

## MINUTES

### LONG-TERM CARE SERVICES TASK FORCE

July 26, 2004  
Room 514-S—Statehouse

#### Members Present

Senator Larry Salmans, Chairperson  
Representative Bob Bethell, Vice Chairperson  
Senator Janis Lee  
Senator Chris Steineger  
Representative Nancy Kirk

#### Non-Legislative Members Present

Deann Bacco for Evie Curtis  
Janis DeBoer  
Dr. Carol Moore  
Charles Moore  
Bob Smith  
Sister Beth Stover  
Ray Vernon  
Margaret Zillinger

#### Members Absent

Senator Henry Helgerson  
Senator Susan Wagle  
Representative Patricia Barbieri-Lightner  
Representative Jim Morrison  
Representative Judy Showalter  
Mark Baily  
Linda Lubensky  
Chuck Palmer

#### Staff

Audrey Dunkel, Kansas Legislative Research Department  
Melissa Calderwood, Kansas Legislative Research Department  
Lisa Montgomery, Revisor of Statutes Office  
Mary Shaw, Task Force Secretary

## Conferees

Paula Marmet, Director, Office of Health Policy and Promotions, Kansas Department of Health and Environment

## Morning Session

Senator Larry Salmans, Chairman, called the meeting to order at 10:05 a.m., and welcomed everyone to the meeting. The Chairman asked that members introduce themselves and mention any expectations they might have regarding the Task Force. Introductions were also made by staff. The Chairman indicated that he would like to draw an analysis at the end of each day to summarize the Task Force discussion or action.

As requested by Chairman Salmans, Audrey Dunkel, Senior Fiscal Analyst, Kansas Legislative Research Department, presented the following Long-Term Care Services Task Force possible topics for year five of the Task Force. Ms. Dunkel explained each item in detail. The Task Force discussed and prioritized each topic. The prioritizations made by the Task Force are highlighted in italics.

## Assigned Topic from the Legislative Coordinating Council (LCC)

### Administration of Older Kansans Employment Programs

- Review and recommend which state agency can most effectively administer the Older Kansans Employment Program and the Senior and Community Service Employment Program. The programs were transferred to the Kansas Department of Commerce from the Kansas Department of Labor by 2004 Executive Reorganization Order 31.

*Task Force Consensus: (Priority level 9) Issue should be addressed no later than November 2004. Testimony should be presented by both the Kansas Department of Commerce and the Kansas Department of Labor, players in the field involved with OKEP, and Kansans First. Leave consideration of this topic until November 2004, in order to see if the Legislative Post Audit directive would be available by that time, and if the audit is complete before then, move up consideration of the topic.*

### Home and Community Based Services (HCBS)

- **Review of the Legislative Post Audit regarding self-directed and agency-directed care under the Home and Community Based Services (HCBS)/Physically Disabled (PD) waiver. (Audit will not be complete until September of 2004).**

Title of audit—Medicaid: Reviewing Factors Affecting the Amount of Attendant-Care Services Received by Physical Disability Waiver Clients

- **Inclusion of the HCBS/Frail Elderly (FE) waiver and Senior Care Act in consensus caseload estimates.**
- **Review the growth of long-term care caseloads (review caseload estimate table).**
- **Long-term services through the home and community based services waivers.**

*Task Force consensus: (Priority level 8) Consider all of the above topics together regarding the HCBS/FE waivers and caseloads during one full-day meeting. Sister Beth Stover noted that on page 7 of the previous Task Force report, under Waivers, the wording is vague regarding "There are seventy-five opportunities for persons, as of July 1, 2003, to begin moving from nursing facilities on the physically disabled and frail elderly waiver." This information will be re-worded that the 75 people moved from nursing home services to waiver services has been completed.*

### **Nursing Facilities**

- **Nursing facility reimbursement methodology — the reimbursement methodology was changed in Chapter 138 of the 2003 Session Laws in Section 49.**

*Task Force consensus: (Priority Level — Topic has been assigned to the Legislative Budget Committee. Task Force felt the need to be informed about the topic and would be interested in what the Budget Committee decides.) Plans are to coordinate meeting with the Legislative Budget Committee for a couple of hours when that Committee will meet to hear any testimony when it considers this topic.*

- **Review of the transfer of the Nursing Facilities Regulation program to the Kansas Department on Aging (occurred in FY 2004).**

*Task Force consensus: (Priority level 5) Schedule a review regarding the transition by both agencies, the Kansas Department of Health and Environment and the Kansas Department on Aging, at the next meeting (August 30, 2004). Schedule during the morning session, allowing approximately one to one and one-half hours for the presentations. If a problem exists, this would leave time for the Task Force to address it.*

- **Review alternative nursing homes, i.e., Greenhouse.**

*Task Force consensus: (Priority level 5 or 6, informational issue, may be spread over two to three meetings). Task Force plans to look at who determines who receives the PEAK awards (self-nominating issue) and other possible ways for recommendations. Plans are to look at culture changes in nursing homes in order to get more interest in that area and look at the innovation that is happening in nursing facilities for alternative care. The Kansas Department on Aging would be able to address PEAK operations. Also, the Kansas Department on Aging could do a response on:*

- *Request for Proposal (RFP) - tool chest; and*
- *Update on use of Civil Monetary Penalty (CMP) funds for nursing facility enhancements.*

- **Reimbursement rates for providers.**

*This item flows into the joint Task Force meeting with the Legislative Budget Committee.*

## **Miscellaneous**

- **Review the role of the Long-Term Care Ombudsman.**

*Task Force consensus: (Priority level 3.5 to 5) Plan to have someone from the Ombudsman's office present an overview and background information to the Task Force. Schedule for the morning session at the December meeting, allowing one to two hours for the presentation, but may move up to the November meeting.*

- **Review process of recognizing high-performing nursing facilities under the Promote Excellent Alternatives in Kansas Nursing Homes (PEAK) program.**

*This item flows into the topics on nursing facilities, as addressed earlier in the meeting.*

- **Extension of the Task Force to a standing committee.**

*Task Force consensus: (Priority level 9) Need to continue the Task Force. Also, emphasize the Department on Aging in taking the initial part of the Task Force recommendations and making it part of their plan, putting it into the operational part of the agency early on and seeing what has happened. It is necessary to have the kind of input that this Task Force can give to the Legislature and the state agencies. Representative Bethell noted that his intent is to introduce legislation in the House of Representatives regarding another long-term care task force, possibly for five years. After the Task Force was created, it was noted that there were some areas where representation should have been included. Regarding the makeup of another possible task force, Representative Bethell noted that if this were to be a standing committee that was legislative only, some of the input by those actually involved in the care giving would be lost. It was noted that those involved in the areas of the developmentally and physically disabled should be included in a new task force.*

- **Update on the New Medicare Part D prescription drug law.**

*Task Force consensus: (Priority level high, but this topic is assigned to the Legislative Budget Committee). The Task Force plans to coordinate with that Committee when they have updates, hearings, or information on this topic. Discussion followed, regarding the claw-back provision by the federal government*

*and dual eligibility of people. Plan to discuss this topic toward the end of the interim session.*

### **New Items**

- **Regarding the workforce issue, roll in the younger worker and break out, if necessary, for more time for discussion.**
- **Real Choices Systems Change Grant, and the Task Force will take time to have information provided (Priority level 5).**

The Chairman asked that Task Force members review their calendars in order to discuss tentative meeting dates in the afternoon session. The Task Force recessed at 11:55 a.m.

### **Afternoon Session**

The meeting reconvened at 1:30 p.m. The Task Force reviewed the schedule published by Kansas Legislative Research Department for all interim committee dates. The Task Force discussed dates for future meetings. Tentative changes are: August meeting changed to the 30<sup>th</sup>, September meeting changed to the 9<sup>th</sup>, and the Task Force discussed changing the November meeting to the 8<sup>th</sup>. These dates are pending coordination with the Legislative Budget Committee. Members of the Task Force will be notified as soon as possible regarding any changes in the scheduled meeting dates.

Chairman Salmans welcomed Paula Marmet, Director, Office of Health Policy and Promotions, Kansas Department of Health and Environment, who presented an overview on diabetes and long-term care.

Ms. Marmet explained that diabetes is a chronic disease where the body does not make or properly use insulin, meaning either no insulin production, insufficient insulin production, or resistance to insulin's effects (Attachment 1). There is no insulin to move glucose from blood into cells. High blood glucose means fuel loss—cells starve with short- and long-term complications. She explained the two types of diabetes:

#### Type 1 Diabetes:

- ☐ Auto immune disorder;
- ☐ Insulin-producing cells destroyed;
- ☐ Daily insulin replacement necessary;
- ☐ Age of onset—usually childhood or young adulthood; and
- ☐ Most prevalent type of diabetes in children and adolescents (5 percent to 10 percent of all diagnosed cases of diabetes).

#### Type 2 Diabetes:

- ☐ Insulin resistance;
- ☐ Age of onset: most common in adults and increasingly common in children;
- ☐ Risk factors: obesity/overweight and physical inactivity; and

- Prevalence: accounts for 90 percent to 95 percent of all diagnosed cases.

Ms. Marmet mentioned that there is a progression of diabetes across the states. She emphasized the following information regarding diabetes in Kansas:

- Currently, 6.4 percent of the population in Kansas has diabetes; and
- Cost of the disease (2002 figures):
  - Average yearly health care cost is approximately \$13,000 for people with diabetes;
  - Average yearly health care cost is approximately \$2,500 for people without diabetes; and
  - Direct and indirect diabetes cost (medical expenditures, as well as lost productivity) in Kansas was approximately \$1.4 billion.

Ms. Marmet noted she had talked to the Kansas Department on Aging and learned that in April 2004, approximately 19,000 adults were in long-term care, and of that number, 4,281 were reported to have diabetes. She explained that the cost associated with poorly controlled versus well controlled diabetes in Kansas is a significant factor in cost. The Hemoglobin A1C test, a simple lab test, measures the average blood glucose level over the previous three-month period. In a normal person, the Hemoglobin A1C would be measured at 6.0 percent. With diabetes, the goal is to measure 7.0 percent or less. Anything higher than 8.0 percent means that the person with diabetes has a greater chance of eye disease, kidney disease, or nerve damage. Hypertension and heart disease increase the cost of diabetes and commonly co-exist with the disease.

Ms. Marmet also discussed obesity trends among adults. One in five adult Kansans is obese. She noted that approximately 50.0 percent of the population in Kansas is at risk for undiagnosed diabetes because of the risk factors of age, overweight, and sedentary lifestyle. Future plans for the Diabetes Prevention and Control program were explained by Ms. Marmet. Task Force questions and discussion followed.

The following information was distributed by Ms. Marmet:

- CDC National Diabetes Fact Sheet, General Information and National Estimates on Diabetes in the United States, 2000 ([Attachment 2](#));
- CDC, Diabetes: Disabling, Deadly, and on the Rise, 2002 ([Attachment 3](#)); and
- CDC, Diabetes: Disabling, Deadly, and on the Rise, 2003 ([Attachment 4](#)).

Chairman Salmans asked that the Task Force consider what to include in its final report regarding today's meeting. This information should include key information from the Kansas Department of Health and Environment presentation as an overview regarding diabetes as it relates to Kansas, causes, prevention, and requested information regarding long-term costs. Also, a recommendation should be included as to how to direct the agency toward more prevention and/or education regarding diabetes. The discussion where topics were prioritized by the Task Force should be included also.

*Representative Bethell moved, with a second by Representative Kirk, to approve the minutes of the November 17, 2003, meeting as presented. Motion carried.*

The meeting adjourned at 2:55 p.m.

Prepared by Mary Shaw  
Edited by Audrey Dunkel

Approved by Task Force on:

August 30, 2004  
(date)