Approved: January 24, 1995

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 17, 1995 in Room 423-S of the State Capitol.

All members were present.

Committee staff present: Bill Wolff, Legislative Research Department
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Thelma Hunter Gordon, Acting Secretary of Aging
Rita Wolf, SRS Management Services Director
Lyndon Drew, Department on Aging's Director of Planning, Policy Analysis and Advocacy

Others attending: See Guest List, Attachment 1.

The minutes of the meeting held on January 10, 1995 were approved.

Thelma Hunter Gordon, Acting Secretary of Aging, outlined the personnel, programs and services of the agency (see Attachment 2). Representative Wells asked if the increase in the number of people 65 years and older is the cause for the increase in the budget from 1994 to 1995. Mr. Drew replied that the increase came about by the transfer of the CARE program to the department. Representative Haley asked if the agency interacts with the Silver-Haired Legislature. Mr. Drew reported the agency has a long term relationship by helping so they can be as independent as possible. Vickie Martin is the agency's liaison.

Representative Landwehr asked if the report of the National Long Term Care Resource Center could be made available to this committee. Ms. Gordon stated that a copy will be forwarded before the end of this week. Representative Landwehr also asked the agency's breakdown on its activities in relation to the Americans with Disabilities Act. Mr. Drew stated the main thrust has been in education and to assure accommodations for the disabled (see page 17 of Attachment 2).

Rita Wolf presented testimony on the recommendations to the 1995 Legislature of the Long Term Care Action Committee (see Attachment 3). She outlined the makeup of the committee and highlighted its history.

Chairperson Mayans asked if the agency recommended private long-term care insurance. Ms. Wolf indicated there is some insurance counseling performed by the agency.

Representative Merritt questioned if the agency interacts with the Housing Authority with respect to additional facilities. Ms. Wolf indicated there has been some interaction and, as an example, the Topeka Housing Authority Director is a member of the Subcommittee on Economic Development.

Chairperson Mayans announced that hearings will be held next week on **HB 2004** (chiropractors authorized to perform health assessments of school pupils); on **HB 2009** (prohibiting social welfare assistance payments to a post office box); and **HB 2083** (requiring certain reports of terminations of pregnancies). He also announced that Janet Schlansky will give a report of the welfare reform activities at tomorrow's meeting.

The meeting was adjourned at 2:15 p.m.

The next meeting is scheduled for January 18, 1995.

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

Health & Human Services - House COMMITTEE GUEST LIST

DATE: January 17, 1995

NAME	REPRESENTING
Arika Aldrich	Resource Center for Independent Living (RCIL)
Linda Lubensky	KS Home Care Assoc
John Federico	Pete McGill + Assoc
Bob Williams	Ks. Pharmacist Assoc
Thelma Hunter Gordon	KDOA - Topeka
Marva Williams	Ks. Planning Council On Developmental Disabilities
Sandy Strand	KINH
TK Shively	KS Legal Services
Rita L Wolf	SRS - Topeka.
Tom Bruno	Allen + Assoc.
Marty Yost	Ks Health Care Assn.
William Jennings Bryan Oleander	Here, KS. - KANW
Amy Howell	
Larry Pitman	Ks Foundation For Medical Care
Michelle Peterson	Ks Gov Consulting
Molly Phillips	Rep. McClure
Nathalie Scharf	KHA
Jane Ford	KHA
Sue Clopine	EDS
Terri Roberts	KSNA
David Hanzlick	KS Dental Ass'n
Rich Guthrie	Health Midwest
William Neukarker	Ks. Council of Chapts., TROA

HOUSE H&HS COMMITTEE
1 - 17 - 1995
Attachment 1-1

Health & Human Services - House COMMITTEE GUEST LIST

DATE: January 17, 1995

NAME	REPRESENTING
Jean Taylor	Advocate (Vol.)
Greg Tugman	DOB
Alice Knatt	KDOA
Jill Crumpacker	Leg. Affairs Liason - Governor's Office
Hope Howell	
Joseph Kroll	KDHE
Shannon M. Jones	Statewide Indep Living Council (SILCK)

KANSAS DEPARTMENT ON AGING

LEGISLATIVE PACKET

PREPARED FOR

1995 KANSAS LEGISLATURE

HOUSE H&HS COMMITTEE
1 - 17 - 1995
Attachment 2-1

KANSAS DEPARTMENT ON AGING

Room 150-S, Docking State Office Building
915 S.W. Harrison
Topeka, Kansas 66612-1500

Phone 913-296-4986
FAX 913-296-0256
Statewide Toll-Free Helpline 1-800-432-3535

STATE OF KANSAS

DEPARTMENT ON AGING
Docking State Office Building, 150 S
915 S.W. Harrison
Topeka, Kansas 66612-1500
PHONE (913) 296-4986
FAX (913) 296-0256

January 17, 1994

Dear Legislator:

It is my privilege to present to the 1995 Legislature this edition of the KDOA Legislative Packet. I trust that it will be as well received as those we have submitted in the past.

As with our previous editions, you will find that this packet contains basic information--history, missions, program and budget--as well as a list of key personnel available to assist you.

I especially want to direct your attention to the section titled "Vision Statements." These vision statements are areas of vital concern for the future of the aging network.

I look forward to meeting the new members of the legislature and renewing the ties of parternship with returning members. Please be assured that the staff of the Department on Aging is eager to assist you throughout the 1995 legislative session. If I may be of service in any way, please do not hesitate to contact me.

Sincerely,

Thelma Hunter Gordon

Thelma Hunter Gordon

AGENCY MISSION

The Kansas Department on Aging resolves to serve and represent the interests of older Kansans through information, oversight and advocacy, and seeks to ensure that all Kansans are afforded the same opportunities and assistance with daily living, without regard to age or ability. The Department endeavors to provide, in coordination with other public agencies and private industry, such assistance as will help to preserve, to the greatest degree possible, the dignity, security and independence of older Kansans and permits them to remain active and contributing members of their families and community.

AGENCY PHILOSOPHY

The Kansas Department on Aging carries out its statutory responsibilities with deep respect for Older Kansans and a high regard for the principle of compassion both through the administration of its programs and through the daily conduct of its staff.

AGENCY FUNCTION

In 1977, the Kansas Department on Aging was established by statute as a cabinet level department to assist older Kansans maintain their independence. The department is mandated by the federal Older Americans Act to serve as an advocate for the elderly in Kansas. The mission and goals of the department encompass assisting older persons to "age in place" and to age with dignity and respect. Older persons in Kansas are not only served by the Department, but they also interact with the members of the department, providing input and their own advocacy on issues and concerns. The programs and services which are described in subsequent sections of this notebook all contribute to the health and well-being of the elderly in our state.

Kansas has an increasing number of older persons. Between the census counts of 1980 and 1990, the number of older persons 85 and over increased by 26.3% compared to the total population growth of 4.8%. The number of older persons 65 and over increased by 11.9% compared to the 4.8% increase of the general population.

As we note this continued growth in the older population, it becomes increasingly important to emphasize the further development of home and community based services as a cost effectiveness measure in ensuring the ability of elders to maintain their independence.

VISION STATEMENTS

Recently, the area agencies and the department have been working on plans for the future of the aging network. The following vision statements were developed as a result of the planning which has occurred.

I. Capacity

An aging network with the capacity of delivering consumer-oriented, top-quality, comprehensive and coordinated services and capable of responding to dynamic changes occurring in the aging population.

II. Long Term Care Service Delivery System

To provide a cost-effective, comprehensive, coordinated and consumer-oriented system of quality long-term care services.

III. Computer System

To design and implement a user friendly state-of-the-art information system that ensures collection and analysis of outcome-based program data. This system shall have all necessary commensurate resources.

IV. Advocacy

To ensure that the voices of older Kansans and those with long-term care needs are heard by taking proactive positions in communicating seniors' needs.

The vision statements include the current work which is being done, the continuation of the work and the continued nurturing of the current partnerships which exist within the aging network.

OVERVIEW OF KANSAS DEPARTMENT ON AGING

Background

The Kansas Department on Aging is the state's focal point for aging services and information. The mission of the department is to assist older Kansans maintain their independence. The department administers federal and state programs to assist the elderly population of Kansas. It also acts as an advocate and coordinator to ensure that state services meet the needs of the elderly in the most effective manner. The department's programs include nutrition and employment programs, an information and referral system, legal services, a Nursing Home Ombudsman program, the Client Assessment Referral and Evaluation Program, community based services and case management.

The mission and goals of the department encompass assisting older persons to "age in place" and to age with dignity and respect. Older persons in Kansas are not only served by the Department, but they also interact with the members of the department, providing input and their own advocacy on issues and concerns. The programs and services which are described in subsequent sections of this notebook all contribute to the health and well-being of the elderly in our state.

The department was created by the 1977 Legislature (KSA 75-5901 et seq.) It is a cabinet-level agency headed by a secretary who is appointed by the Governor. Attached to the department is the Advisory Council on Aging, a 15-member body made up of older persons, legislators and professionals in aging.

The department's responsibilities are delineated under the Kansas Act on Aging (KSA 75-5901 through 5929) and 1994 Ks. Sess. Laws, Ch.47 (CARE):

1. to develop a comprehensive plan to meet the needs of older Kansans;

2. to keep informed of the latest developments, research studies and programs being conducted on the needs of older people and to develop programs to meet those needs;
3. to evaluate all programs, services and facilities in the state to determine the extent to which needs are being met;
4. to establish state policies for administration of the department;
5. to receive and disperse federal funds;
6. to solicit, accept and administer, on behalf of the state, any grants and other funds made available to Kansans for services to the elderly; and
7. to establish an Alzheimer's and related diseases information and referral network to assist those afflicted in gaining access to services.

The Aging Network

KDOA administers its programs through grants of state and federal funds to area agencies that serve a designated geographic area. The area agencies, in turn, administer the programs through subgrantees that provide the services. This organizational system is commonly referred to as the aging network.

The aging network derives from federal legislation. The Older Americans Act (OAA) was passed in 1965 (PL 89-73), and the Older Americans Nutrition Program was established in 1972. In 1973, the Area Agencies on Aging (AAA) were created to plan and implement social service programs, such as the nutrition program, at the local level. There are 11 area agencies in Kansas, of which three are units of government, and the others are not-for-profit agencies. Each is headed by a director and has an advisory board.

A variety of organizations across the state provide services to the elderly. They include the area agencies, senior centers, meal sites, the American Red Cross, Visiting Nurses, the department and other state agencies. Advocacy services are provided by such groups as Kansans for the Improvement of Nursing Homes, the Alzheimer's and Related Diseases Organization, and the American Association for Retired Persons. Most

of these organizations are members of the Kansas Coalition on Aging. In the broadest sense, the aging network can be said to encompass all of these groups and institutions.

AREA AGENCIES ON AGING

Area agencies on aging are mandated by federal statute. They exist within planning and service areas in each state and are funded through the Older Americans Act, state general funds and local mill levy funds.

The Kansas Department on Aging (as a designated state unit on aging) is responsible for funding, establishing state-wide policies, monitoring and assessing the eleven area agencies on aging in Kansas. Each area agency has a director and staff members and an advisory board. Employees of the area agencies are not state employees, but are employed by the governing body, either a governmental entity (county government) or a policy board (non-profit entities).

The area agency directors have a statewide organization, the Kansas Association of Area Agencies on Aging, which meets at least monthly. This provides a vehicle for all area agency directors to come together to discuss common issues. The Secretary and staff of the department meet with the area agency directors at this monthly meeting. Additionally, day to day routine administrative discussions and interactions occur as needed between area agency staff and KDOA.

Financing

Throughout its seventeen years as a cabinet level agency, the total budget of the Department has increased by 187.1%, from an original appropriation of $6.13 million to approved expenditures of $17.6 million in FY 1994. Approved expenditures for FY 95 total about $20.04 million.

Federal funds account for 69% of the department's budget. The largest share of that money comes from the federal Older Americans Act. These funds are split among several activities including congregate meals, home delivered meals, social services, state operations, employment, health

promotion and disease prevention. The latest amendments, the Older Americans Act Amendments of 1992 (PL 102-375, December 31, 1992, are contained in 45 CFR Part 1321, 1326, and 1328.

Additional federal money is provided by the United States Department of Agriculture for each meal served in the OAA nutrition program. The amount of the refund is approximately 61.46 cents per meal. The department also receives monies for the Older Worker JTPA Employment Federal Fund through the Kansas Department of Human Resources. In addition, the department receives federal funds for special projects that are awarded to individual area agencies on aging.

The area agencies on aging are funded by a variety of sources. Besides grant money received from the department on aging, the agencies obtain participant contributions, in-kind volunteer support, office space and utilities, as well as local county mill levy funds for aging programs. Of the 105 counties, 76 have an aging mill levy. In addition, the area agencies obtain federal grants from other sources, such as KDOT (Section 18 Transportation grants).

Kansas has an increasing number of older persons. Between the census counts of 1980 and 1990, the number of older persons 85 and over increased by 26.3% compared to the total population growth of 4.8%. The number of older persons 65 and over increased by 11.9% compared to the 4.8% increase of the general population.

As we note this continued growth in the older population, it becomes increasingly important to emphasize the further development of home and community based services as a cost effectiveness measure in ensuring the ability of elders to maintain their independence.

OLDER AMERICANS ACT SERVICES

Eligibility Requirement

Age is the only eligibility requirement for Older Americans Act services. An individual must be age 60 or older.

General Requirements

Older persons are not charged a fee for services funded under the Older Americans Act (OAA); however, they are offered the opportunity and are encouraged to make a confidential contribution toward the cost of the service based on their ability to pay. No one is denied service if he or she does not give a contribution.

Match

There is a 15% match required for OAA dollars. Of the 15% match, 10% is local and may be cash or in-kind and 5% is State -- cash only.

Nutrition Programs

The Department administers two (2) nutrition programs -- Federally mandated Older Americans Act program and the State funded In-Home Nutrition program.

The Older Americans Act Nutrition Program provides meals and nutrition education services to older persons (those age 60 and older) and their spouses regardless of age. The Nutrition program has two components -- Congregate and Home-Delivered. The Congregate program provides meals in a congregate setting to the well and healthy elderly, as well as some moderately impaired individuals who are mobile enough to visit a site. The Home-Delivered meals program provides meals in the home of older individuals who are homebound due to moderate and severe impairments or who live in rural areas where there are no nutrition sites.

A meal containing 1/3 of the RDA is provided 5 days per week. In some areas of the State, Home-Delivered meals are provided seven days a week if there is no alternative support system to provide meals on the weekends.

Individuals are offered the opportunity to contribute toward the cost of the meal.

The state-funded In-Home Nutrition Program provides only home-delivered meals to individuals who are moderately to severely impaired and who are homebound.

Supportive Services and Senior Centers

These services are funded through grants to area agencies on aging. There are three categories of services. They are Access, In-Home and Community Services. The category of Access services includes such services as Transportation, Outreach, Escort and Case Management and Information and Referral services. These services facilitate older persons' and their caregivers' ability to identify and find services, opportunities and information that they need. The In-Home category of services includes such as Personal Care, Homemaker services, Respite Care and Adult Day Care. These services are targeted to those individuals with moderate to severe impairments who require assistance in performing routine daily activities such as bathing, eating, etc. The services are necessary to enable the older Kansans to remain in their homes and communities and to prevent their premature institutionalization. Community services, the third category of supportive services, is targeted to the active older person. A variety of services can be funded. Included are Multi-Purpose Senior Centers, Legal Services, Counseling, Education and Training, Hospice, Minor Home Repair and Recreational Activities.

Disease Prevention and Health Promotion Services

This program is Federally funded. Services provided are designed to

provide older individuals with information and opportunities that will help them make informed choices about lifestyle changes they can make to maintain or improve their health status. Services that may be funded include Health Risk Assessments, Health Promotion Programs, Health Screening, Home Injury Control and Education and Screening Program, Nutrition Counseling, Physical Fitness and Exercise Programs.

Vulnerable Elder Rights Protection

Elder Rights activities, or Title VII of the Older Americans Act, include four separate areas as follows:

Ombudsman program;
Prevention of Elder Abuse, Neglect & Exploitation;
State Elder Rights and Legal Assistance Development Program; and
Outreach, Counseling and Assistance Program including Senior Health Insurance Counseling for Kansas and Public Benefits Outreach, Counseling and Assistance.

KDOA has formed an Elder Rights Task Force which includes state agency staff, attorneys, advocates, area agency directors, and association representatives. The Task Force chose as its FY 1995 priority, "Financial Exploitation: How to Stay in Control of Your Future". Subcommittees have been formed for intervention, education and legislative advocacy.

Legal Assistance

KDOA provides OAA Title III-B funds under the intrastate formula to the 11 area agencies which expend 7.8% of their Title III-B funds for legal services which includes legal advice and representation. Legal assistance services provide access to the system of justice by offering advice and representation by a legal provider who acts as an advocate for the social and economically needy older individual to ensure gaining access to essential services and/or financial resources, and protecting their rights to be autonomous and to retain dignity. In FY 1994, legal services were provided to 4,747 older Kansans. The predominate areas of service

include advance directives, financial powers of attorney, SSI, Medicare, Medicaid, home ownership, divorce, wills/estate planning, consumer complaints and guardianship.

Information and Referral/Assistance

The Department adopted in August, 1992 a five year information and referral/assistance plan as an amendment to the State Plan on Aging. Many of the objectives have been implemented.

The National Association of Area Agencies on Aging implemented the Eldercare Locator service in Kansas. The Locator is a national toll-free telephone number (1-800-677-1116) to assist people in finding aging services in any state.

KDOA and the Area Agencies on Aging implemented case management services in September, 1992 with new state funds and existing Older Americans Act funds appropriated by the 1992 Kansas Legislature. The House Appropriations Subcommittee #2 added the money to the Department's budget (HB 2729) "to ensure that information and referral services will be provided and that appropriate services and funding sources will be found for senior citizens seeking alternatives to nursing home care." The 1993 and 1994 Kansas Legislature appropriated additional funds for case management.

KDOA and the Area Agencies on Aging in December, 1992, printed and distributed 160,000 copies of "Explore Your Options," a long term care guide with a directory of local services for each Area Agency on Aging. KDOA is now preparing the new annual edition.

KDOA signed interagency agreements with Mental Health and Retardation Services of the Kansas Department of Social and Rehabilitation Services and with the Office of Government and Community Relations of the Kansas Department of Health and Environment. KDOA and KDHE subsequently convened a conference on health and aging in 1993.

KDOA is now listing its toll free telephone number in each of the state's telephone directories with funds appropriated by the 1994 Kansas Legislature.

KDOA proposes in 1995 to provide information about aging services through an on-line network.

STATE AND OTHER PROGRAM INITIATIVES

Case Management, Custom Care, Environmental Modification

The purpose of the case management program is to provide assistance to persons 60 years of age or older, whose ability to accomplish all those tasks necessary to living is compromised by physical or mental limitations, to determine, establish, and adjust as necessary a system of services and support which will give the person the maximum opportunity for living in the environment of their choice. Case management is provided across the state with each Area Agency on Aging choosing to have direct service employees or contracted case management providers.

Custom care and environmental modification are funding allocations that enable case management to address unique needs of the customers, plug existing "holes" in services, and make physical adaptations to the home.

Case management funding is both Older Americans Act and State General Funds, and is therefore governed by federal, state, and agency directives. Directives, policies, budgets, and other program information is available from the KDOA Policy, Program Analysis, and Advocacy Unit, specifically the Aging Network Liaison Position.

Senior Care Act Program

The inappropriate or premature institutionalization of persons who have not exhausted their financial resources often leads to exhaustion of those resources and placement in more costly and limited long-term care services. The Legislature passed the Senior Care Act in 1989 to assist people 60 and older receive in-home services to delay nursing home entrance; the program serves people with too much income for the services provided by SRS. Clients pay for services on a sliding fee scale based on income.

KDOA grants funds to Area Agencies on Aging which contract with local providers to deliver the services. Available services vary from county to county, but include attendant care, homemaker, respite services,

transportation for care, chore services, personal emergency response services, custom care, residential repair, assisted living and adult day care. The program is unique in that it requires a local match of one dollar for each two dollars of state funds; federal or state dollars cannot be used to meet the match.

An independent evaluation of the program by Kansas State University, partially funded by the Kansas Health Foundation, has found the program to be effective in reducing the state funds expended to match medicaid nursing home costs; the program was estimated in FY 94 to save the state $1.39 for each dollar expended, for a total savings of $643,331. In FY '94, 3,491 older Kansans received services.

In FY '94, $1,562,180 of state funds were expended for the program; the Legislature allocated $1,773,951 for the program in FY '95. More than 90 counties are currently covered.

Alzheimer's and Related Disorders Helpline

The Helpline that was established by the Legislature in 1986 provides information, referrals, assistance and education regarding Alzheimer's, Parkinson's and Huntington's disease to other community and professional resources such as local caregiver support groups, diagnostic centers and special care units in nursing homes. The Helpline produces and distributes the "Caregiver's Guide for Alzheimer's and Related Disorders," "Huntington's Information Packet," "The Parkinson's Disease Information Packet," "How to Select a Special Care Unit," and updated listings of Kansas Caregiver Support Groups and Special Care Units. A new "Parkinson's Disease Guide that was drafted in cooperation with KSU Adult Extension Services will be published by the end of 1994.

Client Assessment, Referral and Evaluation Program (CARE)

CARE is a new assessment program started by the 1994 Kansas Legislature. Everyone seeking nursing home care after January 1, 1995 must be assessed by the CARE program before they can enter the nursing home. The responsibility for the administration of the HCFA-mandated

preadmission screening was transferred by the 1994 Kansas Legislature from the Department of Social and Rehabilitation Services to the Department on Aging.

The purpose of CARE is to help people find appropriate long term care services and to collect data on the need for home and community based services. CARE assessors will provide people with information about long term care options in the person's community and screen for the need for specialized mental health / mental retardation services (as required by HCFA). The Kansas Department on Aging will record the need for community-based long term care services and report its findings on service availability to the Governor and the legislature each year.

Funding for the CARE Program is shared by HCFA and State General Funds. The Department on Aging works cooperatively with the Department of SRS, as SRS maintains liaison responsibilities with HCFA. This program does not affect the administration of the Medicaid program.

Long Term Care

KDOA, SRS, KDHE, KDOC&H, and the KU School of Social Welfare have met since 1992 as the interagency Long Term Care Action Committee to discuss long term care policy issues. The Secretaries of Aging, SRS, and KDHE have submitted recommendations from the Committee to the 1992, 1993, and 1994 Legislatures.

The Committee is currently studying the following issues for its 1995 report: level of care program eligibility criteria, economic development and long term care, public education, joint contracting, housing, shared risk, and uniform assessment instrument.

In 1993, KDOA and SRS jointly commissioned a study of long term care by the National Long Term Care Resource Center. The Center submitted its final report in October. KDOA plans to submit the report to the 1995 Kansas Legislature.

The 1994 Kansas Legislature (in the House Appropriations Subcommittee report on SB 633) asked KDOA, SRS, and KDHE (where appropriate) to "begin work on a strategic plan for the consolidation of all long-term care services within KDOA." The Legislature directed the agencies "to have a preliminary report prepared for review by the House Subcommittee by October 1, 1994, and a final report ready by January, 1995 for review by the 1995 Legislature."

The 1994 Legislature also asked (in the conference report on HB 2759) the agencies to "develop a strategic plan to address the escalating costs of long term care and the coordination of services and present that plan to the 1995 Legislature by January 9, 1995." The National Long Term Care Resource Center report includes a strategic plan to control costs.

Uniform Assessment Instrument

With the legislative mandate for the use of the Care instrument, an opportunity was identified to improve the quality of the data gathered by care and to unify the initial paperwork by which an individual applies for social services. The Committee on Reinventing Government had indicated concern for the large number of initial applications in use, and urged the devising of a single form. The CARE instrument provided a good opportunity for this initiative

Under the leadership of KDOA, an interagency committee devised the instrument and its attendant manual, training for assessors was provided, the program was tested on a pilot basis, in conjunction with the Management Information System.

The Uniform Assessment instrument has been in use in the Northeast Kansas and Johnson County areas since the beginning of the fourth quarter of calendar 1994, and is to be in statewide use 1995. The application of the information requirements of NAPIS (National Aging Programs Information System) has been deferred until at least October 1, 1994.

Americans with Disabilities Act (ADA)

KDOA has provided education and training on the Americans with Disabilities Act as follows, Governor's Conference on Aging 1993, Community Services Conference, 1992 and 1994, the OKIRSA retreat 1993 and 1994.

In December, 1992 KDOA Information Memorandum (IM) 93-9 provided three fact sheets on persons with disabilities. IM's are a formal communication from KDOA to area agencies directors, nutrition directors, area agency chairpersons and the State Advisory Council. In January 1993, IM 93-20 provided ADA information including Checklist for Readily Achievable Barrier Removal, ANSI standards, Department or Transportation accessibility regulations, state law, Kansas requirements on public and government buildings and several advocacy bulletins. In July 1994, IM 94-21 requested an ADA plan as an amendment to the area plan process.

In 1994, ADA compliance was added to the team assessment process. We are focusing on compliance for access to the congregate meal sites, including parking, access to the entrance, meal seating area and restrooms and information access for older Kansans with sight or hearing disabilities to the area agency and the services which they fund. We have completed five team assessments and have found significant problems both with physical accessibility, program accessibility and information accessibility.

KEY PERSONNEL

Ten staff members currently make up the Secretary's leadership team. This group meets weekly with the Secretary to assist in the planning, coordination and evaluation of the department's activities.

Lyndon Drew, Director of Policy, Planning and Advocacy

Issue papers, Long-Term Care Comprehensive Plan; Advocacy; Legislative Issues; Operation of Senior Care Act, Case Management, and the Client Assessment, Referral and Evaluation Program.

Myron Dunavan, State Long Term Care Ombudsman

Responsible for directing the Long Term Care Ombudsman unit which protects residential rights of Older Kansans state-wide.

Craig Kammen, Diirector of Finance and Analysis Division

Supervises fiscal unit. Prepares the departmental budget proposal.

Alice Knatt, Chief of Operations

Supervises team assessments, Personnel Officer for the Department; Liaison with the Regional Office of the Administration on Aging; Kansas Attorney General's office, auditors.

Mike Schmidt, Director, Insurance Counseling Program

Responsible for administering the federally-funded Health Insurance Counseling Program for older Kansans.

Betty Schuetz, Administrative Assistant

General information; keeps Secretary's calendar and processes correspondence; supervises a secretary and office assistant; keeps minutes of meetings. Personnel assistant; acting recording secretary for the State Advisory Council.

Tim Swietek, Director of the Management Information System Operations

Responsible for developing, training and maintenance of the computerized local area network and aging area network.

Richard Wagner

Director of Program Operations; Nutrition; Employment; Social Services; RSVP.

UNITS WITHIN THE ORGANIZATIONAL STRUCTURE

Policy, Planning and Advocacy

This unit is responsible for the planning function of the Department as required by federal law. It is also the unit which develops policy recommendations to the secretary. The unit carries out the federal legislative mandate of advocacy.

This unit also administers several of the Department's programs: the Senior Care Act, the Case Management Program, the Client Assessment Referral and Evaluation (CARE) Program (formerly the preadmission assessment program administered by SRS), the Alzheimer's Hotline.

The coordination of legal services for the elderly falls within this unit's responsibility.

Program Operations

This unit administers the federal Older Americans Act Programs including the III-C(1) and C(2) nutrition programs, the III-B Social Services Programs, the III-D In-Home Services for the Frail Elderly, and III-F Disease Prevention and Health Promotion. These services are all funded by the federal Administration on Aging. This unit also administers the state in-home nutrition program.

Employment programs, both state and federal, for the elderly are administered in this unit.

This unit also is responsible for administering the federal Insurance Counseling Program (Senior Health Insurance Counseling of Kansas) which is funded by the Health Care Financing Administration.

Management Information Systems Unit

This unit is responsible for the development, training and maintenance of a computerized information system which collects data from the aging network (presently 11 area agencies on aging; but service providers will be added to the system as funds permit). This unit also does the maintenance and training for the local area network which is used in-house.

Grants Management

This unit is responsible for allocating grants and contracts to the area agencies on aging and for monitoring and assessing their performances.

Fiscal Unit

The fiscal unit is responsible for compliance and audit responses and for management of the state and federal funds which are allocated to the Department on Aging.

Ombudsman Unit

Federal law requires that each state have ombudsmen who protect the rights of the elderly who are in institutional care.

Public Information Officer

The public information officer responds to the media, initiates press releases and has the role of being responsible for the development and publishing of the various publications of the Department.

Legal Needs

Because of its compliance monitoring role for federal dollars and the need to hold public hearings, draft regulations, and respond to legal questions raised in the field by area agencies on aging, the Department does contract for legal services.

STAFF MEMBERS

Thelma Hunter Gordon	Secretary of Aging
Mike Brooks	Applications Programmer/Analyst I
Shirley Bruno	Area Representative
Alma Burris	Office Assistant I
Bill Cutler	Senior Care Act Manager
Ardie Davis	Employment Specialist
Lyndon Drew	Director - Policy, Planning & Advocacy
Myron Dunavan	State Long Term Care Ombudsman, Topeka
Maryanne Esteban	Reg'l. Long Term Care Ombudsman, Kansas City
Loma Glick	Grants Manager
Craig Kammen	Director, Budget, Finance and Analysis
John Kelly	Grants Manager
Eva Kennedy	Alzheimer's Helpline
Alice Knatt	Chief of Operations
Glenda Lamme	Bookkeeper
Phoebe Langley	Secretary II
Vicky Martin	Aging Network Specialist
Tom Morrow	Research Analyst III
Ray Menendez	Planner
Teresa Miller-Keck	SHICK Secretary
Muriel Murray	Regional Ombudsman, Wichita
Alice Nida	Legal Services Developer
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Shirley Reed	Accounting Specialist
Clarence Rhambo	Area Representative
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Betty Schuetz	Administrative Assistant
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Suzette Smith	Accountant II
Melanie Starns	CARE Director
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Tamara Tiemann	Nutrition Specialist
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KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Janet Schalansky, Secretary (Acting)

House of Representatives - Health and Human Services Committee
Testimony on Recommendations of the Long Term Care Action Committee

January 17, 1995

****
"The Kansas Department of Social and Rehabilitation Services empowers individuals and families to achieve and sustain independence and to participate in the rights, responsibilities and benefits of full citizenship by creating conditions and opportunities for change, by advocating for human dignity and worth, and by providing care, safety and support in collaboration with others."
****

Mr. Chairman, Members of the committee, thank you for the opportunity to present this testimony.

Historically, Kansas policies concerning the care of the elderly and disabled citizens have relied heavily on institutional services with insufficient attention given to development of safe home and community based alternatives. Kansas will face continuing pressure in the next ten years as it confronts demographic trends which will increase demand for long term care services. Consider these disquieting numbers:

- Kansas had the seventh highest rate of institutionalization for people over the age of 85 in the United States in 1992.

- In Kansas, the age 85+ population is expected to more than double between 1990 and 2005 to nearly 84,000 persons. This population is most likely to need long term care services.

- Kansas had the nation's highest number of licensed nursing facility beds per 1,000 population age 65 and over in 1992.

- Approximately 7% of elderly Kansans reside in a nursing facility while the national average is 5%.

- An estimated 24% of nursing facility residents appear to have care needs which could be met in the community if services were available.

- Data over a ten year span show Kansas nursing facility bed occupancy rates well below the national average, creating an abundance of beds and pressure to fill them.

- In 1988 Kansas ranked 46th among the states in terms of per capita spending on community based services.

In 1991 the Long Term Care Action Committee was established to coordinate the efforts of agencies working on long term care issues. The Department of Health and Environment, the Department of Social and Rehabilitation Services, the Department on Aging, and the Department of Commerce and Housing have united to develop recommendations focused on reducing reliance on institutional long term care. The University of Kansas School of Social Welfare has provided academic consultation and assistance to the Committee.

For four consecutive years the Long Term Care Action Committee has submitted recommendations to the Kansas Legislature. Our intent has been to provide Kansas legislators with timely and useful proposals which would improve the long term care delivery system.

Several reports on long term care in Kansas were completed in 1994. The Long Term Care Action Committee made a commitment to identify critical elements from these reports which can be implemented without statutory change as the basis for their 1995 recommendations. Those critical elements were

1. Develop a strong public awareness initiative to inform Kansan of long term care options.
2. Support a uniform assessment tool that can be used by all agencies delivering long term care services.
3. Explore a joint contracting system for case management services between the Department of Social and Rehabilitation Services and the Department on Aging.
4. Implement standardized level of care eligibility criteria for all long term care programs.
5. Develop statewide consensus and policy to address the concept of shared risk.
6. Encourage economic development for shifting long term care services to the community from institutions.
7. Increase the supply of affordable housing resources to allow Kansans with long term care needs to live as independently as possible.

In addition to these important elements, the Long Term Care Action Committee continues to seek the support of the Legislature for recommendations presented to the Legislature in 1994 on which no action was taken:

1. Seek public, legislative and agency consensus on the long term care mission, goals and client outcomes through a Legislative Concurrent Resolution.
2. Support legislation which provides for standardization and simplification of licensure for residential personal care and assisted living.
3. Support legislation which provides needed clarification to assure that effective adult protective service networks for vulnerable adults are maintained.
4. Support legislation which provides for licensure of administrators of adult care facilities when a facility is licensed for more than 45 beds.

In summary, the Long Term Care Action Committee has worked for the past four years to improve long term care services to Kansans, to coordinate efficient delivery of these services and to make the long term care system less reliant on institutions and more reliant on community services. Thank you again for your time and attention to the Committee's recommendations.

LONG TERM CARE ACTION COMMITTEE RECOMMENDATIONS TO THE 1995 KANSAS LEGISLATURE

Jointly Proposed By:

Department of Health and Environment

Department of Social and Rehabilitation Services

Department on Aging

University of Kansas - School of Social Welfare

Department of Commerce & Housing

December 21, 1994

Long Term Care Action Committee

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*The Long Term Care Action Committee would like to take this opportunity to give a special thanks to Dr. Lyndon Drew for his support and participation in the committee. Dr. Drew has resigned from the committee effective November 4, 1994. Bill Cutler will replace Dr. Drew.

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Attachments

A. Summary of Progress on 1994 Recommendations as of October

B. Proposed Concurrent Resolution

C. Proposed Housing Alternatives

D. House Bill No. 2119; House Bill 3049

E. Uniform Assessment Instrument - Client Assessment, Referral and Evaluation

F. The Governor's Commission on Housing and Homelessness

G. Recommended Program Level of Care Formulas

H. Endorsement

LONG TERM CARE ACTION COMMITTEE

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- Pamela Johnson-Betts, KDH&E
- Barbara Conant, SRS
- Ray Bird, Kansas State Library
- Tim Hoyt, SRS
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- Rachel Lindbloom, KU School of Social Welfare
- Alice Nida, KDOA
- Michel' Phillips, Western Resources
- Carolyn Rebek, KDOC&H
- Karin Rexroad, Older Kansans Information and Referral Services Association
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Subcommittee on Uniform Assessment Instrument
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- Bonnie Long, SRS
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- Stephanie Ramsey, SRS
- Annette Siebert, Kansas Association of Homes and Services for the Aging
- Jane Smith, Sandpiper Bay Nursing Facility, Wichita
- Sandy Strand, Kansans for the Improvement of Nursing Homes (KINH)

Subcommittee on Shared Risk

- Bob Clawson, SRS, chair
- Nadine Burch, consumer
- Myra Christopher, Executive Director, Midwest Bioethics Center
- Annette Graham, SRS
- Lloyd Hull, SRS
- Gina McDonald, Kansas Association of Centers for Independent Living
- Linda Lubensky, Kansas Home Care Association
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- Rita Wolf, SRS

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- Rosemary Chapin, KU School of Social Welfare, co-chair
- Ron Young, Agricultural Economics, KSU, co-chair
- Land Balka, Topeka Housing Authority
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Executive Summary

There is good news!!

- Fiscal Year (FY) 1994 nursing facility occupancy rates decreased from 88.8% to 87.9%.
- SRS Community Based Service program caseloads increased by 5.05%.
- In KDOA In-home Services between 1993 and 1994 increased more than 12%.
- The number of people age 65 and older residing in nursing facilities declined by 497 residents.
- The number of licensed nursing facility beds decreased by 100.

These trends show the success of iniatives implemented over the past three years. They indicate the beginning of a shift from Kansas' overreliance on institutional long term care services to a service delivery system which provides a wide array of choice in any environment.

However, there is still work to be done. Consider the following:

- Kansas had the seventh highest rate of institutionalization for people over the age of 85 in the U.S. in 1992.
- In Kansas, the age 85+ population is expected to more than double between 1990 and 2005 to nearly 84,000 persons. This population is most likely to need LTC services.
- Kansas had the nation's highest number of licensed nursing facility beds per 1,000 population age 65 and over in 1992.
- Approximately 7% of elderly Kansans reside in a nursing facility while the national average is 5%.
- An estimated 24% of nursing facility residents appear to have care needs which could be met in the community if services were available.
- Data over a ten year span show Kansas nursing facility bed occupancy rates well below the national average creating an abundance of beds and pressure to fill them.
- In 1988 Kansas ranked 46th among the states in terms of per capita spending on community based services.

During 1994 key evaluations of the Kansas LTC system were completed.

- **Legislative Post Audit:** Examining Potential Duplication and Overlap in Programs for Kansas' Aging Population.
- **National Long Term Care Resource Center:** Findings and Recommendations Concerning the Kansas Long Term Care System and The Final Report: Implementation Options for Achieving Long Term Care System Reforms.
- **KU School of Gerontology:** Evaluation of SRS Home and Community Based Services/Nursing Facility and Income Eligible Home Care Programs.
- **K-State Department of Human Development and Family Studies:** Evaluation of KDOA Senior Care Program.
- **Long Term Care Action Committee:** Recommendations to the 1994 Kansas Legislature.

Key recommendations of these evaluations include enhancement of the case management information system, a uniform preadmission assessment process, a single point of entry to long term care and closer interdepartmental communication and cooperation.

In response these evaluations, the LTCAC made a commitment to identify critical elements from these reports which can be implemented without statutory change as the basis for their 1995 recommendations. Those critical elements were

1. **Develop a strong public awareness initiative to inform Kansans of LTC options.**
2. **Support a uniform assessment tool that can be used by all agencies delivering LTC services.**
3. **Explore a joint contracting system for case management services between SRS and KDOA.**
4. **Implement standardized level of care eligibility criteria for all LTC programs.**
5. **Develop statewide consensus and policy to address the concept of shared risk.**
6. **Encourage economic development for shifting LTC services to the community from institutions.**
7. **Increase the supply of affordable housing resources to allow Kansans with long term care needs to live as independently as possible.**

In addition to these important elements, the LTCAC continues to seek legislative support for recommendations presented in 1994 on which no action was taken:

1. Seek public, legislative and agency consensus on LTC mission, goals and client outcomes through a Legislative Concurrent Resolution.
2. Support legislation which provides for standardization and simplification of licensure for residential personal care and assisted living.
3. Support legislation which provides needed clarification to assure effective adult protective service networks for vulnerable adults are maintained.
4. Support legislation which provides for licensure of administrators of adult care facilities when a facility is licensed for more than 45 beds.

Subcommittees were selected to address each of these areas (1through 7 above) by providing recommendations for strategies to accomplish these goals. Selected subcommittee recommendations are included in this report, while others may be considered by individual agencies and are not included in this document.

Long Term Care Action Committee Background

In 1991 the Long Term Care Action Committee (LTCAC) was established to coordinate the efforts of agencies working on long term care (LTC) issues. Key staff in the Department of Health and Environment (KDHE), Department of Social and Rehabilitation Services (SRS), and the Department on Aging (KDOA) united to reduce reliance on institutional long term care and coordinate the efforts of agencies working on these issues. Since that time two new members have joined the committee, the Department of Commerce & Housing (KDOC&H) and the University of Kansas School of Social Welfare (KU-SW). The committee continues to meet to seek better methods of serving Kansans in need of long term care.

For four consecutive years, the LTCAC has submitted recommendations to the Kansas Legislature. Our intent is to provide lawmakers and other stakeholders with timely and useful proposals which improve the LTC service delivery system in Kansas. The mission of the LTCAC is

> **To achieve a quality of life for Kansans with long term care needs in an environment of choice that maximizes independent living capabilities and recognizes diversity by providing them with a wide array of quality, cost-effective and affordable long term care choices.**

Building on this mission, these 1995 Recommendations were developed with the input and support of consumers, advocacy organizations, professional associations, service providers and management staff through subcommittees of the LTCAC. The efforts of these volunteers in developing constructive and achievable goals will go far in achieving the mission. Each subcommittee was organized to address specific concerns identified by state and national evaluations of Kansas' LTC service delivery systems.

The LTCAC will continue its efforts on behalf of all Kansas citizens. Success in adequately caring for those in need of LTC depends heavily on the cooperation of all parties involved. A progress report for each recommendation of the LTCAC is enclosed. *(See Attachment A)* Please review our ideas and recommendations. We welcome your comments and ideas. Together we can build a model for LTC in Kansas that will work for generations to come.

Long Term Care Outcome Indicator Project Update

Since 1992 the LTCAC has worked cooperatively with the Kansas University School of Social Welfare to develop a means for measuring specific trends in the Kansas long term care system. Consumer based outcome indicators are being developed to measure increases in community based service use, as well as changes in institutionalization rates. Protection and quality of life indicators are also being developed.

Outcome indicators document that progress is being made in reducing the institutionalization rate for older Kansans, and in providing consumers more options for long term care.

- Although Kansas continues to have an institutionalization rate above the national average of 5% for persons 65 and older, in Kansas the institutionalization rate for this age group has fallen from 7.3% to 7.0% between 1990 and 1993.
- The number of persons age 65 and over in Kansas nursing facilities declined by 497 residents between 1992 and 1993.
- The institutionalization rate for the 65-74 age group has fallen slightly from 1.6% to 1.5% between 1990 and 1993
- The institutionalization rate for the 75-84 age group has declined from 7.5% in 1990, to 6.8% in 1993.
- The greatest institutionalization rate change occurred among the age 85 and older group. The institutionalization rate declined steadily between 1990 and 1993 from 32.8% to 25.6% bringing it closer to the national average of 24% for the 85+ age group
- Both SRS and KDOA have expanded home and community based services during this period.

The LTCAC recommendations for updating standards for Independence Outcome Indicators 1 and 1a originally set in 1993 are outlined below. These standards represent goals for reducing institutionalization rates in Kansas.

- Update indicator 1 as follows: The percentage of Kansans age 65 and older who reside in institutional placement--6.8%.

- Update indicator 1a as follows: The percentage of Kansans age 85 and older who reside in institutional placement--24%.

- Update indicator 1b as follows: The percentage of Kansans age 65-74 who reside in institutional placement--1.4%.*

- Update indicator 1c as follows: The percentage of Kansans age 75-84 who reside in institutional placement--6.1%.*

If goals are met for the 65 and older age groups in the next year, Kansas will achieve a reduced overall institutionalization rate of 6.8% by the end of calendar year 1995, thus more closely approximating the national institutional rate of 5%. Careful strategy selection and development of home and community based options will make it possible to reduce the institutionalization rate for persons age 65 and over in Kansas, and make it possible to meet older Kansans' long term care needs in less restrictive settings.

*These 1993 standards have not yet been met.

1995 LTCAC RECOMMENDATIONS	
RECOMMENDATION	**ACTION NEEDED**
RECOMMENDATIONS DEVELOPED FOR 1995	
SUBCOMMITTEE ON PUBLIC AWARENESS	
A. Develop a strong public awareness campaign for LTC	Both KDOA and Social and Rehabilitation Services (SRS) shall seek funding and resources (private/public) for the creation for an effective, coordinated public awareness campaign for LTC. Promote KDOA's toll-free hotline, regularly issue information about aging and long term care issues
SUBCOMMITTEE ON UNIFORM ASSESSMENT TOOL	
B. Implement the use of the uniform assessment tool which can be used by multiple agencies for all LTC programs	Effective January 1, 1995 both KDOA and SRS will begin to implement these instruments as policy to be used for all LTC programs. (See attachment E)
SUBCOMMITTEE ON JOINT CONTRACTING	
C. Explore the feasibility of a joint contracting system for case management between KDOA and SRS to eliminate possible duplication of service and facilitate consumer access to services.	Establish a state level implementation committee to provide general guidance in the creation of proposals between SRS and KDOA for three feasible demonstration projects. This will create three demonstrations of single systems of case management.

1995 LTCAC RECOMMENDATIONS	
RECOMMENDATION	**ACTION NEEDED**
RECOMMENDATIONS CARRIED FORWARD FROM 1994	
A. Achieve public, legislative and agency consensus on long term care (LTC) mission, goals and client outcomes.	*The consensus has been articulated in a Concurrent Resolution.Kansas Department on Aging(KDOA) will seek sponsors and advocate the passage of the Resolution; other agencies will support this effort. (See attachment B)*
B. Develop a standardized system of licensure for housing alternatives to nursing facilities and similar concepts, including assisted living.	*Enact legislation that transfers licensure of all long term care facilities (excluding those designated for Mental Health and Mental Retardation services) to KDHE. K.S.A. 75-3307b will be clarified. Kansas Department of Health and Environment(KDHE) will seek re-introduction of 1994 H.B. 3049. (See attachment C)*
C. Provide needed clarification of agencies' responsibilities in adult abuse, neglect, and exploitation situations	*KDHE will seek re-introduction of H.B. 2119. (See Attachment D).*

1995 LTCAC RECOMMENDATIONS	
RECOMMENDATION	**ACTION NEEDED**
SUBCOMMITTEE ON LEVEL OF CARE	
D. Implement standardized level of care eligibility criteria for all LTC programs.	SRS has fully implemented these level of care formulas effective January 1, 1995 for nursing facilities, home and community based services (HCBS) and income eligible. Following field testing and academic review, any necessary adjustments to the formulas will be made to achieve goals identified in the consultants' evaluation. KDOA has agreed to implement these formulas should targeting of services in the Senior Care Act (SCA) and Nutrition programs become necessary. See attachment G for the Recommended Program Level of Care Formulas.
SUBCOMMITTEE ON SHARED RISK	
E. Develop statewide consensus and policy to address the concept of shared risk.	1. Support the efforts of consumers to seek amendment of the current statutes to allow for the right to enter "shared risk" agreements. 2. Continue to expand the use of focus groups and consumers in policy planning.

1995 LTCAC RECOMMENDATIONS	
RECOMMENDATION	**ACTION NEEDED**
SUBCOMMITTEE ON ECONOMIC DEVELOPMENT	
F. Encourage economic development that will help the shift of LTC services to the community from institutions.	1. State agencies should jointly develop a set of materials to educate interested individuals about community based long term care business opportunities. 2. Integrate funding streams to enhance flexibility and Federal Financial Participation. 3. Create a commission to explore the concept of regional service hubs that will provide "volume" community based long term care services such as adult day care.
G. Service system design should prioritize methods that will widely distribute the positive economic impact of public long term care expenditures.	Develop support systems to allow people to stay in their own homes and continue to purchase needed goods and services in their own communities.

1995 LTCAC RECOMMENDATIONS	
RECOMMENDATION	**ACTION NEEDED**
SUBCOMMITTEE ON HOUSING	
H. To increase the supply of affordable housing resources that are available statewide to allow Kansans needing long term care to live as independently as possible.	1. Programs and educational courses related to supportive services and to other topics that assist elderly Kansans to age in place shall be promoted. 2. The Governor's Commission on Housing and Homelessness should support efforts to develop independent, supportive housing services for elderly Kansans. 3.All housing recommendations and solutions must consider the needs of very low to moderate income elderly Kansans as well as the needs of elderly Kansans who are homeless. 4. A Division of Housing pilot program for supportive services has been funded by the Robert Wood Johnson Foundation through March 1995. If this program provides a growth opportunity and federal funds are not available, this position should be supported through State General Funding in the KDOA. This program should be maintained and expanded as appropriate. 5. The LTCAC supports the recommendations of the Governor's Commission. (See attachment F)

LONG TERM CARE ACTION COMMITTEE
SUMMARY OF RECOMMENDATIONS
AS OF OCTOBER, 1994

ATTACHMENT A

Recommendation Year	Description of Recommendation	Progress Report
1992	1. Expand Senior Care Act to a statewide program	Implemented statewide by end of FY 1993. SCA is not available in nine counties due to unavailability of local matching funds.
	2. Eliminate waiting lists for Income Eligible Home Care.	SRS allocation committee continues to refine formula to ensure state-wide consistency in service delivery and minimize waiting lists within available program appropriations.
	3. Expand alternative housing options.	Subcommittee of LTCAC studied housing issues and made further recommendations in the 1994 report. KDHE introduced House Bill 3049. (See 1994 #2).
	4. Create financial incentives for adult day care and respite programs.	SRS is studying the feasibility of increasing HCBS rates for these services in FY 1996. KDOA has added these services to the SCA program.
	5. Develop a common data base for all long term care programs.	Targeted completion date of January, 1995 through implementation of the CARE program. This will initiate a common data base for the community based service side of LTC. KDHE's creation of a CARE Data Entry form compatible with the MDS+ tool will facilitate merging key data elements with the institutional side of the LTC system. KU School of Social Welfare developed an Older Adults Outcome Indicator Project focusing on client based outcomes which provides information about client independence, protection, and quality of life for consumers.
	6. Support continued interagency planning and collaboration.	The LTCAC continues to coordinate efforts for policy development. KDOA and SRS have implemented joint training of case management field staff in FY1994. In FY1995 KDOA and SRS will implement the use of a uniform assessment tool of LTC programs. Plans are under way to create standardized level of care criteria for LTC programs in FY1996. KDOC&H in collaboration with LTCAC agencies will sponsor a Housing Conference on November 29, 1994.

Recommendation Year	Description of Recommendation	Progress Report
	7. Develop a comprehensive LTC information resource guide.	Since 1993 KDOA and SRS have created and provided an Exploring Your Options Guidebook for consumers and health-care providers.
	8. Mandate health care providers distribute information on community based alternatives.	Sub. HB2581 mandates hospital discharge planners to provide all in-patients seeking nursing facility placement with information regarding community based alternatives effective January, 1995.
	9. Implement a statewide nursing facility preadmission assessment and referral program.	In 1992, SB 182 authorized SRS to implement a statewide program effective January, 1993. This program was managed by SRS as the KPAR program. Action taken by the 1994 legislature through Sub. HB 2581 transferred the administration of this program to KDOA. The new CARE program will be effective January, 1995.
	10. Review the impact of the 300% SSI Income Cap Rule for nursing facility Medicaid applicants.	With divergence noted by KDOA, the 300% cap rule remains in place.
	11. Establish a statewide health insurance counseling system.	Senior Health Insurance Counseling for Kansans (SCHICK) program was implemented by KDOA in 1993.
	12. Evaluate potential incentives in tax structure which would encourage in-home care.	Research conducted, but no formal action taken.
1993	1. Place a moratorium on the construction and expansion of nursing facility beds.	Without legislative approval, no action could be taken. In 1994, SRS was authorized by the appropriations committee to pursue a waiver which would cap the number of available Medicaid nursing facility beds. This waiver has been submitted to HCFA. Final approval is pending SRS' response to HCFA questions.
	2. Fund KDOA and SRS Case Management programs and needed training.	Basic Case Management training was delivered jointly in 1993 and 1994. Intermediate Case Management training was delivered jointly in 1994. These two programs plus Advanced Case Management training are expected to be delivered in 1995. Intermediate and Advanced training was developed and delivered by KU, School of Social Welfare.

Recommendation Year	Description of Recommendation	Progress Report
1994 (A mission, vision and goal statements were agreed upon and recommendations were addressed in terms of achieving goals)	1. Seek public, legislative and agency consensus on LTC mission, goals and client outcomes.	Senate Concurrent Resolution was introduced in 1994. No legislative action resulted.
	2. Increase the supply of affordable home and community based services that are accessible statewide to allow Kansans with LTC needs to live as independently as possible.	Housing Options were introduced in 1994 as HB3049. This HB included draft regulations regarding residential care licensure authority and recognized Assisted Living as a housing alternative. No legislative action was taken. KDOC&H also introduced legislation which would have created a single contact point dedicated to creating housing alternatives for the elderly. No legislative action was taken.
	3. Shift the focus from services delivered in an institutional setting to the least restrictive setting of choice.	Single Point of Entry concepts were proposed in 1994 as cooperative efforts by KDOA & SRS. No legislative action resulted.
	4. Focus outreach activities to provide services for the disadvantaged, especially, people of color, in settings where they are comfortable and treated with dignity.	KDOA implemented a pharmacist outreach program in 1994. KDOA is currently conducting research on determining reasons elders do not access available community services. KDOC&H received a RWJ foundation grant to provide supportive services to elderly in public housing authority. The SRS NF Preadmission Assessment and Referral program implemented in 1993 provides information and referrals to services which meet LTC needs. The KDOA CARE program will continue to do so in 1995.
	5. Assure an effective adult protective service network for vulnerable adults.	KDHE introduced HB2119 in 1994 which clarified responsibility for adult abuse/neglect/exploitation investigations and definitions of abuse and exploitation. No legislative action resulted.

DHB/vjd
9/26/94

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Concurrent Resolution No. ____

A CONCURRENT RESOLUTION expressing the intent of the Legislature regarding the development and provision of long-term care services.

WHEREAS, Kansas has one of the highest rates of institutionalization of its 65+ and 85+ populations; and

WHEREAS, older persons overwhelmingly desire to live out their lives in their own homes; and

WHEREAS, the public and private costs of institutionalizing Kansas's older residents exceeds $500 million dollars; and

WHEREAS, institutional long-term care services will continue to be an important part of long-term care options: Now, therefore,

Be it resolved by the Senate of the State of Kansas, the House of Representatives concurring therein: That the mission of Kansas long-term care policy is to achieve a quality of life for Kansans with long term care needs in an environment of choice which maximizes independent living capabilities and recognizes diversity by providing them with a wide array of quality, cost-effective and affordable long term care services.

Be it further resolved: That the following principles shall govern Kansas' long-term care system:

(a) Consumer choice, dignity and the concept of self-directed care shall be promoted whenever feasible;

(b) The array of services (including housing and assistive technology services) provided shall be comprehensive enough to respond to individual needs and preferences;

(c) The array of services provided shall be community based and locally controlled to the maximum extent feasible.

(d) Family and other informal caregivers shall be supported to the maximum extent feasible;

(e) Continuity of services, especially case management services shall be maintained whenever possible;

(f) Service eligibility shall be based on a functional assessment of an individual's physical and cognitive abilities;

(g) Client and community contribution to the cost of care shall be encouraged through sliding fee schedules and other mechanisms;

(h) Quality assurance systems shall be outcome oriented to the maximum extent feasible;

(i) Education on the ethical aspects of long-term care decisions shall be provided to consumer, caregivers, providers and others as appropriate;

(j) Federal revenues shall be maximized to the extent consistent with other long-term care system principles;

(k) Outreach activities shall be conducted to provide access to services for the disadvantaged, especially people of color, in settings where they are comfortable and treated with dignity;

(l) Sufficient incentives shall be provided to attract and retain competent formal care providers; and

(m) An effective protective service network for vulnerable adults shall be provided.

DESCRIPTION OF PROPOSED HOUSING ALTERNATIVES

The following describe characteristics of proposed housing alternatives which may be utilized for LTC services at the recipient's choice. Support for expansion of these types of alternatives is dependent upon the degree of independence provided to an individual and the creation of a "home like" atmosphere.

TYPE	CHARACTERISTICS
INDIVIDUAL'S HOME	Private residence (own home or home of another) Single or multiple family dwelling Individually controlled degree of privacy Maximized independence Supportive services brought to individual
HOMES PLUS	1 to 5 bed "home like" settings Individually controlled degree of privacy Individual access to kitchen and laundry facilities Opportunities to pursue hobbies, personal interests and community activities Allows for "aging in place" by providing 3 licensure levels of care related to activities of daily living (ADL's) deficits The individual pays for only the specific supportive services needed
ASSISTED LIVING COMPLEX	Individual or single (apartment style) living units with kitchen and private bath Individually controlled degree of privacy Individual access to laundry facilities Services provided based on an individual's assessment of need and service plan The individual pays for only the specific supportive services needed Congregate meal sites and transportation are available as needed Opportunities to pursue hobbies, personal interests and community activities

TYPE	CHARACTERISTICS
RESIDENTIAL HEALTH CARE FACILITY	Multiple bed facilities (up to 45 beds) Microwave and/or refrigerator may or may not be provided in individual rooms Single or shared bedroom with Private or semi-private toilet facilities Individually controlled degree of privacy Meals provided in congregate setting Opportunities to pursue hobbies and personal interests Services provided based on an individual's assessment of need and service plan
NURSING FACILITY	24-hour-a-day skilled nursing care required and available Private or semi-private rooms with shared toilet facilities Restorative and rehabilitative services available on-site Congregate meals Individual payment based on available services rather than individual's specific needs Individually controlled degree of privacy limited Opportunities to pursue hobbies and personal interests

HOUSING ALTERNATIVES

**** EXISTING END OF FY 1993 ****					**** PROPOSED BY END OF FY 1995 ****					
Type of Facility	Licensure Authority	# Beds	# Facilities	Available Funding Sources*	Type of Facility	Licensure Authority	Projected # Living Units	Projected # Homes	Available Funding Sources*	Support Expansion (Y/N)
Individual's Home	Does Not Apply	Approx. 7,000 excluding private pay sources	Does Not Apply	Medicare Medicaid Senior Care Act Private Pay	Individual's Home	Does Not Apply	Approx. 8,400 excluding private pay sources	Does Not Apply	Increase access to in-home programs and services.	YES
1-5 Bed Home Adult Family Home	KDHE SRS	55 103	24 72	Private Pay Medicaid	HOMES PLUS	KDHE**	258	116	Medicaid Private Pay Senior Care Act	YES
					Assisted Living Complex	KDHE	400	7	Medicaid Private Pay Senior Care Act	YES
Residential Care Facility Intermediate Personal Care Facility	SRS KDHE	422 896	19 43	Medicaid Private Pay	Residential Health Care Facility	KDHE	1,373	61	Medicaid Private Pay	NO
Nursing Facility	KDHE	29,746	482	Medicare Medicaid Private Pay	Nursing Facility	KDHE	29,446	482	Medicare Medicaid Private Pay	NO

* Various restrictions apply to the use of Medicaid, Medicare and Senior Care Act funds.
** MH/RS continues licensing for the MI and MR populations.

Attachment D

September 12, 1994

_______________ Bill No. _______

By_______________________

AN ACT concerning abuse, neglect and exploitation of certain persons; amending K.S.A. 1992 Supp. 39-1401, 39-1402, 39-1404, 39-1430, 39-1431, 39-1433, 39-1435, and 39-1440 and repealing the existing sections.

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

Section 1. K.S.A. 1992 Supp. 39-1401 is hereby amended to read as follows: 39-1401. As used in this act:

(a) "Resident" means:

(1) Any resident, as defined by K.S.A. 39-923 and amendments thereto; or

(2) ~~any client cared for in an adult family home; or~~

~~(3)~~ any individual kept, cared for, treated, boarded or otherwise accommodated in a medical care facility;

~~(4) any individual with mental retardation or a developmental disability receiving services through a community mental retardation facility or residential facility licensed under K.S.A. 75-3307b and amendments thereto; or~~

~~(5)~~*(3)* any individual, kept, cared for, treated, boarded or other wise accommodated in a state psychiatric hospital or state institution for the mentally retarded.

(b) "Adult care home" has the meaning ascribed thereto in K.S.A. 39-923 and amendments thereto.

~~(c) "Adult family home" has the meaning ascribed thereto in K.S.A. 39-1501 and~~

~~amendments thereto.~~

~~(d)~~*(c)* "In need of protective services" means that a resident is unable to perform or obtain services which are necessary to maintain physical or mental health, or both.

~~(e)~~*(d)* "Services which are necessary to ~~maintain~~ *avoid* physical ~~and~~ *or* mental ~~health~~ *harm or illness*" include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of a resident to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent, except as provided in this act.

~~(f)~~*(e)* "Protective services" means services provided by the state or other governmental agency or any private organizations or individuals which are necessary to prevent abuse, neglect or exploitation. Such protective services shall include, but not be limited to , evaluation of the need for services, assistance in obtaining appropriate social services and assistance in securing medical and legal services.

~~(g)~~*(f)* "Abuse" means ~~neglect, infliction of physical or mental injury or deprivation by a caretaker or services which are necessary to maintain physical and mental health~~ *the intentional infliction of pain or physical or mental injury, unreasonable confinement, sexual abuse, intimidation, cruel punishment or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness, or the unlawful touching or application of force to the person of another when done in a rude, insolent*

or angry manner.

~~(h)~~ *(g)* "Neglect" means the failure ~~of a caretaker to maintain reasonable care and treatment to such an extent that the resident's health or emotional well being is injured~~ *or omission by a caretaker or another person to provide goods or services which are necessary to ensure safety and well-being and to avoid physical or mental harm or illness.*

~~(i)~~ *(h)* "Caretaker" means a person or institution who has assumed the responsibility for the care of the resident voluntarily, by contract or by order of a court of competent jurisdiction.

~~(j)~~ *(i)* "Exploitation" means *misappropriation of resident property or* intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

~~(k)~~ *(j)* "Medical care facility" means a facility licensed under K.S.A. 65-425 et seq. and amendments thereto but shall not include, for purposes of this act, a state psychiatric hospital or state institution for the mentally retarded, including Larned state hospital, Osawatomie state hospital, Rainbow mental health facility, Topeka state hospital, Kansas neurological institution, Parsons state hospital and training center, and Winfield state hospital and training center.

~~(l)~~ *(k)* "State psychiatric hospital" means Larned state hospital, Osawatomie state hospital, Rainbow mental health facility, and Topeka state hospital.

~~(m)~~ *(l)* "State institution for the mentally retarded" means Kansas neurological institution, Parsons state hospital and training center, and Winfield state hospital and training center.

(m) "Report" means a description or accounting of an incident or incidents of abuse, neglect or exploitation under this act and for the purposes of this act shall not include any written

assessment or findings.

(n) "Law enforcement" means the public office which is vested by law with the duty to maintain public order, make arrests for crimes, investigate criminal acts and file criminal charges, whether that duty extends to all crimes or is limited to specific crimes.

No person shall be considered to be abused, neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

Sec. 2. K.S.A. 1992 Supp. 39-1402 is hereby amended to read as follows: 39-1402. (a) Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, a chief administrative office of a medical care facility, an adult care home administrator, a licensed social worker, a licensed professional nurse or a licensed practical nurse, who has reasonable cause to believe that a resident is being or has been abused, neglected or exploited, or is in a condition which is the result of such abuse, neglect or exploitation or is in need of protective services, shall report immediately such information or cause a report of such information to be made in any reasonable manner to the department of health and environment with respect to resident defined under (a) (1) and ~~(a) (3)~~ *(a) (2)* of K.S.A. 39-1401 and amendments thereto and to the department of social and rehabilitation services with respect to all other residents. Reports made to one department which are required by this subsection to be made to the other department shall be referred by the department to which the report is made to the appropriate department for that report, and any such report shall constitute compliance with this subsection. Reports shall be made during the normal working week days and hours

of operation of such departments. Reports shall be made to law enforcement agencies during the time the departments are not open for business. Law enforcement agencies shall submit the report and appropriate information to the appropriate department on the first working day that such department is open for business. A report made pursuant to K.S.A. 65-4923 or 65-4924 and amendments thereto shall be deemed a report under this section.

(b) The report made pursuant to subsection (a) shall contain the name and address of the person making the report and of the caretaker caring for the resident, the name and address of the involved resident, information regarding the nature and extent of the abuse, neglect or exploitation, the name of the next of kin of the resident, if known, and any other information which the person making the report believes might be helpful in an investigation of the case and the protection of the resident.

(c) Any other person having reasonable cause to suspect or believe that a resident is being or has been abused, neglected or exploited, or is in a condition which is the result of such abuse, neglect or exploitation or is in need of protective services may report such information to the department of health and environment with respect to residents defined under (a) (1) and ~~(a) (3)~~ *(a) (2)* of K.S.A. 39-1401 and amendments thereto and to the department of social and rehabilitation services with respect to all other residents. Reports made to one department which are to be made to the other department under this section shall be referred by the department to which the report is made to the appropriate department for that report.

(d) Notice of the requirements of this act and the department to which a report is to be made under this act shall be posted in a conspicuous place in every adult care home~~, adult family home~~ and medical care facility in this state.

(e) Any person required to report information or cause a report of information to be made under subsection (a) who knowingly fails to make such report or cause such report to be made shall be guilty of a class B misdemeanor.

(f) Anonymous reporters must provide the same information as identified in K.S.A. 39-1402 (b) and such reports may be subject to evaluation in accordance with K.S.A. 39-1404 (a).

Sec. 3. K.S.A. 1992 Supp. 39-1404 is hereby amended to read as follows: 39-1404. (a) ~~The department of social and rehabilitation services or~~ The department of health and environment upon receiving a report that a resident is being, or has been, abused, neglected or exploited, or is in a condition which is the result of such abuse, neglect or exploitation or is in need of protective services~~, within 24 hours of receiving such report, shall initiate an investigation, including a personal visit with the resident and within two weeks of receiving such report, shall complete the investigation to determine if the resident is being or has been abused, neglected or exploited or is in a condition which is a result of such abuse, neglect or exploitation. The investigation shall include, but not be limited to, a visit to the named resident and consultation with those individuals having knowledge of the facts of the particular case. Upon completion of the investigation of each case, written findings shall be prepared which shall include a finding of whether there is or has been abuse, neglect or exploitation, recommended action and a determination of whether protective services are needed. If it appears that a crime has occurred, the appropriate law enforcement agency shall be notified by the department investigating the report.~~

~~(b) The secretary of social and rehabilitation services shall maintain a register of the reports received and investigated by the department of social and rehabilitation services; the findings,~~

~~evaluations and the actions recommended. The register shall be available for inspection by personnel of the department of social and rehabilitation services. The secretary of social and rehabilitation services shall forward a copy of any report of abuse, neglect or exploitation of a resident investigated by the department of social and rehabilitation services to the secretary of health and environment and, in the case of a report of abuse, neglect or exploitation of a resident of an adult family home, to the secretary of aging.~~

~~(c) The report received by the department of social and rehabilitation services and the written findings, evaluations and actions recommended shall not be deemed a public record or be subject to the provisions of the open records act. Except as otherwise provided in this section, the name of the person making the original report to the department of social and rehabilitation services or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests or agrees in writing to such disclosure or unless a judicial proceeding results therefrom. Except as otherwise provided in this section, no information contained in the register shall be made available to the public in such a manner as to identify individuals.~~

~~(d) The secretary of social and rehabilitation services shall forward any finding of abuse, neglect or exploitation alleged to be committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state authority which regulates such provider. The appropriate state regulatory authority may consider the finding in any disciplinary action taken with respect to the provider of services under the jurisdiction of such authority,~~*shall:*

(1) Make a personal visit with the involved resident and or facility:

(A) within 24 hours when the information from the reporter indicates imminent danger to the health or welfare of the involved ~~adult~~ *resident or residents in the involved facility;*

(B) within three working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger;

(C) within five working days for all reports of neglect or exploitation when the information from the reporter indicates no imminent danger.

(2) Complete, within 30 working days of receiving a report, a thorough investigation and evaluation to determine the situation relative to the condition of the involved resident or residents and what action and services, if any, are required. The ~~evaluation~~ *investigation shall include, but not be limited to, consultation with those individuals having knowledge of the facts of the particular case. When a criminal act has appeared to have occurred, law enforcement shall be notified immediately.* ~~and if the alleged perpetrator is licensed, registered or otherwise regulated by a state agency, such state agency also shall be notified immediately.~~

(3) Prepare, upon a completion of the evaluation of each case, a written assessment which shall include an analysis of whether there is or has been abuse, neglect or exploitation, recommended or implemented action, and a determination of whether protective services are needed, and any follow-up.

(b) The secretary of health and environment shall forward any finding of abuse, neglect, or exploitation alleged to have been committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state authority which regulates such provider. The appropriate state regulatory authority may consider the finding in any disciplinary action taken with respect to the provider of service under the jurisdiction of such

authority.

~~(e)~~ *(c)* The department ~~which investigates the report~~ *of health and environment* shall ~~inform~~ *notify* the complainant, upon request of the complainant, that an investigation has been made and, if the allegations of abuse, neglect or exploitation have been substantiated, that corrective measures *have been recommended or implemented* ~~will be taken~~.

(d) The department of health and environment may inform the chief administrative officer of a facility as defined by K.S.A. 39-923 and amendments thereto of substantiated ~~substantial~~ *findings of resident abuse, neglect or exploitation.*

Sec. 4. K.S.A. 1992 Supp. 39-1430 is hereby amended to read as follows: 39-1430. As used in this act:

(a) "Adult" means an individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed or threatened with harm through action or inaction by either another individual or through their own action or inaction~~. Such term shall not include a resident as the term "resident" is defined under K.S.A. 39-1401 and amendments thereto~~ *when (1) such person is residing in such person's own home, the home of a family member or the home of a friend, (2) such person resides in an adult family home as defined in K.S.A. 39-1501 and amendments thereto, or (3) such person is receiving services through a community mental retardation facility or a residential facility licensed pursuant to K.S.A. 75-3307b and amendments thereto. Such term shall not include persons to whom K.S.A. 60-3101* ~~30-3101~~ *et seq. and amendments thereto apply.*

(b) "Abuse" means the intentional infliction of *pain or physical or mental* injury, unreasonable confinement, *sexual abuse,* fiduciary abuse, intimidation, cruel punishment,

omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness, *or the unlawful, intentional touching or application of force to the person of another, when done in a rude, insolent or angry manner.*

(c) "Neglect" means the failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

(d) "Exploitation" means *misappropriation of an adult's property or intentionally* taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

(e) "Fiduciary abuse" means a situation in which any person who is the caretaker of, or who stands in a position of trust to, an adult, takes, secretes, or appropriates their money or property, to any use or purpose not in the due and lawful execution of such person's trust.

(f) "In need of protective services" means that an adult is unable to ~~provide for~~ *perform* or obtain services which are necessary to maintain physical or mental health or both.

(g) "Services which are necessary to ~~maintain~~ *avoid* physical or mental ~~health or both~~ *harm or illness*" include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of an adult to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that this term shall

not include taking such person into custody without consent, except as provided in this act.

(h) "Protective services" means services provided by the state or other governmental agency or by private organizations or individuals which are necessary to prevent abuse, neglect or exploitation. Such protective services shall include, but shall not be limited to, evaluation of the need for services, assistance in obtaining appropriate social services, and assistance in securing medical and legal services.

(i) "Caretaker" means a person *or institution* who has *voluntarily, by contract or by order of a court of competent jurisdiction,* assumed the responsibility for an adult's care or financial management or both.

(j) "Secretary" means the secretary of social and rehabilitation services.

(k) "Report" means a ~~report of abuse, neglect or exploitation under this act~~ *description or accounting of an incident or incidents of abuse, neglect or exploitation under this act and for the purposes of this act shall not include any written assessment or findings.*

(l) "Law enforcement" means the public office which is vested by law with the duty to maintain public order, make arrests for crimes, investigate criminal acts and file criminal charges, whether that duty extends to all crimes or is limited to specific crimes.

(m) "Involved adult" means the adult who is the subject of a report of abuse, neglect or exploitation under this act. No person shall be considered to be abused, neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

Sec. 5. K.S.A. 1992 Supp. 39-1431 is hereby amended to read as follows: 39-1431. (a)

Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, the chief administrative officer of a medical care facility *or agent thereof*, a licensed social worker, a licensed professional nurse, a licensed practical nurse, a licensed dentist, a law enforcement officer and the chief administrative officer of a licensed home health agency, *the chief administrative officer or agent thereof of an adult care home and the chief administrative officer of a community mental health or mental retardation facility or community psychiatric facility licensed under K.S.A. 75-3307b and amendments thereto* who has reasonable cause to believe that an adult is being or has been abused, neglected or exploited or is in need of protective services shall report *immediately* ~~within six hours from receipt of the information~~, such information or cause a report of such information to be made in any reasonable manner. An employee of a domestic violence center shall not be required to report information or cause a report of information to be made under this subsection. Other state agencies receiving reports that are to be referred to the department of social and rehabilitation services, shall submit the report to the department *immediately, or as specified in K.S.A. 39-1404 (c) and amendments thereto*, ~~within six hours,~~ during normal work days, of receiving the information. Reports shall be made to law enforcement agencies during the time social and rehabilitation services are not in operation. Law enforcement shall submit the report and appropriate information to the department of social and rehabilitation services on the first working day that social and rehabilitation services is in operation.

(b) The report made pursuant to subsection (a) shall contain the name and address of the person making the report and of the caretaker caring for the involved adult, the name and address of the involved adult, information regarding the nature and extent of the abuse, neglect

~~or~~, exploitation *or fiduciary abuse,* the name of the next of kin of involved adult, if known, and any other information which the person making the report believes might be helpful in the investigation of the case and the protection of the involved adult.

(c) Any other person having reasonable cause to suspect or believe that an adult is being or has been abused, neglected or exploited or is in need of protective services may report such information to the department of social and rehabilitation services. Reports shall be made to law enforcement agencies during the time social and rehabilitation services are not in operation.

(d) A person making a report under subsection (a) shall not be required to make a report under K.S.A. 39-1401 to 39-1410. inclusive, and amendments thereto. A person making a report under K.S.A. 39-1401 to 39-1410, inclusive, and amendments thereto, shall not be required to make a report under this act.

(e) Any person required to report information or cause a report of information to be made under subsection (a) who knowingly fails to make such report or cause such report not to be made shall be guilty of a class B misdemeanor.

(f) Notice of the requirements of this act and the department to which a report is to be made under this act shall be provided in writing to any adult, guardian, or employee of, and posted in a conspicuous place in every adult family home as defined in K.S.A. 39-1501 and amendments thereto, and community mental retardation facility and community psychiatric facility and community mental health center, or other facility licensed under K.S.A. 75-3307b and amendments thereto.

Sec. 6. K.S.A. 1992 Supp. 39-1433 is hereby amended to read as follows: 39-1433. (a) The department of social and rehabilitation services upon receiving a report that an adult is

being, or has been abused, neglected, or exploited or is in need of protective services, shall:

(1) Make a personal visit with the involved adult:

(A) Within 24 hours when the information from the reporter indicates imminent danger to the health or welfare of the involved adult;

(B) within three working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger;

(C) within five working days for all reports of neglect or exploitation when the information from the reporter indicates no imminent danger.

(2) Complete, within ~~two weeks~~ *30 working days* of receiving a report, a thorough investigation and evaluation to determine the situation relative to the condition of the involved adult and what action and services, if any, are required. The evaluation shall include, but not be limited to, consultation with those individuals having knowledge of the facts of the particular case. When a criminal act has appeared to have occurred, law enforcement shall be notified immediately and if the alleged perpetrator is licensed, registered or otherwise regulated by a state agency, such state agency also shall be notified immediately.

(3) Prepare, upon completion of the evaluation of each case, a written assessment which shall include an analysis of whether there *is a preponderance of evidence that there* is or has been abuse, neglect or exploitation, recommendation *or implemented* action, a determination of whether protective services are needed, and any follow-up.

(b) The secretary of social and rehabilitation services shall forward any finding of abuse, neglect or exploitation alleged to have been committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state

authority which regulates such provider. The appropriate state regulatory authority may consider the finding in any disciplinary action taken with respect to the provider of services under the jurisdiction of such authority.

(c) The department of social and rehabilitation services shall notify the complainant, upon request of the complainant, that an investigation has been made and if the allegations of abuse, neglect or exploitation have been substantiated, that corrective measures have been recommended or implemented.

(d) The department of social and rehabilitation services may inform the chief administrative officer of an adult care home as defined in K.S.A. 39-1501 and amendments thereto and community facilities licensed pursuant to K.S.A. 75-3307b and amendments thereto of substantiated findings of adult abuse, neglect or exploitation.

Sec. 7. K.S.A. 1992 Supp. 39-1435 is hereby amended to read as follows: 39-1435. In performing the duties set forth in this act, the secretary of social and rehabilitation services may request the assistance of all state departments, agencies and commissions and may utilize any other public or private agencies, groups or individuals who are appropriate and who may be available. Law enforcement shall be contacted to assist the department of social and rehabilitation services when the information received on the report indicates that an adult, residing in such adult's own home ~~or~~, the home or another individual, *an adult family home, a community mental retardation facility or residential facility* is in a life threatening situation.

Sec. 8. K.S.A. 1992 Supp. 39-1440 is hereby amended to read as follows: 39-1440. Subsequent to the authorization for the provision of necessary protective services; the secretary shall initiate a review of each case within ~~45~~ *60* days to determine where continuation of, or

modification in, the services provided is warranted. A decision to continue the provision of such services shall comply with the consent provisions of this act. Re-evaluations of the need for protective services shall be made not less than every six months thereafter.

Sec. 9. K.S.A. 1992 Supp. 39-1401, 39-1402, 39-1404, 39-1430, 39-1431, 39-1433, 39-1435, and 39-1440 are hereby repealed.

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

November 23, 1994

_______________ Bill No.________

By________________________

AN ACT relating to the definitions of adult care homes; nursing facilities; nursing facilities for mental health; intermediate care facilities for the mentally retarded; assisted living facility; residential care facility; home plus; boarding care home, amending K.S.A. 39-923 and repealing the existing section.

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

Section 7. K.S.A. 39-923 is hereby amended to read as follows: 39-923. (a) As used in this act:

(1) "Adult care home" means any nursing facility, nursing facility for mental health, ~~intermediate personal care home~~ intermediate care facility for the mentally retarded, ~~one to five bed adult care home and any~~ assisted living facility, residential health care facility, home plus, boarding care home, and adult day care facility, all of which classifications of adult care homes are required to be licensed by the secretary of health and environment. ~~Adult care home does not mean adult family home.~~

(2) "Nursing facility" means any place or facility operating ~~for not less than~~ 24 hours a day, seven days a week, ~~in any week and~~ caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, ~~by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or~~

~~properly care for themselves, and for whom reception, accommodation, board and skilled nursing care and treatment is provided, and which place or facility is staffed to provide 24 hours a day licensed nursing personnel plus additional staff, and is maintained and equipped primarily for the accommodation of individuals who are not acutely ill and are not in need of hospital care but who require skilled nursing care.~~ due to functional impairments, need skilled nursing care to compensate for activities of daily living limitations.

~~(3) "Intermediate personal care home" means any place or facility operating for not less than 24 hours in any week and caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board, personal care and treatment or simple nursing care is provided, and which place or facility is staffed, maintained and equipped primarily for the accommodation of individuals not acutely ill or in need of hospital care, nursing facility care or moderate nursing care but who require domiciliary care and simple nursing care.~~

~~(4) "One to five bed adult care home" means any place or facility which place or facility may be a private residence and which place or facility is operating for not less than 24 hours in any week and caring for not more than five individuals not related within the third degree or relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board, personal care and treatment and skilled nursing care, supervised nursing care or simple nursing care is provided by the adult care~~

~~home, and which place or facility is staffed, maintained and equipped primarily for the accommodation of individuals not acutely ill or in need of hospital care but who require domiciliary care and skilled nursing care, supervised nursing care or simple nursing care provided by the adult care home. When the home's capabilities are questioned in writing the licensing agency shall determine according to its rules and regulations if any restriction will be placed on the care the home will give residents.~~

(3) "Nursing facility for mental health" means any place or facility operating 24 hours a day, seven days a week caring for three or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need special mental health services to compensate for activities of daily living limitations.

(4) "Intermediate care facility for the mentally retarded" means any place or facility operating 24 hours a day, seven days a week caring for three or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments caused by developmental disabilities need services to compensate for activities of daily living limitations.

(5) "Assisted living facility" means any place or facility caring for three or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, due to functional impairments, need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes apartments for residents and provides or coordinates a range of services available 24 hours a day, seven days a week for the support of resident

independence.

(6) "Residential health care facility" means any place or facility caring for six or more individuals not related within the third degree or relationship to the administrator, operator or owner by blood or marriage and who, due to functional impairments, need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes individual living units and provides or coordinates a range of services available on a 24 hour, seven day a week basis for the support of resident independence.

(7) "Home plus" means any residence or facility caring for not more than five individuals not related within the third degree of relationship to the operator or owner or blood or marriage unless the resident in need of care is approved for placement by the secretary of the department of social and rehabilitation services, and who, due to functional impairment, needs personal care and may need supervised nursing care to compensate for activities of daily living limitations. The level of care provided residents shall be determined by preparation of the operator and rules and regulations developed by the department of health and environment.

~~(5)~~(8) "Boarding care home" means any place or facility operating ~~for not less than~~ 24 hours ~~in any week and~~ a day, seven days a week, caring ~~for three or more individuals~~ for not more than ten individuals not related within the third degree or relationship to the ~~administrator~~ operator or owner by blood or marriage and who, ~~by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board and supervision is provided and which place or facility is staffed, maintained and equipped primarily to provided shelter to residents who require some~~

~~supervision, but who~~ due to functional impairment, need supervision of activities of daily living but who are ambulatory and essentially capable of managing their own care and affairs.

(9) "Adult day care" means any place or facility operating less than 24 hours a day caring for individuals not related within the third degree or relationship to the operator or owner by blood or marriage and who, due to functional impairment need supervision or assistance with activities of daily living.

~~(6)~~(10) "Place or facility" means a building or any one or more complete floors of a building, or any one or more complete floors of a building, or any one or more complete wings of a building, or any one or more complete wings and one or more complete floors of a building, and the term "place or facility" may include multiple buildings.

~~(7)~~(11) "Skilled nursing care" means services ~~commonly~~ performed by or under the immediate supervision of a registered ~~professional~~ nurse and additional licensed nursing personnel. ~~for individuals requiring 24 hour a day care by licensed nursing personnel including: Acts of observation, care and counsel of the ill, injured or infirm; the~~ Skilled nursing includes administration of medications and treatments as prescribed by a licensed physician or dentist; and other nursing functions ~~requiring~~ which require substantial ~~specialized~~ nursing judgment and skill based on the knowledge and application of scientific principles.

~~(8)~~(12) "Supervised nursing care" means services commonly performed ~~by or~~ under the ~~immediate~~ onsite supervision of a licensed nurse ~~of licensed nursing personnel at least eight hours a day for at least five days a week including: Acts of observation, care and counsel of the ill, injured or infirm; the~~ or through delegation by a licensed nurse, including but not limited to, administration of medications and treatments as prescribed by a licensed physician or dentist~~;~~

and ~~other selected functions requiring specialized judgment and certain skills based on the knowledge of scientific principles.~~ assistance of residents with the performance of activities of daily living.

~~(9) "Simple nursing care" means selected acts in the care of the ill, injured or infirm requiring certain knowledge and specialized skills but not requiring the substantial specialized skills, judgment and knowledge of licensed nursing personnel.~~

~~(10)~~(13) "Resident" means all individuals kept, cared for, treated, boarded or otherwise accommodated in any adult care home.

~~(11)~~(14) "Person" means any individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof.

~~(12)~~(15) "Operate an adult care home" means to own, lease, establish, maintain, conduct the affairs of or manage an adult care home, except that for the purposes of this definition the word "own" and the word "lease" shall not include hospital districts, cities and counties which hold title to an adult care home purchased or constructed through the sale of bonds.

~~(13)~~(16) "Licensing agency" means the secretary of health and environment.

~~(14) "Skilled nursing home" means a nursing facility.~~

~~(15) "Intermediate nursing care home" means a nursing facility.~~

(17) "Apartment" means a private unit which includes, but is not limited to, a toilet room with bathing facilities, a kitchen, sleeping, living and storage area and a lockable door.

(18) "Individual living unit" means a private unit which includes, but is not limited to, a toilet room with bathing facilities, sleeping, living and storage area, and a lockable door.

(19) "Operator" means an individual who operates an assisted living facility or

residential health care facility with fewer than 45 beds, a home plus or adult day care facility and has completed a course approved by the secretary of health and environment on principles of assisted living.

(20) "Activities of daily living" mean those personal, functional activities required by an individual for continued well-being, including but not limited to eating/nutrition, dressing, personal hygiene, mobility, toileting and other activities such as meal preparation, shopping and management of personal finances.

(21) "Personal care" means care provided by staff to assist an individual with, or to perform activities of daily living.

(22) "Functional impairment" means an individual has experienced a decline in physical, mental and psychosocial well-being and as a result, is unable to compensate for the effects of the decline.

(b) The term "adult care home" shall not include institutions operated by federal or state governments, hospitals, or institutions for the treatment and care of psychiatric patients, boarding homes for children under the age of 16 years, day nurseries, child caring institutions, maternity homes, hotels or offices of physicians.

(c) The licensing agency may by rule and regulation change the name of the different classes of homes when necessary to avoid confusion in terminology and the agency may further amend, substitute, change and in a manner consistent with the definitions established in the section, further define and identify the specific acts and services which shall fall within the respective categories of facilities so long as the above categories for adult care homes are used as guidelines to define and identify the specific acts.

Attachment E

State of Kansas • Department on Aging

Client Assessment, Referral, and Evaluation

I. Identification Information

A. Client Social Security # (optional)

[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

B. Client Name

Last: ____________________

First: ____________________ MI: ____

C. Address

Street: ____________________

____

City: ____________________

County: [ ][ ][ ] State: [ ][ ]

ZIP: [ ][ ][ ][ ][ ]-[ ][ ][ ][ ]

Phone: [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]

D. Birth date

[ ][ ] Month [ ][ ] Day [ ][ ][ ][ ] Year

E. Gender
1. Male 2. Female

F. Date of Assessment

[ ][ ] Month [ ][ ] Day [1][9][ ][ ] Year

G. Assessor ID# [ ][ ][ ][ ][ ][ ]

H. Primary Language
1. English 2. German
3. Spanish 4. Other: ________

I. Ethnic Background (code for the correct response)
1. Black (non-Hispanic)
2. White (non-Hispanic)
3. American Indian/Alaskan Native
4. Hispanic
5. Asian/Pacific Islander
6. Other: ____________________

II. PASARR

A. Have you or anyone else suggested you need to move to a nursing facility?
1. Yes
2. No (skip to section III)

B. MI/MR Screen
1. Client has been diagnosed as having a serious mental disorder
   1. Yes 2. No
2. What psychiatric treatment has the client received in the past 2 years (check all that apply)
   1. Partial hospitalization
   2. Inpatient hospitalization
   3. Supportive services/intervention
   4. None
3. Has the client been diagnosed with one of the following conditions prior to age 22 **AND** the condition is likely to continue indefinitely? (check all that apply)
   1. Mental retardation
   2. Related condition
   3. None
4. What resources of information were used for the MI/MR screen (check all that apply)?
   1. Client
   2. Family
   3. Health care professional
   4. Clinical record
5. Referred for level II assessment?
   1. Yes 2. No

III. Functional Assessment

Enter the code in the box to indicate the client's level of self performance at the time of the assessment.

1. Independent
2. Supervision needed
3. Physical assistance needed
4. Unable to perform

A. Activities for daily living
1. Bathing
2. Dressing
3. Toileting
4. Transfer
5. Walking, mobility
6. Eating

B. Instrumental Activities for daily living
1. Meal preparation
2. Shopping
3. Money management
4. Transportation
5. Use of telephone
6. Laundry, housekeeping
7. Management of medications, treatments

C. Bladder continence (code current performance for client)
1. Continent
2. Usually continent
3. Occasionally incontinent
4. Frequently incontinent
5. Incontinent

D. Cognition
1. Comatose, persistent vegetative state
   1. Yes (skip to section V)
   2. No
2. Memory, recall
   1. Short-term memory
   2. Long-term memory
   3. Memory / recall
   4. Decision making
   5. Total Score

Continued on next page

Nam

E. Communication

1. Expresses information content, however able
   1. Understandable
   2. Usually understandable
   3. Sometimes understandable
   4. Rarely or never understandable

2. Ability to understand others, verbal information, however able
   1. Understands
   2. Usually understands
   3. Sometimes understands
   4. Rarely or never understands

IV. Current or Recent Problems and Risks

Check all the current or recent problems and risks the patient has had

1. Falls, unsteadiness
2. Impaired vision
3. Impaired hearing
4. Wandering
5. Socially inappropriate, disruptive behavior
6. Self neglect
7. Neglect, abuse, or exploitation experienced
8. None

V. Support

A. Lives alone
   1. Yes 2. No

B. Support, caregiver available
   1. Full time
   2. Part time—routine
   3. Part time—intermittent
   4. Not available

C. Possible sources of payment for support services (check all that apply)
   1. Self pay
   2. Medicare
   3. Private insurance
   4. VA
   5. Medicaid
   6. Senior Care Act
   7. Other:__________

D. Primary person for legal and financial matters (check all that apply)
   1. Self
   2. Spouse
   3. Son, daughter, or other relative
   4. Guardian
   5. Durable Power of Attorney for health care
   6. Durable Power of Attorney/ Power of Attorney
   7. Other legal oversight
   8. Friend
   9. Other:__________

E. Primary person who manages care/ financial matters, if other than client

Name:__________

Street:__________

City:__________

State:____ ZIP:________

Phone:

VI. Referral informatio

A. These services are n::ded to assist client to remain in community care

B. Client, family choice for long-term care services (code for correct response)
   1. Client's or family member's home without services
   2. Client's or family member's home with services
   3. Personal, residential, or boarding care
   4. Nursing facility
      a. Name of facility:
      ____
      b. Is the client's stay in the nursing facility anticipated to be less than 3 months?
      1) Yes 2) No

VII. Address where client can be contacted for further information and referral services

(if different from Section I)

Street:__________

City:__________

County: State:

ZIP:

Phone:

Comments:

S of Kansas Community Based Services Assessment Form VIII. Financial Mo

Client Name	Client number	Date	Assessor Number	Assessor Phone #

*1) ☐ *Veteran 1) Yes 2) No*

*2) ☐ *Marital status 1) Single 2) Married 3) Widowed 4) Divorced*

*3) ☐ *Family size 1 - 5 (See Manual for determination)*

*4) ☐ *Is income % 1) < 75% 2) 75-100% 3) 101-125% 4) 126-150% 5) >150% of amount in manual?*

*5) Income

Client	Other	Type of Income
$		A) Social Security/ Disability
		B) SSI
		C) Retirement Pensions
		D) Veterans Pensions
		E) Earnings from Employment
		F) Income from Property
		G) Farm Income
		H) Interest/Dividends
		I) Other (i.e. coop dividend, royalties, etc...)
		J) Regular support from family or others
		Total Income

*6) Information for Co-pay programs

A) Percent of client responsibility	

*7) SRS Assistance

A) ☐ ***Do You currently receive assistance? 1) Yes 2) No***

Medicaid spend down info:

B) Start: ______/______/______

C) End: ______/______/______

D) Amount: ________________

E) Who is Your SRS Economic Assistance Specialist?

____

F) ☐ ***Referral for financial assistance. 1) Yes 2) No***

8) Medical Expense

Medical Related Out of Pocket Expense	Current amount monthly	Past due owing	Notes (including dates)
A) Health Insurance Premiums Medicare Part A	$	$	
B) Health Insurance Premiums Medicare Part B			
C) Other Health Insurance			
D) Hospital			
E) Physicians			
F) Ambulance			
G) Laboratory			
H) RX Drugs			
I) Vision/ Drugs			
J) Dental			
K) Counseling			
L) Medical Transportation			
M) Other Specify			
Total			

Comments: ______________________________

____

____

____

____

September 19, 1994

9) Assets

Resource	Value	Account #	Ownership	Additional Information
A) Checking	________	________	________	________
B) Savings	________	________	________	________
C) Stocks/ Bonds	________	________	________	________
D)Trusts	________	________	________	________
E) CD's	________	________	________	________
F) Life Ins. Face Value	________	________	________	________
G) Life Ins. Cash Value	________	________	________	________
H) Home	________	________	________	________
I) Vehicle	________	________	________	________
J) Property non-home	________	________	________	________
K) Farm non-home	________	________	________	________
L) Burial	________	________	________	________
M) Other	________	________	________	________
Total				

10) ☐ Have you sold, transferred, given away or changed the ownership of any property in the past three years? 1) Yes 2) No
If yes explain ______________________________

11) ☐ Have you transferred any property to a trust within the last 5 years? 1) Yes 2) No

12) ☐ Presumptive Eligibility 1) Yes 2) No

Comments: ______________________________

Client Name	Client Number	Date	Assessor Number	Assessor Phone #

*1. *Place of Residence:*
(Check appropriate box)
☐ House/Town House
☐ Apartment/Condominium
☐ Duplex
☐ Assisted Living
☐ Congregate/Group living facility
☐ Trailer Home
☐ Nursing Facility
☐ Homeless

*2. *Client's dwelling is:*
☐ Owned
☐ Rented, private
☐ Rented Subsidized
☐ Rent free (e.g. family, friends)
☐ Other ______________

3. ☐ Client's home in
(place number in the box)
1) Country
2) Town
3) Urban

4. ☐ Do you feel safe inside your home?
1. Yes 2. No
If no, Why ______________

5. ☐ Do you feel safe in your neighborhood?
1. Yes 2. No
If no, Why ______________

6. ☐ Do you feel safe outside your neighborhood?
1. Yes 2. No
If no, Why ______________

7. ☐ Is there anything inside or outside your home that you worry about or are uncomfortable about? 1. Yes 2. No
If yes, What ______________

8. Does the home have the following? 1. Does not have 2. Not Working
3. Working
☐ Electricity
☐ Gas/propane
☐ Piped water, hot/cold
☐ Heating system
☐ Telephone
☐ Laundry facilities
☐ Smoke detector
☐ Refrigerator
☐ Stove/microwave
☐ Air conditioning/fans
☐ Flush toilet
☐ Tub/shower
☐ Radio/television

Comments: ______________

9. ☐ Are there health/physical safety problems? 1. Yes 2. No
(Check all that apply)
☐ Dirt/garbage
☐ Furnishings/rugs
☐ House/yard storage
☐ Animal(s)/Pests
☐ Poor lighting
☐ Other

Comments: ______________

10. ☐ Do you have any difficulty accessing your home or any room in your home? 1. Yes 2. No
(Check all that apply)
☐ Entrance(s)
☐ Kitchen
☐ Bathing facility
☐ Laundry
☐ Bedroom
☐ Toilet facility
☐ Living/family room

Comments: ______________

11. ☐ Is this dwelling a suitable candidate for weatherization? 1. Yes 2. No

12. Recommended changes to the environment: ______________

13. Additional Comments: ______________

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State of Kansas Community Based Services Assessment Form — X. Health Mo[...]

Client Name	Client Number	Date	Assessor Number	Assessor Phone #

1) Sources of information: Client Record review Other (specify) ______________________

2) CARDIOVASCULAR
- Chest Pain
- Ankle Edema
- Shortness of Breath
- Hypertension
- Other ______________

3) ENDOCRINE
- Diabetes
- Thyroid
- Other ______________

4) GASTROINTESTINAL
- Difficulty Swallowing
- Ulcers
- Bowel Problems
- Gall Bladder Problems
- Other ______________

5) HEARING
- Decreased Acuity
- Earaches
- Hearing Aid
- Other ______________

6) SKIN
- Rashes
- Stasis Ulcers
- Dermatitis
- Decubitus Ulcer
- Other ______________

7) INFECTIOUS DISEASE
- Tuberculosis
- Hepatitis
- HIV Positive (AIDS)
- STD
- Other ______________

8) RESPIRATORY
- Difficulty Breathing
- Asthma
- Cough (dry/productive)
- COPD (Emphysema)
- Other ______________

9) NEUROLGICAL
- CVA Stroke
- Parkinson's Disease
- Seizures
- Dizziness
- Dementia (type) ______________
- Paralysis
- Traumatic Brain Injury
- Other ______________

10) MUSCULOSKELETAL
- Osteoporosis
- Amputation
- Back Pain
- Arthritis (type) ______________
- Fractures
- Other

11) GENITOURINARY
- Difficult/Frequent Urination
- Frequent Bladder Infections
- Dribbling/Incontinence
- Dialysis
- Other ______________

12) VISUAL
- Blurred Vision
- Glaucoma
- Cataracts
- Corrective Lens
- Other ______________

13) GYNECOLOGICAL
- Breast Changes
- Nipple Discharge
- Vaginal Discharge/Bleeding
- Other ______________

14) OTHER
- Cancer ______________
- Allergies ______________
- Drug Sensitivities ______________
- Anemia ______________
- Mental Illness ______________
- Retardation ______________

15) DIAGNOSIS
a) Primary: ______________
b) Secondary: ______________
c) Tertiary: ______________

**16) Advanced Directives*
1) Yes 2) No

**17) Living Will*
1) Yes 2) No

**18) How is Your eyesight?*
1) good 2) fair 3) poor 4) blind

**19) How is your Hearing?*
1) good 2) fair 3) poor 4) deaf

**20) ☐ How many times in the last six months did you see a Physician?*

**21) __/__/__ When did you last see your Physician?*

**22) ☐ How many times have you fallen in the last three months?*

**23) ☐ How many times have you been hospitalized in the last six months?*

**24) ☐ How many times have you been admitted to a nursing facility in the past twelve months?*

Comments: ______________

25)

Medication	Dosage	Frequency
A)		
B)		
C)		
D)		
E)		
F)		
G)		
H)		
I)		
J)		
K)		
L)		
M)		

26) How do you remember to take your medications?

calendar
care giver gives them
egg carton, envelope
pill minder
follows directions on the label
other ______________________________

27) Assessor: Are you concerned that the client is :

1)Yes 2) No

☐ not taking meds on time
taking the proper number of meds
not getting RX properly filled
not getting meds reevaluated
not getting meds due to costs
taking prescriptions from too many Physicians
using outdated meds
refusing to take meds
having other medication problems ____________

____

Comments and care plan implications: ______________

____

____

____

____

____

28)

Special devices and equipment	1) Yes 2) No	Need (check)
A) Dentures		
B) Cane		
C) Walker		
D) Wheel Chair		
E) Brace		
F) Hearing Aid		
G) Glasses		
H) Contact lenses		
I) Hospital Bed		
J) Medical Phone Alert		
K) Supplies		
L) Bed-side Commode		
M) Bathing Equipment		
N) Transfer Equipment		
O) Adaptive Eating Equipment		
P) Other		

Comments and implications on the plan of care ____________

____

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29)** ☐ ***SELF DECLARED DISABILITY: 1) Yes 2) No

Client Name	Client Number	Date	Assessor Number	Assessor Phone #

MEDICAL TREATMENTS AND THERAPIES:

30) Do You receive any of the following medical treatments?

Treatment	1) Yes 2) No
A) Bed Sores Treatment	
B) Bowel Care	
C) Catheter Care	
D) Colostomy Care	
E) Dialysis at Home	
F) Dialysis Outpatient	
G) IV therapies	
H) Ostomy Care	
I) Oxygen	
J) Pacemaker	
K) Wound Care	
L) Suctioning	
M) Physical Therapy	
N) Occupational Therapy	
O) Speech Therapy	
P) Respiratory Therapy	
Q) Other:	

Comments and implication on the plan of care:

____

____

TOBACCO, ALCOHOL AND DRUG USAGE:

31) How frequently do you consume alcohlol (including wine, beer and other spirits)
1) None
2) One per week
3) One day
4) Two to four per day
5) Five or more per day

32) Do you currently smoke:
1) Never
2) On occasion
3) Regularly Under 1/2 pack per day
4) One pack per day
5) More then one pack per day

Do you currently use:
33) Smoke-free tobacco
34) non-prescription drugs

35) Has the use of alcohol and other drugs caused any issues in your life? ____________________________

Assessor: Are you concerned about your client's:
36) Alcohol use
37) Tobacco use
38) Other drug use

MENTAL HEALTH

39) How often would you say that you worry about things?
1) Very often 2) Fairly often
3) Hardly ever 4) Not answered

40) In general do you find life:
1) Exciting 2) Pretty routine
3) Dull 4) Not answered

**41) Taking everything into consideration, how would you describe your satisfaction with life in general at the present time:*
1) Good 2) Fair
3) Poor 4) Not answered

Assessor: Is it your impression that the client: 1) Yes 2) No

**42) Shows good common sense in making judgments and decisions?*
**43) Is able to handle major problems that occur in his/her life?*
**44) Finds life fulfilling?*
**45) Did the client seem to stay on task during the assessment?*
**46) Does the client appear to be depressed?*

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During the interview did the clients behavior strike you as:	1) Yes 2) No
A) Mentally alert and stimulating	
B) Pleasant and cooperative	
C) Depressed and tearful	
D) Withdrawn and lethargic	
E) Fearful, anxious, or tense	
F) Full of unrealistic physical complaints	
G) Suspicious	
H) Bizarre or inappropriate	
I) Excessively talkative or jovial	

Comments: ___________________

____

____

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____

____

NUTRITION

*48) ☐ *How is your appetite?*
1) Good 2) Fair 3) Poor

*49) ☐ *What is your current weight?*

*50) *Have you gained or lost weight in the last six months?*
☐ *Gain* ☐ *Loss*

*51) *Do you have any problems that make it difficult to eat?*

Condition	*1) Yes 2) No*
A) Dental problems	
B) Nausea	
C) Taste problems	
D) Can't eat certain foods	
E) Any food allergies	
F) Any other problems	
G) Difficulty opening containers	

Comments and implication on the plan of care

____

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____

* 52) *Has a Physician prescribed special diets? (Check all that apply)*

A) Low Salt	
B) Low Fat	
C) Low Sugar	
D) Calorie Supplement	
E) Soft Diet	
F) Other	

*53) *Are you following the diet?*

Comments and implication on the plan of care.

____

____

____

____

____

54) How many 8 oz. glasses of liquid do you drink per day? (not coffee or soda)

*55) *Who prepares your meals?*_______

____

*56) *How many meals eat per day?*

57) Where do you eat your meals? (check all that apply)

A) home/residence
B) at family's residence
C) restaurant / fast food
D) congregate meal sites

58) What Do You eat. ___________

____

____

____

*59) *Determine Nutritional Risk:*

Questions	*Score*
A) I have an illness or condition that made me change the kind or amount of food I eat	*Yes* 2
B) I eat fewer than two meals per day	3
C) I have three or more drinks of beer,liquor or wine almost every day	2
D) I have tooth or mouth problems that make it hard for me to eat	2
E) I don't have enough money to buy the food that I need.	4
F) I eat alone most of the time	1
G) I take three or more over- the-counter or prescribed drugs per day	1
H) Without wanting to, I have lost or gained 10 pounds in the last six months	2
I) I am not physically able to shop, cook and/or feed myself	2
Total (Risk Ranking)	

*60) ☐ *Is this person home bound by reason of illness or incapasatating disability. 1) Yes 2) No*

S[illegible]f Kansas Community Based Services Assessment Form

XI. Support Mo[illegible]e

Client Name	Client Number	Date	Assessor Number	Assessor Phone #

Name	Address	Phone #	Service Provided	Service Code	Willing to Provide Service 1) Y 2)N	Critical Service 1) Yes 2) No	Total Units
**1) Emergency Contacts (List primary person first)*							
***2) Financial Contacts**							
3) Legal Contacts							
**4) Medical Personnel (eg. MD, DDS, Pharmacy, Mental Health Therapist, Therapist, etc...)*							
5) Organizations (eg. Church, Clubs, etc...)							

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I	Address	Phone #	Service Provided	Service Code	Willing to provide Service 1) Y 2)N	Critical Service 1) Yes 2) No	al s
6) Family							
7) Who lives with you?							
8) Support Services (eg. Friends, Neighbors, Landlord, or Other Service Providers, etc...)							
9) Pets (Include service animals)							
10) Transportation							
11) Funeral Home							

12) ☐ How many people do you know well enough to visit with in their homes?
1. Not answered
2. None
3. 1-2
4. 3-4
5. 5 or more

13) ☐ How many times during the past week did you spend time with someone who does not live with you?
1. Not answered
2. None
3. 1-2
4. 3-6
5. Once a day or more

14) ☐ Do you see your relatives and friends as often as you want to?
1. Yes
2. No
3. No relatives
4. Not answered

15) ☐ About how many times did you talk to someone (friends, relatives, or others) on the phone in the past week?
1. Not answered
2. None
3. 1-2
4. 3-6
5. Once a day or more

16) ☐ Do you have someone you can trust and confide in?
1. Yes
2. No
3. Not answered

17) ☐ Do you need legal assistance?
1. Yes
2. No

S[illegible] of Kansas Community Based Services Assessment Form **XII. Services Modu[illegible]**

Client Name	*Client Number*	*Date*	*Assessor Number*	*Assessor Phone #*

**1) Plan of Care*

Service Code	*Funding Program*	*Services*	*Frequency # Days / Time*	*Total Units*	*Cost per Unit*	*Extended Cost*	*Provider*	*Start Date*

**2) Services currently received*

**3) Total Cost of Service Plan: $____________________*

**4) Level of Care outcome. ____*

**5) ☐ Did client choose to self direct his/her own care? 1) Yes 2) No*

September 19, 1994

Assessor:

**6) Summarize what the client wants to have happen as a result of the assessment:*

**7) Summarize the plan of action to meet these goals:*

THE GOVERNOR'S COMMISSION ON HOUSING AND HOMELESSNESS

December 6, 1994

The Governor's Commission on Housing and Homelessness has identified the following legislative and administrative actions which would increase housing options available to Kansans having long term care needs and help them live as independently as possible:

1. Establish an interagency housing committee to enhance communication and service coordination. This could include representatives from the Kansas Development Finance Agency, Kansas Department of Commerce & Housing Field Representatives, County Extension Services, and other state agencies.

2. Enhance the development of housing alternatives for low and moderate elderly by directing a)the use of Division of Housing resources, and b)KDFA efforts to utilize creative bond issuances for housing development.

3. Expand housing outreach efforts to include the six Kansas Department of Commerce & Housing Outreach offices, the Community Development Block Grant Program, the agencies listed under Recommendation One, and to divide the State into housing outreach regions.

4. Continue to pursue permanent revenue sources for the State Housing Trust Fund to develop alternative housing options for elderly Kansans. Funding options could be generated from passage of a housing check off tax form bill, utilizing revenue from mortgage revenue bond fees, and from fees generated by the Low Income Housing Tax Credit Program.

5. Continue KDOCH efforts to network with other States' housing agencies to alter federal policies, regulations, and practices which act as barriers to affordable housing and to alternative housing options for elderly citizens.

6. Develop educational courses related to long term care options and services which would help elderly Kansans to age in place. These would address supportive services, adult day care, community planning, and courses for entrepreneurs to assist with developing long term care businesses.

7. Target housing resources for homeowner rehabilitation, repair, and accessibility to help elderly persons at very low and low incomes as defined by the U.S. Department of Housing and Urban Development (HUD) age in place.

8. Develop independent, supportive housing services for elderly Kansans.

9. Support legislation allowing communities to offer housing tax incentives for rural economic development and revitalization, a local option issue.

10. Continue a pilot program for senior supportive services initially funded by the Robert Wood Johnson Foundation. If this program provides a growth opportunity, the program should be maintained and expanded.

11. Include the needs of low to moderate income elderly Kansans and homeless elderly Kansans in the development of all housing recommendations and solutions, as well as the needs of Kansans who are homeless.

Kansas Department of Social and Rehabilitation Services
Long Term Care Action Subcommittee
Level of Care Final Report
October 21, 1994

Recommended Program Level of Care Formulas:

Nursing Facility	Minimum # of Criteria	Minimum Weight
ADL's (Activity of Daily Living)	3	10
IADL's (Instrumental Activity of Daily Living)	2	12
Minimum Total Weight =		26

Individuals must meet the minimum # of criteria and the minimum level of care weight.

Income Eligible Home Care	Minimum # of Criteria	Minimum Weight
ADL's	2	5
IADL's	3	10
Minimum Total Weight =		19

Individuals must meet the minimum # of criteria and the minimum level of care weight or the IADL weight must be equal = or > 15 with a minimum total weight of 19.
Note: The members agreed that this formula should also be used for the Senior Care Act program should targeting of services become necessary.

Senior Care Act	Minimum # of Criteria	Minimum Weight
ADL's	1	N/A
IADL's	1	N/A
Minimum Total Weight =		5

Individuals must meet the minimum # of criteria and the minimum level of care weight.

In-Home Nutrition/Older Americans Act	Minimum # of Criteria	Minimum Weight
ADL's	0	N/A
IADL's	1	5
Minimum Total Weight =		10

Individuals must meet the minimum # of criteria and the minimum level of care weight.
Note: This recommendation is an optional plan for Area Agency's on Aging to use for targeting or prioritizing services.

As a final action the subcommittee recommends an academic analysis of the proposed level of care formula's prior to implementation. The analysis shall address, at a minimum, the following key issues:

- o necessary grandfathering of existing consumers of services
- o necessary field testing of the formulas
- o impact on consumers, programs, and budget
- o recommended implementation timeframes

This analysis should be completed by July 1, 1995.

The final level of care chart is identified below:

LOC (Level of Care) CATEGORY	LOC CRITERIA	LOC WEIGHT	MULTI-PLIER	WEIGHT TOTAL
ADL (Activities of Daily Living)	TRANSFER	5		
	TOILETING	5		
	MOBILITY	3		
	EATING	2		
	BATHING	1		
	DRESSING	1		
			Subtotal	
IADL (Instrumental Activity of Daily Living)	MEDICATION MANAGEMENT	5		
	MEAL PREPARATION	5		
	MONEY MANAGEMENT	4		
	TELEPHONE USAGE	3		
	TRANSPORTATION	3		
	LAUNDRY/HOUSEKEEPING	2		
	SHOPPING	1		
			Subtotal	
RISK FACTORS	BLADDER INCONTINENCE	5	N/A	
	A/N/E BY OTHERS	5	N/A	
	SUPPORT UNAVAILABILITY	4	N/A	
	IMPAIRED COGNITION	4	N/A	
			Subtotal	
TOTAL WEIGHT:				

Types of Assistance Multipliers: (0) = No Assistance; (1) = Supervision, Physical Assistance, or N/A; (2) = Unable to Perform

Attachment H

ENDORSEMENT

We, the Secretaries of the Kansas Department of Commerce and Housing (KDOC&H), the Department of Health and Environment (KDHE), the Department of Social and Rehabilitation Services (SRS), and the Department on Aging (KDOA) do hereby accept and endorse the Long Term Care Action Committee Recommendations to the 1995 Kansas Legislature.

12/21/94
Date

for Robert Knight, Secretary of KDOC&H
Carol L. Morgan, Deputy Secretary

1/3/95
Date

Robert C. Harder, Secretary of KDH&E

12-21-94
Date

Donna L. Whiteman, Secretary of SRS

12-21-94
Date

Joanne E. Hurst, Secretary of KDOA