee
Testimony on Substitute House Bill 2566

March 23, 1992

The Kansas Department of Social and Rehabilitation Services (SRS) supports the passage of substitute for HB 2566. An assessment of need and a referral to available resources for individuals seeking adult care home placement assist persons and their families in making educated and informed decisions about their future.

The basic intent of this bill is to provide an opportunity for an individual seeking adult care home placement to be informed of the full range of available services, and the right to choose from any available options, including adult care homes. By providing this service, individuals and families can delay and possibly prevent the depletion of their financial resources through expensive institutional care when cost-effective community-based services are available.

When an individual is found in need of adult care home placement but chooses not to take advantage of optional community-based services and instead chooses institutionalization, Medicaid will participate in payment to the facility. Only in a situation where there is no assessed medical need, will Medicaid payment be denied to a facility.

Substitute for HB 2566 would increase the number of assessments in Kansas from approximately 2,700 to 12,240 annually. However, it also authorizes private and public agencies to contract with SRS to perform assessments with a uniform assessment tool. We propose that Kansas, like Oregon, include Preassessment Screening and Annual Resident Review (PASARR) federal requirements in the assessment tool to obtain 75% federal match for assessments performed. By allowing contractual arrangements and including PASARR, the state fiscal impact is reduced.

To implement a quality preadmission screening program with appropriate monitoring and evaluation procedures in place, the following steps need to occur: develop a uniform assessment tool; identify, contract and train providers of assessments; compile and distribute comprehensive resource information; and establish an agent for data collection. These require funding and time to implement. We recommend a revised implementation date of January 1, 1993 to initiate the assessment process as indicated on page 1, line 42 of the attached bill balloon.

The amended bill allows for several exemptions to the preadmission assessment process. These exemptions in their present format are more liberal than current policies allow. SRS recommends the following issues be considered:

Exemption (2) - Clarification is needed to define that this exemption does not include admissions from boarding homes, personal care homes, or 1 and 2 bed personal care homes. Individuals who have resided in these facilities have not been assessed for medical need.

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Exemption (3) - A length of stay should be limited to 30 days without an assessment being performed. Adult care homes must make referrals to assessment providers in adequate time frames to complete the assessment and referral process before 30 days expire.

Exemptions (4) and (5) should be eliminated. These two population groups (veterans and new residents) can only benefit from the assessment and referral process. Veterans would not be denied nursing facility payment under a contractual arrangement even if choosing inappropriate placement. New residents of Kansas need to be informed of available services that may not have existed in their prior state of residence.

SRS continues to support the need for an assessment and referral process in Kansas as proposed in Substitute for HB 2566. Thank you for the opportunity to comment on this important legislation.

Donna L. Whiteman
Secretary

ESTIMATED IMPACT OF SUBSTITUTE HOUSE BILL 2566
AFTER FULL IMPLEMENTATION

Net Cost Avoided per Diversion		
Costs avoided in Nursing Facilities ($1,045 x 8.4 months)		($8,778)
Offsetting Cost of Community Care ($447 x 8.4 months)		3,755
Net Medicaid Expenditures Avoided per Diverted Client		($5,023)
Estimate of Clients Diverted per Year		
Estimated Screenings Conducted each Year	12,240	
Percent of above Persons on Medicaid	49.0%	
Medicaid Clients Screened	5,998	
% Actually Diverted per South Dakota data	11.6%	
Potential Medicaid Diversions		696
Potential Costs Avoided		($3,494,749)
SGF Portion of Avoided Costs		***(1,452,418)***
Offsetting Operational Costs		
SRS Screening Fees ($120 x 12,240)		$1,468,000
SRS Administrative Costs		190,566
Department on Aging Public Awareness Program		* 95,000
Total Operational Costs		$1,658,566
SGF Portion of Operational Costs		***974,040***
Net Annual Avoidance at Full Implementation		($1,836,183)
SGF Portion		($478,378)

* All State Funds

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[As Amended by House Committee of the Whole]

Session of 1992

Substitute for HOUSE BILL No. 2566

By Committee on Public Health and Welfare

1-31

AN ACT concerning social welfare; providing information and assistance to persons in obtaining appropriate long-term care services; requiring assessment and referral services prior to admission to an adult care home; amending K.S.A. 39-931a and repealing the existing section; also repealing K.S.A. 39-777 and 39-778.

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

New Section 1. (a) The secretary of 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 area offices of the department of social and rehabilitation services 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 under K.S.A. 39-923 and amendments thereto and medical care facilities as defined under K.S.A. 65-425 and amendments thereto shall make available information referenced in subsection (a) to each person seeking admission or upon discharge as appropriate. Any person licensed to practice the healing arts as defined in K.S.A. 65-2802 and amendments thereto shall make the same resource information available to any person identified as seeking or needing long-term care. [Each senior center and each area agency on aging shall make available such information.]

(c) (1) The secretary of social and rehabilitation services shall adopt a uniform needs assessment instrument to be used by all providers of assessment and referral services. The uniform needs assessment instrument shall be as concise and short in length as is consistent with the purposes of the instrument. In addition to other uses of the needs assessment instrument, the secretary of social and rehabilitation services shall use this instrument to annually compile data on the need for community based services that could further delay admission to adult care homes.

(2) On and after ~~July 1, 1992,~~ January 1, 1993, except as provided in subsection (e), no person shall be admitted to an adult care home providing

care under title XIX of the federal social security act unless the person has received assessment and referral services as defined in subsection (c)(1). These services shall be provided under the senior care act, under the older Americans act, by the secretary of social and rehabilitation services or by other providers as designated by the secretary under subsection (d).

(d) Except as otherwise provided in this subsection (d), any person may apply to the secretary of social and rehabilitation services, on forms provided by the secretary, to become a designated provider of assessment and referral services. The secretary of social and rehabilitation services shall establish standards which must be met before a person may be designated as a provider of assessment and referral services. Each application shall be accompanied by an application fee fixed by the secretary of social and rehabilitation services based on the estimated number of assessments to be performed by the applicant but not to exceed $150. Fees shall be fixed in amounts necessary to recover the costs associated with the regulation of providers under this subsection (d). Once a provider is approved, the application fee shall not be refundable. If the application is denied, 90% of the application fee shall be refunded to the applicant and 10% of the fee shall be retained by the secretary. The designation as a provider of assessment and referral services shall expire one year after the date of its issuance and may be renewed by such provider upon application to the secretary of social and rehabilitation services, payment of the application fee and a finding by the secretary that the provider meets the standards for designation as a provider of assessment and referral services. No person licensed to operate an adult care home under the adult care home licensure act, or any agent or employee of such person, shall be designated as a provider of assessment and referral services under this subsection. The secretary of social and rehabilitation services may adopt rules and regulations as necessary to administer the provisions of this subsection. The secretary of social and rehabilitation services shall remit all moneys received by the secretary under this subsection (d) 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 and the same shall be credited to the social welfare fund.

(e) The following persons may be admitted to an adult care home providing care under title XIX of the federal social security act without having received assessment and referral services as defined under subsection (c)(1):

(1) A patient who has ~~entered~~ an acute care facility from an adult

care home and is returning to the adult care home;

(2) a resident transferred from another adult care home;

(3) individuals whose length of stay is expected to be ~~60~~ 30 days or less based on a physician's certification, if the adult care home notifies the secretary of social and rehabilitation services prior to admission and provides ~~an update to the secretary 60 days after admission;~~ a completed assessment from an authorized provider of assessment to the secretary within 30 days after admission.

~~(4) individuals who have a contractual right to have their adult care home care paid for indefinitely by the veteran's administration;~~

~~(5) individuals who have received assessment and referral services by another state within three months before admission to an adult care home in this state;~~ Exemptions 4 and 5 should be omitted.

~~(6)~~ (4) individuals who are admitted to an adult care home on an emergency basis pursuant to a physician's certification of the emergency if an assessment occurs within a reasonable time subsequent to such admission as specified by rules and regulations of the secretary of social and rehabilitation services; or

~~(7)~~ (5) individuals entering an adult care home conducted by and for the adherents of a recognized church or religious denomination for the purpose of providing care and services for those who depend upon spiritual means, through prayer alone, for healing.

(f) This section 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.

(g) The secretary of social and rehabilitation services shall report to the governor and to the legislature on or before December 31, 1993, and each year thereafter on or before such date, an analysis of the information collected under this section and such other information relating to the administration of this section as the secretary deems appropriate."

Sec. 2. K.S.A. 39-931a is hereby amended to read as follows: 39-931a. (a) As used in this section, the term "person" means any person who is an applicant for a license to operate an adult care home or who is the licensee of an adult care home and who has any direct or indirect ownership interest of ~~twenty-five percent (25%)~~ 25% or more in an adult care home or who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured, in whole or in part, by such facility or any of the property or assets of such facility, or who, if the facility is organized as a corporation, is an officer or director of the corporation, or who, if the facility is organized as a partnership, is a partner.

(b) Pursuant to K.S.A. 39-931, the licensing agency may deny a license to any person and may suspend or revoke the license of any person who:

(1) Has willfully or repeatedly violated any provision of law or rules and regulations adopted pursuant to article 9 of chapter 39 of the Kansas Statutes Annotated *and acts amendatory of the provisions thereof or supplemental thereto*;

(2) has been convicted of a felony;

(3) has failed to assure that nutrition, medication and treatment of residents, including the use of restraints, are in accordance with acceptable medical practices; ~~or~~

(4) has aided, abetted, sanctioned or condoned any violation of law or rules and regulations adopted pursuant to article 9 of chapter 39 of the Kansas Statutes Annotated; *or*

(5) has willfully admitted a person to an adult care home as a resident of the home in violation of subsection (c)(2) of section 1 and amendments thereto.

Sec. 3. K.S.A. 39-777, 39-778 and 39-931a are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the Kansas register.

SEDGWICK COUNTY
DEPARTMENT ON AGING

510 NORTH MAIN, ROOM 306
WICHITA, KANSAS 67203

ADMINISTRATION (316) 383-7298
INFORMATION & ASSISTANCE (316) 383-7824

CLIENT SERVICES (316) 383-7824
HOUSING AUTHORITY (316) 383-7433

Testimony in Support of HB2566
Irene Hart, Director
March 23, 1992

I'm pleased to testify today in support of HB2566. The bill is part of a comprehensive program to increase the use of community-based services which support older persons in remaining in their own homes, rather than prematurely entering an institution.

Briefly, I believe a pre-admission assessment program will:

1. Help reduce inappropriate nursing home placements;
2. Help make older persons, their families, and other professionals more aware of services and options in their communities; and
3. Will provide consistent and statewide data on in-home and community services needed to reduce institutionalization.

Many of the concerns I had about the bill were addressed by the House Committee in their final version, which you have before you. The bill makes good, common sense, and my few remaining concerns are in regard to actual implementation;

1. Insuring that a concise assessment tool is used which will provide an accurate assessment and will yield statewide data usable for services planning;
2. Insuring the assessment program does not result in bureaucratic barriers to obtaining needed care for which an individual is

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financially or functionally eligible; and

3. Insuring program implementation does not cause delays which unnecessarily increase health care costs.

I believe these potential problems will not occur if the program planning and implementation occurs in an open, creative, and flexible frame of reference . I also believe almost every person and organization affected by this pre-admission assessment program has of primary interest the well-being of frail, elderly Kansans.

Either as a community-based organization with experience in conducting individual assessments, or as a representative of the Older Americans Act network, I would be happy to try to answer any questions you might have. Thank you for considering my testimony.

KINH Kansans for Improvement of Nursing Homes, Inc.
913 Tennessee, suite 2 Lawrence, Kansas 66044 (913) 842-3088

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

March 23, 1992

Mr. Chairman and Members of the Senate Public Health and Welfare Committee:

According to a 1986 study of state pre-admission programs there is considerable agreement among the 31 states having such a program that some such mechanism is essential for assessing the needs of persons applying for nursing home admission to assure that such care is appropriate to their needs, both as a means of containing the cost of long-term care and to provide that care in the manner least restrictive of personal choice. It is a concept that KINH has supported strongly for some years in several legislative incarnations.

HB 2566 offers a comprehensive approach that we believe makes for a stronger bill than previous pre-admission screening bills provided.

In referring to "assessment and referral services" the revision more accurately reflects the intent of the assessment to determine the individual's needs so that those needs can be most appropriately met, rather than "screening" which implies that some persons will be winnowed out in the process and will be denied any choice in the kind of care they receive. In the matter of freedom of choice, Sec.(f) will be reassuring to those who have not previously understood that it has never been the intent of the pre-admission screening concept to prohibit persons able to pay for nursing home service from receiving that service if it is their considered choice over other alternatives.

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

With regard to the exceptions from the mandatory assessment, there are variations among the states in their requirements. In general, we agree that the exceptions in HB 2566 exempt only those persons who clearly could not benefit from the assessment. However, exemption (e)(5), exempting individuals who have received assessment and referral services by another state, might be questioned on the ground that though the assessment from another state might be valid, the referral services from another state are irrelevant, having nothing to do with the services that might be available in the Kansas community into which the individual is

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moving. The goal of mandatory assessment is to assure that the potential consumer is given the opportunity to learn about the various alternatives to nursing home care that may be available and appropriate.

Sec. (b) could be read to mean that adult care homes, medical facilities and all licensed practitioners of the healing arts will, themselves, provide the information and referral services. We would prefer that adult care homes and healing arts practitioners be expected to refer persons to one of several designated agencies such as Area Agencies on Aging, SRS local offices, or Local Health Departments for assistance rather than to expect them to provide the information themselves.

It will not be enough simply to make the information available to the consumer. For those persons for whom alternatives to nursing homes are appropriate, there will need to be counselling and assistance to locate providers of local services as followup to the assessment that identifies the consumer's needs. Nursing homes have a primary interest in providing nursing home care, not in guiding potential residents away from their doors. They should not be expected to provide that service. And not all physicians have the time or extensive knowledge of local programs and services to assist in assembling an appropriate package of services tailored to individual need.

Hospital discharge planners, on the other hand, could very well fulfill that function as long as they use the same assessment instrument. KINH strongly believes that a uniform needs assessment instrument should be developed for the use of all providers of assessment and referral services in order to collect useable date statewide, and to assure that everyone is evaluated similarly.

There is no particular professional expertise identified with regard to who does the assessment. Most states have required a team of a registered nurse and a social worker. That is the makeup of the current Medicaid assessment teams in Kansas, and we believe such a team, properly trained in the procedure, provides an appropriate core of knowledge to carry out the assessment.

Assessment of all nursing home admissions offers a tool to advise and counsel older persons and their families at a critical decision point in their lives. In offering the possibility to private-pay individuals to avail themselves of the less costly in-home services, they can in some cases be helped to stretch their resources and to delay the time when they may need Medicaid assistance. It offers the potential to save state Medicaid dollars and sets the state on the path toward an emphasis on community alternatives to nursing home care. KINH urges you to support this legislation.

Marilyn Bradt
Legislative Coordinator
Kansans for Improvement of Nursing Homes

TESTIMONY PRESENTED TO THE SENATE PUBLIC HEALTH COMMITTEE
March 23, 1992

RE: House Bill 2566

Chairman Erlich and Members of the Committee,

My name is Ellen Elliston. I am Director of Social Work and Discharge Planning at St. Francis Regional Medical Center in Wichita. We are an 800 bed hospital that serves both urban and rural patients in a large region of southern Kansas.

I have a Master's degree in Medical Social Work, and employ a staff of social workers and registered nurses who assist patients in their adjustment to illness and the transition from hospital to home or nursing home.

I appreciate the opportunity to speak to you today in **support of House Bill 2566.** I represent the perspective of a large urban hospital and affiliated home health and hospice agencies.

When hospitalized patients need assistance after discharge, a medical social worker completes an assessment that includes evaluation of the patient's home environment, social and financial resources, and any support systems available to the patient.

Since patients usually prefer to return home, the social worker's primary goal is to locate community services that will facilitate that goal. If a return home is medically unadvisable, we assist in transferring the patient to an alternate level of care such as a nursing home.

From the perspective of medical social work, we request three considerations:

1) The Department on Aging provide screening and case management for persons still residing in their own homes.

2) For people requiring hospitalization, home health or hospice services, we request that the social workers in those hospitals or agencies be accepted as designated providers of assessment and referral services and receive the standardized reimbursement for such services. We make this suggestion for the following reasons:

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a) Cost Effectiveness - Government agencies already require that we provide screening and referral services. Having an agency complete a second screening would be **duplication of services** and would slow the **timeliness and efficiency** of the health care system, thus adding to the overall cost of health care.

b) Medical Appropriateness - Medical social workers, are trained to assess the specific medical needs of patients and work closely with physicians to arrange continuing medical care that meets those needs. Nursing home placement is arranged **only when medically necessary.**

3) We would also request that medical social workers have **input into the development of the screening instrument** to prevent duplication of information existing in the medical record and presently considered in assessments.

Thank you for allowing me to present the perspective of medical social work directors in Wichita. We encourage this bill and would be very interested in participating in the development of the screening and referral system.