Approved: 03-13-02
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 5, 2002 in Room 231-N of the Capitol.

All members were present except: Senator Harrington
Ms. Emalene Correll, Kansas Legislative Research Department
Ms. Margaret Cianciarulo, Administrative Assistant

Committee staff present: Ms. Lisa Montgomery, Revisor of Statutes
Ms. Mary Best, Administrative Assistant

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

Others attending: See attached guest list.

Introduction of bills

With the call to order, the Chairperson announced the meeting scheduled for January 31, 2001, had been moved to today because of inclement weather. She then recognized Senator Larry Salmans. Senator Salmans made the motion to introduce a bill relating to K.S.A. 65-29 - Physical Therapy. The motion was seconded by Senator Sandy Praeger. The vote was taken and the motion was accepted. A copy of the proposed bill is (Attachment 1) attached hereto and incorporated into the Minutes be reference.

Chairperson Wagle then said that Senator Tyson was asking that a bill be introduced addressing "employment after retirement; amending K.S.A. 2001 Supp. 74-4914 and repealing the existing section". Because of the shortage of nurses, this bill would basically allow the hospitals to hire nurses after they have retired. Senator Salmans made a motion to introduce the bill (lrs 1941). The motion was seconded by Senator Jim Barnett. The vote was taken and the motion passed. A copy of the proposed bill is (Attachment 2) attached hereto and incorporated in the Minutes by reference.

Chairperson Wagle made the presentation on the final bill proposal addressing naturopaths and licensing. Senator Salmans made the motion to accept the proposed bill and Senator Haley seconded the motion. A vote was taken and the motion was accepted. There was no written material for the bill.

Overview of the Department of Aging

With no further bills to be presented, Chairperson Wagle introduced Mrs. Connie Hubbell, Secretary of Aging, for the Kansas Department of Aging.

Mrs. Hubbell offered an overview on the Kansas Department of Aging (KDOA). A written copy of the overview is (Attachment 3) attached hereto and incorporated into the Minutes by reference. Mrs. Hubbell shared information on the history of KDOA, major programs the department oversees, the Senior Care Act and what their goals are for this program, monies given to Senator Hensley and his program, and a quick overview of critical issues and future challenges.

Concluding her presentation, Mrs. Hubbell stood for questions from the Committee. Questions were presented by Senators Praeger, Harrington, Salmans, and Chairperson Wagle.

Adjournment

With no further questions, the meeting was adjourned. Adjournment time was at 2:25 p.m.

The next meeting is scheduled for February 6, 2002.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

23 in att.

GUEST LIST

DATE: Feb 5, 2002

NAME	REPRESENTING
Susan Zschord	KDTA
Sheli Sweeney	KDOA
Dennis DeBoer	KDOA
Connie Hamm	KDOA
Linda Lubensky	KS Home Care Assoc.
Rebecca Guernsey	Felicia Consulting
Annette Graham	Central Plains Area Agency
Georgia Borghmeyer	Central Plains Area Agency
John Federico	

Sen. Salmans
Bill

KANSAS STATUTES ANNOTATED

CHAPTER 65

Article 29. - PHYSICAL THERAPY

K.S.A. 65-2901. Definitions, (a) As used in this act, the term "physical therapy" means ~~a health specialty concerned with the evaluation, treatment or instruction of human beings to assess, prevent and alleviate physical disability and pain. This includes the administration and evaluation of tests and measurements of bodily functions and structures in aid of treatment; the planning, administration, evaluation and modifications of treatment and instruction, including the use of physical measures, activities and devices for prevention and therapeutic purposes; and the provision of consultative, educational and advisory services for the purpose of reducing the incidence and severity of physical disability and pain. The use of roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the practice of medicine and surgery are not authorized or included under the term "physical therapy" as used in this act.~~ *the care and services provided by or under the direction and supervision of a physical therapist that is registered pursuant to this act.*

(b) "Physical therapist" means a person who ~~practices physical therapy as defined in this act and delegates selective forms of treatment to supportive personnel under the supervision of such person~~ *is registered pursuant to this act to practice physical therapy.* Any person who successfully meets the requirements of K.S.A. 65-2906 and amendments thereto shall be known and designated as a physical therapist and may designate or describe oneself as a physical therapist, physiotherapist, registered physical therapist, P.T., Ph.T. D.P.T. or R.P.T. Physical therapists may evaluate patients without physician referral but may initiate treatment only after consultation with and approval by a physician licensed to practice medicine and surgery, a licensed podiatrist or a licensed dentist in appropriately related cases.

(c) *"Practice of physical therapy" means examining, evaluating and testing individuals with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis for physical therapy, prognosis, plan of therapeutic intervention, and to assess the ongoing effects of physical therapy intervention. Alleviating impairments, functional limitations and disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, therapeutic exercise; functional training in self care and in home, community or work integration or reintegration; manual therapy; therapeutic massage; prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction. Reducing the risk of injury, impairments, functional limitations and disability, including the promotion, and maintenance of fitness, health and quality of life in all age populations: and engaging in*

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administration, consultation, education and research.

(d) the use of roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the practice of medicine and surgery are not authorized or included under the term "physical therapy" as used in this act

(e) "Physical therapist assistant" means a person who ~~works under the direction of a physical therapist, and who assists in the application of physical therapy, and whose activities require an understanding of physical therapy, but do not require professional or advanced training in the anatomical, biological and physical sciences involved in the practice of physical therapy~~ *is certified pursuant to this act and who assists the physical therapist in selected components of physical therapy intervention.* Any person who successfully meets the requirements of K.S.A. 65-2906 and amendments thereto shall be known and designated as a physical therapist assistant, and may designate or describe oneself as a physical therapist assistant, certified physical therapist assistant, P.T.A., C.P.T.A. or P.T. Asst.

K.S.A. 65-2913. ~~Representation as physical therapist or physical therapist assistant; prohibitions; exceptions.~~ *Use of Titles and Terms; Restrictions; Classification of Violation*

(a) ~~Any person who, in any manner, represents oneself as a physical therapist, or who uses in connection with such person's name the words or letters physical therapist, physiotherapist, registered physical therapist, P.T., Ph.T. or R.P.T., or any other letters, words, abbreviations or insignia, indicating or implying that such person is a physical therapist, without a valid existing certificate of registration as a physical therapist issued to such person under the provisions of this act, shall be guilty of a class B nonperson misdemeanor.~~ *A physical therapist shall use the letters "PT" in connection with the physical therapist's name or place of business to denote registration under this act.*

(b) ~~Any person who, in any manner, represents oneself as a physical therapist assistant, or who uses in connection with such person's name the words or letters physical therapist assistant, P.T.A., C.P.T.A. or P.T. Asst., or any other letters, words, abbreviations or insignia, indicating or implying that such person is a physical therapist assistant, without a valid existing certificate as a physical therapist assistant issued to such person pursuant to the provisions of this act, shall be guilty of a class B nonperson misdemeanor.~~ *A person or business entity, its employees, agents or representatives shall not use in connection with that person's name or the name or activity of the business, the words "physical therapy," "physical therapist," "physiotherapy," "physiotherapist," the letters "PT", "DPT", "RPT", "PhT", or any other words, abbreviations or insignia indicating or implying directly or indirectly that physical therapy is provided or supplied, unless such services are provided by or under the direction of a physical therapist registered pursuant to this act. A person or business entity shall not advertise or otherwise promote another person as being a "physical therapist" or "physiotherapist" unless the individual so advertised or promoted is registered as a physical therapist under this act. A person or business entity who offers, provides or bills any other person for services shall not characterize those services as "physical therapy' or 'physiotherapy" unless the individual performing those services is a person registered as a physical therapist under this act.*

(c) A physical therapist assistant shall use the letters "PTA" in connection with that person's name to denote certification hereunder.

(d) A person shall not use the title "physical therapist assistant," the letters "PTA," or P.T.A., C.P.T.A. or P.T. Asst. or any other words, abbreviations or insignia in connection with that person's name to indicate or imply, directly or indirectly, that the person is a physical therapist assistant unless that person is certified as a physical therapist assistant pursuant to this act.

(e) A person or business entity that violates paragraphs (b) or (d) of this section is guilty of a class B nonperson misdemeanor.

f) Nothing in this act shall prohibit any person not holding oneself out as a physical therapist or physical therapist assistant from carrying out as an independent practitioner, without prescription or supervision, the therapy or practice for which the person is qualified, and shall not prohibit the person from using corrective therapy. Nothing in this act shall prohibit any person who assists the physical therapist or physical therapist assistant from being designated as a physical therapy aide.

SENATE BILL NO. ____

AN ACT concerning employment after retirement; amending K.S.A. 2001 Supp. 74-4914 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2001 Supp. 74-4914 is hereby amended to read as follows: 74-4914. (1) The normal retirement date for a member of the system shall be the first day of the month coinciding with or following termination of employment with any participating employer not followed by employment with any participating employer within 30 days and the attainment of age 65 or, commencing July 1, 1993, age 62 with the completion of 10 years of credited service or the first day of the month coinciding with or following the date that the total of the number of years of credited service and the number of years of attained age of the member is equal to or more than 85. In no event shall a normal retirement date for a member be before six months after the entry date of the participating employer by whom such member is employed. A member may retire on the normal retirement date or on the first day of any month thereafter upon the filing with the office of the retirement system of an application in such form and manner as the board shall prescribe. Nothing herein shall prevent any person, member or retirant from being employed, appointed or elected as an employee, appointee, officer or member of the legislature. Elected officers may retire from the system on any date on or after the attainment of the normal retirement date, but no retirement benefits payable under this act shall be paid until the member has terminated such member's office.

(2) No retirant shall make contributions to the system or receive service credit for any service after the date of retirement.

(3) Any member who is an employee of an affiliating employer pursuant to K.S.A. 74-4954b and amendments thereto and has not withdrawn such member's accumulated contributions from the Kansas police and firemen's retirement system may retire before such

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Attachment 2

member's normal retirement date on the first day of any month coinciding with or following the attainment of age 55.

(4) Any member may retire before such member's normal retirement date on the first day of any month coinciding with or following termination of employment with any participating employer not followed by employment with any participating employer within 30 days and the attainment of age 55 with the completion of 10 years of credited service, but in no event before six months after the entry date, upon the filing with the office of the retirement system of an application for retirement in such form and manner as the board shall prescribe.

(5) If a retirant who retired on or after July 1, 1988, is employed or appointed in or to any position or office for which compensation for service is paid in an amount equal to $15,000 or more in any one such calendar year, by any participating employer for which such retirant was employed or appointed during the final two years of such retirant's participation, such retirant shall not receive any retirement benefit for any month for which such retirant serves in such position or office. The participating employer shall report to the system within 30 days of when the compensation paid to the retirant is equal to or exceeds any limitation provided by this section. Any retirant employed by a participating employer shall not make contributions nor receive additional credit under such system for such service except as provided by this section. Upon request of the executive director of the system, the secretary of revenue shall provide such information as may be needed by the executive director to carry out the provisions of this act. The provisions of this subsection shall not apply to retirants employed as substitute teachers, to retirants who are licensed nurses employed by an institution under the jurisdiction and control of the secretary of social and rehabilitation services or to officers, employees or appointees of the legislature. The provisions of this subsection shall not apply to members of the legislature prior to January 8, 2000. The provisions of this subsection shall not

apply to any other elected officials prior to the term of office of such elected official which commences on or after July 1, 2000. The provisions of this subsection shall apply to any other elected official on and after the term of office of such other elected official which commences on or after July 1, 2000. Except as otherwise provided, commencing January 8, 2001, the provisions of this subsection shall apply to members of the legislature. For determination of the amount of compensation paid pursuant to this subsection, for members of the legislature, compensation shall include any amount paid as provided pursuant to subsections (a), (b), (c) and (d) of K.S.A. 46-137a, and amendments thereto, or pursuant to K.S.A. 46-137b, and amendments thereto. Notwithstanding any provision of law to the contrary, when a member of the legislature is paid an amount of compensation of $15,000 or more in any one calendar year, the member may continue to receive any amount provided in subsections (b) and (d) of K.S.A. 46-137a, and amendments thereto, and still be entitled to receive such member's retirement benefit.

(6) For purposes of this section, any employee of a local governmental unit which has its own pension plan who becomes an employee of a participating employer as a result of a merger or consolidation of services provided by local governmental units, which occurred on January 1, 1994, may count service with such local governmental unit in determining whether such employee has met the years of credited service requirements contained in this section.

Sec. 2. K.S.A. 2001 Supp. 74-4914 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the Kansas register.

State of Kansas
Department on Aging

Connie L. Hubbell, Secretary

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Senate Public Health and Welfare Committee
February 5, 2002

KDOA Agency Overview

For information contact:
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Senate Public Health + Welfare Committee
Date: February 5, 2002
Attachment 3

AGENCY OVERVIEW BY CONNIE HUBBELL, SECRETARY TO THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
February 5, 2002

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 and a current snapshot of what we do, as well as some new and innovative programs.

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 1989 the Legislature passed the Senior Care Act which designated the use of state general funds to help Kansas seniors who needed support in order to remain in their homes.

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 Home, the Home and Community-Based Services for the Frail Elderly (HCBS/FE) Medicaid Waiver, the Targeted Case Management, and the Income Eligible programs 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. In FY2001 our budget was $395 million dollars including Medicaid nursing home services. Along with these programs came increased federal regulatory responsibilities. The programs that were transferred required income eligibility determination and verification before customers could receive services.

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 Older Americans Act (OAA), state-funded, and Medicaid programs. Area Agencies on Aging (AAA) went from being the advocates for and coordinators of services to being the single point of entry of all elder services in their geographical areas.

The goal of a single point of entry system is to simplify access and paperwork for seniors. The AAAs assess seniors' needs and resources, establish Plans of Care (POC) for purchase of appropriate community based services through contracts with service providers or enrollment in the HCBS/FE waiver, and assure ongoing case management. The AAAs are also responsible for Client Assessment, Referral and Evaluation (CARE) for persons seeking nursing home residence.

Client Assessment, Referral and Evaluation (CARE) for persons seeking nursing home residence. (See **Attachment A** for the Planning Service Areas covered by the eleven AAAs).

II. Current Snapshot

The mission of the Kansas Department on Aging (KDOA) is to promote security, dignity and independence for the elders of our state. KDOA has 157 full-time equivalent positions (See **Attachment B** for the KDOA organizational chart). The Secretary of Aging manages the agency. Legal Services handles all contracts, appeals and litigation that affect the agency. The Budget and Finance Commission is responsible for development and administration of the agency's budget and human resource management. The Quality Assurance Commission is charged with assuring that legislative, fiscal and program requirements are accomplished using assessment tools such as program reviews, research, reporting, and cost audits. The Administrative Services Commission is responsible for accounting systems, financial records, grant monitoring, and management of information systems. The Program and Policy Commission sets nursing home rates, directs the assessment, referral and evaluation programs used to determine placement for elder Kansans, proposes planning and policy for all services, and provides technical assistance to community based service providers.

The Governor recommends a total budget for KDOA in FY 2003 of $415 million dollars. The direct program funds are budgeted as follows:

Medicaid nursing homes	$ 322,000,000
Medicaid community based services	54,274,580
Targeted Case Management	5,500,800
State funded community based services	3,642,966 *
Nutrition services	9,982,231
Older Americans Act services	4,650,597
Other programs	5,600,000
Agency Administration	9,347,258
Total Service	$ 415,000,000

*The Governor's restoration package includes an additional $4.4 M for Senior Care Act services for a total of $8.0 million.

The Department funds a wide array of services to seniors across the state, on a continuum of choice. All of the services along the continuum are important and necessary at different stages of people's lives although the primary group affecting expenditures for long-term care are the oldest and most frail Kansans, many over 80 years old.

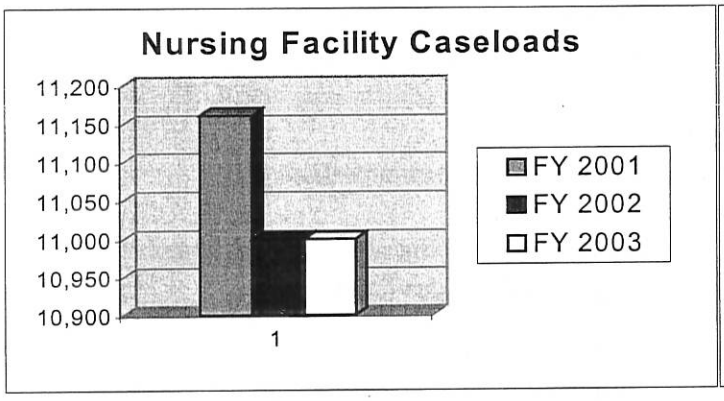
Nursing Homes. Nursing Homes provide health care and related services to individuals requiring around-the-clock care The Kansas Department on Aging is responsible for enrolling nursing homes as Medicaid providers and for determining reimbursement rates for those participating in the Medicaid program. There are currently 346 Medicaid certified nursing homes.

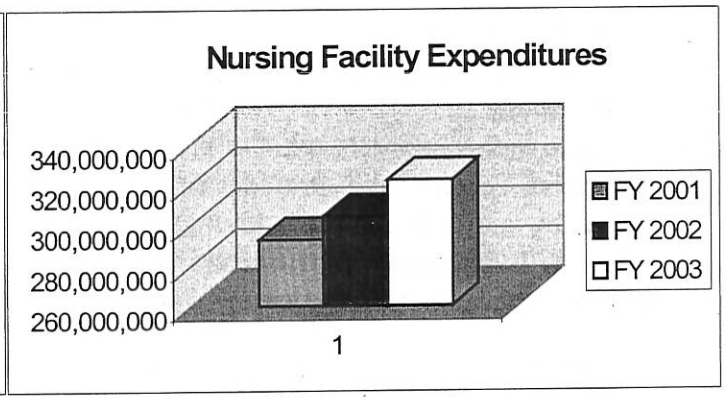
Admission to a nursing home is based on a level of care score related to impairment in activities of daily living and instrumental activities of daily living as well as other risk factors. The Department spent $ 292.5 million on nursing home services in FY 2001. The current year budget includes $304 million and a total of $322 million is included in the FY 2003 budget. The FY 2003 budget for nursing homes represents an increase of 5.9 from the current year.

The average length of is 2.9 years. The average time it takes to spend personal funds down to achieve Medicaid eligibility is 1.0 years. The conclusion that can be drawn is that, on average, the Department pays for two years of a resident's stay in a nursing home.

The average monthly cost per resident in FY 2001 (all funds) was $2,184 and the average monthly number of Medicaid nursing home residents was 11,162. The average monthly number of nursing facility residents across the state for FY 2001 reflects a decrease of 232 from FY 2000, and 178 from FY 1999.

NF Expenditures	FY 2001 Actual	FY 2002 Consensus	FY 2003 Consensus
Total Expenditure	$292,510,306	$304,020,475	$322,000,000
Average Clients per Month	11,162	11,000	11,000
Average Cost per Client per Month	$2,184	$2,303	$2,439





Client Assessment, Referral and Evaluation (CARE). Prior to entering a nursing facility, individuals must have a CARE assessment, regardless of the payer source. The CARE

assessment collects data on the need for community-based options and meets the federal Preadmission Screening and Resident Review (PASRR) requirements. PASRR evaluates individuals with mental illness or a developmental disability and helps to determine whether nursing home placement is appropriate for their care. In FY 2001, 2,038 individuals or 15.8 % of persons seeking admission to nursing facilities were diverted into community-based services through the CARE process. Since 55% of nursing facility admissions are Medicaid eligible persons, we assume that 1,121 of the diversions could have incurred nursing facility costs that would have been paid by Medicaid. The Medicaid savings in diverting 1,121 persons for one month each, is estimated at $2.4 million from all funding sources ($960,000 SGF).

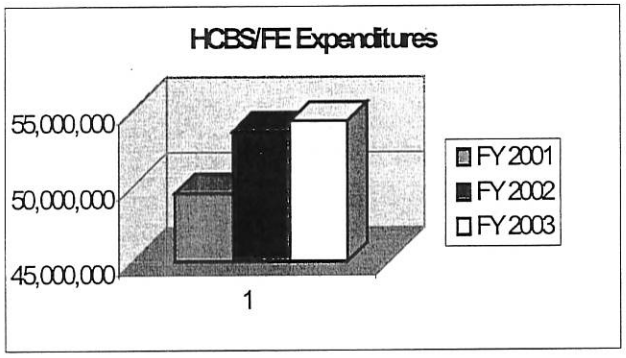
Home and Community Based Services for the Frail Elderly (HCBS/FE). The HCBS/FE program provides an option for Kansas seniors to receive community-based services as an alternative to nursing facility care. To qualify for this program, customers must be 65 or older and their income must meet SRS financial eligibility guidelines and KDOA's functional eligibility guidelines. A customer may choose to use home and community-based services instead of entering a nursing home, as long as the customer qualifies for nursing home care.

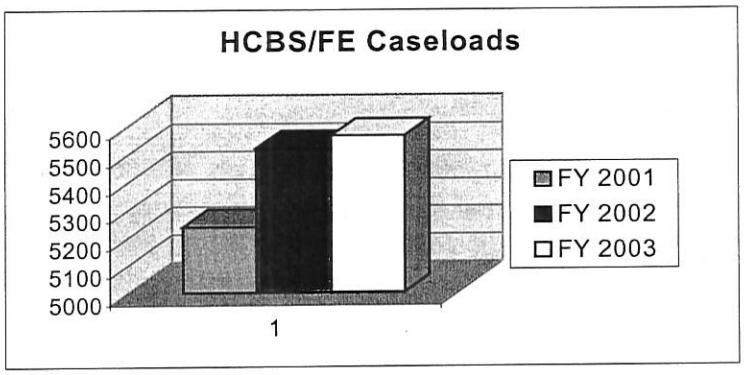
The HCBS/FE program includes the following services:

- 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 2001 were $49.6 million, while budgeted expenditures for FY 2002 are $53.6 million. The average number of people served under the HCBS/FE Medicaid waiver per month in FY 2001 was 5,237. The average cost per customer per month in FY 2001 (all funds) was $789. Sixty percent of the cost for this program is federally funded and matched with forty percent by the state general fund.

HCBS/ FE Expenditures	FY 2001 Actual	FY 2002 Governor's Rec.	FY 2003 Governor's Rec.
Total Expenditure	$49,528,326	$53,600,000	$54,274,570
Average Clients per Month	5,237	5,520	5,563
Average Cost per Client per Month	$789	$809	$813





Targeted Case Management (TCM). TCM provides assistance to elders in the form of access to, or care 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.

TCM 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 2001 was 4,226 with an average of 4,350 customers anticipated to be served per month in FY 2002. The current year budget includes $5,276,400 from all funding sources for TCM. The average cost per month per customer for TCM in FY 2001 was $98 and the average number of TCM hours per customer per month was 2.45 hours.

OAA and State General Fund Nutrition Programs. The Kansas Department on Aging funds a congregate meal program through the OAA that, according to AAA Area Plans, provides meals at 317 sites in communities throughout the state. The program also provides nutrition education, nutrition transportation, and outreach services to qualifying seniors and their spouses. KDOA 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 FY 2002 budget includes $9.9 million for these programs.

Older Americans Act (OAA). In addition to nutrition funding, the OAA provides funding for many types of services and assistance to elders. Customers must be at least 60 years old. OAA customers are 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. The OAA was reauthorized by Congress in December 2000 and we estimate KDOA will receive over $4,650,000 in OAA funding for services for FFY 2002, excluding nutrition.

Senior Care Act Program (SCA). The 2001 Kansas Legislature directed KDOA to combine all State General Fund programs. In order to accomplish this, during FY 2002 the Agency is combining the Income Eligible, Senior Care Act, Custom Care, SGF Case Management, and Environmental Modification programs into one program entitled the Senior Care Act (SCA).

The combined SCA program will continue to provide 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 years of age or older. There is an income and asset based sliding fee scale co-payment for individuals served by this program. Income and assets are self-reported

The Kansas Department on Aging funds SCA services through the AAAs. The combined SCA program expended $8,051,936 SGF for services in FY 2001. The KDOA FY 2002 budget includes $8,062,974 for the Senior Care Act program. The Departments budget includes $8.5 million for the SCA program in FY 2003 to serve an estimated 7,302 seniors at an average cost per customer per year of $1,158.

Kansas Intergovernmental Transfer Program (KSITP). The 2000 Kansas Legislature approved the Kansas Intergovernmental Transfer Program. This program allows the Department on Aging to receive increased federal funding for activities related to the Kansas Medicaid nursing home population. Although subsequent spending bills have altered statutory allowances, the enabling legislation provides that, for FY2002, 70.0 percent of all receipts from this program go to a Senior Services Trust Fund, 5.0 percent go to a Long Term Care Loan and Grant Fund, and 25.0 percent go toward existing Medicaid Services.

At the time of its September budget submission, the Department estimated the receipt of roughly $155 million for FY2002. Since that time the Department has been involved in discussions with the Centers for Medicare and Medicaid Services (CMS) regarding the amounts that we will be allowed to transfer through the program. It should be noted that the Governor's budget recommendation assumes the receipt of $100 million in FY 2002. Noting that part of the transfer is currently in question, the Governor's budget recommendation includes the $50 million already received this fiscal year, and assumes $25 million per quarter for the last two quarters of the year. The true amount of the transfer will be determined wholly by the CMS decision regarding our methodology, and the utilization of services in Kansas nursing facilities for the remainder of the year.

This program will be dramatically reduced in the future as the federal government has published regulations that redefine upper payment limit categories, thereby restricting program dollars beginning October 1, 2002. Annual revenues from this program are expected to bottom out at approximately $20 million per year.

III. Policy Direction Initiatives

The Kansas Department on Aging will seek to coordinate and collaborate with other state agencies that serve our customers, including the Kansas Department of Social and Rehabilitation Services (SRS), the Kansas Department of Health and Environment (KDHE), the Kansas Insurance Department, the Kansas Department of Commerce and Housing, the Long-term Care Ombudsman, and others. We will improve our communication with all our partners, and most importantly, with our customers.

In June, 2001 KDOA adopted and published a Strategic Plan that begins a practical approach toward strengthening a continuum of choices, increasing quality, and ensuring effectiveness. It offers a vision for what can and must be accomplished to meet the needs of an aging society.

In the Plan, KDOA revisited its Mission and adopted four Goals to promote the security, dignity and independence of Kansas seniors:

- Goal I: Healthy aging with personal and financial independence;
- Goal II: A continuum of choices in services for seniors;
- Goal III: High quality services and supports at all levels of individual need; and
- Goal IV: Effective, efficient, and affordable services and supports.

We foresaw Expected Outcomes if we successfully achieve these goals and established Policy Directions for the system of services to Kansas seniors. These will guide the development of KDOA's annual business plan and budget requests. (See **Attachment D** for the Strategic Plan).

The Department is engaging in numerous strategies to implement the Policy Directions established in the Strategic Plan. The following is an update on the current status of some of these initiatives.

Strategy: Provide Useful Information for Healthy Aging...

- Elders and the Law Week

The Kansas Supreme Court, the Office of Judicial Administration (OJA), the Kansas Department on Aging (KDOA) and the Kansas Bar Association (KBA) developed and sponsored the first "Elders and the Law Week" in Kansas during the week of October 1-7, 2001. The goal of the event was to offer older adults, as well as their families and caregivers, access to reliable and objective information about significant issues that may confront them. Fifty-five counties participated in the event. A "How To Guide" to assist the local courts was prepared by the OJA, KDOA and KBA. A web site: (http://www.k4s.org/kdoa/lawweek/homepage.htm) with links to the Judicial and the Bar Association web sites was developed, and a poster was printed for local use. KDOA also donated lapel pins that read "Judiciously Aging." The KBA donated the funds for printing the "How to Guides" and many local bar associations donated refreshments for local events. Many Area Agencies on Aging and Senior Center staff also volunteered their time, equipment and supplies. Topics many of the courts offered included:

- You and the Courts of Kansas;
- You and the Aging Services Network in Kansas;
- You and Guardianship, Power of Attorney, Living Will;
- You and Adult and Consumer Protection;
- You and Probate Issues - Wills, Trusts, etc.;
- You and Aging and Mental Health Issues; and,
- How You Can Challenge a Property Tax Evaluation.

This is the first program of its kind in the country to be offered statewide and is planned to become an annual event.

- Computers for Agencies Serving Kansas Seniors

In cooperation with the Kansas Department of Transportation (KDOT), KDOA was able to launch the first Surplus Computer Transfer to agencies serving Kansas seniors to enable them to join the digital age. Seventy-eight (78) surplus computers were distributed to Senior Centers across the state. A project to supply nursing homes with computers for resident use is under way. KDOA plans to work with other state agencies, businesses, and organizations to procure additional surplus computers for distribution to additional senior centers and nursing homes.

- Senior Center Summits

In the fall of 2001, following an extensive survey of a sampling of Kansas Senior Centers, KDOA held a series of "Senior Center Summits" throughout the state. The purpose was to share what had been observed during a survey of over 130 Kansas Senior Centers, and to present some tools Centers could use to prepare for the future.

The path to the summits began with in-person on-site interviews that had been held with Senior Center staff, board members, and meal site managers. From urban to very rural, from

large to very small, a broad range of centers was included. The agenda for the Senior Center Summits included:

- Presentations on Kansas demographics;
- Innovative model senior centers and their best practices; and
- Group discussions about planning for the future including needs assessment, analyzing current and future programs, and developing resources.

Each session ended with participants being asked to complete a commitment card to do one activity related to what they had leaned at the summit when they returned to their senior center. One hundred eighty-seven participants completed a commitment card.

Strategy: Expand Availability and Use of Mechanisms for Private Financing of Long Term Care

- Education and Awareness Campaign

The Department has initiated Senate Concurrent Resolution (SCR) 1614, a legislative resolution. This resolution was drafted in response to the directive from the Kansas Legislature that KDOA begin a campaign to educate and make Kansans aware of the cost of long-term care, and to encourage them to consider the purchase of long-term care insurance at an age when it is affordable.

Strategy: Recognize Agencies, Officials, and Communities That Promote Age-Sensitive Issues

- Elder Friendly Communities

The goal of this initiative is to assist Kansas communities to better serve today's elders and the elders of the future. In an Elder Friendly community, the quality of life for everyone, no matter their age, is enhanced by having access to quality health care, an efficient transportation system, universally designed housing that serves the entire cycle of life, community-based services and activities, and customer-friendly businesses.

The first step in doing that is to work with target communities to complete a profile that identifies the communities' current services and state of readiness for the aging population. KDOA is currently working with other State agencies, statewide organizations, and community based organizations and businesses to develop the profile questionnaire. A statewide sample of profiles will be completed by January 2003.

Strategy: Support Nursing Homes to Pursue Progressive Home Like Environments

- Creating a Culture of Home in Nursing Facilities

The Department is in the process of designing a program to support culture change by

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. There is no single design of practices that will succeed at all facilities, but the basic principles are:

- Return the Focus of Control to Residents;
- Enhance Front Line Staff's Capacity to be Responsive; and
- Establish a Home-Like Environment.

The Kansas Association of Homes and Services for the Aging (KAHSA) has published an excellent resource book and initiated technical assistance activities to encourage and promote culture change in nursing homes. The KDOA program in design will recognize nursing facilities as they achieve a level of success on each these principles and as they achieve mastery of the new culture.

Strategy: Expand Availability of Affordable Assisted Living, Home Plus.....

- Partnership Loan Program

Legislation established the Kansas Intergovernmental Transfer Program in 2000. The loan portion of this fund, the Partnership Loan Program (PLP), supports the expansion of services and housing alternatives for senior Kansans. Funds received in payment of principle on these loans will be reinvested as additional loans in the future. Grants may be issued using funds generated from the interest income earned on these loans. The goal is to begin solicitation of grant requests by the second or third quarter of FY 2003.

PLP loans may be used to support projects which:

- Convert all or part of adult care homes, such as nursing facilities, to alternative housing options;
- Convert private residences to Home Plus facilities;
- Modify space in rural hospitals to provide a long-term care unit;
- Improve quality in adult care homes which serve the elderly population;
- Build or renovate congregate housing for seniors in cities with populations of 2,500 or less;
- Fund contracts by rural hospitals for physicians, physician assistants, or professional nurses; or,
- Other similar projects providing service and housing options for elder Kansans.

Four groups are eligible to apply for the loans. These are owners of:

1. Licensed adult care homes, such as Adult Day Care, Boarding Care Homes, Home Plus, Residential Health Care, Assisted Living, and Nursing Facilities
2. Hospitals or long-term care units which are certified to serve Medicaid residents
3. Private residences to be converted to licensed Home Plus facilities
4. Senior housing projects in Kansas cities with a population of 2,500 or less

Over 700 information packets were mailed to owners of nursing homes, Area Agencies on Aging, developers, consumer groups, and other interested individuals in the summer of 2001.

Applications received in the fall of 2001 have been received for projects totaling over $22 million, with requests for support from the PLP totaling nearly $5.5 million.

Another notice of funding availability (NOFA) will be released around February 1, 2002, with applications due April 1, 2002.

Strategy: Expand Availability of Service Options

- Intergenerational School Congregate Meal Program

The Department is piloting an Intergenerational School Congregate Meal Program for older Kansans during the 2001/02 school year and summer 2002. The pilot, a directive of the House Budget Committee, is intended to promote intergenerational activity in communities without a senior nutrition program. Elementary (K-8) schools in Mt. Hope, Logan and Carbondale are the source of noon meals for older persons in these three rural areas. In time, the Carbondale pilot will expand to offer a breakfast option and intergenerational programming is planned. Progress of each will be evaluated by KDOA Quality Assurance staff six-months into the pilot period (early in the 2002 Legislative Session) and again at the conclusion of the pilot period (August 2002).

- Restaurant Nutrition Program

The Kansas Department on Aging has expanded nutrition choices for elders in Kansas by allowing AAAs to contract with restaurants to provide meals to elders. The AAA issues vouchers to eligible customers, who can trade them for a meal at a contracted restaurant in their community. This option gives elders access to meals where a congregate meal site may not be economically feasible.

- Farmer's Market Nutrition Program

A National Senior Farmer's Market Program was piloted in 2001, with 36 grants which ranged from about $9,000 to $1.5 million. There is no dollar limit to the application request. However, because there is $5 million less available for 2002 compared to what was finally awarded in 2001, per grantee awards may be smaller for 2002.

A Farmer's Market Nutrition Program is a nutrition program where a voucher for produce would be provided to eligible seniors who would in turn use that voucher at a community farmer's market to purchase fresh fruit and vegetables. The farmer's market producers would then submit the voucher for payment as directed by the local program.

The Department is exploring this program as an option for seniors in Kansas, particularly in rural farm areas of the State. Advantages of participation in this program could include; increase social contacts for isolated seniors; potential economic growth in local farmer's market participants; improved nutrition and nutrition education for seniors.

- Program for All-Inclusive Care (PACE)

The Federal Balanced Budget Act of 1997 authorized a Program for All-Inclusive Care (PACE) as an optional Medicaid service. The provider accepts a capitated rate in the form of a monthly "premium" that covers all primary, acute and long-term care. Most PACE participants use both Medicare and Medicaid programs. The provider (in this case, Via Christi in Wichita) assumes the risk for PACE participants. 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. PACE providers are not allowed to disenroll a participant, except for limited and specific causes.

A Medicaid State Plan Amendment has been submitted to Centers for Medicare and Medicaid Services (CMS) and approval is anticipated in time to implement the PACE program at Via Christi by June 1, 2002. A grant application has also been submitted to provide additional support for KDOA to increase PACE providers in Kansas.

Strategy: Provide a Variety of Options for Informal Caregivers.....

- Caregiver Support

The Older Americans Act 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 11 AAAs in Kansas have submitted plans to implement the Caregiver Support Program in their areas, and KDOA has sent out Notice of Grant Awards to be implemented in the current fiscal year.

The Caregiver Support Program services include:

- **Assistance-** to caregivers in gaining access to services.
- **Information-** to caregivers about available services
- **Individual Counseling/Support Groups/Caregiver Training-** provision of advice, guidance and instruction about options and methods for providing support to caregivers in an individual or group setting
- **Respite Care-** to provide a brief period of relief or rest for caregivers.
- **Supplemental Services-** other services on a limited basis
- **Grandparents or Relative Caregivers-** services include information; assistance; individual counseling, support groups or training; respite; and supplemental services.

Strategy: Increase Public Understanding of ....Mental Health Issues

- Mental Health Focus

KDOA is working in collaboration with other agencies and organizations to dispel the myths of aging and mental health, inform and educate Kansans about mental health issues, and improve the mental wellness of Kansas seniors. KDOA is an active member of the Kansas Mental Health and Aging Coalition. In partnership with the Galichia Center on Aging at Kansas State University and the Coalition, KDOA has produced and distributed an educational booklet titled, "A Mental Health Guide for Older Kansans and Their Families" and companion pieces including bookmarks, posters, and tear sheets. KSU Research and Extension has produced a presentation on Mental Health and Aging that KDOA and others are presenting throughout the state to further our mental health education efforts.

Suicide is of special interest because, as a group, the elderly have a high rate of suicide. KDOA continues to play an instrumental part in the Kansas Suicide Prevention Steering Committee as they begin to implement a statewide plan to reduce the number of suicides.

Strategy: Optimize Funding Streams and Control Costs

- Hospital to Community Based Services (CBS) Diversion

The Department on Aging is working with SRS and system stakeholders to be ready to pursue a grant from the Center on Medicare and Medicaid Services (CMS) to pilot a diversion program. This program would station case managers in hospital facilities to assist discharge planners in planning transition of patients back to their homes with community based services rather than referral to nursing homes.

- Medicaid Waivers

The Department on Aging is researching the possibility of applying for Medicaid Waivers for several programs, to maximize State General Funds to match federal dollars, increasing services and assistance to elders in Kansas. The following are waiver programs that KDOA plans to apply for in the coming year.

1. Nutrition Waiver Service

The Kansas Department on Aging is interested and has been researching the possibility of using the State General Fund In-Home Nutrition Program (IHNP) funds for additional federal dollars for Medicaid customers receiving meals. This draw down would allow us to reduce State General Fund expenditures or expand the existing service of meal preparation. However, the impact of this change would not be realized during the next fiscal year. It is estimated it would take a minimum of 18 months to make changes to the existing HCBS/FE waiver.

2. Demonstration Waiver on Functional Eligibility

The Kansas Department on Aging would like to investigate, with the Kansas Department of Social and Rehabilitation Services, the feasibility of an 1115 waiver that would allow the state to have a lower long-term care threshold score for HCBS than for nursing facility care.

Consumer and advocacy groups have questioned why someone needs special approval to live in the community with services, which is the least restrictive environment, while Medicaid ensures payment for nursing facility care, which is a more restrictive environment. One proposed demonstration project that has been discussed in Kansas is detaching the Medicaid home and community based services (HCBS) functional eligibility criteria from that of nursing facility care.

3. Telemedicine Waiver Service

To continue to support nursing facility diversion in Kansas, through Home and Community Based Services (HCBS) waivers, the Kansas Department on Aging is interested in researching a new telemedicine device called the MD.2. The MD.2 is a cost saving device on the market that provides monthly medication administration to consumers. This unit has a 98.4 % effective administration rate. MD.2 must be loaded one time per month and then will distribute medication to the consumer up to six doses per day. Each reusable cup can hold up to 25 medications per dose. The machine is unique in the fact that it has medication reminders that will verbally tell the consumer it is time to take the medication; the unit also flashes and beeps if the medication is missed. The MD.2 also has the capacity to act as a responder unit if the medication is missed and will call a list of responders to check on the consumer.

KDOA believes this new technology could result in substantial cost savings to Medicaid by reducing the need for Skilled Nursing visits on a weekly or bi-weekly basis for consumers. It also has the potential to provide savings for reduced medical and hospital related visits due to missed medications or inaccurate dosages. This new technology could be offered to seniors in Kansas under the HCBS/FE waiver by adding it as a new service. It would require several months to develop this service and the cost savings would not be realized for at least 18 months.

4. Pharmacy Program Waiver

An 1115 Waiver would allow KDOA to partner with SRS to maximize state general fund dollars to assist seniors to purchase their much needed prescriptions by using available state general funds to draw down matching federal dollars for the program.

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.

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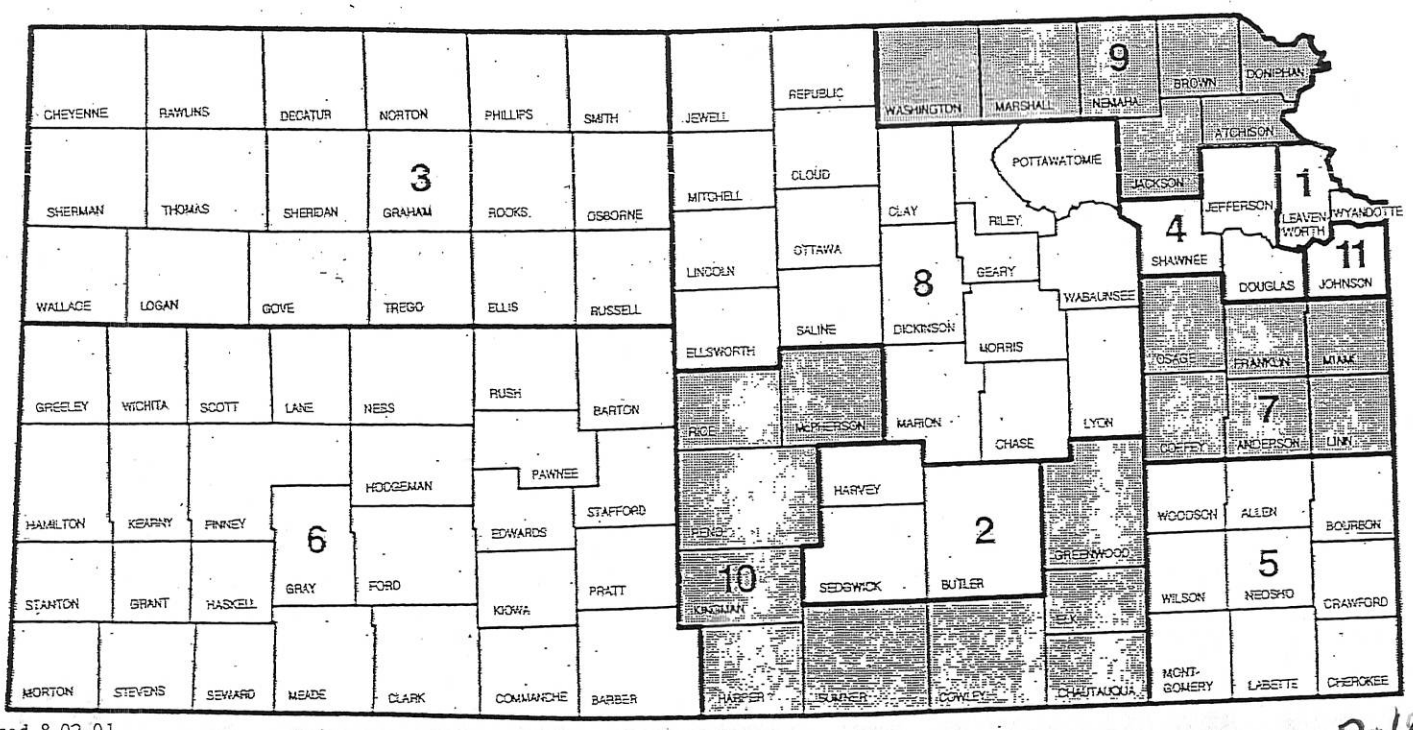
BILL GRAVES
Governor
Connie Hubbell
Secretary of Aging



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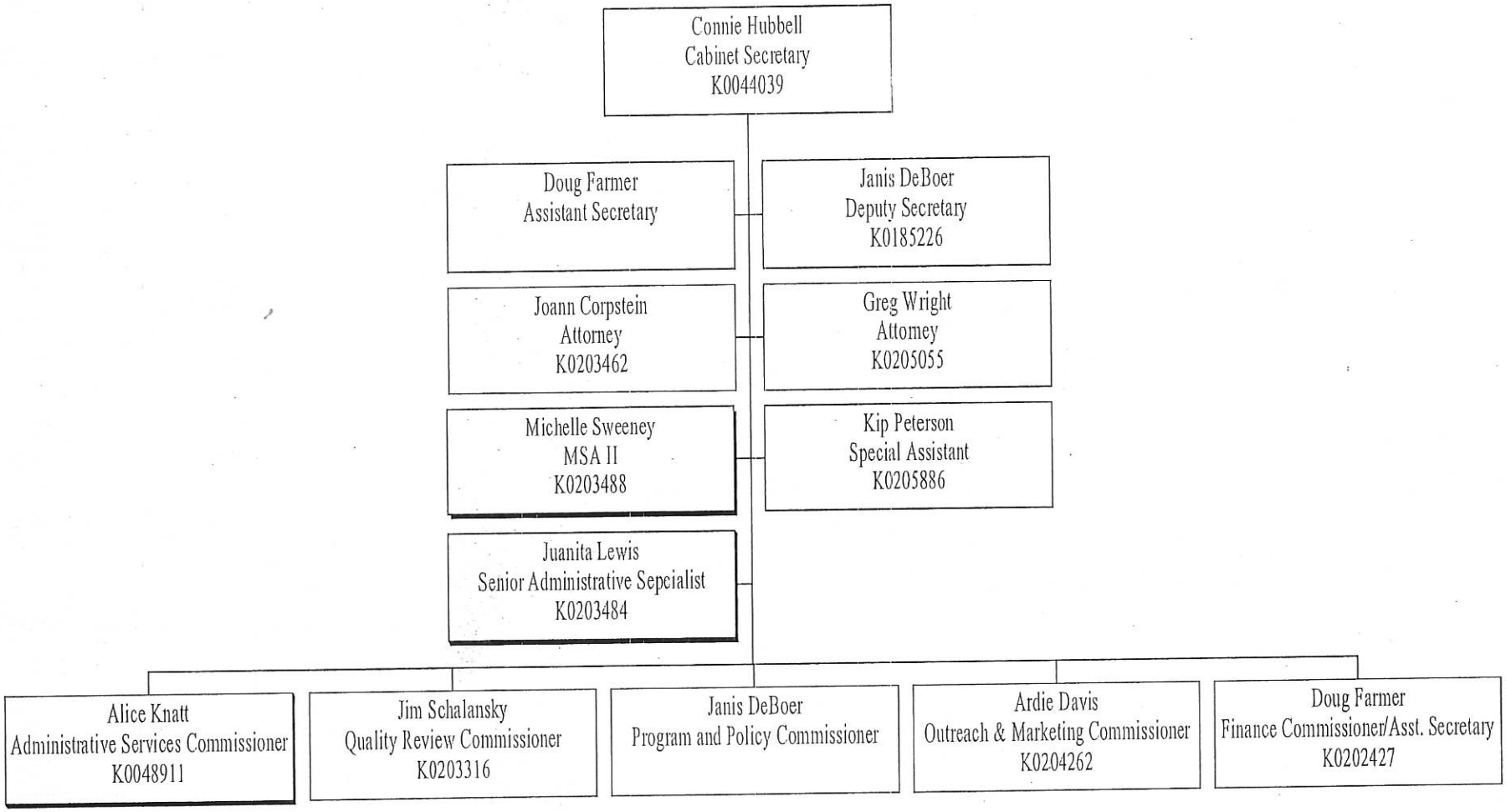
ATTACHMENT B

KANSAS DEPARTMENT ON AGING

January 7, 2002



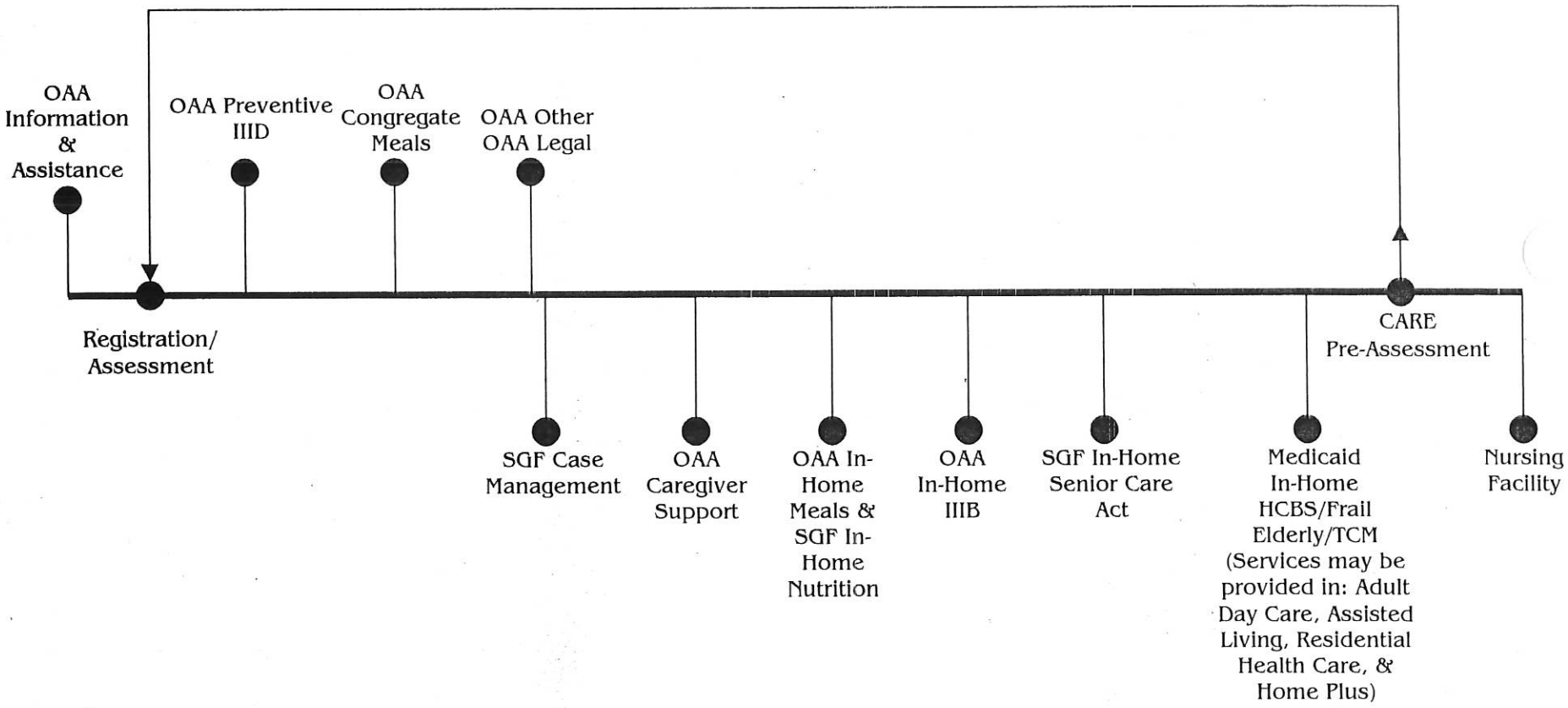
Key to Boxes

Shadowed lines - Classified regular positions
Solid lines - Unclassified positions
Dotted lines - Classified temporary positions

Attachment C

Services for Seniors Funded through KDOA

A Continuum of Choices



January 28, 2002

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Attachment D

MISSION: To Promote Security, Dignity, and Independence of Kansas Seniors.

Goal I: Healthy aging with personal and financial independence	*Goal II: A continuum of choices in services for seniors*	*Goal III: High quality services and supports at all levels of individual need*	*Goal IV: Effective, efficient and affordable services and supports*
Expected Outcomes			
1. Seniors and families (others) have access to information and resources. 2. More of the senior population is health conscious. 3. A healthy senior population will be older before they need paid supports. 4. A financially well-situated senior population reduces need for publicly paid services across the service continuum including nursing homes.	1. Seniors live in their family homes later into the life cycle. 2. Seniors remain a part of the larger community thereby enhancing their quality of life. 3. Transition to nursing home services occurs later in the life cycle. 4. Percentage of seniors seeking nursing home placement decreases.	1. Assessments capture a picture of the customer's needs. 2. Informal caregivers are appropriately supported in their caregiving role. 3. Services provided across the continuum meet senior's expectations for quality. 4. Diversification of structure and practices in provision of nursing home services expands the continuum of care options at the local level.	1. Area Agencies on Aging (AAAs) enhance their ability to serve seniors by coordinating and networking within local communities. 2. Case management provides a cost effective means to coordinate services. 3. AAAs target services to the identified populations. 4. Per capita costs for persons served is optimized across the service continuum.
Policy Directions			
Ia. Maximize individuals' abilities to meet their own needs in their senior years. Ib. Establish a formal system for educating Kansans on senior issues. Ic. Promote volunteer and employment opportunities.	IIa. Expand availability of service options. IIb. Support seniors in self-determination. IIc. Support quality of life issues.	IIIa. Align the regulation, funding, and management of services and supports to achieve high quality outcomes. IIIb. Establish benchmarks for effective service provision. IIIc. Support establishment of a stable force of motivated and knowledgeable direct service workers.	IVa. Promote informal caregiving networks. IVb. Maximize public and private cost sharing. IVc. Establish benchmarks for efficient service provision. IVd. Support individualized plans of care that integrate federal, state, local, and informal services. IVe. Provide coordination and communication between the federal agencies, state agencies, and local agencies, and between the public and private sectors.

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Goal I: Healthy aging with personal and financial independence	*Goal II: A continuum of choices in services for seniors*	*Goal III: High quality services and supports at all levels of individual need*	*Goal IV: Effective, efficient and affordable services and supports*
Strategies			
1. Provide both young and mature Kansans with objective, accessible and useful information for preparation for healthy aging, retirement, and long term care. **Outreach and Marketing**	1. Expand the use of assistive devices and home modifications that enable individuals to meet their daily needs. **Program and Policy** **Outreach and Marketing**	1. Support nursing homes to pursue progressive home-like environments. **Program and Policy**	1. Retool long term care into a seamless system to optimize funding streams and control costs. (LTCTF, Goal 3, Strategy 4) **Program and Policy** **Finance**
2. Expand availability and use of mechanisms for private financing of long term care. **Program and Policy** **Outreach and Marketing**	2. Encourage diversification of the Kansas nursing home system. **Program and Policy** **Outreach and Marketing**	2. Collect and analyze consumer focused quality data across all service settings, and use this data (together with other approaches) to improve quality. (LTCTF, Goal 3, Strategy 1) **Administrative Services** **Quality Assurance** **Program and Policy**	2. Provide training, education and information to informal caregivers about supportive resources. **Program and Policy**
3. Encourage greater use of advance directives. **Outreach and Marketing** **Legal**	3. Reinvest savings from reduction in nursing home growth into expansion of community based programs. **Finance** **Program and Policy**	3. Promote an effective regulatory process. **Legal** **Program and Policy** **Quality Assurance**	3. Strengthen and expand employer support of eldercare. **Outreach and Marketing**

Goal I: Healthy aging with personal and financial independence	*Goal II: A continuum of choices in services for seniors*	*Goal III: High quality services and supports at all levels of individual need*	*Goal IV: Effective, efficient and affordable services and supports*
4. Recognize all government agencies, public officials and Kansas communities that promote "age-sensitive" issues. **Office of the Secretary** **Outreach and Marketing**	4. Expand the availability of affordable assisted living, home plus, and other supportive housing options. **Program and Policy**	4. Support work force development initiatives for long term care staff. **Quality Assurance** **Program and Policy** **Outreach and Marketing**	4. Collect and analyze management focused data, including the Elder Count Data Book, across all service settings and use this data to improve efficiency. (LTCTF, Goal 1, Strategy 4) **Administrative Services** **Quality Assurance** **Program and Policy** **Finance**
5. Increase volunteer and employment opportunities. **Program and Policy** **Outreach and Marketing**	5. Increase access and long term care to seniors in ethnic and immigrant communities. **Outreach and Marketing**	5. Cultivate creative recruitment and retention of direct support workers. **Quality Assurance** **Program and Policy** **Outreach and Marketing**	5. Determine methods to target priority customers for support with public funding **Program and Policy** **Quality Assurance** **Finance**
6. Provide information to the public on the Kansas long term care system using an interactive Internet web site, brochures and publications, and public service announcements. (LTCTF, Goal 1, Strategy 1) **Outreach and Marketing**	6. Pay targeted family caregivers to provide care. **Program and Policy**		6. Encourage development of outcomes-based local management. **Program and Policy** **Quality Assurance**

Goal I: Healthy aging with personal and financial independence	*Goal II: A continuum of choices in services for seniors*	*Goal III: High quality services and supports at all levels of individual need*	*Goal IV: Effective, efficient and affordable services and supports*
7. Investigate and, if appropriate, establish a 2-1-1-telephone system to disseminate long term care information in non-crisis situations. (LTCTF, Goal 1, Strategy 2) **Outreach and Marketing**	7. Provide a variety of options for informal caregivers. **Program and Policy**		
	8. Encourage the use of universal design in housing construction and remodeling. **Outreach and Marketing** **Program and Policy**		
	9. Increase public understanding of the long term care landscape including end of life and mental health issues. **Outreach and Marketing** **Program and Policy**		
	10. Develop volunteer networks of support for family caregivers. **Program and Policy**		