

Approved: February 1, 2001
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 24 in Room 210 Memorial Hall

All members were present except: Rep. Peggy Palmer, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Connie L. Hubbell, Secretary, Kansas Department on Aging
Lorne A. Phillips, Ph.D., Chair, Health Care Data Governing Board

Others attending: See Attached Sheet

The Chairperson asked for bill introductions.

Representative Showalter requested introduction of a bill for medical care facilities; distribution and control of prescription medications; adult care homes, maintenance and use of emergency medication kit; health departments; an indigent health care clinic as defined by the rules and regulations of the Secretary of Health and Environment; a federally qualified health center, rules and regulations.

Tuck Duncan requested bill introduction for licensing occupational therapists.

The Chairman stated the bills would be introduced without objection.

Connie L. Hubbell, Secretary, Kansas Department on Aging, gave an overview of the Agency (Attachment 1).

Representative Morrison asked if care givers could be family members?

Ms. Hubbell replied, yes.

Representative Morrison asked about income-eligibility?

Ms. Hubbell stated she would provide a list of reportable income.

Representative Flaharty stated she knew a family in Wichita that had assistance and the caretaker did not receive near \$40.00 an hour so if that is what the state is paying there is a big gap.

Ms. Hubbell said the \$40.00 per hour was for case management who held degrees. There is a 3% increase in the budget this year for home care providers.

Representative Landwehr asked if income eligible included income plus assets?

Ms. Hubbell responded, just income, but will look at that.

Representative Landwehr stated the state needs to encourage responsibility.

Ms. Hubbell said, yes, family, volunteers and community support is needed.

Representative Long stated there has been a very good job of keeping people in their homes, a project that has been very effective but the downside of that is there are two nursing homes in my district that are

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on January 24.

really struggling because of the older population and how do we address the fact that nursing homes are crucial in that community and it looks hopeless right now for them to be able to hold on.

Ms. Hubbell stated that would take a very long answer, but the Long Term Care Task Force which is ongoing for 5 years is looking into long-term care. There are a variety of programs we are working on with nursing homes, the rate they are being reimbursed, the rate capacity and the federal law has changed recently and there has been a variety of changes. We are working with nursing home administrators to see if we can do things differently and rethink how services are provided so we are able to keep those nursing homes open.

Representative Long stated liability insurance is a concern, is that being addressed?

Ms. Hubbell stated that is true, we hear about it a great deal and we are looking at that.

The Chairman stated Ms Hubbell was instrumental in finding the transfer loophole monies. The Governor mentioned recently that we should hold off, could you elaborate on that?

Ms. Hubbell stated 11 quarters are available and Kansas receives \$15 - \$20M per quarter. HCFA has changed the regulations and they will stop the transfer and the states most recently joining this federal program will have 2 years additional services from the time the regulations took place. So it is anticipated that Kansas will have 11 quarters before that transfer program goes away. The concern of the Governor in his address on the pharmacy program was that we need to take a long look at programs to make sure it meet the needs of seniors and the needs of our state. Department on Aging and the Governor's staff is following what the federal government is doing. Once the federal government covers the prescriptions, the legislation will go away.

Lorne Phillips, Ph.D., Chair, Health Care Data Governing Board and Director, Center for Health and Environmental Statistics, Kansas Department of Health and Environment, briefed the committee on the annual report (Attachments 2 & 3).

The committee adjourned at 3:00 and the next meeting will be January 25.



State of Kansas Department on Aging

Connie L. Hubbell, Secretary

for additional information, contact:

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House Health and Human Services Committee
January 24, 2001

Kansas Department on Aging Overview

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Health Human
Services
1-24-01
Atch # 1

**REPORT TO THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
BY
SECRETARY CONNIE HUBBELL
KANSAS DEPARTMENT ON AGING
January 24, 2001**

Good afternoon, Mr. Chairman and members of the Committee. Thank you for this opportunity to provide you with an overview of the Kansas Department on Aging (KDOA). I am Connie Hubbell, Secretary of Aging.

First, let me thank you for the opportunity to provide the Committee with a tour of the Papan's Landing Senior Center and the Presbyterian Manor Nursing Facility in Topeka last week. I hope that experience was worthwhile for you, and gave you a chance to see first-hand the elders that are impacted by the Department on Aging's programs and services (see **Attachment A** for the presentations made during the tour by Maria Russo, Director, Jayhawk Area Agency on Aging and Debbie Lake, Director, Papan's Landing Senior Center during the tour).

I would like to take this opportunity to share information with you on the history of KDOA, a current snapshot of what we do, and a quick overview of critical issues and future challenges.

I. Historical Perspective

KDOA was established by statute in 1977, as a cabinet-level department to be the single state agency for administration of the Older Americans Act (OAA).

In 1997, the Legislature transferred the Nursing Facility program, Home and Community-Based Services for the Frail Elderly (HCBS/FE) Medicaid Waiver program, Targeted Case Management program, and the Income Eligible program to KDOA from the Department of Social and Rehabilitation Services (SRS).

With the program transfers to KDOA, we went from a 40-employee agency with a \$28 million dollar budget to a 160-employee agency with a \$390 million dollar budget in FY 2001. Along with these programs came increased federal regulatory responsibilities. Before the transfer, our customers did not have to meet financial eligibility criteria to receive services. The programs that were transferred required income eligibility and verification before customers could receive services. Area Agencies on Aging (AAAs) went from being just the advocates for and coordinators of services, to also being the gatekeepers of elder services in their geographical areas.

Since 1997, our focus has been to develop and support an integrated system of long-term care services that maximizes individual choice in care, ensures appropriate placement and effectively leverages human and fiscal resources. These services are provided through OAA programs, state-funded and Medicaid programs.

Community based services are provided through the 11 AAAs in accordance with the OAA. Our goal is a single point of entry system that simplifies access and paperwork for seniors. The AAAs assess need, purchase appropriate services through grants or contracts with service providers, and provide ongoing case management.

Institutional services for seniors are provided through 352 Medicaid nursing facilities. All such facilities are licensed by the Kansas Department of Health and Environment (KDHE). These institutions provide health care and related services to individuals requiring around-the-clock care that cannot be provided in their own home. The Kansas Department on Aging is responsible for enrolling nursing facilities as Medicaid providers, and for determining reimbursement rates for those participating in the Medicaid program.

II. Current Snapshot

The mission of KDOA is to provide security, dignity and independence to the elders of our state. The Secretary of Aging, as chief executive officer, manages the agency. Legal Services handles all litigation that affects the agency. The Budget and Finance Commission is responsible for development and administration of the agency's budget throughout the budget process as well as human resource management. The Quality Assurance Commission is charged with assuring that all legislative, fiscal and program requirements are accomplished by program review, research, reporting and cost audits. The Administrative Services Commission is responsible for all accounting systems, financial records, and management of information systems. The Program and Policy Commission sets nursing facility rates, and directs the assessment, referral and evaluation programs used to determine placement for elder Kansans, as well as policy development and technical assistance to service providers. The Outreach and Marketing Commission performs customer relations, assistance and referral functions for the department, including phone contacts, publications, agency website development and maintenance, and the Alzheimer's Help Line. The Department has 160 full-time equivalent positions (see **Attachment B** for an organizational chart).

The Governor recommends a total budget for KDOA in FY 2001 of \$390,062,043. The Department's major programs are funded as follows:

Nursing Facilities	\$292 million
State funded in-home programs	\$7.3 million
Nutrition programs	\$9.7 million
HCBS/FE	\$48.8 million

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Non-nutrition Older Americans Act programs	\$3.5 million
Targeted case Management	\$6.9 million

The Department funds a wide array of services to seniors across the state, on a continuum of choice. We provide services from information and assistance, community and in-home services, and nursing facility care. All of the services along the continuum are important and necessary at different stages of people's lives (see **Attachment C** for a chart of the continuum of choice).

Older Americans Act (OAA). The OAA provides funding for many types of services and assistance to elders. Customers must be at least 60 years old, and encouraged to make a confidential contribution toward the cost of the services they receive. Services can include information and referral, legal services, and activities such as personal care, homemaker services, respite care, and adult day care that are necessary to enable seniors to remain independent in their own homes and communities.

Senior Care Act Program. The Senior Care Act program provides services in the customer's home, such as homemaker services, chore services, attendant care services, and case management. The program is targeted at those who are 60 and over whose annual income exceeds 150% of the poverty level, and does require a local match for each state dollar appropriated. There is also a co-payment system on a sliding fee scale for individuals who enter this program. Income is self-reported.

The Kansas Department on Aging funds the program through the AAAs. The Senior Care Act program served 3,061 customers in FY 2000 with \$1.9 million SGF expended for SCA services, which resulted in a total of \$2.9 million in program resources. The average annual benefit per person for the Senior Care Act Program was \$933 in FY 2000.

Income Eligible (IE) Program. The IE program was designed to provide in-home services to individuals who are at risk of entering a nursing facility, but are not receiving other community-based services. This program targets individuals whose income is less than 150% of the poverty level, aged 60 and older, and includes a co-payment system on a sliding fee scale for those who qualify. Income is self-reported. The program provides services in the customer's home, such as in-home homemaker services, chore services, and attendant care services.

The number of customers served under the IE program in FY 2000 was 3,147 with \$4.2 million SGF expended for IE services, which resulted in a total of \$4.3 million in program resources. The average annual benefit per person for the IE program was \$1,373 in FY 2000.

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Custom Care and Environmental Modification Programs. This is a state-funded program that enables case managers to address unique needs of the customers, fill gaps in services, and to make physical adaptations to the home. Some examples of services provided are adult diapers, nutritional supplements, grab bars in a bathtub, or a ramp to a doorway. These programs are funded at \$100,000 for FY 2001.

Nutrition Programs. The Kansas Department on Aging funds a congregate meal program through the OAA that provides meals at numerous centrally located sites in communities throughout the state. The program also provides nutrition education, nutrition transportation, and outreach services to qualifying seniors and their spouses. The Department also funds home-delivered meals to homebound individuals. These meals are provided through the OAA Home-Delivered Meals Program and the State Funded In-Home Nutrition Program. The Governor's FY 2001 budget recommendation includes \$9.7 million for nutrition programs.

Case Management. The SGF case management and Medicaid Targeted Case Management (TCM) programs provide assistance to elders in the form of access to or coordination of formal and informal services and supports. Activities such as advocacy on behalf of a customer, arranging for services to be provided to customers, follow-up, gatekeeping, resource development, and case record maintenance are all part of case management.

State general fund case management is dedicated to state funded programs and accounts for \$690,000 in FY 2001. Targeted case management is provided to customers who are eligible for the Home and Community Based Services/Frail Elderly (HCBS/FE) program. The average number of customers served per month in FY 2000 was 4,134, with an average of 4,590 customers anticipated to be served per month in FY 2001. The current year budget includes \$6.9 million from all funding sources for targeted case management. The average cost per month per customer for targeted case management in FY 2001 is expected to be \$120 and the average number of targeted case management hours per customer per month is expected to be three hours.

Home and Community Based Services for the Frail Elderly (HCBS/FE). The HCBS/FE program provides an option for Kansas seniors to receive community-based services as an alternative to nursing facility care. Customers must be 65 or older, and their income must be less than the total HCBS care plan cost with a client obligation based on 100% of the poverty level, and no more than \$2,000 in assets to qualify for this program. A consumer may choose to use home and community-based services instead of entering a nursing facility, as long as the consumer qualifies for nursing facility care. The Department of Social and Rehabilitation Services performs financial eligibility verification, while the AAAs administer the functional eligibility component through Targeted Case Management.

The HCBS/FE program includes the following services:

- 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.
- Assistive Technology - provides customers with modifications or improvements to their home by and through provision of adaptive equipment.
- Nursing Evaluation - provides an initial visit by an RN to determine what attendant may best meet the needs of the customer and any special instructions regarding service delivery.

Expenditures for the HCBS program for FY 2000 were \$43.7 million, while budgeted expenditures for FY 2001 are \$48.8 million. The budgeted amount for FY 2001 represents an increase of 8.7 percent. The average number of people served under the HCBS/FE Medicaid waiver per month in FY 2000 was 4,877. The average cost per customer per month in FY 2000 (all funds) was \$747. Sixty percent of the cost for this program is federally funded and matched with remaining forty percent by the state general fund. For a comparison of nursing home and HCBS/FE average costs per customer projection for FY 2001, see **Attachment D**.

Client Assessment, Referral and Evaluation (CARE). Prior to entering a nursing facility, customers must have a CARE assessment, regardless of the payer source. The CARE assessment allows for the collection of data and education on the need for community-based options, and meets the federal Preadmission Screening and Annual Resident Review (PASARR) requirements. The PASARR prohibits individuals from being admitted to a nursing facility due to a serious mental illness or a developmental disability alone. In FY 2000 18.4 percent of those seeking admission to nursing facilities were diverted into community-based services through the CARE process.

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Nursing Facilities. The Department funds nursing facility residents who qualify for Medicaid. Nursing facility care provides 24-hour supervision by licensed nursing personnel. Admission is based on a level of care score related to impairment in activities of daily living and instrumental activities of daily living as well as other risk factors. The Department spent \$305.1 million on the nursing facility program in FY 2000, including \$272.7 million on nursing facility services, of which \$109.1 million was SGF. The current year budget includes \$292 million for services and a total of \$309.2 million for services is included in the FY 2002 budget. The FY 2002 budget for nursing facilities represents an increase of 5.8 percent (\$17 million) from the current year.

The average monthly number of Medicaid nursing facility residents in FY 2000 was 11,394 while the average monthly cost per resident in FY 2000 (all funds) was \$2,003. The Department estimates providing Medicaid funding to 11,200 nursing facility residents across the state for FY 2001, compared to 11,394 in FY 2000, a decrease of 1.7 percent.

Medicare does not cover long-term care services which may include help with activities of daily living, home health care, respite care, adult day care, care in a nursing home, and care in an assisted living facility. Medicare does cover skilled care provided in a certified skilled nursing facility. Skilled care includes nursing or rehabilitation therapies given by skilled health personnel such as registered nurses, licensed practical and vocational nurses, physical and occupational therapists, speech pathologists, and audiologists. Medicare requires a three-day hospital stay, with co-payment beginning on day 21, and a total of 100 days covered in a benefit period to reimburse such services. Most services provided in Kansas nursing facilities are not covered by Medicare skilled care.

The Department does not fund Medicare skilled care services, but is responsible for funding nursing facility residents who qualify for Medicaid.

A Chart showing KDOA programs and their funding sources is available in **Attachment E**.

Kansas Intergovernmental Transfer (KSIT) Program. The 2000 Kansas Legislature approved the KSIT program. This program allows KDOA to receive increased federal funding for activities related to the Kansas Medicaid population. The enabling legislation provides that 60.0 percent of all receipts from this program go to a Senior Services Trust Fund, 10.0 percent go to a Long Term Care Loan and Grant Fund, and 30 percent go toward Medicaid Services. The Department estimates the receipt of roughly \$100.0 million through FY 2001.

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The 2000 Legislature also passed HB 2814 establishing the Senior Prescription Assistance Program. The program is to begin during FY 2002, and will provide financial assistance for seniors in purchasing certain prescription drugs. The Department has formed two work groups to determine the most cost-effective and equitable way to set the eligibility criteria and benefit provisions within the statute. These work groups include KDOA staff, SRS staff, advocates, and scholars from Kansas's universities.

Through the Loan and Grant Fund the Department will provide loans to Kansas institutions to make infrastructure changes that are vital to the future of successful aging in Kansas. Projects under this program include: converting nursing facility beds to assisted living facilities; developing adult day care centers, purchasing or converting Home Plus, improving existing institutions to provide for increased quality of care, and other projects.

III. Our Goals

The Kansas Department on Aging will seek to coordinate and collaborate with other state agencies that serve our customers, including SRS, KDHE, the Kansas Insurance Department, the Long-Term Care Ombudsman, and others. We will improve our communication with all our partners, and most importantly, with our customers.

There are three primary goals that will serve as the driving force for KDOA for the future:

- To develop and support an integrated system of long-term care services that will maximize individual choice in care, ensure appropriate placement, and effectively leverage our resources.
- To develop proactive public information initiatives to inform and educate Kansans about aging issues and to KDOA's efforts to help provide for the needs of our elders.
- To increase the effectiveness and efficiency of the service delivery system through improved management and accountability at all levels.

The Department is continually looking at innovations that may benefit Kansas' elders. The following is a list of a few programs that are in the planning and development stages in Kansas.

- Caregiver Support: The OAA was reauthorized and funded by Congress in the 106th session, and now includes a provision for each state to develop a Family Caregiver Support Program to identify and help meet the needs of caregivers for our elders. The Kansas Department on Aging will work to implement this program. Congress funded the Family Caregiver Support Program for Kansas at \$1.13 million. States may choose to provide information about the availability of services, assistance in accessing services, individual counseling, respite care and supplemental services to caregivers. Kansas will work to establish programs and resources that assist caregivers through the AAAs, service providers and consumer organizations.

- Creating a Culture of Home in Nursing Facilities: The Department is in the process of identifying those nursing facilities in Kansas which are working to create a culture of home for residents, and those that might be interested in transitioning to that. The philosophy is that nursing facilities should be like home, where people can have their own belonging. These homes require fewer staff and fewer medications for residents as an outcome of the home-like atmosphere. Some examples of programs that work to change the culture in nursing facilities are the Eden Alternative and the Person Centered Planning Design.
- Mental Health Focus: The Kansas Department on Aging has a focus on mental health and aging which provides information and education, and improves the negative stereotypical perception of elders. The Department is planning the first Aging Conference that includes a mental health focus for May 2001, in partnership with SRS. Two initiatives that KDOA has fostered to better identify and treat depression among elders include:
 - AAA in Hays, Kansas is partnering with the Community Mental Health Center (CMHC) there so that when an elder is identified who may be depressed, the AAA will contact the CMHC, who will send a counselor to meet with the individual.
 - AAA in Manhattan, Kansas is partnering with the CMHC, Emporia State University, and the Area Council on Aging so that when an AAA Case Manager identifies an elder who may be depressed, a graduate level counseling student will visit the elder in their home to provide information and assistance. The Case Manager will also be at the elder's home for the first meeting with the student to make the transition smooth.
- KDOA Web Site: The Department has made a special effort to redesign our web site to benefit providers, seniors and the public. This web site averages approximately 40,000 hits per month over the last year. Our web site has more than 300 connections to informational sites for elders, families, caregivers and others who are seeking information and assistance. The web site also tracks legislation of interest to elders at the State and Federal level, and connects to other pages where individuals can find the name and address of their legislators. I invite you to visit our web site at www.k4s.org.
- Intergenerational Programs: Several states, including Kansas, have intergenerational programs that bring young people and elders together. An example of such a program is a day care center at a retirement home or nursing facility. Intergenerational programs help to break down the stereotypes about older people and allow the younger generations to appreciate the wisdom and experience of their elders. Day care centers in facilities also provide a valuable benefit to attract and retain entry level staff. The Department encourages providers to develop intergenerational programs in the State whenever possible.

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IV. A Critical Look Into the Future

We must do more to foster, aid, and encourage successful aging, primarily because individuals over 65 are the fastest growing segment of our population. As baby boomers transition into senior life, their impact will be felt in many ways. In 1990, baby boomers accounted for 30 percent of Kansas' total population, numbering an estimated 450,000. This number has stayed relatively steady over the past ten years. In 2015, nearly 622,000 Kansans will be aged 60 or over with 50 percent of them being baby boomers.

With a continual growth in this population segment, there is a need for a seamless system of supports that reach across retirement systems, health care systems, and caregiving systems to help seniors live longer and live better. This seamless system of supports must include new and improved technologies that promote greater independence and provide greater dignity for seniors.

For the past year, KDOA has been studying aging trends and their likely impact on Kansas government. We are partnering with the Landon Center on Aging at the University of Kansas Medical Center as well as with several other higher institutes of learning on an initiative that will increase our ability to anticipate the future impact of aging issues on Kansas government. The focus of our efforts include demographic characteristics, health status, health care services and delivery systems, long term care, economic consequences, workforce, family and social support systems, housing, transportation, and how communities will be reshaped.

Our agency has an obligation not only to inform Kansas government of the worrisome reality of this future transformation, but also to begin planning an appropriate governmental response. With this goal in mind, KDOA has undertaken an effort along three fronts:

1. To obtain, study and learn from information critical to decision-making;
2. To share its findings with all areas of Kansas government; and
3. To transform itself into a 21st century operating model that is both anticipatory of and responsive to rapid and far-reaching change.

The baby-boom generation will be as different as night is to day from any cohort of elderly ever served by government in the past. They will expect, "need," and demand more than any generation in history.

In the future, the state must focus on:

- Assuring that the state's in-home service systems truly provide qualified customers a less costly option to nursing home care for those individuals who can remain at home.
- Designing and implementing programs that promote healthy lifestyles for people early in life.
- Funding programs to train family members how to provide support services at home without government assistance.

- Providing initial support to start-up community groups to provide assistance to the elderly, including housing options.

There are a few programs and services that will definitely require new and innovative thinking for the future.

1. **Identifying a new role for senior centers** to enhance the use of senior centers across the state to meet the needs of local communities. This can include anything from serving breakfast, lunch, and dinner to exercise programs, to educational and training programs, to live musical entertainment and other activities. Many communities in Kansas have a senior center which sits idle some of the day, but could be used for any number of activities during the day when thought of as a community center for people of all ages.
2. **Developing volunteer resources** that may be available in communities throughout the state. Use of volunteers offsets the costs associated with in-home and nutrition services. One such program is the Retired Senior Volunteer Program (RSVP), which provides comprehensively based two-year seed grants. The department provides a grant to the Senior Companion Program through Fort Hays State University. This program provides volunteer opportunities to older adults; generates volunteers; provides training to volunteers; provides in-home services to elders; and pays stipends to the volunteers.
3. **Nursing homes** are an essential element of the long-term care continuum. They are the appropriate alternative for a large number of elderly citizens. And for the most part, they provide a safe, warm, and caring environment for their residents. The ethical and fiscal mandate for government is to assure that each person who qualifies for long-term care services receives the following consideration:
 - The care most appropriate to maintaining his or her health and welfare;
 - Their preference for independence; and
 - Considerations fairly balanced with the fiscal limitations of government.
4. **In-home service programs** are the budget remedies to an inescapable dilemma. As painful as the tax cost may seem, it is far more palatable than paying for 24-hour nursing care costs. What's more, in-home service programs provide a rare opportunity for government to do "what is right" from a human standpoint while adhering to the soundest fiscal policy. The truth is, movement away from this philosophy will result in higher government spending, not less, and at the same time bar personal independence.
5. **Adequate nutrition** as provided through home-delivered meals and congregate meals is critical to health, functioning, and quality of life, and are important components of home and community-based services for older adults. The nutrition site model (congregate meals) will need to change to meet the demands of the baby boomer generation who have been reliant

upon fast food. In-home meals are useful and often vital for elderly who either have physical limitations that make it difficult for them to leave their home or who have no means of transportation to a congregate meal site. This demand is likely to increase in the future.

The next few decades will pose trials to government infrastructure unlike any since the Great Depression. Change will occur. However, the impact of such change depends on how soon government visualizes and takes sufficient anticipatory action. This agency will utilize the resources appropriated to it to anticipate challenges, find diverse solutions, inform the rest of state government, and implement change as advisable.

Mr. Chairman and members of the committee, thank you for the opportunity to brief you on the important work KDOA is doing for Kansas seniors. I will now stand for questions.

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ATTACHMENT A

**Notes from House Health and Human Services Tour on 1-17-01 by
Maria Russo, Director, Jayhawk Area Agency on Aging and Debbie Lake, Director,
Papan's Landing Senior Center**

**Jayhawk Area Agency on Aging
Notes to House Committee Health and Human Services Tour
1/17/01
Maria Russo, Director**

Jayhawk Area Agency on Aging serves Jefferson, Douglas, Shawnee counties.

There is approximately 40,000 people aged 60+ currently, which is 17% of the population of the three counties.

Projections for 2030 show no significant increase in total population, but 30% will be 60+ , approximately a 75% increase.

Jayhawk Area Agency on Aging is a not-for-profit agency with a \$2.2 mill budget

- 42% fed (OAA + USDA)
- 25% state (SCA, IE, CM, match)
- 25% Medicaid (FE Waiver, CARE)
(92% is federal and state)
- 3% local governments
- 5% other (in-kind, client contributions, etc.)

Expenditures of the \$2.2 mill

- 9% is spent on agency administration
- 33% JAAA services (assessment, case management, information, outreach)
- 58% provider services (grants/contracts w/ not-for-profits, private home health, County health agencies)

Services – adult day care, chore, homemaking, information, legal assistance, material aid, outreach, personal care, repairs/maintenance, respite, shopping, telephone reassurance, transportation, and meals.

Our objective is to keep seniors in the least restrictive environment, armed with the information to be able to make informed decisions.

Notes from Debbie Lake, Director

Papan's Landing Senior Center

1-17-01

House Health and Human Services Committee Tour

Papan's Landing Senior Center (PLSC) began in 1984. We have three staff members including the director, a home visitor/program coordinator and a van driver. We have several drivers who substitute as needed. We have four Ayda trainees including a receptionist, activity coordinator, office assistance and housekeeper. The Ayda program has served PLSC for about three years.

We also have a number of volunteers who work here, including several teenagers who come in and help out during school breaks.

PLSC provided nine services in 2000, and in 2001 we will be providing six services. Some have been deleted due to a lack of volunteers.

We have about 150 people through the year that come and enjoy the activities here, we provide 55 people with daily activities such as cards, table games, exercise, darts, puzzles, films, a bowling team, special parties, a day with Quincy K, kids, where we play bingo with them and other activities, days when the Logan Jr. high kids come and play bingo with the participants, and every Friday is nutrition bingo where we always have at least 70 participants, and speakers on health, social services, and other matters concerning the elderly. We serve a noon meal each day that is provided by the Meals on Wheels program, with a potluck once a month. The Shawnee Health Department has a foot clinic once a month, and Topeka Health Care nurses do blood pressures once a month, also Stormont Vail community nursing center comes twice a month and does blood pressure and glucose tests once a year.

Transportation: We provide transportation to approximately 30 people, on a 24-hour call-in reservation basis. We provide transportation to and from the center, doctor, and other medical appointments along with business appointments at SRS or Social Services offices, along with special activities.

Home Visits: We provide 40 people with home visits, and go to client's homes to provide comfort, help or referrals if needed. We have a list of those who are shut in that we visit on a regular basis, and they are old clients that are not able to come to the center any longer, along with clients that have been referred by other agencies, hospitals, churches, friends and families.

Telephone reassurance we have 68 people who get a phone call from us to see how they are doing and see if they need anything. A lot of the time this may be the only contact they have outside of the occasional call.

Home delivered meals: We provide a hot noon meal to 19 people in North Topeka that the Meals on Wheels volunteers can't go to. These meals are packed up here at the center and delivered by volunteers from the center, local churches, TARC, Inc. and others in the community.

Last year we provided 200 people with 15,405 units of service, that was 6,629 units in transportation, 1,421 units in telephoning, 600 units in home visiting, 1,371 in recreation, 427 in assistive transportation, 128 in chores, 332 in homemaker, 192 in respite, 199 in shopping with 4,336 in-home delivered meals. PLSC is the only senior center in Topeka that provides home-delivered meals. The assistive transportation, homemaking, chore, respite, shopping and home-delivered meals were all provided by volunteers. 49 volunteers provided these services to 91 north Topeka residents.

PLSC's budget for 2001 is \$72,000. We are funded under the Older Americans Act, Kansas Department on Aging, Jayhawk Area Agency on Aging, Shawnee County Mill levy, City Social Services Community Block Grant, and Faith in Action, along with fund raising throughout the year. Last year PLSC raised \$13,551 in funds from fundraisers, donations, and was able to buy a new van with the help of KDOT who provided 80% of the funds and PLSC provided \$7,212 to pay for the van.

The Neighborhood Improvement Association Northwest helps PLSC pay for equipment and remodeling that is needed. Last year through a grant from the city remodeled our kitchen, bought a new stove, refrigerator, new cabinets and new counter top.

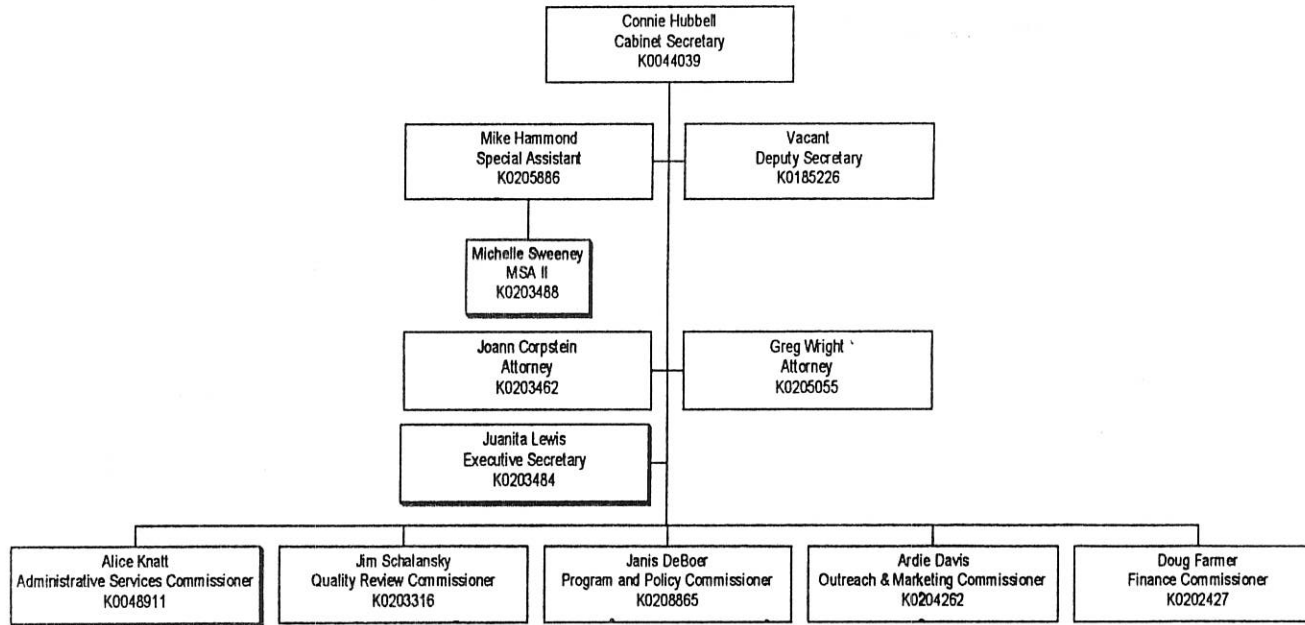
A local unit donated a new floor along with the labor.

We are very fortunate to have been adopted by a local fraternity, XI ALPHA ALPHA, who helps us with bingo prizes, gifts for the K Kids, during Christmas they provided us with fruit sacks and gifts for 80 participants that were here for our party and 20 home-bound participants.

Also, ABATE uses our building for their monthly meetings and this helps us with expenses through donations. In return the participants of PLSC bake cookies and serve about 200-300 motorcyclists every November during their Toys for Tots drive.

KANSAS DEPARTMENT ON AGING

January 8, 2001



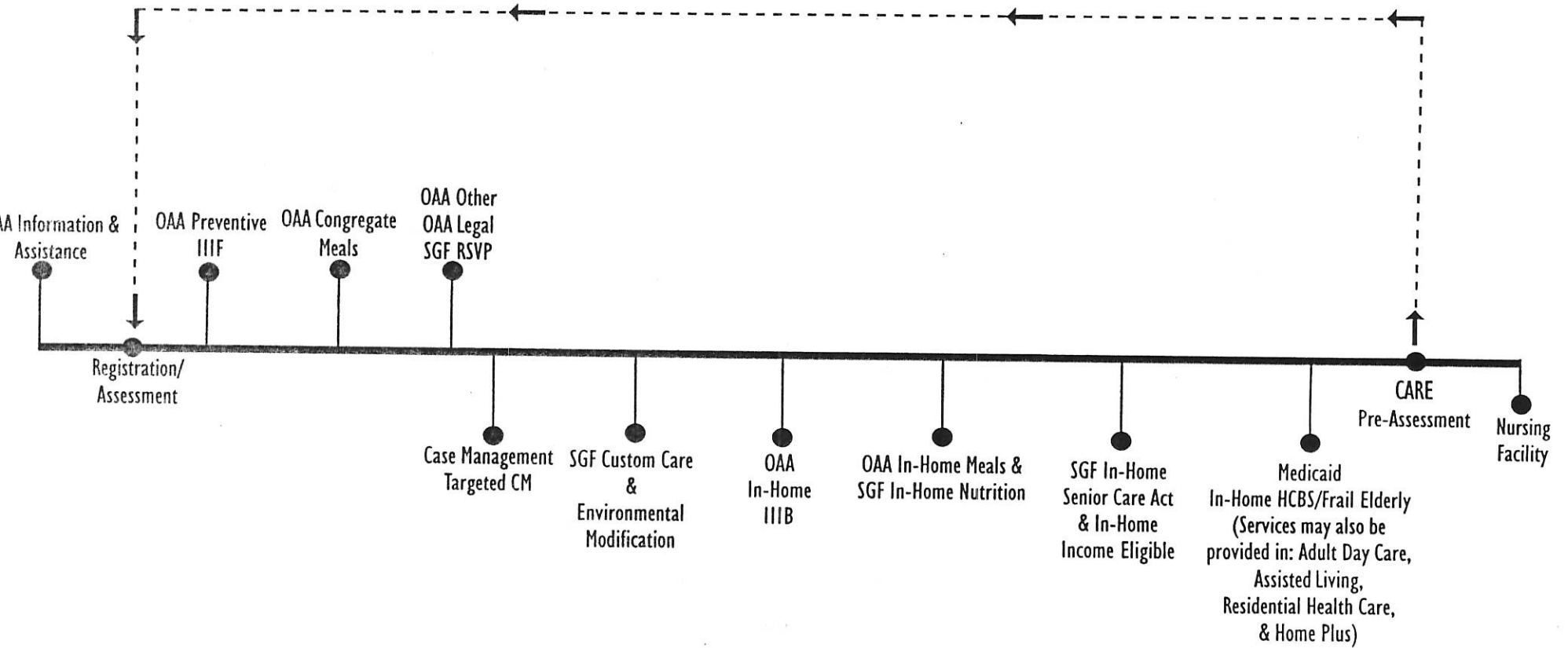
Key to Boxes

Shaded lines - Classified regular positions

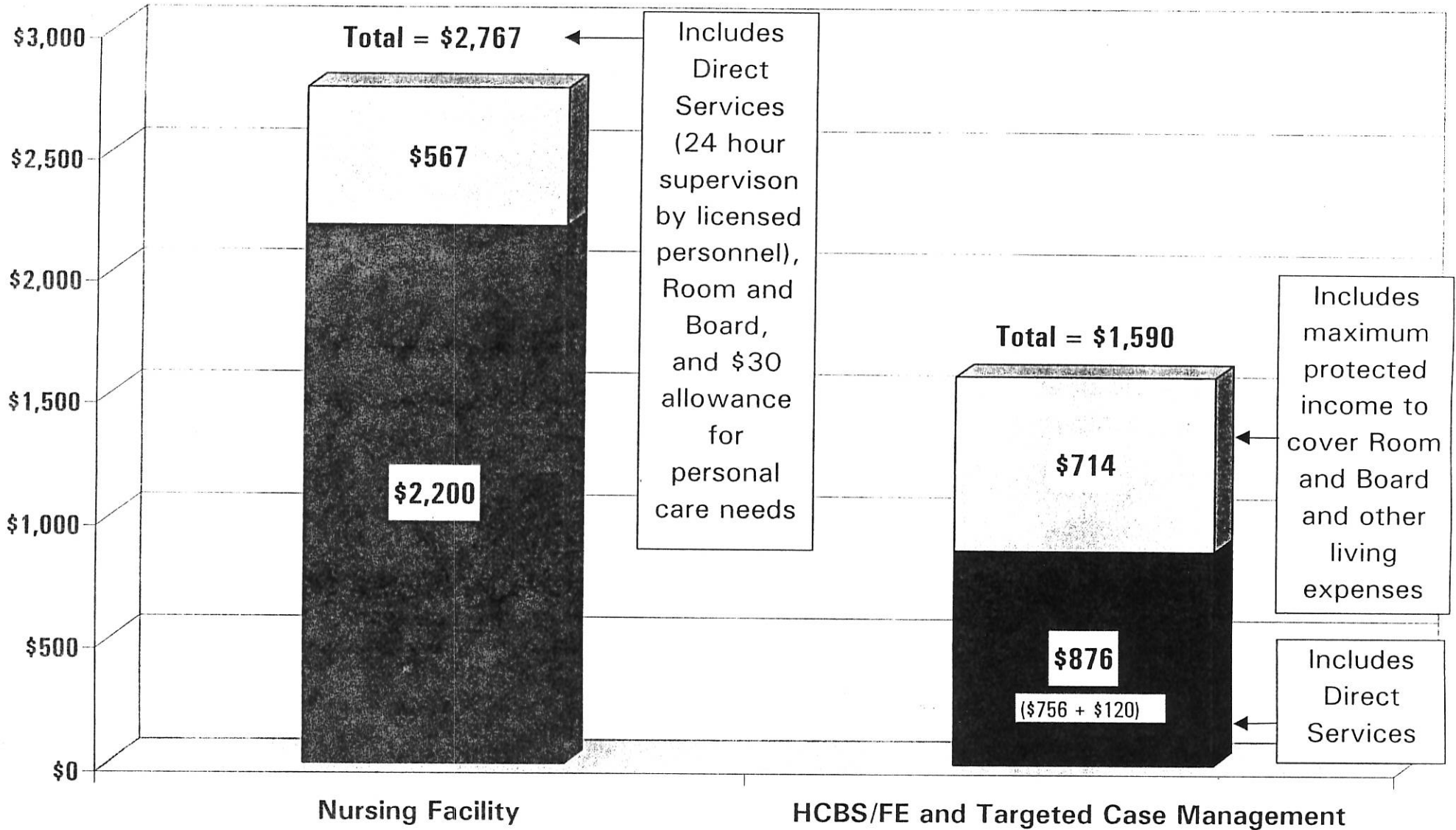
Solid lines - Unclassified positions

Dotted lines - Classified temporary positions

Services for Seniors Funded through KDOA *A Continuum of Choices*



Average Monthly Expenditures for Medicaid Customers Based on FY2001 Projections



<p> Medicaid Payment</p>	<p> NF Resident Liability and Personal Needs FE Maximum Protected Income and Client Obligation</p>
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NARRATIVE INFORMATION -- DA 400 DIVISION OF THE BUDGET DEPARTMENT OF ADMINISTRATION STATE OF KANSAS	AGENCY NAME <u>KANSAS DEPARTMENT ON AGING</u>	PAGE 37
	AGENCY NUMBER <u>039</u> FUNCTION NO. <u>02</u>	
	PROGRAM TITLE AND CODE <u>AGENCY SUMMARY</u>	
	SUBPROGRAM TITLE AND CODE	

SERVICES PROVIDED THROUGH FEDERAL AND STATE FUNDING:

<u>Program</u>	<u>Funding Source*</u>	<u>Service</u>	<u>Administration</u>
Long-Term Care Program (LTC) AKA Nursing Facility Reimbursement Program (NF)	Federal-Title XIX SGF Match – 40.15%	Provides NF care for Medicaid clients using a prospective payment methodology which is cost-based and facility-specific.	Fee for service
Client Assessment, Referral & Evaluation Program (CARE)	Federal-Title XIX SGF Match – 25%	Assessment performed on clients seeking nursing home care to help them find appropriate long-term care services.	Contract with AAA's
Home & Community-Based Services/Frail Elderly Waiver (HCBS/FE)	Federal-Title XIX SGF Match – 40.15%	<u>Provides services in Medicaid-eligible client's home such as:</u> feeding, bathing, dressing, shopping, meal prep, house cleaning, laundry, health monitoring, and respite care.	Fee for service
Targeted Case Management (TCM)	Federal-Title XIX SGF Match – 40.15%	Review of Medicaid-eligible client's needs and resources, linking them to range of appropriate services, and monitoring care provided over extended period of time.	Contract with AAA's
Senior Care Act (SCA)	SGF Local Match – 33.3%	Provides in-home services to clients (sliding fee: 20%-100%) case management, attendant care, homemaker services, transportation, chore services, residential repair, respite, and adult day care.	Grant to AAA's
Income Eligible Program (IE)	SGF	Provides in-home services to clients (sliding fee: 20% - 100%) case management, attendant care, homemaker services, transportation, chore services, residential repair, respite, and adult day care.	Contract with AAA's

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<u>Program</u>	<u>Funding Source*</u>	<u>Service</u>	<u>Administration</u>
Supportive Services	Federal-Title III-B State Match – 5% Local Match – 10%	<u>Access services such as:</u> Transportation, case mgmt., information, and referral <u>In-Home services such as:</u> Homemaker, respite care, and adult day care <u>Community services such as:</u> Senior centers, legal services, and counseling. <u>Provides client services such as:</u> Chore services, homemaker, personal care, respite, adult day care, and repairs and maintenance.	Grant AAA's
Congregate Meals	Federal Title III - C(1) State Match – 5% Local Match – 10%	Provides meals and nutrition education.	Grant to AAA's
In-Home Meals	Federal Title III - C(2) State Match – 5% Local Match – 10%	Provides home-delivered meals.	Grant to AAA's
In-Home Nutrition Program (IHNP)	SGF	Provides home-delivered meals.	Contract w/providers
Disease Prevention & Health Promotion Services	Federal Title III – F State Match – 5% Local Match – 10%	<u>Provides client services such as:</u> Health risk assessments, health promotion programs, health screening, nutritional counseling, and physical fitness.	Grant to AAA's

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<u>Program</u>	<u>Funding Source*</u>	<u>Service</u>	<u>Administration</u>
Vulnerable Elder Rights Protection	Federal-Title VII	<u>Activities include three separate areas:</u> Prevention of Elder Abuse, Neglect and Exploitation; State Elder Rights and Legal Assistance Development; and Outreach, Counseling, and Assistance.	Grant to Providers
Case Management Services (CM)	SGF	Review of non-Medicaid eligible client's needs and resources, linking them to range of appropriate services, and monitoring care provided over extended period of time. Supplements Title III-B Supportive Services program.	Grant to AAA's
Custom Care (CC)	SGF	<u>Provides for special client needs such as:</u> Bath benches, food supplements, personal emergency response, and medication issues.	Grant to AAA's
Environmental Modification (E-Mod)	SGF	Provides modifications to customers' homes that are necessary for them to continue to safely remain in their homes; such as, ramps, widening doors, and structural repairs.	Grant to AAA's
Alzheimer's and Related Disorders Helpline	SGF	Provides information, referrals, assistance, and education regarding dementia-related diseases and other health-related issues.	Program administered by KDOA
Retired Senior Volunteer Program (RSVP)	SGF	Designed to connect senior volunteers with groups, activities, and individuals that can use their knowledge, skills, and energy.	Grants made directly to senior organizations

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Other programs KDOA participates in:

<u>Program</u>	<u>Funding Source*</u>	<u>Service</u>	<u>Administration</u>
Senior Companion Volunteer Program	SGF	Provides minimal compensation to older adults who, in turn, provide personal support to frail elderly who are at risk of nursing facility placement.	Grant Ft. Hays State University
Ombudsman Program	Federal - Title III – B Federal - Title VII Match - Omb Office	Provides statewide advocacy services for residents in nursing facilities.	Interagency Agreement w/ State Office Of Ombudsman
Senior Health Insurance Counseling for Kansas (SHICK) [3913]		Provides education and assistance for older consumers regarding Medicare, Medicaid, supplemental insurance, long-term care insurance, and other health insurance issues.	Interagency Agreement w/ KS Insurance Dept.
Conferences and Workshop Fund [2173]		Is used to fund various conferences that KDOA hosts. The fund collects registration fees and pays the expenses associated with the conferences. Any funds remaining after paying all bills are used as “start up” funds for the next conference. For example, all receipts and expenditures for the Governor’s Conference on Aging included in this fund	
Gifts and Donation Fund [7309]		Is used to collect funds given to KDOA for specific purposes. The proceeds are then used to pay for a specific item such as printing certain publications.	

NARRATIVE INFORMATION -- DA 400 DIVISION OF THE BUDGET DEPARTMENT OF ADMINISTRATION STATE OF KANSAS	AGENCY NAME <u>KANSAS DEPARTMENT ON AGING</u> AGENCY NUMBER <u>039</u> FUNCTION NO. <u>02</u> PROGRAM TITLE AND CODE <u>AGENCY SUMMARY</u> SUBPROGRAM TITLE AND CODE	PAGE 41
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<u>Program</u>	<u>Funding Source*</u>	<u>Service</u>	<u>Administration</u>
LTC Private Donations [7318]		Funds were transferred from SRS prior to transfer of LTC programs and allowed KDOA to draw Title XIX funds.	
Medicare + Choice [3408]		Discretionary grant funds provided by HHS. Funding to be used to provide outreach information regarding the medicare program. No state match is required	
General Fees Fund [2014]		Used to collect employee parking fees and pay the city for parking.	
Medical Recoveries and Collection [2363]		Also know as the Civil Monetary Penalties fund. Used to collect fines imposed by KDHE and HHS. Funds are primarily to be used to pay resident relocation costs due to NF closure. Very small amount available for training of direct care staff.	
Long Term Care Loan & Grant Fund [5110]		Funds from the Kansas Intergovernmental Transfer Program that can be used for loans for specific purposes.	
Intergovernmental Transfer Program Fund [7750]		Records the receipt of federal Medicaid money which are distributed to local units of governments.	
State Medicaid Match Fund [2335]		Used to match money for federal Medicaid programs which are the most cost efficient in providing services	

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<u>Program</u>	<u>Funding Source*</u>	<u>Service</u>	<u>Administration</u>
Flexible Spending Fund [2555]		Funds from Intergovernmental Transfer Program to be used for existing senior services programs.	

*Notes on Funding Sources:
 Title III programs require a state match of 5% and local match of 10% for the combined (Admin, III-B, C, & F) award.
 Nutrition programs receive some supplemental funding from USDA.

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NARRATIVE INFORMATION -- DA 400 DIVISION OF THE BUDGET DEPARTMENT OF ADMINISTRATION STATE OF KANSAS	AGENCY NAME: <u>KANSAS DEPARTMENT ON AGING</u> AGENCY NUMBER <u>039</u> FUNCTION NO. <u>02</u> PROGRAM TITLE AND CODE <u>AGENCY SUMMARY</u> SUBPROGRAM TITLE AND CODE _____	PAGE 43
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TABLE OF PROGRAM MATCH REQUIREMENTS:

PROGRAM/GRANT	STATE MATCH	LOCAL MATCH	
FEDERAL PROGRAMS:			
Older Americans Act titles IIIB,C,F	5%	10%	Nutrition programs publish a suggested contribution rate for participants
Older Americans Act title VII	None	None	
Older Americans Act Ombudsman	15%	None	Attached to the KS Dept. of Administration
USDA	None	None	
PASARR Medicaid Title XIX (CARE program)	25%	None	
Medicaid Title XIX (programs only)	40.15	None	Effective 10-1-99
Medicaid Title XIX (administration only)	50%	N/A	
Insurance Counseling Program (SHICK)	None	None	Administered by the Kansas Insurance Dept.
STATE PROGRAMS:			
Senior Care Act	N/A	\$1 for each \$2 of SGF	Sliding fee scale
Income Eligible	N/A	None	Sliding fee scale (eff 7/1/99)
Case Management	N/A	None	
Custom Care	N/A	None	
Environmental Modification	N/A	None	
In-Home Nutrition (SGF program)	N/A	None	Fixed contract rate per meal Suggested contribution rate for participants
RSVP	N/A	N/A	



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

**Testimony Presented to the
House Health and Human Services Committee
January 24, 2001**

Health Care Data Governing Board Annual Report

**Lorne A. Phillips, Ph.D., Chair
Health Care Data Governing Board and
Director, Center for Health and Environmental Statistics
Kansas Department of Health and Environment**

As chair of the Health Care Data Governing Board, I am proud to present to this committee the Health Care Data Governing Board's 2000 Annual Report as required by KSA 65-6807. As you know, Senator Sandy Praeger was chair last year. We appreciated the contribution she made to this Governing Board and the accomplishments made under her leadership. The document before you summarizes the work of the Governing Board and its Task Forces for the year. Highlights include:

- ✓ Development of initiative to acquire health services utilization data for Kansas
- ✓ Prioritization of health conditions that should be evaluated once health services utilization data are acquired
- ✓ Acquisition of hospital discharge data through partnership with the Kansas Hospital Association on behalf of its members
- ✓ Development of several health information partnerships such as the trauma system plan database development, federal grant funding to improve health data in Kansas and collection of Worker's Compensation data
- ✓ Provided a forum to discuss HIPAA implementation and impact and
- ✓ Coordinated health information presentations of significance for the state.

Even though many of these projects seem very specific, the common theme throughout these efforts and the work of the Governing Board is to assure that good health information is made available to bodies such as this committee and other policy makers so that informed decisions can be made. Please remember the Health Care Data Governing Board establishes for you the forum through which health information issues can be discussed and recommendations made. Its structure, with its experienced members and associates is conducive to convening the necessary experts in Kansas that can make informed, relevant recommendations for you.

Finally, I'd like to take a moment to ask if you have any questions that come to mind that the Governing Board and its colleagues could address or prepare for in the future.

Thank you for your time.

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Health & Human
Services
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Background/Accomplishments

Health Care Data Governing Board

The Health Care Data Governing Board was created to guide development of the Kansas' Health Care Database at KDHE and to provide a forum for discussion of health information issues. Members of this board include the major health information representatives in the state. Since its inception in 1993, the Governing Board has numerous accomplishments:

√Developed rules and regulations for submission, confidentiality and dissemination of data from the database.

The rules and regulations the Governing Board developed for confidentiality and security of the health care database provide significant protections for individual privacy. Recent developments in federal privacy rules under HIPAA prompted the Governing Board to facilitate discussions on HIPAA and to determine its role in the HIPAA privacy regulations implementation.

√Recommended and has guided standardized data collection for health professional licensure.

The Health Care Database now contains data centralized from 8 licensure boards encompassing 44 health professions—all collected in cooperative efforts with the boards and without initiating duplicative data collection systems.

√Recommended collection of health status indicator information to monitor the health of Kansas' citizens.

Data for a total of 120 indicators are being collected and analyzed.

√Conducted strategic planning to expand data and information collection to evaluate the quantity and quality of health care delivery in the state.

Current projects include:

- *Proposed indicators to evaluate the efficacy of the HealthWave program*
- *Working to improve the collection of external cause of injury coding in*

- *Kansas health care facilities to better identify causes of injury in Kansas*
- *Acquisition of hospital discharge data for Kansas in partnership with the Kansas Hospital Association. Beginning discussions to expand data collection to other health care settings.*

√ Fostered partnerships among the owners of health data within Kansas.

- *Garnered assistance from universities, associations and state government (e.g. licensure boards) to collect physician and other health care professional data.*
- *Partnered with the Kansas Hospital Association to raise awareness for the need to collect external cause of injury data.*
- *Partnering with the Advisory Committee on Trauma to assist in developing the trauma registry database for Kansas*
- *Partnering to collecting health insurance claims data for the Worker's Compensation program*

√ Produced numerous publications (see <http://www.ink.org/public/hcdgb/>)

- *These include health care professional inventory reports*
- *Reports with hospitalization data and*
- *Mini-statistical reports contributed to the Kansas Health Statistics Newsletter (www.kdhe.state.ks.us/ches/)*

√ Serves the legislature and the Governor in determining health information policy for Kansas.

Uses of Data Provided from the Health Care Database

Data from the Health Care Database are used in a variety of ways by a number of data consumers. KDHE staff, businesses, schools/universities, and non-profit agencies are among the most frequent data users. These entities also submit complex data requests that require substantial staff time to complete. Uses of data by the Governing Board's customers are reported as follows:

- **Businesses**

- Internal and external planning purposes*

- Distribution of information on available continuing education opportunities*

- Bench marking*

- Grant writing*

- Strategic planning*

- Publication preparation*

- Licensure status validation*

- Recruiting*

- Consulting*

- **Health Care Providers**

- Planning resource allocation*

- Recruiting other providers*

- Seeking and analyzing employment opportunities*

- Research*

- **Government Entities**

- Policy development*

- Program management*

- Preparation of legislative updates*

- Community health needs assessments*

- Notification of physicians regarding reporting changes and disease outbreaks*

- Resource allocation*

- Recruitment*

- **Universities**

- Evaluative study preparation*

- Research*

- Medically Underserved Area Designation Report*

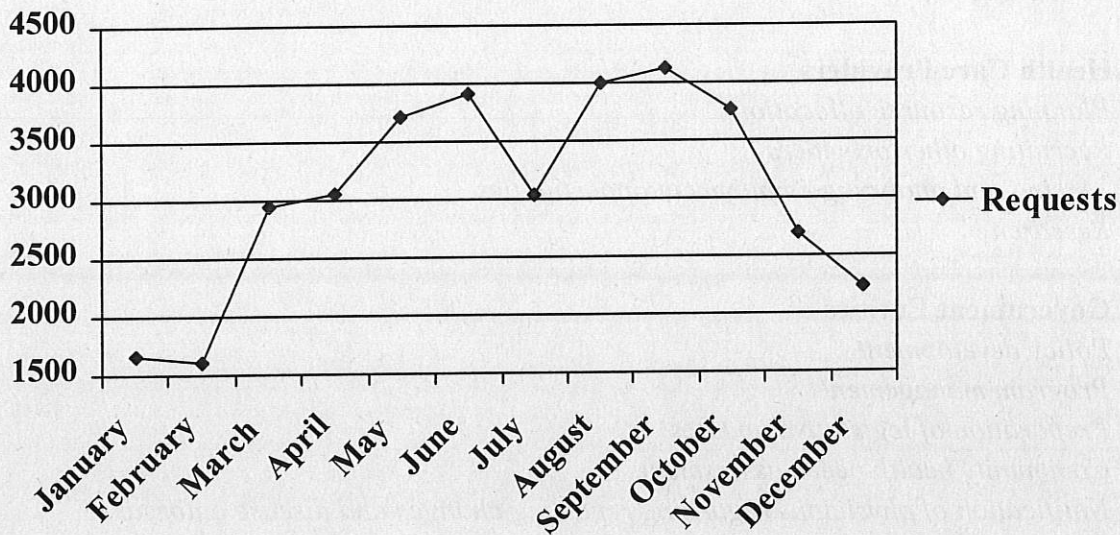
- To gain support from the Legislature to expand education programs*

- **The Public**
Locating service providers
Seeking employment opportunities

Year 2000 Successful Requests for Website Pages for the HCDGB

Development of capacity to share information via the Internet has been an effective means to disseminate information generated from the Health Care Database. The Governing Board’s website has been available since 1996 with publications and information added continually. In 2000, INK, the service provider for the Governing Board’s website generated a statistic that better represents true Internet usage of the website. This statistic, “Successful Requests” is presented here and represents data users that actually accessed material within the site. “Internet Hits”, presented in the past, simply represented those users who visited the site but did not pursue the material within the site further.

Successful Requests



As depicted above there were a total of 37,756 successful requests for pages for the Governing Board’s website. The largest number of requests were observed during September with the lowest number in January.