

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE

The meeting was called to order by Vice-Chairman Bob Bethell at 1:30 p.m. on March 15, 2001 in Room 526-S of the State Capitol.

All members were present except: Representative Karen DiVita - excused  
Representative Deena Horst - excused  
Representative Carl Krehbiel - excused  
Representative Brenda Landwehr - excused  
Representative Carlos Mayans - excused  
Representative Mike O'Neal - excused  
Representative Bonnie Sharp - excused  
Representative Tom Sloan - excused  
Representative Valdenia Winn - excused

Committee staff present: April Holman, Legislative Research Department  
Lynne Holt, Legislative Research Department  
Amy Kramer, Legislative Research Department  
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:  
Maria Russo, Executive Director, Jayhawk Area Agency on Aging, Topeka  
Susan Wheatley, Executive Director, Community Action, Inc., Topeka

Others attending: See attached list.

Elderly Services - Jayhawk AAA

Ms. Russo described the mission and clientele of the agency, noting that approximately 47,600 (or about 17% of the area's population) are served. Federal regulations state that the "Area Agency on Aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area." In fulfilling that mandate, Ms. Russo noted their efforts of coordination and cooperation with other area agencies who also serve seniors. Some current issues before the agency are:

- How to help coordinate the State Health Insurance Counseling for Kansas (SHICK). Demand has outgrown the current system.
- How to coordinate SHICK's prescription drug program with the new program coming from the federal government and the state's Pharmacy Assistance Program.
- Coordination of in-home services for individuals who are at or near the eligibility criteria for nursing home placement.
- Funding for the Income Eligible program. A supplemental allocation of \$700,000 is included in the current state budget to serve existing clients through June 30, 2001. Currently there is a state-wide waiting list of about 500 eligible persons. If funding is cut, it will reduce services for existing clients and the ones on the waiting list will not be served.

Ms. Russo indicated the cost-effectiveness of the Senior Care Act in Kansas. It has been documented that \$25.33 was saved each day the services kept one Medicaid-eligible person out of a certified nursing facility, for a total of about \$2.2 million. She challenged committee members to consider their own expectations of the programs serving the elderly when they become seniors. (See full testimony, Attachment 1.)

Elderly Kansas - Urban and Rural Issues

Ms. Wheatley described Community Action as a private, non-profit organization providing services to low income people from infancy to seniors who reside in Shawnee and Wabaunsee counties by mobilizing resources and providing services to improve the quality of life and promoting self-sufficiency through education. Plans are in motion to expand services to Geary, Dickinson, Saline and Clay counties. There

## CONTINUATION SHEET

MINUTES OF THE HOUSE KANSAS FUTURES COMMITTEE at 1:30 p.m. on March 15, 2001 in Room 526-S of the State Capitol.

are affordable housing projects being operated in Leonardville and Clay Center. Community Action is a comprehensive Housing Development Organization (CHDO) and is authorized to develop housing projects in 12 north-central Kansas counties.

The organization receives major funding grants from several state, county and city agencies, as well as from a regional medical center and private sources.

By its service history, the organization has found that frail, low income elderly persons increasingly are threatened by social isolation, failing health, inadequate nutrition, deficient home upkeep, insufficient financial resources, neglect of necessary records, lack of access to transportation, and inadequate access to community-based services. It has developed several programs, some of which are:

- A Health and Nutrition program to provide nutrition supplements to an average of 15 persons each month; to distribute food commodities to 125-135 homebound clients; and to promote durable medical equipment to about 100 frail elderly persons each year.
- Home/Personal Maintenance Programs that provide home repairs and maintenance, utility assistance, limited prescription assistance, and personal management services.
- A Special Needs Program for the rural elderly that delivers commodities to support nutritional needs and provides information about the various services available throughout the area.
- School-based programs for students, parents and grandparents of low-income families to provide education, medical assistance, parenting and discipline strategies, home weatherization kits for Topeka area areas; and legal issues.

Ms. Wheatley listed several critical issues confronting the aged: increasing needs for community and in-home services; maintaining personal independence; low income causing the aged to deny themselves of needed services, especially because of increasing costs of prescription drugs, food, utilities and general living expenses with choices being made between paying for utility bills or buying prescription drugs. Another recent emerging issue in Shawnee County is non-seniors with mental disabilities entering senior housing- - and the seniors wanting only seniors.

The next meeting is scheduled for March 20, 2001.

KANSAS FUTURES COMMITTEE  
GUEST LIST  
MARCH 15, 2001

[PLEASE PRINT YOUR NAME]

[REPRESENTING]

Leon Krahn

KGP

Brent Widick

SRS

Maria Russo

JAAA

Sue Wheatley

Community Action

TOM SIPE

KHA

Ernie Kutzley

AACP

Lindsey de la Torre

KDOA

Carol Chapman

HWS

Maria Russo  
Executive Director  
Jayhawk Area Agency on Aging

Futures Committee

March 15, 2001

Jayhawk Area Agency on Aging serves Jefferson, Douglas and Shawnee counties. Our mission is, in a nutshell, to help seniors live independent and dignified lives. The area we serve has a total population of approximately 280,000, roughly 17% of whom are age 60 and older. The majority of our clients are over the age of 80.

When we look at population projections thirty years out, when the first of the baby boomers turn 80, we see no significant increase in total population (2%). However, the population over age 60 has doubled in size. I understand you had two presentations just this week on the changing demographics, so I won't elaborate here. I believe that our area is indicative of what will happen around the state. I think we can all agree that we have a significant problem ahead of us.

Area Agencies on Aging are part of a national network of 680 agencies that were established by Congress through the Older Americans Act of 1965. It is quite advantageous that we are a part of that network.

As I am speaking to you about Jayhawk AAA, I am certain that some of you will be thinking about a relative in another state who could use assistance. We can connect you with that agency on aging, get information for you, or help you to understand systems so that you know better what questions to ask of them. Recently, I myself have taken advantage of that.

I have seven aunts who live in New Jersey, ranging in age from 60 to 80. One of the older aunts recently fell and injured her arm and shoulder. I was able to call the agency on aging in the community where Aunt Mary lives and find out the process they use. I could then talk with my aunt and offer some knowledgeable reassurance of how her concerns could be addressed. With just a few short phone calls, I was able to give her a better understanding of what she could expect and what was available to her.

According to federal regulations, under the section of Area Agency responsibilities, "Area Agency on Aging: shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area...." That is quite a job order.

Some of the ways in which we fulfill that role include coordination and cooperation among the other agencies also serving seniors. Susan Wheatley of Community Action is here today. The staff of our agencies speak routinely to see that clients get the assistance they need without over-utilizing services. On an individual client basis, we look to other community resources to see where someone can best be served. There are no cookie cutter answers. Seniors are the most demographically diverse group and we have to be able to address their concerns as such.

Jayhawk AAA is currently looking into how we can help coordinate SHICK (State Health Insurance Counseling for Kansans) services within the Shawnee County area. The program already exists, but the demand has outgrown the current system. We are pulling together a group of individuals to determine how we can better address the need.

We know concerns regarding medications is a major issue for seniors. In a recent senior survey conducted by the Department on Aging, the overwhelming, number one concern identified by the respondents was the cost of medicine.

A subtopic of SHICK is PDP – prescription drug program. An issue we are trying to address is how do we coordinate the existing SHICK program which includes the PDP,

with whatever program is to come from the federal government, with the Pharmacy Assistance Program that was passed by the 2000 Kansas Legislature.

The prescription drug issue is a good example of how the agencies on aging take a variety of parts and pieces and make them into a coordinated effort for the community.

Another major effort of the agencies on aging is the coordination of in-home services for individuals who are at or near the eligibility criteria for nursing home placement. (Score of 26 – needs reminders but generally able to care for self.) (Most clients are score of 50-60 – need assistance with bathing, dressing and meal preparation.) Current government funding that we work with includes Medicaid for the Home and Community Based Services Frail Elderly Waiver, State General Funds for the Income Eligible, Senior Care, federal funds through the Older Americans Act.

The average client receiving in-home services is likely to be a woman, aged 85, who lives alone. She is in need of assistance in a number of tasks such as bathing, dressing, laundry, shopping, housework and meal preparation. She is also likely to be dealing with a number of health care concerns such as dementia, arthritis, high blood pressure, vision, hearing and speech problems, diabetes and cancer.

The current budget includes a supplemental allocation of \$700,000 for the Income Eligible program. That is the funding that the AAAs need to serve the existing clients through June 31<sup>st</sup>, 2001. That does not significantly address the current state-wide waiting list of approximately 500 eligible individuals. Next year's budget includes this funding as well. That money is needed to maintain services for existing clients. If it gets cut, not only are we not addressing the waiting list, but we are then potentially reducing services for existing clients.

These in programs are not entitlements and we are very aware that there is not unlimited resources to help everyone with all of their needs. However, these programs do play an important role in minimizing the cost of the entitlement of nursing home care. These

programs were created to avoid inappropriate and premature institutionalization, thereby delaying the inevitable dependence upon Medicaid.

Repeated studies of the Senior Care Act program have shown the cost-effectiveness of the services. The 1999 report states there was a savings of "\$25.33 each day the services kept a Medicaid eligible person out of Medicaid certified nursing facility. Fiscal year 2000 had 3,000 individuals served on the Senior Care Act program. Assuming the program delays nursing home placement only 30 days for each individual, the state saved \$2.2 million that it would have spent for Medicaid payments of nursing home care.

The following is a typical scenario of how agencies on aging can help a senior.... Ann calls our agency. She is angry, frustrated, upset, confused - in general an emotional wreck. Ann's father passed away a few years ago and she has been caring for her mother. Her mother's needs have been increasing and Ann is feeling torn between caring for her mother and caring for her own family. Ann's mother is in the hospital and is about to be discharged. Ann's mother has a number of health concerns and is now temporarily unable to use her right arm due to a rotator cuff injury from a fall.

The agency on aging will talk with Ann to determine a basic assessment of the situation. When is the discharge planned? What services might be needed? Where will Mom reside upon discharge?

A case manager will then be assigned to meet with Ann and her mother. This can be quite an extensive process to determine what is needed to create a safe and stable environment for the senior. Our case manager can coordinate the services, working with the hospital discharge planner. This might include having meals delivered, personal care services for a bath, and homemaker services for light housekeeping.

It could be that the major concern is personal care and meals, and that Ann is able to continue to do her mother's housekeeping. We look at the whole picture – what services are needed and how can they best be provided. We then stay in touch with Ann and her



mother to see that the services are delivered as needed, they are increased if necessary and they are stopped when they are no longer needed.

We are also available to people as a telephone resource, but who do not need any further assistance. Last year, we documented approximately 5,000 calls from individuals who needed only telephone assistance. These calls come from all over the United States regarding services here, and we refer people to other agencies on aging all over the United States.

I have given you a brief overview of the role an agency on aging can play in the life of a senior and their family. There are many, many issues that seniors are faced with - including changing a light bulb in the ceiling fixture, transportation, a later-in-life divorce, a later-in-life marriage, being with a spouse through the dying process and picking up the pieces of life after a spouse's death.

The agencies on aging and the governments cannot be everything for everyone - but we do know that small amounts of assistance such as meals and in-home services, can greatly improve a senior's life and delay avoidable nursing home care.

As you consider these issues, please look to your own family. What do your most cherished elders need? How are they receiving that assistance? What is our responsibility to those seniors who do not have the resources you have, be that family, financial, or other? And lastly, please consider, if you were to add 20, 30, 40 years to your life - what are your expectations of how you will want to be treated by our systems serving the elderly?