

Approved: \_\_\_\_\_  
Date

## MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 25 in Room 423-S of the Capitol.

All members were present except:

Committee staff present: Kathy Sparks, Kansas Legislative Research  
Renaë Jefferies, Revisor of Statutes  
June Evans, Secretary

Conferees appearing before the committee: Thelma Hunter Gordon, Secretary of Aging, Kansas  
Department of Aging

Others attending: See Attached List

The Chairman announced an invitation for dinner on February 15 had been distributed from Federico Consulting.

The Chairperson introduced Thelma Gordon Hunter, Secretary of Aging, who gave an overview of the Kansas Department of Aging. Ms. Hunter stated that because of the transferred long-term care programs, much of the staff was new and were working on a tremendous learning curve. Kansas, like most other states, is preparing for the "coming of age" of the Baby Boomers. Kansas differs from other states, however, in that seven of the 15 "oldest" counties in the nation are in Kansas. Kansas will be one of the hardest hit as our population matures. In a process called "Re-engineering for the Future" we will be looking at the contrasts between the requirements of our current customers and the anticipated needs, desires and expectations of those who will soon be seniors. A task force of all parties involved has spent the last year gathering input for redesigning the Uniform Assessment Instrument (UAI) to create a more customer-friendly document. The KAMIS (Kansas Aging Management Information System) program will solve our Year 2000 computer problem, as well as greatly increase accuracy in accessing the information necessary to provide quality services in a timely manner. KAMIS will be user-friendly. We have undertaken several projects to streamline reporting, including creating uniform definitions across programs and enabling electronic filing of most reports. The Expedited Service Delivery pilot, which is intended to expedite critically needed assistance to senior Kansans who apply for and are awaiting Medicaid financial eligibility determinations, will be extended until March 31. KDOA staff has produced a market analysis regarding unmet needs statewide based on responses of all persons assessed by the Client Assessment and Referral Evaluation (CARE) program. KDOA broke new ground by using outcomes-based criteria for awarding \$350,000 in grants to improve and increase transportation services for those served by KDOA and SRS. Staff from the Kansas Department of Transportation and the University of Kansas Transportation Center provided technical assistance and advice to the KDOA/SRS selection committee (See Attachment #1).

It was asked how \$350,000 was arrived at for transportation costs. Ms. Gordon stated that \$350,000 was allocated to the Department of Aging and SRS thru the budget. It was realized last year that transportation was important and asked for that in the budget.

It was asked what the seven counties were in Kansas that had the "oldest" population. That will be distributed to the committee.

It was asked how many nursing homes had closed in the last year or two. What will be done about the empty nursing home beds? The nursing home industry is starting a program to look at technology this but there is a lawsuit and cannot discuss that now. It is a critical area in some locations. Did KDOA ask for more funding for home health care this year as there is definitely a need for more funding. This year the funding looks fine but not sure about next year. The budget has a slight increase from last year. What are some of the critical needs for the seniors and needs to be identified? We need to try to keep seniors as independent as possible.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on January 25, 1999.

With the number of nursing homes that have been closed, is there a lack of need as far as clients or have they been closed for other reasons? A number of reasons, some have been converted to assisted living and some closed because of corporate decision for financial and other reasons. A list could be provided of the homes that have closed. It was requested that list be provided.

It was asked if the KDOA was asked to provide any suggestions or assistance in regards to providing any foster care? No, not to my knowledge but would be happy to assist SRS in foster care.

It was stated there have been positive comments about starting home health care, but prescriptions seem to be the problem. Is there anything in your department that provides help in prescriptions? There is a program called SHICK and are working on that because there is a problem.

You mentioned a lawsuit. It is a lawsuit from one of the nursing facility associations. Is this because they want more money?

This summer there was an interim that worked on home health care providers and there is a shortage of providers. With the change in Medicare this summer there was also a change in the number of available home health care providers. How is this impacting the program? There will be a Forum of home health care providers in February and will give a update on that program.

The meeting adjourned at 2:00 p.m. The next meeting will be February 26, 1999.

HUMAN AND HEALTH SERVICES

DATE January 25, 1999

NAME	REPRESENTING
Debby Fleming	Federico Consulting
TOM SIPE	KS Hosp Assoc
Stacy Soldan	Heinrichs Child
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Derek A. Blaylock	Item for Teresa Sittenauer
Craig Hansen	KS COUNCIL ON DD
Vally Finney	Ks. Public Health Association
Michelle Peterson	Peterson Public Affairs Group
Martha Hodgesmill	Attorney General
Garne Ann Brown	KS Assoc of Health Plans
Helma Hunter Sadon	Ks. Dept. on Aging
Denise Clemons	" "
Lue Brauman	"
Michelle Allen	Ks Health Care Association
Dell Denny	Ks Area Agency on Aging

# STATE OF KANSAS



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BILL GRAVES  
*Governor*

Thelma Hunter Gordon  
*Secretary of Aging*

### Report to the House Health and Human Services Committee From KDOA Secretary Thelma Hunter Gordon January 25, 1999

Mr. Chairman and members of the committee:

It's a pleasure to be here today to update you on activities at the Kansas Department on Aging. I'm pleased to report we had a very successful year – especially considering that because of the transferred long-term care programs, much of our staff was new and we were working on a tremendous learning curve.

Regardless, it was a very successful year. And now that we've become accustomed to our new size and responsibilities, we're excited to improve on where we are and what we're doing. We're also casting an eye toward the future.

Kansas, like most other states, is preparing for the "coming of age" of the Baby Boomers. How we differ from other states, however, is that Kansas has seven of the 15 "oldest" counties in the nation. In short, we will be one of the hardest hit as our population matures. For that reason, we're being proactive in our approach to aging services. Some examples include:

#### **Re-engineering**

We need to identify what KDOA should do to prepare for our expanded customer base as the Baby Boomers age. In a process we are calling Re-engineering for the Future, we will be looking at the contrasts between the requirements of our current customers and the anticipated needs, desires and expectations of those who will soon be seniors.

#### **Uniform Assessment Instrument**

A task force of all parties involved has spent the last year gathering input for redesigning the Uniform Assessment Instrument (UAI) to create a more customer-friendly document. It will also provide a comprehensive data collection system to more accurately reflect the abilities and needs of our seniors. We will soon start training for the pilot.

Human & Health Svcs  
1-25-99  
Atch # 1

### **Information Management**

Our KAMIS (Kansas Aging Management Information System) program will solve our Year 2000 computer problem, as well as greatly increase accuracy in accessing the information necessary to provide quality services in a timely manner. Unlike CARS, our current labor-intensive system, KAMIS will be user-friendly. In addition, we have undertaken several projects to streamline reporting, including creating uniform definitions across programs and enabling electronic filing of most reports.

### **Expedited Service Delivery Pilot**

The Expedited Service Delivery pilot, which is intended to expedite critically needed assistance to senior Kansans who apply for and are awaiting Medicaid financial eligibility determinations, will be extended until March 31. At this point there is not enough data to adequately determine the success of the program.

### **CARE**

KDOA staff has produced a market analysis regarding unmet needs statewide based on responses of all persons assessed by the Client Assessment and Referral Evaluation (CARE) program. That market analysis is being used to heighten the awareness of the service needs in each area and foster interest in community-based, long-term care services among existing or potential businesses and entrepreneurs.

As an aside, the CARE program once again had an increase in the number of seniors diverted from nursing facilities. In FY 98, 16.45 percent of individuals assessed for services were diverted. In FY 97, that number was 15.33 percent

### **Transportation**

KDOA broke new ground by using outcomes-based criteria for awarding \$350,000 in grants to improve and increase transportation services for those served by KDOA and SRS. Staff from the Kansas Department of Transportation and the University of Kansas Transportation Center provided technical assistance and advice to the KDOA/SRS selection committee.

### **Cooperative Initiatives with Other Agencies**

- Relations between KDOA and the Area Agencies on Aging (AAA) continue to be good. In addition to regular meetings with their organization, Kansas Association for Area Agencies on Aging (K4A), we've encouraged the use of liaisons to provide technical assistance. They, in turn, have been exceedingly cooperative in working with us and pointing out procedures they believe to be counterproductive.
- KDOA is continuing to work with the University of Kansas Center on Aging. Among other projects already in the works, we have committed to working with the Center to provide information and technical assistance in creating a Geriatric Education Center that will offer interdisciplinary approaches to care and increase the number of health professionals and students interested in providing services to older persons.



- Our Nutrition Task Force, comprised of providers, senior customers, AAAs, senior centers, external experts and KDOA staff, has submitted a three-year strategic plan for the redesign and revitalization of the Older Americans Act Congregate Nutrition Program in Kansas.
- We've initiated regular meetings with SRS and organizations representing Centers for Independent Living to assure senior's rights to self-directed care while ensuring safe, quality services are actually provided. Brochures on Self-Directed Care Rights and Responsibilities have been printed and distributed to the AAAs.
- KDOA has worked with the Kansas Division of Emergency Management (KDEM) and the Federal Emergency Management Agency (FEMA) to make them aware of the special needs of seniors in a disaster. We also have worked with AAAs to help develop disaster plans and to provide outreach and advocacy for seniors in disaster situations. During the recent disasters, FEMA recognized those special senior needs and asked that KDOA and the AAAs assist seniors through the often-confusing process at the FEMA Disaster Response Centers.

Mr. Chairman, this is by no means all we're doing at the Kansas Department on Aging. It is, however, a cross-section of what we're working on. I hope this overview has been helpful to you and your committee. I will be happy to answer questions at the appropriate time.