

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on January 29, 2003 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Mr. Norm Furse, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Ms. Marla Lopeman, Vice President of Sales & Marketing,
Alterra Sterling House

Others attending: See attached guest list

Introduction of Bills

Upon calling the meeting to order, the Chair announced that Ms. Elizabeth Sileo, from Senator Barbara Allen's district, is opening a new concept in childcare where people can drop off children on an hourly basis, similar to what is available in California. The Chair also said that Ms. Sileo did not want to have to go through all the requirements of KDHE of bringing all of the medical records of each child she takes and she had requested legislation to exempt an hourly childcare facility from the medical records. A motion was made by Senator Wagle to introduce the legislation. Senator Barnett seconded and the motion carried.

The Chair then called on Senator Barnett who asked that the Committee introduce legislation on two issues, the first on behalf of the March of Dimes to develop a registry for children born with birth defects. Senator Steineger made a motion to introduce the March of Dimes legislation. It was seconded by Senator Salmans and the motion carried. Senator Barnett then asked that the Committee introduce legislation that has to do with the initiative that is actually nation wide healthy people 2010, but to bring that to a state level of health Kansas 2010, trying to look at where we want to be in 2010 and beyond in terms of the health of our state, comparing where we are now and how we can set and obtain those goals with action plans in integration with local communities. A motion was made by Senator Steineger to introduce the legislation. Senator Jordan seconded and the motion passed.

Presentation of Alterra Sterling House - Update on Assisted Living Industry

As there were no more bill requests, the Chair announced there would be a presentation from Ms. Marla Lopeman, who is the Vice President of Sales and Marketing, Alterra Sterling House. Ms. Lopeman began her presentation with the definition of assisted living, the services it provides, and **SB8**, introduced in 1995. Highlights of her overview of Alterra Sterling House included:

- 1.) It is one of the nations leading providers in assisted living residences and the largest operator of freestanding residences for individuals with Alzheimer's disease or other forms of memory loss;
- 2.) Alterra House's mission and philosophy, and a map of where they are located, not only in Kansas, but throughout the United States;
- 3.) They're assisted living supportive services and their Clare Bridge Cottages for Alzheimer's patients;

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE at on January 29, 2003 in Room 231-N of the Capitol.

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- 4.) The greatest challenges the assisted living industry will face in 2003 (ex. Increased labor expenses - turnover costs four times the monthly salary of the last employer, and 52% of all AL's have dementia or Alzheimer's);
- 5.) Licensed Only Adult Care Home Discussion Committee (their mission, purpose, goals, and their change proposals); and lastly,
- 6.) Alterra's innovative advances to deliver a better product.

A copy of her presentation is (Attachment 1) attached hereto and incorporated into the Minutes by reference.

The Chair thanked Ms. Lopeman then asked the Committee for questions or comments. Senators Wagle, Barnett, Haley, Harrington, and Brownlee asked questions of Ms. Lopeman ranging from wages (ex. what is the base salary and 150% turnover rate down to 98%), clarification of Kansas "on the cutting edge" of working toward a collaborative working relationship to provide a regulatory environment, contacting former State Senator Mark Parkinson and Ms. Shirley Allenbrand (re: their AL Center and Committee), the concept of moving KDHE oversight to the Department of Aging, when do you say no, when you cannot accept into your homes, lengths of stays, clarification of the statement "four times the annual rate to replace a lost employee" (and compared to other facilities in other parts of the country), to are there national benchmarks for scores before someone goes into assisted living and scores for nursing homes.

Adjournment

As it was going on 2:30 p.m., the start of Senate session, the Chair concluded the meeting by again thanking Ms. Lopeman and her staff for traveling to Kansas and sharing her information with the Committee. Adjournment time was 2:30 p.m.

The next meeting is scheduled for January 30, 2003.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: Wednesday, January 29, 03

NAME	REPRESENTING
John Bortwein	SENATOR OLSEN
Jim Byrnes	SEN. SALMAN
Narda Lopezman	Actura Healthcare
Joleen R. Morris	KDHE BHF
Beth Bandy	Actura Healthcare
Vickie Burgess	Burgess & Assoc.
Mrs. Humphreys	Kansas Trial Lawyers Assn.
John Peterson	K3 Government Consulting
Roz Seeber	Hein Law Firm

Assisted Living

Some people are able to live at home all their lives. Others may need more help with their daily living. What if your needs are somewhere in between and it's no longer safe or practical to live at home?

Assisted living may be the answer because, like your needs, there's no hard and fast definition for it. Except to say, it's whatever you need it to be. And it can change as your needs change.

What is Assisted Living?

ALFA defines...a special combination of housing, supportive services, personalized assistance and healthcare designated to respond to the individual of those who require help with activities of daily living (ADL) and instrumental activities of daily living (IADL). Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum dignity and independence for each resident and involves the resident's family, neighbors and friends..."

Services Provided

Assisted Living offers residents a supportive, residential setting and assistance with ADLs, IADLs as well as other services. Assisted Living services provided to these residents are designated to respond to their unique, individual needs and to improve their quality of life. Individualized assistance is available 24 hours a day, to address scheduled as well as unscheduled needs.

Senate Public Health + Welfare Committee
Date: February 29, 2003
Attachment 1-1

Kansas in the Beginning

- Senate Bill No. 8 (1995)

Alterra
Aging With Choice

- We are one of the nation's leading providers of assisted living residences for the physically frail elderly and the nation's largest operator of freestanding residences for individuals with Alzheimer's disease or other forms of memory loss.

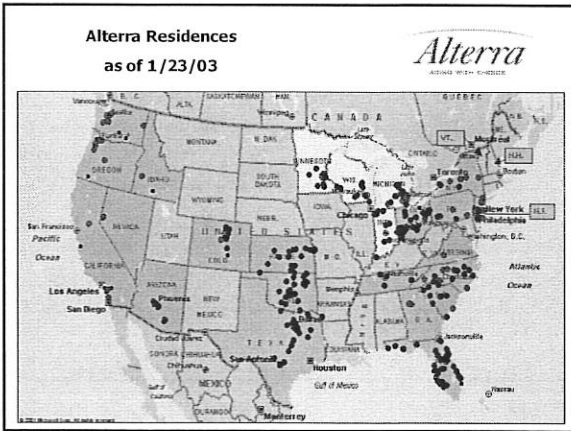
Alterra
Aging With Choice

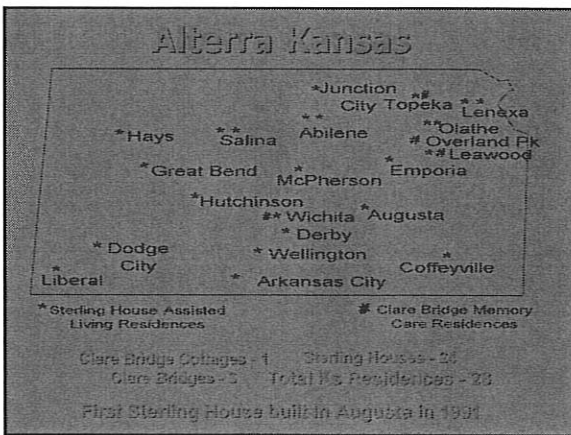
- Our Mission is to set the standard for maximizing the quality of life and dignity of older adults.
- We define quality of life as promoting and supporting aging with choice, personal empowerment and innovative options for our residents.

Assisted Living

Our Philosophy

- Alterra assisted living is more about living than assistance.
- The emphasis is on independence.
- Letting customers do what they can and helping with what they can't.
- When needs change, level of assistance follows suit.





Sterling House Assisted Living

- Designed for those who need regular assistance with activities of daily living.
- Home-like setting with common areas for small groups to enjoy social time together.
- Beautiful walkways, patios and gardens.

Sterling House

- **Supportive Services**
 - Assistance with personal care and hygiene.
 - Emergency response system.
 - 24 hour staff.
 - Licensed nurse on call 24 hours.
 - 3 Nutritious meals a day.
 - Snacks and beverages available at all times.
 - Laundry service.
 - Housekeeping.
 - Medication management.
 - On-going monitoring of health care needs.
 - Life enrichment activities and outings.

Clare Bridge/Clare Bridge Cottage

- Purposely built to meet the unique needs of Alzheimer and dementia patients.
- A reassuring place, designed, decorated and scaled like a family home with both private or semi-private rooms.
- Floor plans offer cues that help residents navigate independently.
- Living rooms and dining rooms are small and intimate, so residents feel less confused as they dine and socialize with neighbors.
- Pleasant surroundings yet safety and security are always a priority.

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Clare Bridge/Clare Bridge Cottage

■ Assistance

- A resident's desire to wander is fostered by environments that are secure and predictable.
- If they carry things from their rooms, our staff simply returns them later.
- Our goal is for each resident to have the right amount of personal care, support, structure, enrichment and choice, all balanced to help them feel as independent and fulfilled as possible.

Assisted Living Industry Today

The greatest challenges the assisted living industry will face in 2003

- 1 Taking care of caregivers.
- 2 Focusing on resident care and quality.
- 3 Providing customer value.
- 4 Staying affordable.

Staying Affordable

- Increasing Costs
 - Tightened Labor Market
 - Higher Wages
 - Higher Turnover
 - Increased Labor expense
 - Turnover costs 4 times the monthly salary of the lost employee
 - Increased need for LPN and RN.
 - High acuity residents
 - Increased staff to resident ratio due to higher acuity residents.
 - Increased acuity leads to increased staff time per task.

- Increasing Costs - continued
 - Benefits →→→→→
 - Training →→→→→
 - Insurance
 - Litigation
 - Utilities
 - Food Costs
- Increased Competition
 - More Providers = More Consumer Choice
 - Competitive Pricing and Services
 - Well educated consumer

- ✦ Residents are Aging in Place with Choice, Higher Acuity
 - 52.2% of all AL residents have some level of dementia or Alzheimer's.
- Consumer Income and Ability to Pay
 - Reimbursement Rate Structure
 - not keeping up with expense cost to providers
 - Dwindling Retirement funds
 - Increased costs must be passed on to consumer
 - Results in reduction in the number of consumers that can afford private pay.
 - Results in increased Number of Consumers who will depend on state funding to meet their needs.

■ "Aging in Place" of A.L. Residents

- Increasing Acuity of Resident Population staying home longer.
- Pressure to allow aging in place by a consumer base that has embraced the concept.
- Now consumer base has less funds available.

Philosophical Debate Continues

- Allowing an individual, regardless of age, to make choices about their living environment and healthcare services may encompass a certain degree of risk. Does encroachment of this right impact personal dignity?

Kansas' Challenges
2001-2002

■ Need for Outcome Based Survey Process that is specific to assisted living.

■ Difficult to apply broad based legislation to residents.

- **Because of individuality of services provided to resident as well as the environment in which they choose to have services provided in it is difficult to apply broad based legislation to residents.**

■ Interpretation of Regulations

- **Need for consistency in the application of Regulations and Citations.**

■ Informal Dispute Resolution Process

- Process Mechanics
- Media Notification

■ Survey Enforcement Grid not specific to Assisted Living Industry.

■ Need for more state support of industry.

- Number of surveyors
- Assisted living specific training for surveyors
- Proactive outcome based partnering.

Assisted Living in Kansas 2003

■ How does Kansas Assisted Living Regulatory environment stand up when compared to other states?

- Comparison NJ, NY, CO, TX, CA, and FL.

Licensed Only Adult Care Home Discussion Committee

Convenes 9/26/2001

■ Committee Members:

- Joseph Kroll, Director, Bureau of Health Facilities, KDHE
- Gary Ingenthron, Director MH/RF program, KDHE
- Kay Lydick, Administrator, Lifecare Center
- Gwen Lohmeyer, Operator, Hilltop
- Rosalie Meybrunn, Operator, Good Shepherd Villages
- Gary Aul, Operator, Assisted Lifestyles
- Andrea Liles, KCAL
- Debra Zehr, KAHSA Rosemary Gonser, Peabody Community Living Center
- George Gatchett, St. John's Rest Home Corporation
- Shirley Allenbrand, Sweet Life at Shawnee
- Maria Lopeman, National Vice President of Sales & Marketing, Alterra Healthcare

Committee Mission Statement

"We can be instrumental in moving the survey process to a proactive one that maximizes the best practices in Kansas, supports quality care, minimizes the intrusiveness of the survey and presents a real picture of assisted living in Kansas."

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Committee Purpose

- - Initiate change proposals within the following areas:
 - the survey process
 - deficiency writing
 - plan of correction
 - enforcement
 - news releases

Goals

- Increase communication avenues between survey agency staff, providers, advocates and consumers.
- Adjust the survey process.
- Support the provider community as experts.
- Define regulation requirements clearly and concisely for providers, advocates and consumers.
- Reduce survey time.
- Avoid misleading advocates and consumers.
- Share best practices.
- Ensure quality service deliver and regulatory compliance.
- Avoid the expansion of government controls.

People Working with People For People results in Good Things

Committee Change Proposals

- Survey Process
 - Working draft with changes completed and shortened.
 - Residence involvement.
 - Completed one trial at Alterra Sterling House of Topeka.
 - Second trial is ongoing as we speak at Assisted Lifestyles.
- Deficiency Writing
 - Changes in working draft form have been completed.
 - Surveyors have gone to checklist and problem statement format.
 - Forms do not have to be computer generated.
 - Timesaving for KDHE and residence staff

Committee Change Proposals - continued

- Plan of Correction
 - Discontinued
- Enforcement
 - Working draft for changes in process.
 - Move from 12 step grid to two level imminent risk of harm and actual harm foundation.
- New Releases
 - Discussion between residences and KDHE public information has occurred and is ongoing.

Alterra's Innovative Advances to Deliver a Better Product

- 2 Health Care Specialists, RN, hired for the state to oversee all aspects of health care regulations and policy/procedure compliance in each residence.
- 40-hour orientation program in place. ✓
- Partner training and learning centers. ✓
- Monthly safety committee meetings.
- ✓ Required prior to employee beginning working in residence

- In-services on all Functional Capacity Screens/Negotiated Service Agreements.
- Increased acuity levels requires increased staffing ratios. Professional nursing hours added as acuity increases.
- Pharmacy drug regimen reviews quarterly.
- Increased assessment for self-medicating residents.
- Registered Dietitian Consultant reviews quarterly.
- Budgeted staff time for Life Enrichment activities in each residence.

- Incident investigation reports. Reportable event chain of command includes proper reporting procedures.
- A chart audit and employee file review (Standards Expectations Walkthrough)
 - Alterra company policy is completion quarterly.
- 3-10 hours of additional RN oversight.
- Pathways
 - A professional achievement and recognition program for resident assistants.

ACKNOWLEDGEMENTS

❖ Some of the data presented is taken directly from the ALFA/Price Waterhouse Coopers - ALFA Overview Copyright 2000

Assisted Living Federation of America

Solving the Front Line Crisis in Long Term Care - Dr. Karl Pillemer

Getting Ahead of the Recovery Curve - Jim Moore - Assisted Living Today Jan/Feb 2003
