

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE

The meeting was called to order by Chairman Carlos Mayans at 1:30 p.m. on February 19, 2001 in Room 526-S of the State Capitol.

All members were present except: Representative Mike O'Neal - excused
Representative Gerry Ray - excused

Committee staff present: April Holman, Legislative Research Department
Lynne Holt, Legislative Research Department
Mary Best, Acting Committee Secretary

Conferees appearing before the committee: Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging (KAHSA)

Others attending: See attached list

The minutes of February 6, 2001 were distributed and approved.

"Kansas Senior Caregiving Initiative"

Debra Zehr presented testimony on KAHSA'S Initiative, beginning with a brief history of the transition from almshouses to the current medical model nursing homes. She described today's transition as a model of clinical care in homelike, personal environments.

KAHSA's Initiative provides a long-term approach to the challenges and problems existing in nursing homes and offers recommendations, as follows:

- A program of competitively awarded grants to accelerate improvements in quality care and reduce worker turnover.
- Award grants to assure adequate training and career development for long-term-care workers.
- Have the Kansas Department of Human Resources evaluate the long-term-care training system and recommend changes to improve recruitment and retention.
- Amend rules to allow mid-year increases for wages/benefits of front line workers.
- Establish a state-sponsored quality improvement program with regulatory and best practices expertise and consultation.

These recommendations, based on the goals and recommendations of the Long-Term-Care Services Task Force, utilize federal and state funding estimates at a total of \$10,350,000 (the Kansas portion being less than half). Ms. Zehr acknowledged the challenges being given the Legislature to establish new policies and funding for the transformation, and to establish roles of the government, the industry, and consumers. (See written testimony, Attachment 1.)

Committee members posed several questions and comments for further debate: (1) Does Kansas have too many long-term-care beds? Also, money and working conditions pose problems to caregivers. (2) Representative McClure stated House Bill 2229, currently in the Appropriations Committee, is designed to improve quality of care and incorporates many of the Initiative's recommendations. She noted a full discussion of nursing homes is in order. (3) Evaluate the different models for care homes for efficiency, costs, staffing, family involvement, and financing (federal, state, and private).

The next meeting is scheduled for February 20, 2001.

KANSAS FUTURES COMMITTEE
GUEST LIST
FEBRUARY 19, 2001

[PLEASE PRINT YOUR NAME]

[REPRESENTING]

Oliver O'Mahon

KDHE

Darwin Hirsch

KDOA

Debra Zeln

KATSA

Nancy Stouffer

Francis Conrad T.

Denny Burgess

Burgess + Assoc.

Anne Spiess

Alzheimer's Assn. - Ks. Chapters

Bill Henry

Ks Assn for Area Agency on Aging

Hanya Watts

Spokane Glasscock's staff.

Bud Burke

ALFA-KAN

Eric M. Walker

American Heart Assn.

PROMOTING QUALITY IN NURSING HOMES: The Kansas Senior Caregiving Initiative

To: Representative Carlos Mayans, Chair, and Members,
Kansas Futures Committee
From: Debra Zehr, Vice President
Date: February 19, 2001

Thank you, Chairman Mayans and Members of the Committee. The Kansas Association of Homes and Services for the Aging represents 150 not-for-profit retirement communities, nursing homes, assisted living facilities, hospital long term care units, senior apartments and community service providers around the state. Our members are owned and operated by religious organizations, local units of government, and community or fraternal groups. They serve over 15,000 seniors throughout Kansas.

A brief history of nursing homes in the United States

Institutional care for the elderly has been around since the earliest days of our country. From colonial times to the Great Depression there were three types of institution-based providers: almshouses or "poor farms", based on traditional English poor laws; charitable homes for the aged, sponsored by religious and immigrant groups; and mental institutions. The Social Security Act of 1935 and Old Age Assistance program prompted growth in proprietary "mom and pop" board and care homes. After World War II, government policy drove the construction of nursing homes that more closely resembled hospitals in physical design and services. In 1965, President Johnson signed the Medicare and Medicaid amendments to the Social Security Act, and for the first time providers of care to the elderly were directly reimbursed for nursing home care by the government. Medicare and Medicaid, in conjunction with an increasing older population, spurred dramatic growth in the number of nursing homes. Profound changes have occurred in institution-based long term care since that time. These include a transition to a medical versus home like or social model of care, the move toward larger facilities, a rapid growth in propriety nursing homes and chains, and massive regulations and government control. The current institutional model was built to serve many in the same way and in an economic manner. It is built on the notion of dependency, or "We can take care of you. We know what is best for you." It reflects a medical model in which nursing homes look more like hospital than home.

Where do we go from here?

There will continue to be a need for nursing homes for our frailest elders for the

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foreseeable future. However, today there is growing consensus among providers, consumers, policymakers, regulators and payors that the nursing home model of the past is worn and outdated. It is time to take a look at what we're doing in nursing home policy and to embark on a public/private commitment to transformation. Transformation that makes life better for our frailest elders through new and effective models of clinical care and more homelike and personal environments. Transformation that recognizes the critical role of frontline caregivers and empowers them through training and new models of supervision and communication, and that rewards their work with livable wages. Transformation of the relationship between regulators and the regulated so that the walls of adversarialism are brought down and in their place bridges are built to our common goal of high quality care.

The Kansas Senior Caregiving Initiative

The Kansas Senior Caregiving Initiative is a jump start for transformation. It is a comprehensive, fiscally responsible, long-term approach to address the challenges and root problems in nursing homes. It builds on the goals and recommendations of the Long Term Care Task Services Force established by the 2000 Kansas Legislature. It will make a real difference in lives of our frailest senior Kansans. Here is an outline of the Initiative's intent and provisions:

Promote new models for quality

- *Establish a program of competitively awarded grants for nursing homes to accelerate the adoption of new models of care to improve quality and reduce worker turnover.* This is in keeping with Secretary Hubbell's goal of "creating a culture of home" in nursing facilities through programs like the Eden Alternative, Wellspring, the neighborhood concept, and other person-centered and staff-empowering ways to care. (Proposed funding: \$2 million, state and federal funds combined.)

Promote adequate and effective staffing

- *Award grants for comprehensive onsite training programs by post-secondary educational and not-for-profit organizations to address issues that are identified as contributing to worker turnover.* This builds on the Long Term Care Services Task Force's desire to provide incentives to assure adequate training and career development for direct care workers in long term care. (Proposed funding: \$4 million, state and federal funds combined.)
- *Request the Kansas Department of Human Resources to evaluate the strengths and weaknesses in the current long term care training system and identify changes needed to improve recruitment and retention.* This mirrors a specific recommendation of the Long Term Care Services Task Force. (Proposed funding: \$300,000, state and federal funds combined.)

Provide timely and fair reimbursement

- *Permit a mid-year rate adjustment for increases in front line worker wages or benefits.* Providers need the flexibility to respond to labor market trends and worker needs without undue delay in realizing increased expenditures in their Medicaid rate.
- *Apply any minimum occupancy rule only to fixed costs.* In this way, providers will not be unduly penalized for fluctuations in resident census.
(Estimated funding: \$4 million, state and federal funds combined.)

Create a more supportive, collaborative regulatory environment

- *Establish a state prevention/quality improvement program that promotes high quality care and cooperation with providers by offering regulatory and best practices expertise and consultation.* This is a positive and practical approach to lower both the real and perceived barriers between state agencies and providers and to fulfill our mutual goal of high quality care. (Proposed funding: \$200,000, state and federal funds combined.)

In conclusion, the Kansas Senior Caregiving Initiative is modest but comprehensive jumpstart for the transformation of nursing homes. It is good public policy. It will improve the quality of care for our frailest seniors by promoting new models of nursing home care, enhancing staff training opportunities, creating a more responsive and fair reimbursement mechanism, and increasing partnerships between the State and providers.

Thank you. I would be glad to answer questions.