

Approved: 2-20-01  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on January 16, 2001 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Mr. Hank Avila, Legislative Research Department  
Ms. Renee Jefferies, Revisor of Statutes  
Ms. Lisa Montgomery, Revisor of Statutes  
Ms. Rebecca Zapick, Intern for Senator Barnett  
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Mrs. Connie Hubbell, Secretary of Aging

Others attending: See attached guest list.

**Overview of Kansas Department on Aging**

Upon calling the meeting to order, Chairperson Susan Wagle introduced Mrs. Connie Hubbell, Secretary of Aging, for the Kansas Department on Aging.

Mrs. Hubbell offered an overview on the workings of the Kansas Department on Aging (KDOA). A written copy of the overview is (Attachment #1) attached hereto and incorporated into the Minutes by reference. Mrs. Hubbell shared information on the history of KDOA, a current snapshot of what they do including covering nine (9) major programs the department oversees, and a quick overview of critical issues and future challenges. She also introduced Ms. Shelley Sweeney, Legislative Liaison, and Mr. Doug Farmer, Commissioner of Budget and Finance.

Following Mrs. Hubbell's presentation, a healthy question and answer discussion ensued between Committee members and Mrs. Hubbell. Some "fact" questions were asked and since the information was not readily available, Mrs. Hubbell stated that she would provide the answers to the questions in writing and make them available to the Chairperson on Thursday, January 18, 2001.

**Adjournment**

The Chair concluded the meeting by thanking Mrs. Hubbell for taking the time and for her presentation. Adjournment time was 2:31 p.m.

The next meeting is scheduled for January 17, 2001.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

10 in att

GUEST LIST

DATE: 1-16-01

NAME	REPRESENTING
Janis Deboer	
Michelle Sweeney	
Norey Sumner	None Signed in
Connie Hubbell	
Jon Peterson	



# State of Kansas Department on Aging

Connie L. Hubbell, Secretary

*for additional information, contact:*

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Senate Public Health and Welfare  
January 16, 2001

**Kansas Department on Aging Overview**

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Connie L. Hubbell, Secretary  
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SEN. PUBLIC HLTH + WELFARE  
1-16-01  
ATTACHMENT 1

**REPORT TO THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE**  
**BY**  
**SECRETARY CONNIE HUBBELL**  
**KANSAS DEPARTMENT ON AGING**  
**January 16, 2001**

Good afternoon, Madame Chair 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. 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 1995, KDOA implemented the Client Assessment, Referral and Evaluation (CARE) program. The CARE process provides screening for individuals prior to admission to Medicaid certified nursing facilities to assure appropriate placement. Customers must have a CARE assessment, regardless of the payer source.

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.

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 B** 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. The FY 2001 budget includes \$2.2 million for the Senior Care Act program, to result in a total of \$3.3 million in program resources.

**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 who are between 100% and 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. The FY 2001 budget includes \$5.1 million for the IE program, to result in a total of \$5.2 million in program resources.

**Custom Care and Environmental Modification Programs.** This is a state-funded program that enables case managers to address unique needs of the customers, fill

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 \$48.6 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.

**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 serves 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.



### 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 programs and processes that are in the planning, development or pilot stages in Kansas.

- Caregiver Support: The OAA was reauthorized and funded by Congress in the 106<sup>th</sup> 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 for the remainder of FFY 2002, and into the future. Congress funded the Family Caregiver Support Program under the OAA at \$125 million nationwide, providing for five ways in which the program may use those appropriations. 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.
- Program for All-Inclusive Care (PACE): The Kansas Department on Aging will offer this program for the first time in SFY 2001. The Federal Balanced Budget Act of 1997 authorized a Program for All-Inclusive Care (PACE) as an optional Medicaid service. Most PACE sites are similar to Adult Day Care facilities, providing social activities and meals during the day, and assisting with activities of daily living and medication administration. The sites have a primary care clinic and sometimes provide dental and optometrist services, as well. Therapy can be provided on-site, as needed, as well as transportation to and from the site.
- 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

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.

- 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. Our web page is connected directly with all 11 AAAs in Kansas, and anyone can find out the location and phone number for their local AAA by selecting their hometown or county. 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. We also have a section on the Kansas Silver Haired Legislature and their activities. I invite you to visit our web site at [www.k4s.org](http://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.

#### IV. A Critical Look Into the Future

We must do more to foster, to aid, and to 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 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



**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.

**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.

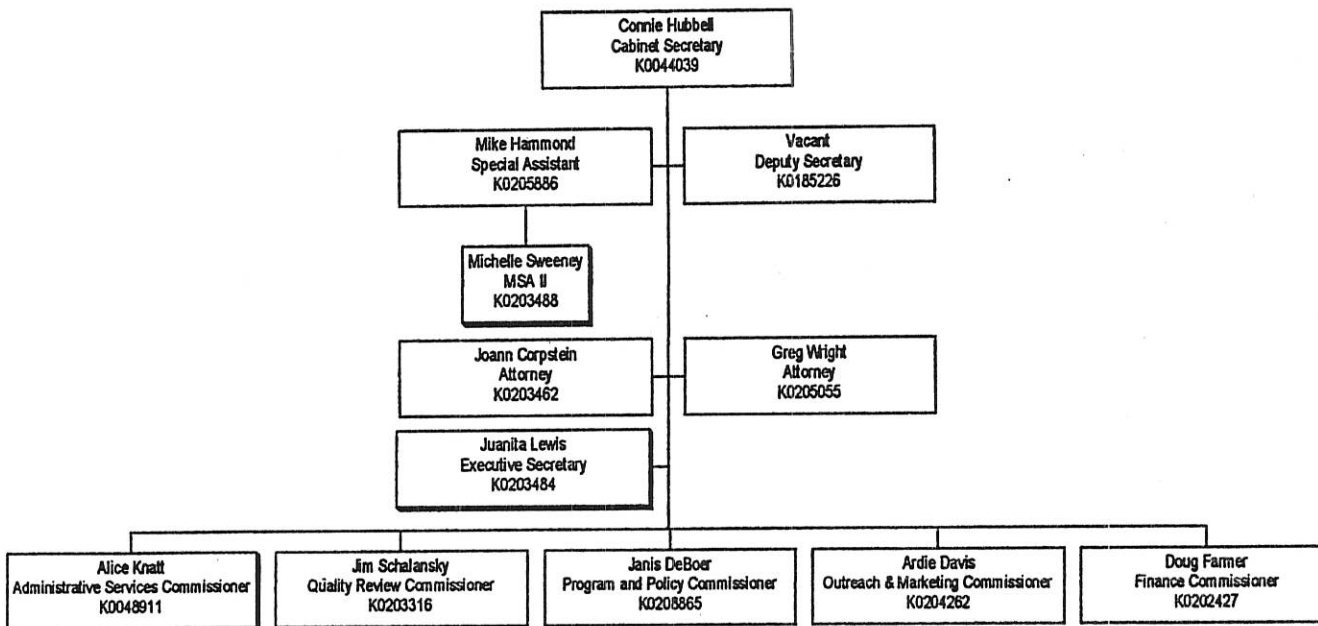
The next few decades will pose trials to government infrastructure unlike any since the Great Depression. Change will occur. However, the impact of such change depends on how soon government visualizes and takes sufficient anticipatory action. This agency will utilize the resources appropriated to it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

Madame Chair 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.

# KANSAS DEPARTMENT ON AGING

January 8, 2001

Attachment 1-8



**Key to Boxes**

Shadowed lines - Classified regular positions

Solid lines - Unclassified positions

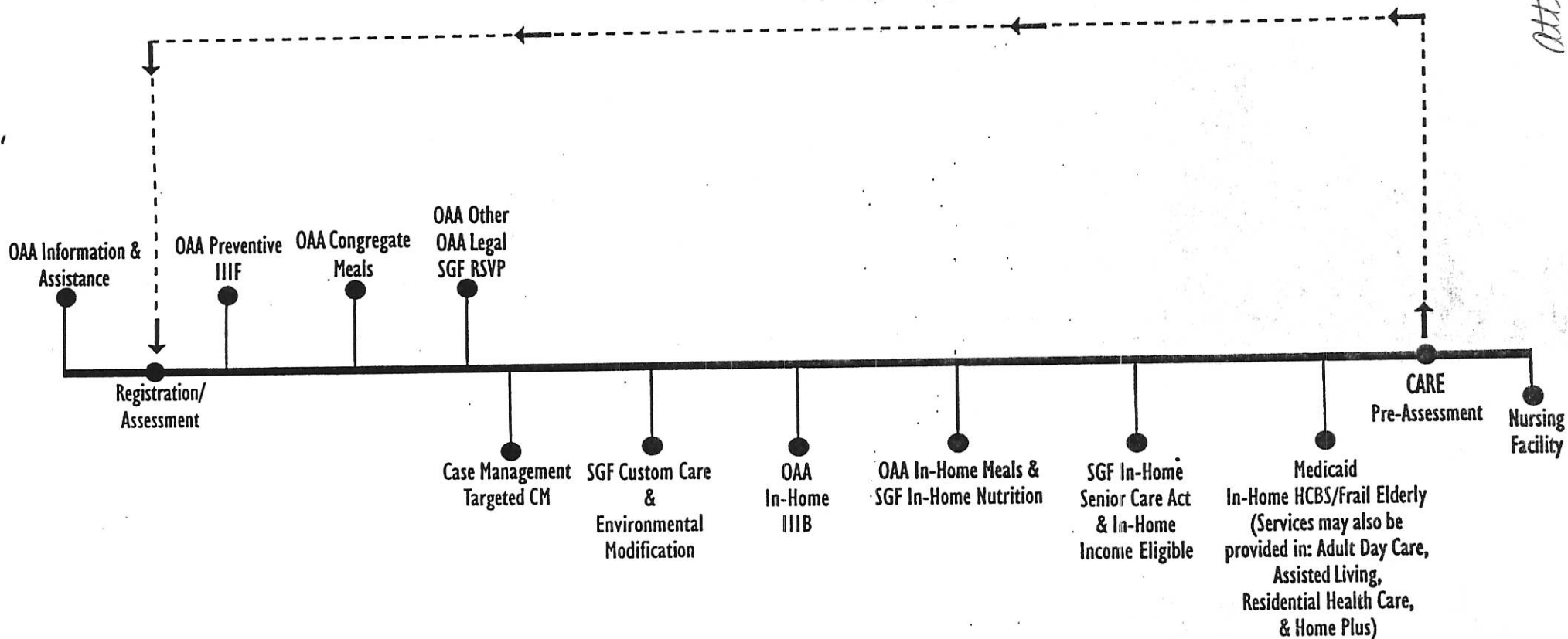
Dotted lines - Classified temporary positions



# Services for Seniors Funded through KDOA

## A Continuum of Choices

Attachment 1-9



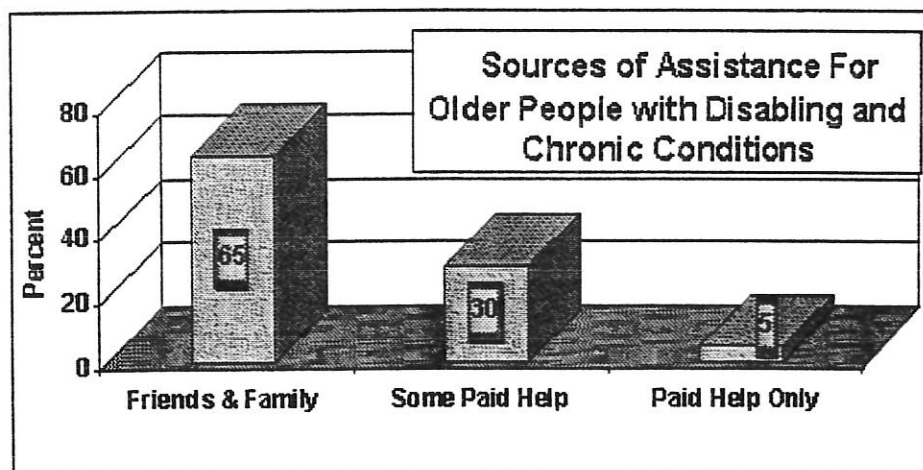


# Administration on Aging

Honor the Past. Imagine the Future: Towards a Society for All Ages

## Family Caregiver Fact Sheet

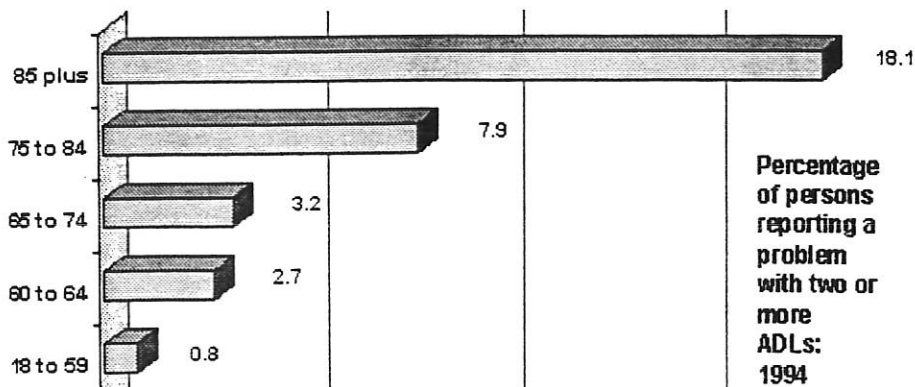
According to the most recent National Long Term Care Survey, over seven million people are informal caregivers, i.e. spouses, adult children, other relatives and friends who provide unpaid help to older people living in the community with at least one limitation in their activities of daily living. According to the Survey, if the work of these caregivers had to be replaced by paid home care staff, the cost to our nation would be \$45-75 billion per year.



Family caregivers have always been the mainstay underpinning long term care (LTC) for older persons in this country. Among those elders who live in the community and need assistance with activities of daily living, 95% have family members involved in their care.

This degree of caregiver involvement has remained fairly constant over more than a decade, bearing witness to the remarkable resilience of the American family in taking care of its older relative despite increased geographic separation, greater numbers of women in the workforce, and other changes in family life.

## The Need for Personal Assistance with Everyday Activities Increases with Age



Thus, family caregiving has been a blessing in many respects, not least as a budget-saver to governments who annually face the problem of financing the health and LTC expenses of persons with chronic illness and disabilities. However, the costs to caregivers - in terms of time, physical and emotional stress, and financial

For example, the National LTC Survey and other research have documented that:

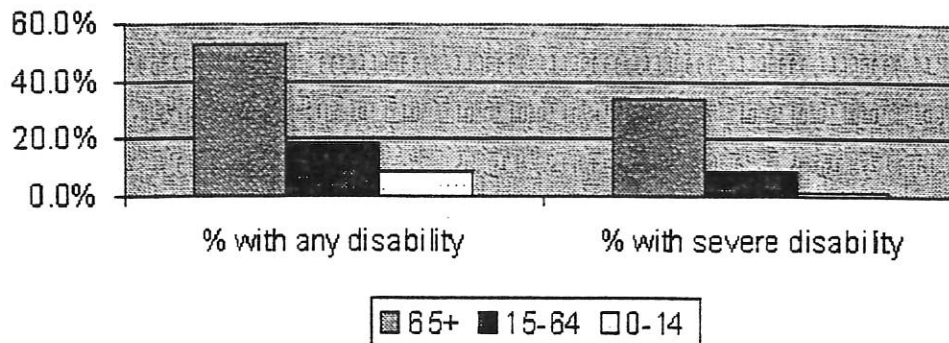
**Caregivers dedicate on average 20 hours per week providing care for older persons and even more time when the older person has multiple disabilities;**

**Caring for an older person with disabilities can be demanding. It can involve heavy lifting and turning, frequent bedding changes, and helping a person use a toilet – all of which can physically strain caregivers, many of whom are older persons too;**

**Bearing the LTC responsibilities for an older relative or friend with disabilities places heavy emotional strain on the caregiver and often results in depression;**

**2/3rds of working caregivers report conflicts between work and caregiving which require them to rearrange their work schedules, work fewer than normal hours, and/or take unpaid leaves of absence.**

### Americans with Disabilities 1994 - 1995



National recognition is beginning to be paid to the critical role of families in the provision of LTC. In 1993, President Clinton signed the Family and Medical Leave Act into law to ensure that businesses address the needs of their employees with regard to eldercare. Every year President Clinton issues a formal proclamation designating the week of Thanksgiving as "National Family Caregivers Week," a period set aside for the nation to honor and support the daily contributions of family caregivers.

#### National Family Caregiver Support Program

In January 1999, President Clinton announced the National Family Caregiver Support Program, one of four LTC initiatives to be proposed in the FY 2000 budget, to help families sustain their efforts to care for an older relative who has serious chronic illness or disability. Under this proposed Older Americans Act program, the State Offices on Aging, working in partnership with local Area Agencies on Aging, community service providers and consumer organizations, will be expected to put in place five program components:

- Provision of information to caregivers about available services;
- Assistance to caregivers in gaining access to such services;

- Individual counseling, organization of support groups, and provision of caregiver training to help families make decisions and solve problems relating to their caregiver roles;
- Respite care to enable families and other informal caregivers to be temporarily relieved from their caregiving responsibilities; and
- Provision of supplemental long term care services, on a limited basis, to complement the care provided by caregivers and other informal caregivers.
- The National Aging Network

Under the authority of the Older Americans Act, the U.S. Administration on Aging (AoA) works closely with the national network of aging organizations to plan, coordinate, and provide home and community-based services to meet the unique needs of older persons and their caregivers. The aging network includes: AoA's Regional offices; 57 State Units on Aging; 655 Area Agencies on Aging (AAAs); 223 tribal organizations representing 300 tribes; and thousands of service providers, senior centers, caregivers and volunteers.

The local Area Agency on Aging is one of the first resources a caregiver should contact when help is needed. Almost every state has one or more AAAs, which serve the local community, its elderly residents and their families (In a few states, the State Unit or Office on Aging serves as the AAA).

Local AAAs are generally listed in the city or county government sections of the telephone directory under Aging or Social Services.

### The Eldercare Locator

AoA supports a nationwide, toll-free information and assistance directory called the Eldercare Locator, which can locate the appropriate AAA to help an individual needing assistance. Older persons and caregivers can contact the Eldercare Locator by calling toll-free, 1-800-677-1116, Monday through Friday, 9:00 a.m. to 8:00 p.m., Eastern Standard Time. Callers to the Eldercare Locator will speak to a friendly, caring person who will help them. When contacting the Locator, callers should have readily available the address, zip code and county of residence for the person needing assistance.

**For more information about the Administration on Aging, please contact:**

**Administration on Aging  
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