

MINUTES OF THE HOUSE GOVERNMENT EFFICIENCY AND FISCAL OVERSIGHT  
COMMITTEE

The meeting was called to order by Vice-Chairman Mike Burgess at 3:30 p.m. on March 3, 2009, in Room 535-N of the Capitol.

All members were present except:

Representative Sean Gatewood- excused  
Representative Brenda Landwehr- excused  
Representative Jim Morrison- excused  
Representative Louis Ruiz- excused

Committee staff present:

Rena Jefferies, Office of the Revisor of Statutes  
Daniel Yoza, Office of the Revisor of Statutes  
Hank Avila, Kansas Legislative Research Department  
Mary Galligan, Kansas Legislative Research Department  
Gary Deeter, Committee Assistant

Conferees appearing before the committee:

Monte Coffman, Executive Director, Windsor Place  
Bill McDaniel, Commissioner, Program and Policy, Kansas Department on Aging

Others attending:

See attached list.

The Vice-Chair welcomed Bill McDaniel, Commissioner, Program and Policy, Kansas Department on Aging (KDOA), who reviewed the agency's focus and services, saying that primary attention is given to long-term care and supports ([Attachment 1](#)). He noted that recent marketing trends are emphasizing telehealth and telemedicine to assist seniors in living independently; however, what is lacking is accurate information to enable the agency to assess which approaches can assure successful outcomes financially and medically. He stated that chronic-care management is a major impediment for meeting the needs of individuals eligible for home-and-community-based services (HCBS).

Monte Coffman, Executive Director, Windsor Place, commenting that Windsor Place is a long-term-care company in Coffeyville, outlined a pilot program that extends the Windsor At-Home Care to provide telemedicine to a select group of at-risk older adults ([Attachment 2](#)). He explained that hospitals and long-term-care facilities have comprehensive clinical care for residents; HCBS, however, does not offer these services, and the pilot program attempts to address that void. Through a KDOA grant, he said the telehealth program has provided access to medical care; the program has improved client health and has lowered medical costs significantly. After installing simple touch-screen monitoring equipment in each home and, by telephone, linking the client with caregivers, KDOA case managers, family members, and physicians, the daily monitoring and feedback process dramatically reduced health-care costs. Mr. Coffman suggested that wider use of this process could significantly lower the state's health-care costs; he estimated \$12 million in savings could be effected if 500 seniors eligible for HCBS adopted the telehealth monitoring paradigm. He

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commented that the University of Kansas is presently evaluating the data from the pilot program.

Mr. Coffman responded to members' questions:

- The KAN-Ed program focuses on broadband connectivity; the pilot program uses a simple telephone connection.
- About 70 clients are involved in the pilot program. The program can deliver a telehealth solution for about \$7 per day.
- Each day's monitoring information provides mental as well as physical health data;
- CMS (Centers for Medicare and Medicaid Services) charges \$100 per home visit to check vital signs.
- During the first year of the program, three clients went to a nursing facility; the second year only one person went to a nursing facility.
- The program is Medicaid-eligible but at present is not reimbursable through Medicaid; it could be expanded to serve about 500 clients state-wide at a cost of about \$1.5 million, \$500,000 of which would come from the State General Fund.
- The program could be adapted to monitor corrections parolees required to submit daily medical information to a parole supervisor.

Representative Sloan responded to members' questions. He said the Kansas Health Policy Authority (KHPA) is considering ways to expand HCBS programs through data management and make them eligible for the \$2 billion federal stimulus package targeting medical data-driven health care. He commended the pilot program as effectively enhancing medical services to seniors.

Mr. McDaniel, responding to a member's question, replied that KDOA would not add the home monitoring services to the HCBS waiver unless funding were allocated to cover the services, but if the fiscal impact could be shown, a budget amendment might be considered. He replied that the program would result more in Medicare savings than Medicaid, savings which would reduce federal expenditures but not necessarily state Medicaid expenses. He recommended ascertaining funding before seeking CMS approval. The member suggested that the legislature could develop standards for the program.

Another member suggested setting up six regions in the state similar to those established by Kansas Department of Social and Rehabilitation Services. He encouraged the Secretary of KDOA, in collaboration with the KHPA, to move forward in adopting the program statewide.

Cindy Luxem, Executive Director, Kansas Health Care Association, responding to a member's question, agreed that the numbers seemed to show a positive trend and might also be useful to improve nursing home care.

Mr. Coffman answered further questions, saying that compliance rates were good and have been validated by the University of Kansas evaluation. He replied that the monitoring units are portable, enabling a client to visit family members. He said the baseline for the project was the previous year's CMS data. He replied that the most serious impediment to wider implementation is the reluctance of physicians to embrace new

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technology.

The meeting was adjourned at 4:36 p.m. The next meeting is scheduled for March 4, 2009.