

MINUTES

LONG-TERM CARE SERVICES TASK FORCE

July 30, 2003
Room 514-S—Statehouse

Members Present

Representative Bob Bethell, Chair
Senator Larry Salmans, Vice Chair
Senator Paul Feleciano, Jr.
Senator Janis Lee
Senator Chris Steineger
Representative Nancy Kirk
Representative Jim Morrison

Non-Legislative Members Present

Mark Bailly
Evie Curtis
Janis DeBoer
Linda Lubensky
Dr. Carol Moore
Charles Moore
Ray Vernon
Margaret Zillinger

Staff

Audrey Nogle, Kansas Legislative Research Department
Mike Heim, Kansas Legislative Research Department
Lisa Montgomery, Revisor of Statutes Office
Mary Shaw, Committee Secretary

Conferees

Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging
Janis DeBoer, Deputy Secretary, Kansas Department on Aging
Gina McDonald, President/CEO, Kansas Association of Centers for Independent Living
Jane Rhys, Executive Director, Kansas Council on Developmental Disabilities
Shelly May, Grants Manager, Kansas Council on Developmental Disabilities
Linda Lubensky, Executive Director, Kansas Home Care Association
Craig Kaberline, Executive Director, Kansas Area Agencies on Aging Association
Margaret Zillinger, Director of Community Supports & Services, Health Care Policy
Division, Kansas Department of Social and Rehabilitation Services

Morning Session

Representative Bob Bethell, Chair, called the meeting to order at 9:00 a.m., and welcomed everyone to the meeting. He asked that the panel members review their schedules so dates for the future meetings of the Long-Term Care Services Task Force could be determined with the hope of finishing near the first part of November, in order to give staff a chance to come back with a report for review.

The Chair asked the panel to review the list of Task Force members and to give staff any updates regarding contact information. Staff will mail out a revised list to the panel. Chair Bethell mentioned that copies of the President's Task Force on Medicaid Reform report are available from staff and that the Task Force will be looking at the recommendations from that report. Chair Bethell directed the attention of the Task Force members to the copies of the minutes for the April 7, 2003, meeting for review and he would entertain a motion later in the meeting.

Chair Bethell explained that the Task Force will begin talking about workforce issues beginning with this meeting. He noted that there is a shortage of staff in the physically disabled, developmentally disabled, home health, and nursing facilities. He asked the Task Force to be involved in coming up with some solutions. The Chair noted the minutes of the April 7, 2003, meeting reflect Mr. Auerback's and Ms. Gianopoulos' testimony that money is not always the compelling issue regarding retention of employees. He mentioned that the Task Force will need to look creatively at things that will help in that respect, to make people more interested in being a part of the industry of providing care. The Chair mentioned a coalition of persons from the Wichita area that are currently working with a Wichita area technical college on a program for certified nurse aides. He would like to bring representation in to speak regarding workforce issues and see what they are doing.

Chair Bethell explained that in addition to the workforce issues, the Task Force will be talking about insurance issues, specifically long-term care insurance and liability insurance rates, that are plaguing healthcare facilities.

The Chair noted the President's Task Force on Medicaid Reform looked at fraud and abuse in long-term care. He suggested looking at how reforms can possibly free up some dollars. He said that if there are people abusing the system, and this can be corrected, it will free up some dollars to be used for the truly needy.

Chair Bethell welcomed Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging ([Attachment 1](#)). Ms. Zehr mentioned that adequate staffing is the number one concern of the Kansas Association of Homes and Services for the Aging members. She said the staffing issue was a critical component to providing good care for long-term care. Ms. Zehr explained that long-term care is very labor intensive; it is very intimate care; it is very personal; it is extremely complex; and it is physically, emotionally, and mentally challenging for those providing the care.

Ms. Zehr distributed a report titled, "Who Will Care for Us?" by Robyn I. Stone with Joshua M. Wiener, addressing the long-term care workforce crisis. (Copies of the report are on file with the Kansas Legislative Research Department.) The following information was also distributed by Ms. Zehr:

- "Nursing Home Turnover," Kansas Association of Homes and Services for the Aging ([Attachment 2](#));
- "Long-Term Care Licensed Nursing Needs in Kansas," Kansas Association of Homes and Services for the Aging ([Attachment 3](#)); and

- "New Ways to Care: Culture Change in Kansas Nursing Homes," January 2002, Kansas Association of Homes and Services for the Aging (Attachment 4).

Ms. Zehr mentioned the following factors that affect the supply and quality of workers in long-term care:

- How society values the job;
- Workplace;
- Economy and labor market; and
- Policy.

In discussing how society values the job, Ms. Zehr explained that nursing homes are the last resort for people and nursing homes and workers are stigmatized. Ms. Zehr noted she feels that one of the root causes is that our society fears death. She explained that from all the demographic projections, the need for workers in the long-term care field will outstrip the number of people available to do the work over the course of time. In regard to policy, Ms. Zehr explained that the reimbursement policy at the state and federal level has a direct impact on worker wages, worker staffing levels, and the mix for various kinds of staffing (RNs, LPNs, etc.). Ms. Zehr indicated that the regulatory environment and policy have an impact on the workforce. She mentioned that the regulatory environment focuses on resident needs and there is not really a focus on the needs of workers in the long-term care regulatory environment.

Ms. Zehr noted that nurses are aging. She mentioned that 67 percent of RNs and 56 percent of LPNs are 40-plus years of age and there are a fair amount of nurses working in nursing homes that are 51 years of age and older. Ms. Zehr indicated that this is an impending issue.

In addressing the educational capacity in Kansas schools of nursing, Ms. Zehr mentioned that the faculty members are older than the nurses that are practicing, and they will be retiring. People are not being attracted to these positions because they can go to work in a hospital with their masters degree in nursing, or work in industry, and be paid a lot more money. She hoped the Task Force would address this issue and mentioned that there are other dynamics that are going on that are not encouraging people to enter those kinds of positions.

Ms. Zehr spoke about the average minimum hourly wage of long-term care workers, as indicated in her handout. She explained that there is a wide variation throughout the state. In rural areas wages are less than in urban areas.

Senator Feleciano asked what role the wage pass-through played in Kansas. Ms. Zehr explained that the wage pass-through was used in 1999 and that it certainly helped the majority of facilities that took advantage of it. As she could recall, the nursing facilities could raise wages and/or add more benefits. Ms. Zehr noted that the Kansas Department on Aging did an analysis and could respond to the question.

Ms. Zehr noted that the bulk of the staffing is the Certified Nurse Aides. They do the hard work, which is approximately 80 percent direct care.

Ms. Lubinsky mentioned that the wage pass-through helped Ms. Zehr's nursing facility industry, but it had a negative impact on home health in that the nursing facilities were able to recruit their workers because they could offer more money. There is a need to be very careful when looking at this issue.

Ms. Zehr addressed the average percent of annual turnover as shown in her testimony regarding the not-for-profit and the for-profit in their membership regarding CNAs. Mr. Baily clarified the figure regarding a 90 percent average turnover as shown on the chart in Ms. Zehr's testimony. He explained that it does not mean that 90 percent of all CNAs change over in a year, because the position may change several times, and that does drive the average up higher.

Senator Feleciano requested specific examples or scenarios of what a 90 percent turnover issue would mean.

Mr. Vernon mentioned the point that the turnover rate does not reflect the true cost to the providers and to the profession of what that turnover is because each time you have turnover, new people are brought in and costs are involved with orientation, new hiring, and training, and there is an interruption in consistency of services provided to residents.

Ms. Zehr mentioned that the top priorities of the Kansas Association of Homes and Services for the Aging has been the workforce issue and the whole movement to change the culture of what is going on in nursing homes.

Senator Feleciano recommended community colleges and the regents institutions training to see if they would be willing to put together an on-line program.

Ms. Zehr responded that Fort Hays State University has an on-line administrators training program under development and there have been some nurse aide courses. Some lecture courses have been offered on line in north central Kansas. The Kansas Department of Health and Environment, which oversees CNA training, was able to get the program launched.

Senator Feleciano mentioned that there are training programs at Wichita State University. Mr. Vernon mentioned that Hutchinson Community College has a partnership with many facilities, and there are classrooms in Wesley Towers that provide some of the space for education.

Janis DeBoer, Deputy Secretary, Kansas Department on Aging ([Attachment 5](#)) said that as solutions are discussed with regard to workforce issues, the community-based side must be considered.

Ms. DeBoer explained that there are two major workforce issues in long-term care. They are staff shortages and staff turnover. She noted that shortages exist in all healthcare arenas and in long-term care, specifically. Ms. DeBoer discussed strategies to improve staffing. She explained that recruiting is difficult with nursing facilities because it is a supply and demand issue and there is the fact that there is a lot of competition. She explained that recruitment and retention are issues with regard to staffing. In nursing facilities in particular, Ms. DeBoer mentioned that it is difficult work because you do face death every single day and you grow close to the residents and then you come in and they are deceased.

Ms. DeBoer listed in her testimony some of the methods that an employer can initiate in order to recruit and retain good employees:

- Nursing Home Climate;
- Training Initiatives and Opportunities;

- Financial Incentives;
- Career Ladders; and

- Leadership Opportunities.

Ms. DeBoer addressed the subject of culture change in nursing homes. She explained that culture change is letting residents bring in their own furniture, hang their own pictures, and have pets, etc. They are seeing nursing stations disappear and neighborhoods appear.

Ms. DeBoer explained an initiative within the Kansas Department on Aging called Promote Excellent Alternatives in Kansas Nursing Homes (PEAK), which was started with no funding. She said the Department, with other stakeholders in the state, decided they would begin this initiative. The initiative is an attempt to support, promote, and recognize the facilities who are willing to engage in the activity of changing the way they do business. There is no direct reimbursement. They have been creative and have not looked at state appropriations. They have had a contract with Kansas State University, which has developed a guidebook to help with the education of the facilities. The initiative is a two-pronged effort in that they recognize those facilities that have made changes. Some facilities in the state are much further along than others.

In regard to PEAK, Ms. DeBoer explained that there is a review team with a checklist, including four areas where the facility has the opportunity to send in an application, and they may be eligible for the award and recognition. The domains are:

- Staff empowerment;
- Resident-centered facility;
- Home-like environment; and
- Community involvement.

Ms. DeBoer mentioned that the Department on Aging is very interested in following the activity of several of the PEAK award facilities and tracking their turnover rate. She shared the success of one facility in Kansas that will be recognized by the Kansas Department on Aging's PEAK award. That facility has seen employee turnover rates decreased from 100 percent to 30 percent between 1995 and 2003, while their call-in-sick numbers decreased from 150 per month in 1999 to 28 per month in 2003. This facility now has an 82 percent staff retention rate and uncovered employee absences of less than 1 percent of scheduled shifts. She noted that these are indicators of staff job satisfaction, empowerment, and responsibility by employees. Representative Morrison requested a list of the PEAK award winners.

In conclusion, Ms. DeBoer discussed some of the legislative initiatives listed in her testimony that other states have introduced in the recent past to begin to address the long-term care workforce shortages.

Ms. DeBoer mentioned that the State of Iowa has developed an accountability measurement system with their reimbursement. They have ten measures that include staff retention. She noted that it appears on the surface to be a fairly simple process and the Kansas Department on Aging is going to be doing more research on it. Iowa assigns points to these ten measurements and the points do result directly in a reimbursement-type incentive. Iowa measurements include high Medicaid occupancy, high staff retention and low turnover, and direct linkage to reimbursement.

Gina McDonald, President/CEO, Kansas Association of Centers for Independent Living ([Attachment 6](#)), said that the issues are real and as the state population ages, more people live longer with disabilities. The availability of people who are willing to perform these tasks is decreasing.

Ms. McDonald distributed information regarding direct care worker associations and public authorities (Attachment 7). She noted that there is a decreased availability of traditional care givers and families do not live in close geographic proximity. Adult family members are holding down full-time jobs and caring for the rest of their family. Their time is limited and caring for a disabled adult becomes difficult, if not impossible.

Ms. McDonald mentioned that some of the information she presented came from a paper by Robin Stone, of the Institute for the Future of Aging Services. She explained that there continues to be a labor shortage for people willing to perform personal assistance services. Ms. McDonald noted that Dr. Stone's research indicates that recruitment is only part of the problem. She believes that retention of employees is the major concern. There are very high turnover rates and vacancy rates. The research seems to indicate that the reasons for high turnover do not always have to do with wages and benefits alone. It appears that the role of the personal assistant has a great deal to do with the longevity on the job. Ms. McDonald listed some recommendations regarding workforce issues in long-term care in her testimony.

Mr. Vernon asked if there is any standard set of core knowledge or skill set that is required for a personal assistant. He also asked how that is defined by the individual consumer or customer and is there a standard set of education with a certification process that people go through? Ms. McDonald responded that there is no certification nor formal training or education, but what is determined is between the consumer and the personal attendant. The consumer gets a plan of care that describes what the needs are and what needs are to be met. If on that plan of care there are activities that would normally be done by a certified person, or a registered nurse, then it is between the consumer, their physician, and the attendant. All need to work out how the training occurs to insure that the training is provided appropriately, but there is no training that is required.

Ms. McDonald said that Kansas does not have a personal assistant association for self-directed care. Chair Bethell asked if this is something that Kansas Association of Centers for Independent Living (KACIL) could become involved. Ms. McDonald responded that KACIL was interested. She explained that KACIL has a Real Choice Systems Change Grant together with the University of Kansas this year to look at self-direction for people with developmental disabilities.

Chair Bethell asked if other states do background checks on people. Ms. McDonald responded that California does some background checks. She noted that you can do a cursory background check, which gives you general information, or you can contact the FBI and other agencies, which costs a great deal of money. How far you go in terms of background checks is questionable in some states.

Chair Bethell said an acquaintance of his was concerned about background checks because he had gone through several personal attendants. The only opportunity he had was to say that the attendant had to be a certified nurse aide; then he could get a background check through the Kansas Department of Health and Environment. Ms. McDonald responded that developmental disability nurse aides are required to have background checks for personal attendants, and for the physical disability waiver, you are required to offer that opportunity to the consumer. You are required to say we would do a background check if you would like us to do so by the Independent Living Center, or the Community Developmental Disabilities Organization, depending on whichever waiver it is. In many cases, KACIL is doing background checks at the request of the consumer.

Senator Salmans inquired about a situation where a person he knew of ended up marrying his personal attendant and then, all of sudden, all of the support was dropped. He asked if there is something that has been addressed in this type of problem because this causes people not to get married.

Ms. McDonald explained that, especially on physical disability, personal assistants are involved in some fairly personal issues and you really get to know the person very well. You typically want to hire someone that you might have something in common with. If you have the same values and the same kind of interests, then it would not be unusual or impossible to think about them forming a relationship and deciding if they want to get married. Spouses are not reimbursed on the physical disability waiver and Ms. McDonald said that spouses should not be paid to be personal attendants because there would be other problems. It would be a huge strain on a marriage when the employee taking care of you physically is your spouse. On the other hand, they would encourage them to get married, if they decide to do so, but to look for another personal attendant.

In answer to questions regarding pay, Ms. McDonald explained that they encourage consumers to hire a personal attendant through a center for independent living at the starting salary, and as the attendant does a good job, they receive raises and increases to the point that they reach the top salary range for their job, and that is as much as they will make. Consumers can shop around at the centers for independent living.

Senator Feleciano asked about restrictive care under the Senior Care Act with the Kansas Department on Aging. Ms. McDonald mentioned that technically the law says that self-directed services are available under the Home and Community-Based Service waiver program and the Senior Care Act does not fall under that. Ms. McDonald mentioned that if all that needs to be done is fix the law, KACIL will propose an amendment to allow self-direction as an option under all of the programs that are available. She will be visiting with the Kansas Department on Aging regarding the Senior Care Act.

Representative Kirk mentioned that there is a need to be proactive with health insurance for personal assistants. Chair Bethell explained that the Task Force will address this issue in the future.

Afternoon Session

Jane Rhys, Executive Director, Kansas Council on Developmental Disabilities, explained that they are a federally funded and federally mandated organization whose members are appointed by the Governor. They operate under the federal Developmental Disabilities Bill of Rights Act and they receive no state funds.

Ms. Rhys mentioned that last year the Developmental Disabilities Council looked at direct care workers. She noted that it is very difficult to recruit and retain direct care individuals for aging, developmental disabilities, mental health, and physical disabilities, etc. Ms. Rhys explained that the Council put most of their funds into a major grant to try to improve the system to help their service providers. Since they are funded under the federal Developmental Disabilities Act, most of their funds go into the area of developmental disabilities. They believe that the information they are discovering with the grant, and what they are working on, will be applicable to other entities.

Shelly May, Grants Manager for the Kansas Council on Developmental Disabilities (Attachment 8), shared information regarding the Kansas Mobilizing for Direct Support Workforce Change project. She mentioned that the overall goal of the project is to reduce turnover and improve recruitment of direct support professionals (DSPs). Ms. May gave a brief description of each intervention and the agencies involved, as explained in her written testimony. These include:

- Capacity building;
- Supervisor training;

- Technical assistance;
- DSP training: the College of Direct Support on-line curriculum;
- Credentialing and apprenticeship training; and
- Community recruitment and marketing campaigns.

Chair Bethell asked if the organization that is being created with the direct care professionals is done in other states and if there is a model from any of the states regarding training and support. Ms. May responded they are using the College of Direct Support on-line and it is being used by other states. She noted that their project team was involved in the curricula.

Chair Bethell asked if they are taking entry level individuals and giving them training. Ms. May explained that they are looking at the apprenticeship program which is still in formation. She noted that they are looking at a four-level program which would create a career path for people and there would be additional training required at each level. Chair Bethell also asked how broad the program is at the College of Direct Support. Ms. May responded that it is very general in care giving in which there is carry-over in each population (developmental disabilities, mental health, etc.). She also noted that there are some specific courses on positive behavioral support regarding what is a developmental disability. It is geared to developmental disabilities, but could be easily customized to be more general or specific. The College of Direct Support would be the entity to change on-line curricula.

Mr. Vernon mentioned that there are diverse workers and asked if their direct service workers have skill levels, core knowledge, and have criminal background checks required before being hired. Ms. May explained that any agency that contracts or licenses with the Department of Social and Rehabilitation Services (SRS) must to do a criminal background check. There is no prescribed curriculum that SRS requires, but generally, everyone receives training in CPR, first aid, and universal precautions.

Ms. May responded to a question by Chair Bethell regarding reimbursement that they pay the grant project team and they provide the technical assistance. The agencies hire and pay their own staff, so no reimbursement is paid by Ms. May's group.

Senator Lee asked for additional information on the College of Direct Support. Ms. May explained that the College of Direct Support has already been developed by the University of Minnesota. It is being used in other states. Ms. May's group paid for customization for Kansas, which involves technical information. For example, different definitions of abuse, how you are reporting interviews in different states, and for SNWK to access the College of Direct Support. Ms. May noted that they would like for the state to purchase the College of Direct Support and anyone who is contracted or licensed by the state would have access to it. Rough figures for purchase are approximately \$140,000 for a one-year contract; for a three-year contract, approximately \$117,000 for the first year, approximately \$120,000 for the second year, and a bit higher for the third year.

Chair Bethell and Representative Kirk discussed the fact that all of these programs have different rules and operating procedures. Getting people specifically knowledgeable in one area translated into another area is difficult in the field.

Ms. Rhys offered to get copies of the grant results report to the Task Force.

Charles Moore, Bureau of Health Facilities, Kansas Department of Health and Environment, was recognized by Chair Bethell. Mr. Moore takes the position vacated by Pat Maben.

Linda Lubensky, Executive Director, Kansas Home Care Association (Attachment 9), explained that their agencies have been experiencing worker shortages from the home care point of view. She noted that the contributing factors are many, but program reimbursement is certainly a primary one. She explained that over the last five years, home health has undergone major reimbursement cuts in both Medicare and Medicaid. At the same time, new state and federal mandates and regulatory changes have placed an additional strain on dwindling agency resources. Ms. Lubensky listed additional negative impacts on home care.

Ms. Lubensky explained that most of their home health nurses are nearing retirement and the nursing schools are turning out fewer and fewer graduates. She mentioned that most of all, society and policymakers continue to devalue home health and the role of the care giver. They continue to equate home health care giving with the female caretaker role and charity services. They are not comfortable with acknowledging that home care agencies are viable businesses, manned by licensed and certified professionals.

Ms. Lubensky expressed concern regarding shortages in rural areas, where many administrators in the field are giving clinical services because there is no one else to do it. She also noted that home care is more difficult because they work in isolated conditions and the field is predominately manned by women. Ms. Lubensky also presented possible solutions, as noted in her written testimony.

Senator Salmans inquired if anyone was looking at any type of technology to help resolve the problems. Ms. Lubensky responded that technology would be very helpful in extending what a nurse's capabilities are, for example, telecare programs. They have never been able to get Medicare to pay anything on it, but Medicaid pays something. There has never been any real encouragement for it and currently, there are no extra funds. Ms. Lubensky mentioned that it will be expensive to comply with some government regulations.

Craig Kaberline, Executive Director, Kansas Area Agencies on Aging Association (Attachment 10), explained that the 11 Kansas Area Agencies on Aging provide services in all 105 counties in Kansas. Mr. Kaberline noted that recruiting and retaining qualified long-term care personnel is a problem across the nation. He mentioned that rural Kansas is dying, many of those living in rural communities are aging and the younger generations are moving away. He mentioned that care giving as a whole is looked down upon by many in society, whether it be caring for the young in a daycare setting or a senior in a home or nursing home setting. Most staff are paid \$7-\$8 an hour, and if the provider has health care insurance available, it is too expensive for the worker to afford. He mentioned that the reimbursement rate is an important issue.

Mr. Kaberline listed some ideas that Kansas Area Agencies on Aging believe would improve the long-term care workforce problems. Copies of the *Citizens for Long-Term Care*, prepared by the Paraprofessional Healthcare Institute, were distributed by Mr. Kaberline (Attachment 11).

Mr. Moore mentioned that he and his wife have been care givers for his father-in-law and noted there is a lot of paperwork involved especially with the annual reporting. He explained when it is known that the patient will not improve from year to year, but declines, they wondered what could be done to reduce the amount of paperwork. Mr. Kaberline mentioned that sometimes changes in income cause additional paperwork. The Area Agencies on Aging will look at the paperwork situation and they will report back to the Task Force. Chair Bethell requested suggestions from all the agencies as to what could be done to cut down on paperwork.

Senator Feleciano asked about the seamless paperwork project involving the Kansas Area Agencies on Aging, Kansas Department on Aging and the Joint Committee on Information and Technology. Mr. Kaberline responded that the Area Agencies on Aging have the ability, but need funding.

Ms. Lubensky expressed concern regarding the state departments and bureaus being able to work with the providers and stakeholders they work with, and on how to reduce paper. There is such inconsistency. She noted that the Kansas Department of Health and Environment is going to have the nurse aide registry on-line so you do not have to wait to talk with someone and it will be available 24 hours a day. Ms. Lubensky also mentioned that in regard to SRS, in some departments they could not get e-mail because of money. Providers have to fax in the entire OASIS initial assessment and the state has access to all the OASIS information. This costs the providers money. Senator Feleciano suggested bringing this issue to the Budget Committee or the Joint Committee on Information and Technology.

Chair Bethell mentioned that there is a problem with cross communications across agencies, and it is frustrating, due to lack of ability in technology, when one agency cannot talk to another one. Mr. Baily mentioned that the paperwork that is needed by a provider is very time consuming between the Kansas Area Agencies on Aging and the Kansas Department on Aging. He also noted that they cannot get to a person quick enough for services and the doctors want to put them into a nursing home. Mr. Baily mentioned that the word that needs to be used is palliative care to maintain quality of life and maintain people where they can be kept at a level of function and recognize it.

Chair Bethell called the Task Force's attention to discussion of scheduling future meetings. The Task Force agreed on the following dates:

August 25-26
September 29-30
October 23-24
November 17

Senator Steineger mentioned that he heard on a CNN noon news report regarding pharmaceuticals where the City of Springfield, Massachusetts, is starting their own mail-ordering pharmaceutical purchasing program, where they are buying their pharmaceuticals direct from Canada. He noted that apparently, they had approval to do this. Senator Steineger noted that Springfield's mayor mentioned in the interview that they are going to be saving 20-80 percent over the cost of the same exact pharmaceutical purchased here in the United States. He explained that their city is going to buy by bulk mail order from Canada and have it shipped in, but he does not know how they are going to distribute or resell it.

Chair Bethell made a comment that Wichita has a new company that has been created that is called Canada Pharmacy, and they are basically doing the same type of thing. He noted that regarding the federal basis, there is some legislation that may lighten up the restrictions of purchasing pharmaceuticals in foreign countries.

Margaret Zillinger, Director of Community Supports and Services, SRS ([Attachment 12](#)), mentioned that one of the major points that SRS would like to make is they are affected by most everything that was discussed today. They are directly involved in reimbursement for all of the community-based services. They work closely with the Kansas Department on Aging regarding nursing facilities and control of the Medicaid budget. They are also involved with the long-term care workforce issues including:

- Medicaid home and community-based services waivers (HCBS);

- State hospitals; and
- Twenty-nine community mental health centers (CMHCs).

Ms. Zillinger explained various information in her testimony regarding direct support professionals. She mentioned that most of the direct support professionals are females between the ages of 18 and 34. Ms. Zillinger addressed what is being done in Kansas to strengthen the direct support professional workforce and what needs to be done to address the direct support professional shortages in Kansas.

Ms. Zillinger mentioned that home care involves a person by themselves providing a service, many times with very little supervision. One must be careful who is hired because of that. You do not have a nurse providing a service watching over a patient, as in many long-term care facilities.

Chair Bethell requested information regarding the cost to providers of home care changing from one provider to another in relation to training costs.

Ms. Zillinger said that the shrinkage of the long-term care workforce is at a crisis level. Ms. Zillinger mentioned that on August 12, 2003, SRS will transmit an application for a \$1.5 million dollar three-year grant to the Centers for Medicare and Medicaid (CMS) to test some of the ideas discussed in her testimony. Kansas will focus on providing health insurance, DSP recruitment, DSP training, and development of a statewide pool of DSPs. The health insurance component is being coordinated with the State Insurance Department and the training component is being coordinated with KMDSC. Both components will be piloted in several Kansas communities. Healthcare insurance and benefits are a problem and there is a need to provide them to health care workers.

Chair Bethell suggested that the Insurance Commissioner be asked to appear before the Task Force regarding some of the flexible benefits programs. Ms. Lubensky suggested having someone appear from the Kansas Department on Human Resources, regarding workforce issues in long-term care.

Mr. Moore suggested having the PEAK award exemplary facilities appear before the Task Force, to explain what they are doing and how they addressed their problems. Chair Bethell mentioned that Larksville Place currently has an agreement with the Wichita Area Technical College to do some nursing training on their campus. They are also involved in a coalition in Wichita and they will be coming before the Task Force. He mentioned that the Task Force needs to hear providers on how they have solved some of these problems.

Senator Lee mentioned the KIT/KER program and wondered if it might be used for training in health care issues. Chair Bethell mentioned that the Department on Aging has used portions of the civil monetary fines that are levied in the nursing facilities. He said that there are some federal regulations that the Task Force needs to look at and see how some of those dollars could be moved around and be used.

Senator Feleciano mentioned an organization in Wichita that now offers group insurance for small groups of two or more and that is available. The legislature enacted a law allowing for affordable health insurance and has a health insurance pool. He said Insurance Commissioner Praeger can enlighten the Task Force on it, and suggested the director of the program be invited.

Mr. Vernon suggested revisiting the liability insurance issues. Chair Bethell mentioned that the Task Force will do that when the Insurance Commissioner comes before the Task Force.

Chair Bethell thanked the members and staff for their time.

Representative Morrison moved, with a second by Senator Salmans, to approve the minutes for the meeting of April 7, 2003, as corrected. Motion carried.

The meeting adjourned at 3:50 p.m.

Prepared by Mary Shaw
Edited by Mike Heim

Approved by Task Force on:

August 25, 2003
(date)