

Approved: 2-16-00
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on February 10, 2000 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes
Lisa Montgomery, Revisor of Statutes
Emalene Correll, Legislative Research Department
Hank Avila, Legislative Research Department
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Connie Hubbell, Secretary, Kansas Department on Aging
Shannon Jones, SILCK
Matthew Hickam, Kansas Long-term Care Ombudsman

Others attending: See attached list

Hearing on: SB 372—Aged persons; long-term care

Legislative Research staff briefed the Committee on **SB 372** which would repeal the requirement to presume that applicants are eligible for long-term care services from the date of application.

Connie Hubbell, Secretary, Kansas Department on Aging, testified before the Committee in support of **SB 372** and noted that KDOA implemented a pilot project to determine if presumptive eligibility for customers would be a more effective and efficient system for the agency than the current assessment and intake process used. The pilot was titled Expedited Service Delivery and was tested in three Area Agencies on Aging. Secretary Hubbell also pointed out three reasons KDOA supports passage of the bill: (1) Expedited Service Delivery (ESD) does not significantly benefit customers; (2) ESD increases the cost of case management but only benefits a small number of customers; and (3) repealing presumptive eligibility would have little or no impact on Area Agencies on Aging, KDOA staff or elder Kansans. (Attachment 1) During Committee discussion Secretary Hubbell clarified the funding cut for the Nutrition Program and Environmental modifications. It was suggested that additional information on these funding cuts and KDOA budget be provided to those not on the Ways and Means Committee.

There were no opponents to the bill.

Update on: Home and Community Based Services/Frail Elderly

Connie Hubbell, Secretary of Aging, briefed the Committee on the HCBS/FE waiver, which is a Medicaid program offered by the state for the purpose of providing assistance to elders that enables them to remain in their own homes. Secretary Hubbell noted that the average number of people served under HCBS/FE Medicaid waiver per month in FY 1999 was 4,284, and the average number served for FY 2000 to date is 4,835. Expenditures for FY 1999 were \$34,921,722 while expected expenditures for FY 2000 are \$46,573,718. Services provided under the HCBS/FE waiver were outlined in her written testimony. (Attachment 2) Committee discussion related to obtaining information relating to spending in nursing homes versus HCBS/FE waiver, comparing cost with PD waiver, case management and clarification of waiting list.

Comments on: Planning for Long-Term Care Services

Shannon Jones, Executive Director of the Statewide Independent Living Council of Kansas (SILCK), shared information with the Committee what SILCK believes is critical in getting a better understanding of the financial situation and growth of HCBS programs and to provide recommendations that design a plan for the future. SILCK recommends shifting funds from the NF side to the HCBS side and a long-term care task force or a "Life Planning Commissions" that could address long-term care for all populations. (Attachment 3)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S, Statehouse, at 10:00 a.m. on February 10, 2000.

Update on: Long-Term Care Ombudsman Program

Matthew Hickam, Long-Term Care Ombudsman, briefed the Committee on the state's Long-term Care Ombudsman Program which is now under the Department of Administration since the spring of 1998. Mr. Hickam pointed out that there were 3,200 complaints issued last year, most of which were handled by counseling individuals and families that resolved those complaints without the need for outside intervention. There are approximately 70 volunteers in the program who undergo over 30 hours of classroom training and facility visits with their Regional Ombudsman. They must successfully pass a Kansas Bureau of Investigation criminal background check before their identification badges are received and become a Certified Volunteer Ombudsman. Mr. Hickam noted that in an effort to increase the number and quality of Certified Volunteer Ombudsmen, the Long-Term Care Ombudsman Program formed a strategic partnership with AARP in Washington, D.C. Through this partnership the AARP provides names of these individuals whom are contacted about becoming a volunteer. Other information about the program was outlined in his written testimony. (Attachment 4) Some of the topics the Committee discussed with Mr. Hickam included the volunteer program, approximate number of hours per week per volunteer, training and legal authority of volunteers, and concern about the availability of Ombudsman in rural areas.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for February 16, 2000.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 2-10-00

NAME	REPRESENTING
RANDY TONGER	LEGISLATIVE POST AUDIT
Shannon Jones	SILCK
Margaret Zillman	SB/CCS
Dennis Post	SRS
Bill Henry	KS Area Agencies Aging
Rich Gutierrez	Heretica Midwest
Tom Rickman	awente
Michelle Devault SPN	JCCC Nursing
Ellen Gladwell, SPN	JCCC Nursing
Karen Blevie, SPN	JCCC Nursing
Matt Hickam	LTC Ombudsman
Connie Hines	KDOA
Catherine Walz	KDOA
Sheli Sweeney	RDOA
John Kiefluber	KS Health Care Assn.
Julie Thomas	DOB
Jennifer Gow	Jedric Consulting
Kevin Barone	Men/weir Chfd
Brend Hubln	KS Pharmacists Assoc.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-10-00

NAME	REPRESENTING
Colleen Walker	KSNA Legislative Day
Lambre BEICHIE	KSNA Leg. Day
Danny Collins	KSNA Leg. Day
Jean Krahn	KS G-ship Prog
Bill Hougill	Governor's office
Danielle Noe	D & A
Patricia Roper, SPN	KS Nurses Assoc. - ^{nursing} student
Michelle Augustano	KSNA Legislature Day
Buffy Sellman	KSNA Leg. Day
SARAH DEWITT MAAS	
Kara Loner	
Shella Decker	KSNA Legislative Day
Kerrie Ruhlman	KS Nursing Home Administrators Assn
Debra Zehr	KATSA
Julie Casella	Sen Lee
Joan Strubell	KABA
	L



State of Kansas Department on Aging

Connie L. Hubbell, Secretary

for additional information, contact:

OFFICE OF THE SECRETARY

Mike Hammond, Special Assistant
New England Building
503 S. Kansas Avenue
Topeka, Kansas 66603
phone: (785)296-4986
fax (785)296-0256

or contact:

DEPUTY SECRETARY

Catherine Walberg
New England Building
503 S. Kansas Avenue
Topeka, Kansas 66603
phone: (785)296-0616
fax (785)296-0256

Senate Public Health & Welfare Committee

Support of Senate Bill 372

Office of the Secretary
Connie L. Hubbell, Secretary
785.296.5222

Senate Public Health & Welfare
Date: 2-10-00
Attachment No. 1

**REPORT TO THE SENATE PUBLIC HEALTH & WELFARE COMMITTEE
BY
CONNIE HUBBELL
SECRETARY KANSAS DEPARTMENT ON AGING
FEBRUARY 10, 2000**

SUPPORT OF SENATE BILL 372

Good morning, Madame Chair and members of the Committee. I am Connie Hubbell, the Secretary of the Department on Aging, and am pleased to be here with you today.

The Kansas Department on Aging (KDOA) supports the passage of Senate Bill 372, which repeals K.S.A. 75-5956, which allows eligibility of applicants for long-term care services to be presumed eligible by KDOA during the verification process, also called presumptive eligibility.

KDOA implemented a pilot project to determine if presumptive eligibility for customers would be a more effective and efficient system for the agency than the current assessment and intake process used. The pilot was titled Expedited Service Delivery (ESD), and was tested in three Area Agencies on Aging, both rural and urban, in FY 1998.

There are three reasons KDOA supports the passage of Senate Bill 372. 1) ESD does not significantly benefit customers; 2) ESD increases the cost of case management but only benefits a small number of customers; and, 3) Repealing presumptive eligibility would have little or no impact on Area Agencies on Aging (AAAs), KDOA staff, or elder Kansans.

We arrived at these conclusions in FY 1998 when KDOA implemented a pilot project to determine the value of ESD to persons applying for services under the Home and Community Based Services/Frail Elderly (HCBS/FE) Medicaid waiver.

The ESD pilot project outcomes suggested only a small number of customers would benefit by implementing ESD across the state.

ESD BENEFITS SMALL NUMBER OF CUSTOMERS: The Area Agencies on Aging (AAAs) in Kansas have a reasonable turn-around time from the date of application for services to the time an applicant actually begins receiving services, that there is no urgent need to expedite services. AAAs generally complete applications for functional eligibility determinations within 7-10 days. Once AAAs have determined an individual is functionally eligible for HCBS/FE services, service delivery begins within 1-2 weeks. By contrast, during the ESD pilot project, the average turn-around time from application to service delivery was 4 days, because functional eligibility was presumed.

It is important to note that of the initial 200 customers who participated in the ESD pilot, only 24 customers (12%) qualified for ESD. Of that 12%, 8.33% (2 customers) were expedited in error, which equates to a loss of \$1,374

Senate Bill 372

Office of the Secretary * February 10, 2000

which could not be recovered from customers or service providers.

INCREASES THE COST OF CASE MANAGEMENT: The case management time needed to complete the two required assessment and intake forms for ESD adds approximately 1/2 hour of case management per customer. In the current budget, case management dollars are already being stretched, and ESD would stretch them further. In light of the outcomes of the ESD pilot project, KDOA determined NOT to implement ESD statewide, and continue screening and assessment of HCBS/FE applicants in the same manner as is currently done.

IMPACT ON ELDER KANSANS: Since KDOA does not currently presume eligibility of applicants for long-term care services, repealing K.S.A. 75-5956 would have little or no impact on AAAs, KDOA staff, or elders in Kansas.

Therefore, we support Senate Bill 372. Thank you, Madame Chair. I will now stand for questions from the Committee.



State of Kansas Department on Aging

Connie L. Hubbell, Secretary

for additional information, contact:

OFFICE OF THE SECRETARY

Mike Hammond, Special Assistant
New England Building
503 S. Kansas Avenue
Topeka, Kansas 66603
phone: (785)296-4986
fax (785)296-0256

or contact:

Catherine Walberg

DEPUTY SECRETARY

New England Building
503 S. Kansas Avenue
Topeka, Kansas 66603
phone: (785)296-0616
fax (785)296-0256

Senate Public Health & Welfare Committee

HCBS/FE Overview

Office of the Secretary
Connie L. Hubbell, Secretary
785.296.5222

Senate Public Health & Welfare
Date: 2-10-00
Attachment No. 2

REPORT TO THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
BY
CONNIE HUBBELL
SECRETARY
KANSAS DEPARTMENT ON AGING
FEBRUARY 10, 2000

HCBS Overview

Madame Chair and members of the Committee, thank you for this opportunity to appear before you and give an overview of the Home and Community Based Services/Frail Elderly (HCBS/FE) waiver.

The Home and Community Based Services/Frail Elderly (HCBS/FE) waiver is a Medicaid program offered by the State of Kansas. The purpose of the HCBS/FE waiver is to provide assistance to elders that enables them to remain in their own homes.

Because these programs are in place, individuals have an alternative to nursing home care. The average number of people served under HCBS/FE Medicaid waiver per month in FY 1999 was 4,284, and the average number served for FY 2000 to date is 4,835. Expenditures for FY 1999 were \$34,921,722, while expected expenditures for FY 2000 are \$46,573,718.

The average cost per customer per month in FY 1999 (all funds) was \$698, while the average monthly cost for FY 2000 to date is \$752. We have submitted a waiver application to HCFA with a cost cap of \$2,760, so that if a person's plan of care would exceed \$2,760 per month they would not be eligible for in-home services. Attached in chart 2 is a summary of the numbers of customers per fiscal year for the last three years as well as the cost in all funds for serving those customers.

Currently, under the waiver, the services that are available are:

- Adult day care--customer provided basic care and supervision during the day at a licensed adult day care facility.
- Sleep cycle support--non-nursing assistance during sleeping hours to provide supervision and limited support to the customer.
- Personal emergency response system and installation.
- Wellness monitoring--nurse visit and assessment of the customer's health in their home.
- Attendant care services--assistance with instrumental activities of daily living such as, housecleaning and meal preparation, and activities of daily living, such as bathing, toileting and feeding.

- Respite care--temporary relief of primary caregivers for customers.

Upon waiver renewal, we anticipate the addition of case management, assistive technology, and nursing evaluation visits.

The waiting list for the HCBS/FE waiver began on July 1, 1999 and, on October 18, 1999, KDOA stopped adding persons to that list. The number of applicants on the list totaled 367 at that time. As of January 24, 2000, all eligible HCBS/FE customers had been provided services, and no applicants remain on the waiting list.

Targeted Case Management

Targeted case management services are currently offered as a service under the Kansas State Medicaid Plan. These services include:

- Assessment and annual re-assessment--determines eligibility and assists the case manager in identifying the needs of our customers.
- Plan of care development--development of formal and informal resources that address our customers needs as identified in assessment process.
- Service coordination--coordinate providers of service to implement the plan of care.
- Monitoring--contact customer to assure adequate services are provided according to the plan of care.
- Gate-keeping--ensure resources are used efficiently to meet the needs of our customers.
- Resource development--seek and develop new resources to expand options and choices for our customers.
- Documentation--complete required paperwork, record contacts, and update case file information.

The average number of customers served per month in FY 1999 was 3,744, with an average of 4,373 customers anticipated to be served per month in FY 2000.

The current budgeted amount for targeted case management is \$5,048,036. The average cost per month per customer for targeted case management currently is \$124.09 and the average number of targeted case management hours per customer per month is currently 3.1 hours.

Thank you, Madame Chair and member of the Committee. I will now stand for questions.

TESTIMONY TO
PUBLIC HEALTH AND WELFARE
SENATOR SANDY PRAEGER, CHAIRPERSON

FEBRUARY 10, 2000

Madame Chair and members of the committee, thank you for this opportunity to testify before you today. My name is Shannon Jones and I am the executive director of the Statewide Independent Living Council of Kansas (SILCK). The SILCK is mandated by the federal Rehabilitation Act as amended in 1998 to study existing services for people with disabilities and make recommendations to improve and expand services that will enable Kansans with disabilities to achieve their optimum level of independence and improve their quality of life. To accomplish this mission we work very closely with Centers for Independent Living and Kansans with disabilities of all ages.

I am here today to share information which the SILCK believes is critical to getting a handle on the funding and growth of HCBS programs and to provide recommendations that design a plan for the future.

Secretary Hubbell has given you an accurate picture of the rapid growth in the numbers of Kansans receiving assistance in their own home through the Frail and Elderly waiver. The Physically Disabled waiver has experienced this same tremendous growth.

And because of that growth, we are facing a critical funding crisis for these most vital services.

The growth of these two programs confirms that most citizens when given the choice would rather have their services delivered in their own home rather than a nursing home.

The SILCK agrees with the Governor that we need to publicly debate these issues to get a grip on the funding and growth of these programs. But we need to step back and look at the whole picture of why these programs have been so successful. The piece of the funding debate which hasn't been addressed anywhere that I can see is the complete understanding of funding for long term care as it relates to nursing facilities.

I have prepared attachments that reflect nursing home occupancy rates and expenditures from 1993 to 1999 for the Medicaid population. The source of these figures is from the Health Care Finance Administration (HCFA).

What's interesting to note is the number of folks receiving services in nursing homes peaked in 1993 at 25,496, occupancy rate was at 87%. By the end of 1997 the total number of residents was down to 20,820, a drop of 4,676 and occupancy rates were down to 81%. In 1998, the total number of residents dropped to 17,817. And once again in 1999, residency in nursing homes dropped to 17,234.

The number of people utilizing nursing homes dropped by 8,262 over this seven-year period. The alarming part of this equation is that basically, while people residing in nursing facilities has decreased dramatically, the total cost of nursing homes has increased steadily and substantially over this time frame. In 1993 the total expenditures for nursing facilities was \$176,758,000. In 1999, the total expenditure was \$263,011,000. This is an increase of \$86,253,000.

In other words the State spent over \$86 million dollars to serve over 8,000 fewer people.

It would certainly appear that the cost and utilization problem is found NOT on the community side but rather on the nursing facility side of the equation. Yet we have heard no planned discussion to address this part of the problem.

The growth and cost of the HCBS programs is completely reversed. The utilization and cost have gone up together as opposed to utilization going down while costs go up. A disproportionate amount of our long term care service dollars are still going to nursing facilities. They are serving a lot fewer people over time, yet they continue to receive more and more money every year.

This budgeting is way out of balance with what people want. Kansans over 65 on the FE waiver and those folks with disabilities under 65 are both saying that they don't want to go into a nursing home, they want to remain in their own homes for as long as possible.

The SILCK recommends shifting funds from the NF side to the HCBS side.

This could be achieved by reducing and /or consolidating the number of beds in Nursing Facilities. This would be the same method used when the state chose to close large state institutions such as Winfield State and KNI. We simply shifted dollars from the institutional side to the community side of the equation. This we believe is a more 'evenhanded' approach.

Certainly this is the approach the Supreme Court has recommended in its Olmstead decision this past summer. This Court decision requires states to develop a 'comprehensive, effectively working plan' that evenhandedly distributes funding. Such a plan could address the imbalance between nursing facility utilization and the funding of HCBS.

Institutionalization is the most expensive form of long term care offered to elderly and disabled. Even people who require assistance from a ventilator and need intensive in home services can live more cheaply in the community.

Without adequate funding for the Frail Elderly and Physically Disabled Waiver, the legislature is committing the state to paying higher nursing home costs. On average the waiver is much cheaper than a nursing home, saving \$5,000 to \$8,000 per person per year.

It is true that the PD and FE waiver program has grown beyond our original estimates. The fact is, it is hard to project how many people will be diagnosed with cancer, ALS, a terminal illness or suffer a stroke or other neurological disorder. The fact is disability touches ALL of us at some point in our lives. Believe me these are NOT people that are being 'recruited'. These are people who due to their condition have had a major life interruption. When these people are released from a hospital they may need a few months of assistance or those folks with permanent disabilities still want to live a life with dignity. It's just that they would prefer to have that assistance given in their own home. Otherwise they would be going to the nursing home. And because these people choose their own home instead of a nursing home they have actually saved the state a substantial amount of dollars.

The option for people to choose where they have their services delivered is at great risk. Waiting lists for home and community based services are forecast again for the FY 2001. We have come to critical point where we have to decide; are we going to fund nursing homes or community services?

In addition, the SILCK recommends a long term care task force or a 'Life Planning Commission' that could address long term care for ALL populations.

Long Term Care is a problem that is not going to go away anytime soon. We cannot continue to do business as usual. Now is the time to modernize our thinking about long term care.

Kansas has the fourth highest aging population in the country. Advanced medical technology enables people with disabilities to live longer lives. The question becomes whether to spend fortunes on the nursing home budgets or to fund new opportunities for simple services for people who want to stay in their own homes.

By creating a 'Life Planning Commission' we could then identify issues and make recommendations related to ALL populations. First we would suggest the state create a definition of long term care and what it really means to all Kansans. In addition, we suggest that we look at long term care issues related to private insurance as well as state funded programs.

In addition, we need to study the projected number of people who will need LTC either in the community or nursing facility as well as the number of people who currently have insurance to meet those needs. Another area to look at would be the number of insurance plans with cap's or limits.

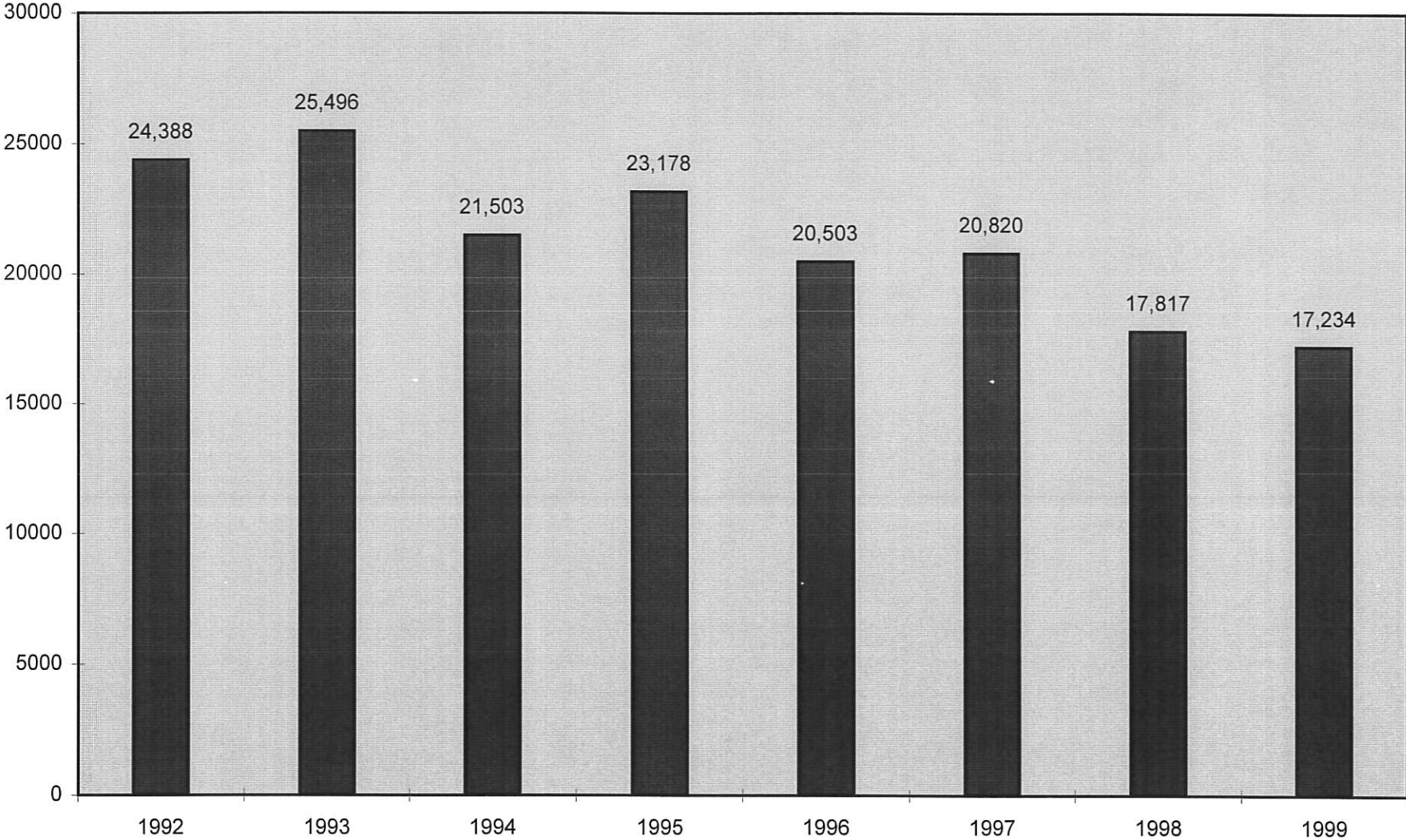
Solutions from that task force should be based on accurate data. We need to use all of the data collected and use it to look at problem solving. Recommendations that could result from such a committee might be tax credits for people who purchase long term care insurance and to study 'best practice' insurance plans that ensure funding is there to provide for life care.

This committee should include consumers and their advocates, private insurers, legislators, state agency officials and others as appropriate.

Bottom line, it's up to all of us to work together. The SILCK believes that every one of us in this room; legislators, state officials, older Kansans and folks with disabilities, can work together to come up with dignified solutions that the state can provide their constituency with cost effective solutions.

Thank you for your time and attention. I would be happy to answer any questions.

Total Number of Residents For Nursing Facilities



Source: Health Care Finance Administration (HCFA)

Nursing Facilities Expenditures

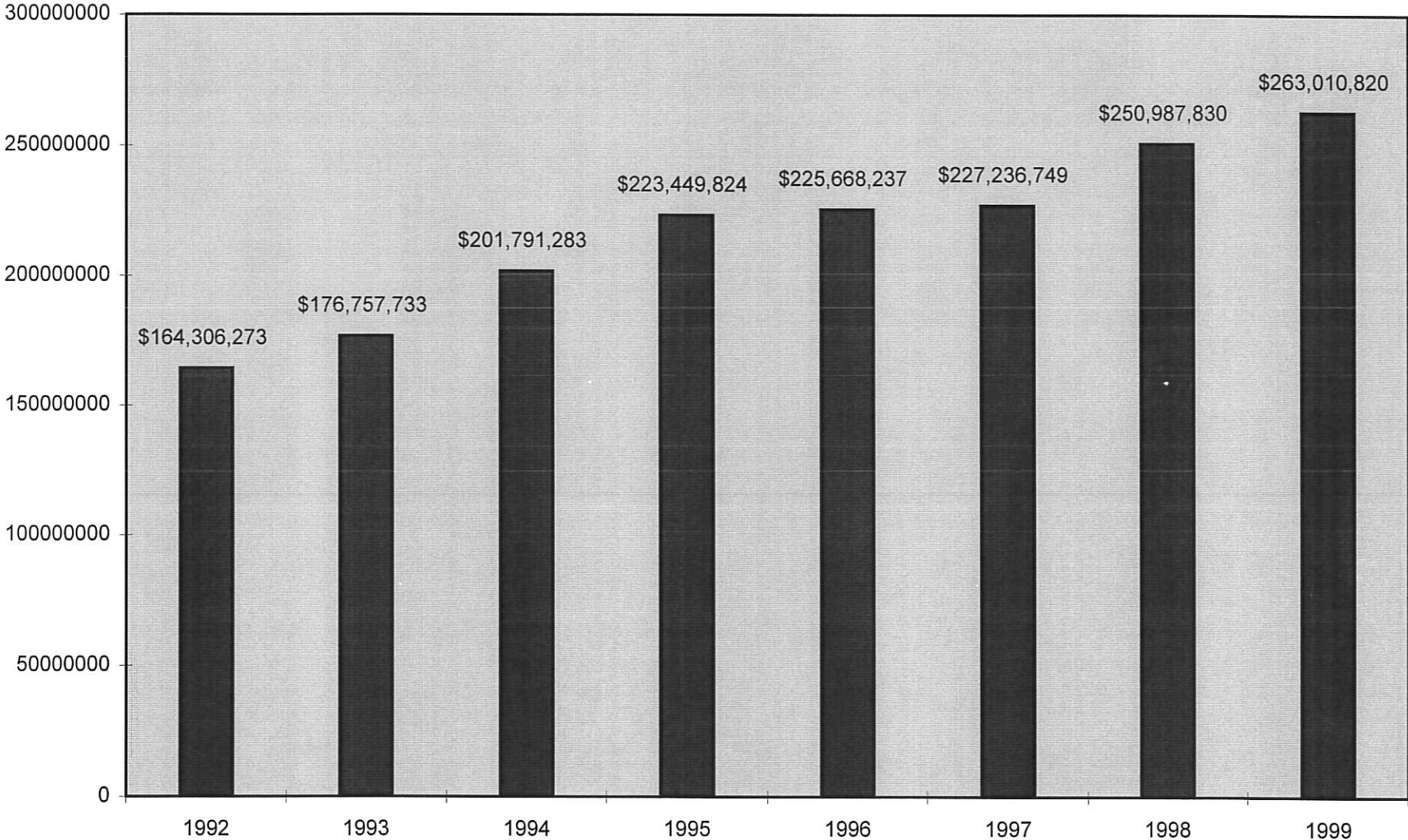


TABLE 1

TOTAL NUMBER OF RESIDENTS FOR CERTIFIED NURSING FACILITIES

1992	1993	1994	1995	1996	1997	1998	1999
24,388	25,496	21,503	23,178	20,503	20,820	17,817	17,234

TABLE 2

NURSING FACILITIES EXPENDITURES

1992	1993	1994	1995	1996	1997	1998	1999
\$164,306,273	\$176,757,733	\$201,791,283	\$223,449,824	\$225,668,237	\$227,236,749	\$250,987,830	\$263,010,820

Kansas' Senior Population		
Year	Aged 65+	Aged 85+
1990	342,839	42,174
1995	351,181	47,292
2000	358,171	51,685
2005	366,201	56,175
2010	391,065	61,993
2015	447,062	65,822
2020	521,674	68,087
2025	604,654	72,590

Source: US Census Bureau Estimates & Projections

**TESTIMONY of
MATT HICKAM
STATE LONG-TERM CARE OMBUDSMAN
before the
SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
February 10, 2000**

Madam Chair, Members of the Committee.

My name is Matt Hickam. I serve as the State Long-Term Care Ombudsman for Kansas, and I am pleased to have this opportunity to acquaint you with circumstances in the program for which I have responsibility.

The Office of the State Long-Term Care Ombudsman has operated as an independent agency of the state attached to the Department of Administration since the Spring of 1998. Prior to that time the Long-Term Care Ombudsman was under the supervision of the Secretary of Aging. This change occurred in response to the Legislature's attempt to remove any conflict of interest between the Kansas Department on Aging and the Long-Term Care Ombudsman.

The Ombudsman Program's simple yet far-reaching mission is to advocate for the well-being, safety, and rights of residents in Kansas adult care homes by removing impediments to attaining the highest possible quality of life for each resident.

The Ombudsman plays many roles: investigator, problem solver, mediator, community educator, facility consultant, and information and referral agent regarding aging and long-term care issues. I would like to address a few of our activities over the past year in more detail.

Case Activity

The Ombudsman Program promotes the principles of consumer empowerment, prevention and quality care by attempting to educate consumers about their rights and how to advocate on their own behalf to resolve problems. Last year the Ombudsman Program handled over 3,200 complaint issues, most of which were handled by counseling individuals and families to empower them to resolve those complaints without the need for outside intervention. This was done by me at the state level and by regional ombudsmen and certified volunteer ombudsmen at the local level. This saves state licensing agencies immeasurable hours and dollars each year in investigation costs and more importantly educates consumers and families to successfully resolve future issues.

Disasters and Facility Closings

Last year the safety of facility residents was threatened by both natural occurrences

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and financial occurrences. The Ombudsman Program worked with residents and facilities in Arkansas City and Wichita after devastating floods hit those communities. We worked to ensure that residents were transferred to appropriate locations and that families of residents knew the location of their loved ones. In addition, after facility closures in Topeka, Wichita-area and Kansas City due to financial situations, the Ombudsman Program worked with families and residents and assisted in finding new residences for those elderly Kansans.

Nursing Facility and Community Education

Last year the Ombudsman Program provided free educational programs to nursing home residents and families, nursing home staff, and community residents. The topics ranged from residents' rights issues, to abuse reporting, to resolving staff and family conflicts. Residents, families, and staff were educated from Wichita county to Wyandotte county, and many towns in-between. These presentations educated residents and families about the care they should expect to receive. The presentations also educated staff on better ways to provide quality care (See Appendix 1).

Increasing Awareness of the Ombudsman Program

Most of your constituents do not know about the Ombudsman Program, but many need to. With this in mind, we focused our efforts on publicizing the Ombudsman Program and the services it provides to elderly residents of nursing homes. We did this through numerous press releases, radio, television and print interviews, and our first-ever participation in the Kansas State Fair. Our presence at the Kansas State Fair alone allowed the Ombudsman Program to reach out to over 3,000 Kansans and inform them of the services we provide to residents, their families, and nursing home staff.

Increasing the Presence of Long-Term Care Ombudsmen

Last year at this time the Long-Term Care Ombudsman Program struggled with four Regional Ombudsmen in Great Bend, Kansas City, Topeka and Wichita, and about 20 Certified Volunteer Ombudsmen. Today I am pleased to announce that, thanks to the vision and dedication of Governor Graves and members of the Legislature, Kansans have the services of five Regional Long-Term Care Ombudsmen in Dodge City, Great Bend, Kansas City, Topeka and Wichita, and over 70 Certified Volunteer Long-Term Care Ombudsmen. And should the Ombudsman Program fare favorably in the fiscal year 2000 and 2001 budget discussion, Kansans will have the services of a Regional Ombudsman in Southeast Kansas, as well.

Increasing Numbers and Quality of Certified Volunteer Ombudsmen

As I mentioned, the Ombudsman Program is blessed to have the participation of over 70 Kansans who volunteer their time and energies to assist residents and increase quality care in nursing homes. The word, volunteer, does not adequately describe the dedication of these individuals. These men and women undergo over 30 hours of classroom training and facility

visits with their Regional Ombudsman, and must successfully pass a Kansas Bureau of Investigation criminal background check, before they receive their identification badges and become Certified Volunteer Ombudsmen. They are then assigned to a nursing home near their home (see Appendix 2), where they visit three to five hours per week and assist residents with complaints and concerns. These men and women are crucial to the success of the Ombudsman Program. Overall, they donate time, talent, resources and energy that would require additional paid employees to match.

In an effort to increase the number and quality of Certified Volunteer Ombudsmen, the Long-Term Care Ombudsman Program formed a strategic partnership with AARP in Washington, D.C. Through this partnership, at no cost to Kansas taxpayers, the AARP surveys its Kansas members for persons interested in long-term care issues. AARP then provides us with the names of these individuals, whom we contact about becoming a Certified Volunteer Ombudsman. This partnership with AARP allows us to spend more time training potential volunteers and less time recruiting.

The Ombudsman program is about protecting the rights of seniors in nursing facilities in the State of Kansas. It is also about solving their problems and speaking for those who probably have no one to speak for them. It is also about encouraging Kansans to play a part in their communities in looking after the frail elderly in care facilities throughout the State. It is also about how the State government is perceived by those outside Topeka, as near as Kansas City or as far away as Hanston or Kensington. These Kansans are familiar with the road and bridge projects done by the State. However, most are unaware that they can turn to the State of Kansas to assist them if they have a friend or relative in a nursing home being abused, neglected or receiving substandard care. The legislature took the bold step last session of increasing funding for the Ombudsman Program, and on behalf of the seniors we assist, I thank you. I believe that this program can make a difference.

Thank you. I am pleased to stand for questions.

Appendix 1

Educational Presentations to Nursing Home Staff

Colby	Jetmore	Victoria
Dodge City (2)	Johnson County (6)	Wichita (8)
Garden City	Leoti	Wyandotte Co. (3)
Hays	Topeka	

Educational Presentations to Nursing Home Residents and Families

Cimmaron (2)	Jetmore	Victoria
Colby	Lawrence	WaKeeney
Delphos	Leoti	Wichita (7)
Hays (2)	Smith Center	Wyandotte Co. (3)
Johnson Co. (8)	Topeka (4)	

Appendix 2

Locations of Current Certified Volunteer Ombudsmen

Abilene (1)	Kechi (1)	Overland Park (7)
Bendena (1)	Lake Quivira (1)	Prairie Village (1)
Derby (2)	Leavenworth (6)	Salina (6)
Goddard (1)	Lawrence (3)	Shawnee (1)
Haysville (1)	Lenexa (1)	Topeka (10)
Hutchinson (10)	Manhattan (1)	Westmoreland (1)
Kansas City (1)	Olathe (8)	Wichita (8)

KANSAS ADULT CARE HOMES

UNDER JURISDICTION OF LONG-TERM CARE OMBUDSMAN PROGRAM

(As of October, 1999)

NF=Nursing Facility RHCF=Residential Health Care ADC=Adult Day Care BCH=Boarding Care Home
 ALF=Assisted Living HP=Home Plus
 Number=Number of Beds

Cheyenne 53 NF	Rawlins 50 NF	Decatur 55 NF 8 RHCF 50 LTCU	Norton 86 NF	Phillips 120 NF 12 ALF 33 LTCU	Smith 127 NF 28 LTCU 20 BCH	Jewell 45 LTCU	Republic 117 NF 38 LTCU	Washington 127 NF 27 LTCU	Marshall 140 NF 25 ALF 44 RHCF 60 LTCU	Nemaha 307 NF 36 RHCF	Brown 197 NF 25 ALF 16 RHCF	Doniphan 96 NF 6 RHCF		
Sherman 60 NF	Thomas 70 NF 80 LTCU	Sheridan 56 LTCU	Graham 47 NF 10 ALF	Rooks 96 NF	Osborne 130 NF 10 BCH	Mitchell 120 NF 40 LTCU 10 BCH	Cloud 260 NF 24 ALF 70 RHCF 9 LTCU	Clay 147 NF 24 ALF 24 RHCF 4 BCH	Riley 364 NF 126 ALF	Pottawatomie 155 NF 82 ALF 41 LTCU 3 BCH	Jackson 111 NF 23 ALF 10 BCH	Atchison 85 NF 6 HP 25 ALF 41 LTCU	743 NF 36 ALF 10 HP 65 ADC 85-LTCU 3 BCH	
Wallace 28 NF	Logan 42 NF	Gove 59 LTCU	Trego 40 NF 45 LTCU	Ellis 288 NF 102 ALF 35 LTCU	Russell 98 NF 35 ALF 4 LTCU	Lincoln 56 NF 13 ALF 20 LTCU	Ottawa 81 NF 22 ALF 23 LTCU	Dickinson 287 NF 102 ALF 22 RHCF 5 HP 27 LTCU 2 BCH	Geary 140 NF 3 HP 34 ALF 4 BCH	Wabaunsee 39 NF 31 RHCF	Shawnee 1,571 NF 335 ALF 36 ADC 12 LTCU 334 RHCF 7 HP 36 BCH	Jefferson 120 NF 23 ALF 14 RHCF 70 LTCU	Leavenworth 387 NF 76 ALF 24 LTCU 41 BCH	Wyandotte
Greeley 30 LTCU	Wichita 26 LTCU	Scott 83 NF	Lane 21 LTCU	Ness 81 LTCU	Rush 60 NF 26 LTCU	Barton 307 NF 43 ALF 26 RHCF 88 LTCU	Saline 469 NF 98 ALF 40 RHCF 32 LTCU 3 BCH	McPherson 644 NF 43 ALF 65 RHCF 13 HP 20 BCH	Marion 256 NF 10 ALF 33 RHCF 84 LTCU	Morris 94 NF 2 BCH	Lyon 328 NF 64 ALF 10 RHCF 18 LTCU	Osage 220 NF 91 ALF 42 RHCF	Douglas 567 NF 74 ALF 35 RHCF 0 HP 155 LTCU 4 ADC 3 BCH	Johnson 2,456 NF 744 ALF 90 RHCF 21 LTCU 3 BCH 57 ADC 45 HP
Hamilton 48 LTCU	Kearny 52 LTCU 10 BCH	Finney 175 NF 78 ALF	Hodgeman 36 LTCU	Gray 92 NF	Ford 331 NF 72 ALF 9 LTCU	Edwards 66 NF	Stafford 92 NF 8 ALF 31 RHCF	Reno 668 NF 308 ALF 77 RHCF 5 HP 20 LTCU 8 BCH	Harvey 491 NF 230 ALF 28 LTCU	Butler 607 NF 83 ALF 48 RHCF 21 LTCU	Greenwood 160 NF 34 ALF	Coffey 61 NF 34 ALF 16 RHCF 4 HP 40 LTCU	Anderson 58 NF 27 RHCF 32 LTCU	Linn 114 NF 36 RHCF
Stanton 25 LTCU	Grant 65 NF	Haskell 32 LTCU	Meade 88 NF 5 RHCF	Clark 42 NF 36 LTCU	Comanche 71 NF 14 RHCF	Barber 83 NF	Pratt 76 NF 56 ALF 70 LTCU	Kingman 209 NF 24 ALF	Sedgwick 2,243 NF 761 ALF 209 RHCF 66 HP	Cowley 433 NF 108 ALF 40 RHCF 24 LTCU	Elk 91 NF	Woodson 53 NF	Allen 170 NF 153 RHCF	Bourbon 200 NF 62 ALF 1 HP 32 RHCF 18 LTCU 4 BCH
Morton 60 LTCU	Stevens 60 NF	Seward 138 NF 56 ALF 20 LTCU	Harper 102 NF	Sumner 375 NF 34 ALF 11 RHCF 19 HP 13 LTCU 19 BCH	Cherokee 248 NF 95 RHCF	Chautauqua 135 NF	Montgomery 498 NF 24 ALF 117 RHCF 46 LTCU	Labette 301 NF 64 ALF 57 RHCF 12 LTCU 4 BCH	Wilson 152 NF 59 ALF	Neosho 177 NF 16 ALF 48 RHCF	Crawford 518 NF 76 ALF 43 RHCF 20 LTCU	Cherokee 248 NF 95 RHCF		

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