

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

Approved
January 20, 1993
Phv

DATE: JANUARY 14, 1993

Conferees: Secretary Joanne Hurst, Department on Aging

Committee Members excused: Ellen Samuelson

Chairperson Flower called the meeting to order at 1:35 p.m. The Chair welcomed all present, then invited Secretary Hurst to begin her remarks.

Secretary Hurst offered Attachment No.1 and stated she was pleased to present an overview of the Department on Aging programs and issues. She stated, there continues to be a problem with the match of Federal funding in some available programs. She detailed this concern, noting, the Department is looking at ways to change the match to a better system than the 1 for 1 as is the case in some programs. She spoke of the impending moratorium on nursing home beds, noting that housing options will be a vital issue, if a moratorium is implemented.

Attention was drawn to a booklet offered as Attachment No.2. This booklet prepared by Department on Aging, add the Association of Area Agencies on Aging, "Explore Your Options". This has been prepared by very hard work and a strong commitment by all involved, she noted, and is available in all Area Agencies, and is also available to nursing care and long term care facilities to help clients know what options are available to them.

She listed (7) priorities of the Department on Aging and detailed each, i.e., Long Term Care; Senior Care Act; Corporate Eldercare; Case Management; Long Term Care Ombudsman; Nutrition; Home Delivered Meals; Rural Outreach. She noted Governor Finney has recommended additional funding (\$100,000 in FY '94 budget) in order to expand state-funded Older Kansans Employment Program to include critical areas. The Department on Aging is pleased with this commitment by the Governor. Most older Kansans understand the need to make sure programs are cost-effective and feel as strongly as the rest of the public, that resources must be used as efficiently as possible.

Secretary Hurst answered numerous questions, also detailed the Ombudsman program, noting the hot-line phone number (1-800-432-3535) and directed attention to "Explore Your Options" booklet that lists hot-line numbers for other departments.

She was asked to detail the Senior Care Act, and did so, noting costs do differ by area; at times the cost savings becomes a lesser priority than the quality of life to the client. At times cultural barriers do hinder offering services, i.e., language. Transportation is often a problem as well. Area Agencies are subject to a Federal audit annually it was noted. She agreed, there is a lot of paper work, but it has been suggested that a thorough paper trail can keep Area Agencies out of trouble.

Chair Flower thanked Secretary Hurst for her informative presentation, and her sincere thanks for stepping in today with such a very brief notice when the Committee agenda had to be changed. (Note: Secretary Hurst agreed to present her comments today in place of Dr. Harder, Department of Health/Environment. Dr. Harder is ill.)

Meeting adjourned at 2:31 p.m.

The next meeting will be held (Tuesday, January 19, 1993, 1:30 p.m.)

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1/14

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OVERVIEW OF KANSAS DEPARTMENT ON AGING
PROGRAMS AND ISSUES

by
Joanne Hurst, Secretary
Kansas Department on Aging

before the
House Public Health and Welfare Committee
January 14, 1993

I am pleased today to present to the House Public Health and Welfare Committee an overview of the Kansas Department on Aging programs and issues.

I have established seven priorities for the Department. I would like to discuss these priorities and how the Department, the Governor and the Kansas Legislature are making it possible to make the necessary changes to implement these priorities.

Long Term Care

My first priority has been in the area of long term care. We have worked with the Department of Social and Rehabilitation Services and the Department of Health and Environment to plan for improvements in our long term care system. Last year, we made several proposals, including a statewide Senior Care Act and a pre-admission assessment and referral law. With the support of this committee, the 1992 Legislature, and the Governor, those proposals were adopted and are now being implemented.

We plan to make further recommendations this year at the request of the 1992 Legislature. Legislators who serve on the Joint Committee on Health Care Decisions for the 1990's have already heard about a proposed moratorium on nursing home beds. We also have discussed with the Department of Commerce and Housing and with the Governor's Commission on Housing and Homelessness several ideas for housing options. The housing options will be important if we implement a moratorium. People will need some level of care when in-home care is not enough and nursing home care is not yet appropriate.

I do want to report to the committee today our progress since last year's session in developing services authorized by the 1992 Kansas Legislature.

Senior Care Act

The state funded Senior Care Act is an in-home care program, primarily offering attendant care and homemaker services, but also offering a limited amount of discretionary funding for customized services specific to the needs of a particular

PN&W
1-14-93

pg 1810
attm 1.

planning and service area. It is a program designed to specifically assist older Kansans to stay in their own homes.

The 1992 Kansas Legislature appropriated funds to extend the Senior Care Act from only serving three of the eleven planning and service areas in the state to a program which functions throughout the state. The Senior Care Act is now present in all 11 planning and service areas.

Each year since the inception of the Senior Care Act in 1989, the Department has had an outside independent evaluation of the program. Dr. Richard Miller of Kansas State University has been the chief evaluator of this program. The third annual evaluation of the program concluded in September, 1992:

- SCA
1. The funds provided by SCA are making in-home services affordable for many elderly Kansans who would otherwise be unable to afford them.
 2. The services provided by SCA are enabling a substantial number of older Kansans to avoid institutionalization and remain at home.
 3. The Senior Care Act is saving the state of Kansas money by reducing the number of Medicaid reimbursements that are paid.
 4. By delaying or avoiding institutionalization, older Kansans benefit in many intangible ways, which help maintain their quality of life.

In FY '93, the Senior Care Act expanded from 13 to 59 counties. It appears that 11 additional counties are now ready to join the Senior Care Act program with matching funds sufficient to meet the two to one match requirement. Therefore, we are anticipating by the end of the fiscal year, 70 of the 105 counties will be participating at some level.

The matching requirement continues to be a problem for many of the counties participating in the Senior Care Act. The evaluation by Kansas State University concluded:

The major concern of local SCA administrators continues to be the burden of providing a local 1:1 match. Like last year, another county has dropped out of the program because they could not come up with the match. More alarming are the number of counties that will not participate in the SCA program when it goes statewide in FY93 because they can not afford the match.

As you look at the handout showing where the Senior Care Act exists it can be somewhat misleading. For instance, northwest

Kansas is totally covered, but the available match provided there establishes limited programs.

There was a bill proposed last year which would have taken the match back to a two-to-one ratio, with the local areas supplying one dollar for every two dollars of state funding; however, the bill ran into difficulty. When we knew that the Senior Care Act was going to be extended statewide, a compromise was initiated which allowed legislation to be passed keeping the existent Senior Care Act programs on a one-to-one match, but allowing the new programs to come in on a two-to-one match for one year. All programs are to be on a dollar-for dollar match beginning FY 1994. However, one of the things we continue to hear from the Area Agencies on Aging is the difficulty they are having in obtaining or keeping the required match; and their need to have the state look at other options.

Some adjustment needs to be made to enable the Area Agencies to offer the Senior Care Act in all of their counties. One suggestion is to take the cash requirement off the match, and allow services from the local communities to be rendered in lieu of cash to match the state funds. For instance, health departments in local areas could provide services, using their county resources, as part of a match requirement. Although state dollars would not be matched in cash, they would be matched by service. There would be no decrease in the size of the program and such a system would allow the program to be available in more of the counties.

The Regent's Task Force on Social Issues made a special report to the Governor in May, 1992 on "Creating Tomorrow: Welfare, Criminal Justice, and Aging Issues." The first recommendation of the Task Force was:

Expand statewide to all elderly the full range of support services available under the Senior Care Act, providing the services at no cost to those with incomes below 150 percent of the federal poverty level.

With the support of Gov. Finney, other state agencies, and the Kansas Legislature, the Kansas Department on Aging and the Area Agencies on Aging began the implementation of this recommendation in FY '93.

2 Corporate Eldercare

My second priority for the Department is to work for the establishment of a Kansas eldercare program involving public and private sector employers and community leaders in a support system for family caregivers.

Last year, I established the Kansas Business and Aging Leadership Coalition to bring together representatives from business and aging organizations to plan for the development of public/private initiatives. Representatives from Kansas Chamber and Commerce and Industry and the American Association of Retired Persons co-chair the Council.

One committee of the Council is now developing methods to reach employees with caregiving responsibilities and to work with employers in providing information on services available to aging relatives. We have granted federal special project funds to the Johnson County Area Agency on Aging to survey employees in Johnson County. We are working with TCI of Kansas, Inc. to develop public service announcements for all cable television services in Kansas. We also plan to develop a brochure for distribution to employees throughout Kansas.

Another committee of the Council is working on health services and health promotion.

We have also established 27 local coalitions throughout the state to work on public/private partnerships in their communities just as we are developing them through the Council. The pilot programs in Great Bend, Independence, and Minneapolis have shown that a lot can be accomplished if we work together.

Minority Outreach

My third priority has been to strengthen the department's initiatives in targeting low-income and minority elders.

The Department has established a task force to make recommendations this year. I anticipate that we will be able to create effective outreach strategies.

Information and Referral

My fourth priority has been to develop and implement a five-year information and referral plan.

In August, 1992, the Department adopted a five-year statewide information long-range plan based on the recommendations of a task force. Included in that plan are actions taken by the 1992 Kansas Legislature which have already improved information and referral services in the state.

This committee in 1992 introduced a substitute bill for HB 2566 (the pre-admission assessment and referral bill) at the request of the Secretaries of Aging, SRS, and Health & Environment. The 1992 Kansas Legislature eventually passed that bill with amendments as a part of SB 182. One of the provisions of the

bill required the Department and the Area Agencies on Aging to prepare a comprehensive guide to long term care services.

The Area Agencies on Aging did an outstanding job in working with us to gather the necessary information for the publication of the guide. We have, in fact, now published and distributed 11 guides, one for each of the planning and service areas of the state. As mandated by SB 182 we are distributing these guides to all physicians, hospitals, nursing homes, local health departments, and senior centers so that consumers can have easy access to the information. Our hope is that people will get the information before they seek out nursing home care.

We have also cooperated with SRS to supply these guides to the assessors under contract with the Kansas Foundation for Medical Care to perform the pre-admission assessments.

Case Management

During last year's legislative session, state funding was granted for case management in FY '93. The total funding was \$602,498 with \$166,898 of the total coming from additional federal funds the Department received in FY '92 and FY '93.

As we have established the case management program, we have met several challenges. Due to the urban and rural differences in our state, we found a need to be flexible in the case management program, and several different systems have been established to meet the specific challenges involve.

The Department established training to ensure a high level of quality within the case management program. A minimum of 30 hours of training is required and the practices established by the National Council on Aging have been recommended for use. Additionally, many of the individuals hired by the Area Agencies on Aging to do case management have such training and experience already in their backgrounds. KDOA contracted with Stormont-Vail Regional Medical Center to develop Training materials and to provide the first 15 hours of training at three different times for different groups of case managers throughout the state.

We have been working very closely with the Department of SRS. It is the desire of both the Department on Aging and the Department of SRS that the pre-admission assessment and referral program work well. We believe the case management program in the Department on Aging will contribute significantly to its success by targeting people diverted from nursing home care and referred by assessors.

The Regents' Task Force on Social Issues recommended in May, 1992 that aging services:

PHW
1-14-93
PHW
Atton #1.
Pg. 5 of 10

Provide case management services to the elderly with chronic illnesses to facilitate their transfer from one setting to another and decrease the fragmentation of care.

Expand the information distribution network regarding services available to the elderly and ways to attain them, utilizing vehicles with broad dissemination such as social security bulletins.

Encourage individuals who are exploring institutionalization of a family member to obtain a preadmission functional assessment and counseling on alternative options and services available.

The Department and the Area Agencies on Aging, with the support of the Governor, other state agencies, and the Kansas Legislature, have begun in FY '93 to implement this recommendation through the comprehensive resource guides and case management.

Long-Term Care Ombudsman

My fifth priority has been to strengthen the Long-Term Care Ombudsman program.

Historically, this program has not been funded or staffed sufficiently to assure accomplishment of investigations and mediation statewide or to complete other tasks established by state law. The 1992 Kansas Legislature appropriated funding for two temporary part-time regional ombudsmen for federal year 1993. The temporary staff people stationed in Great Bend and Topeka have significantly improved our ability to investigate and resolve complaints about nursing home care.

* The Department intends this year to request the introduction of legislation to authorize the use of volunteers as ombudsmen. Other states have successfully used volunteers to extend their services. The 1992 amendments to the Older Americans Act provide for necessary training and monitoring of volunteers.

I hope that we can visit again about strengthening the ombudsmen program when the bill is ready for a hearing.

→ Nutrition

My sixth priority has been to evaluate the Congregate Nutrition Program to better promote a healthy lifestyle for continued good health, thus reducing the need for in-home or institutional care.

In September, 1992, I appointed a task force and charged it with developing at least two models for modifying the congregate nutrition program. If we can influence choices older Kansans

make that can affect their health, nutrition and fitness, the need for in-home care and institutional services can be reduced significantly. The appointment and work of the task force is a part of a three year plan which we presented to the House Appropriations Subcommittee that worked with KDOA's budget last year.

I anticipate receiving final recommendations from the Task Force within the next month.

In early January, the task force started investigating cost effective options such as central purchasing and shelf stable meals. The task force is now charged with developing cost containment and reduction strategies for the nutrition program while maintaining the quality of service and nutrition. We anticipate its work will end in March and that we may have a report before this current legislative session ends. If not, you can be assured our FY 1995 budget will address my plans for cost controls.

Home Delivered Meals

In addition to congregate meals, KDOA provides home delivered meals usually 5 days per week, but occasionally 7 days per week to persons who are homebound because of illness or other disabling conditions. This year 38% of all meals will be home delivered.

The need for home delivered meals is growing. In 1983 for example, twenty-six percent (26%) of meals served were home delivered; in 1987, 35% were home delivered. The trend toward home delivered meals continues to grow as the elderly population increases. In one project alone, 47% of the meals are home delivered to homebound elderly. Home delivered meals are an essential component of the state's long term care services system.

Rural Outreach

My seventh priority has been to strengthen the department's initiative in serving the state's rural population.

The Department will be hosting this year a national conference on rural aging. The conference is scheduled for August 23-25 in Wichita.

Conclusion

Governor Finney has recommended an additional \$100,000 in the FY '94 budget to expand the state-funded Older Kansans Employment Program to include the Southwest Kansas Area Agency on Aging and the Wyandotte-Leavenworth County Area Agency on Aging.

Currently, this program provides job placement services in four of planning and service areas.

Governor Finney's commitment to this program is a big step in fulfilling our three-year plan to make this a statewide program. The employment programs are cost effective as they allow older Kansans to continue to work and contribute to their own livelihood, as well as to the tax base.

The Senior Care Act as shown by the independent evaluator continues to be a cost-effective program as well.

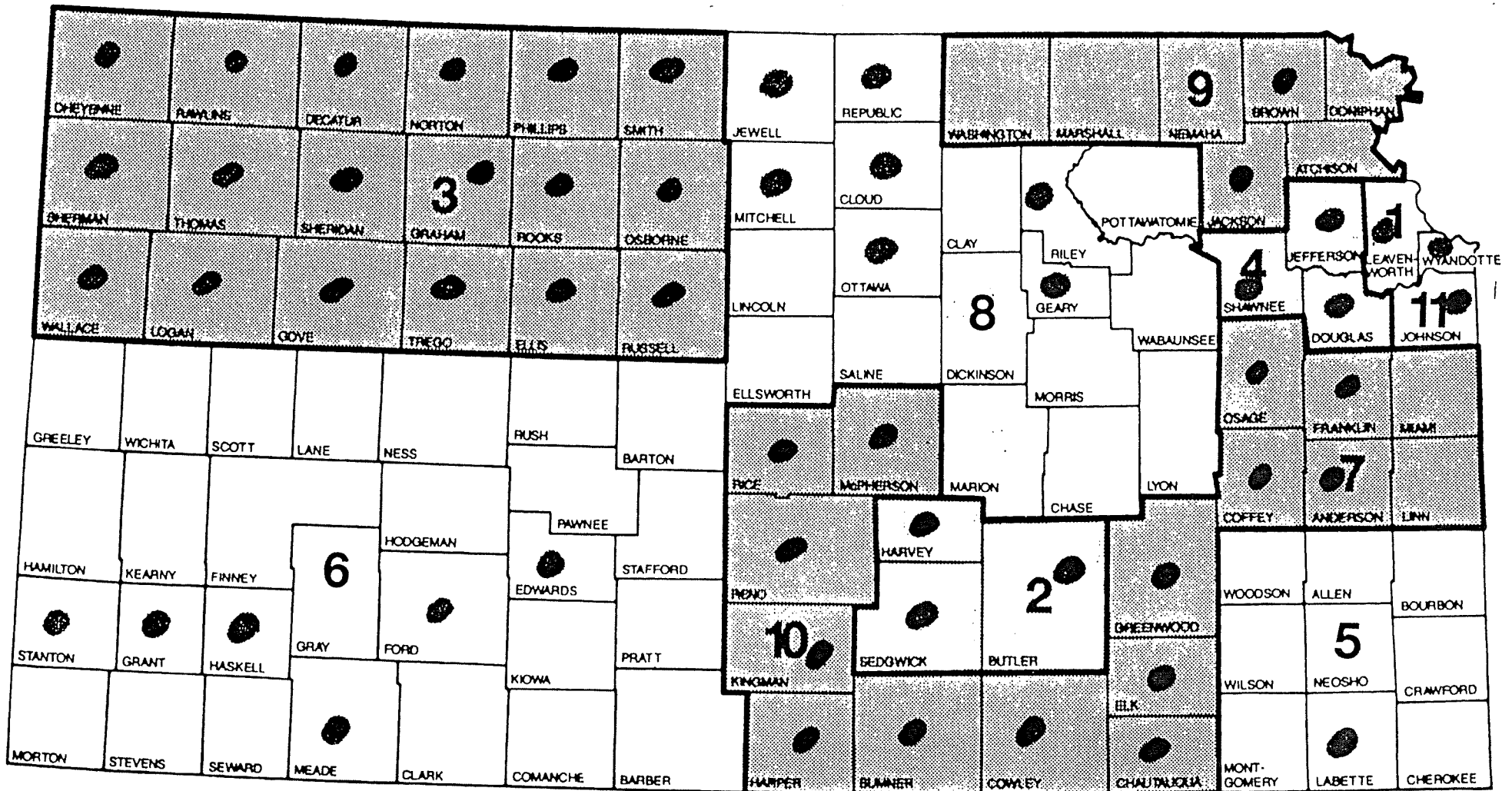
Older Kansans understand the need to make sure that programs are cost-effective. They feel as strongly as the rest of the public that resources must be used as efficiently as possible. I believe the public also expects a Department on Aging which is responsible to the needs of older Kansans, one that is not just reactionary but which, instead, is pro-active, advocating for the independence and health of its constituency. The public also expects proper planning and sound policy decisions.

In closing, I want to express my appreciation to the members of the committee for this opportunity. We will be pleased to respond to any questions you have.

PH 4W
Attn 1-14-93
Pg 8 of 10

COUNTIES FUNDED FOR FY93 SENIOR CARE ACT PROJECTS

PH 423-93
1-14-93
pg 9



10/92/10

SERVICES OFFERED THROUGH THE SENIOR CARE ACT IN FY93

Service Offered	PSA	01	02	03	04	05	06	07	08	09	10	11
Attendant Care		x	x	x	x	x	x	x	x	x	x	x
Homemaker		x	x	x	-	x	x	-	x	x	x	x
Respite		-	x	-	x	-	x	-	-	-	x	-
Chore Service		-	-	x	-	-	x	-	-	-	x	-
Medical Transportation		-	-	-	-	-	x	-	-	-	x	-
Lifeline		-	-	-	-	-	x	-	-	-	-	-

x indicates this service is being offered through the Senior Care Act in at least one county of the Planning and Service Area.

- indicates this service is not being offered through Senior Care Act in the Planning and Service Area.

FY 93 SCA FACTS

59 counties are participating.

46 counties remain to be added

6 AAA's have all of their counties covered; 5 have counties to add.

46 new counties added in FY 93 will need to prepare to switch from a 2-1 to a 1-1 match in FY 94.

46 counties not currently participating will need to prepare to begin Senior Care services with a 1-1 match.

EXPLORE YOUR OPTIONS:

A Kansas Guide to Services and Long term Care Choices



From the
Kansas Department on Aging
and the
Kansas Association of Area Agencies on Aging

Attn #2
1-14-93
Pg 1751

This guide covers Area 09
See the map on the back cover

EXPLORE YOUR OPTIONS: A KANSAS GUIDE TO SERVICES AND LONG TERM CARE CHOICES

Published by
The Kansas Department on Aging

with partial assistance by
The Kansas Department of Social and Rehabilitation Services

Written and illustrated by Joyce Hartmann

Cover illustration by Elizabeth Layton

January 1, 1993

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AKW
1-14-93
Attm #2
Pg. 2 of 51

TABLE OF CONTENTS

EXPLORE YOUR OPTIONS:

A KANSAS GUIDE TO SERVICES AND LONG TERM CARE CHOICES

INTRODUCTION

COPING WITH LIMITATIONS	1
HOW TO USE THIS BOOK	1
GETTING PROFESSIONAL ADVICE ON LONG-TERM CARE	2
EXPLORE YOUR OPTIONS	2

PART ONE: SERVICES THAT HELP YOU REMAIN IN YOUR HOME

CHORE SERVICES	4
SENIOR CENTERS AND MEAL SITES	5
“MEALS ON WHEELS” AND OTHER HOME-DELIVERED MEAL PROGRAMS	6
FRIENDSHIP AND ASSURANCE PROGRAMS	7
RESPIRE CARE	8
HOMESHARING	9
HOME EQUITY CONVERSIONS	11
HOMEMAKER AND PERSONAL CARE SERVICES	11
HOME HEALTH CARE	13
HOME AND COMMUNITY BASED SERVICES (HCBS)	15
HOSPICE	16
ADULT DAY CARE	17

PART TWO: MOVING TO ANOTHER HOME

SENIOR APARTMENT COMPLEXES	19
CONTINUING CARE RETIREMENT COMMUNITY	21
BOARD AND CARE HOME	23

PART THREE: KANSAS NETWORKS

MAP OF KANSAS AREA AGENCIES ON AGING	26
MAP OF CENTERS FOR INDEPENDENT LIVING	27
PUBLICATION ORDER FORM	28
STATEWIDE TOLL-FREE NUMBERS	29

PART FOUR: REGIONAL RESOURCE DIRECTORY Yellow Section

Philly
1-14-93
AHM #2
Pg. 30 of 35

INTRODUCTION

COPING WITH LIMITATIONS

Most adults are healthy and active, although they normally lose some physical ability as they age. They find it harder to bend, stretch, or grip. They don't see, smell, taste, or hear as well as they once did. Most people can take these normal physical changes in stride by adapting the way they work and live.

But for certain adults—particularly the very old—health problems arise that make it difficult to manage basic daily activities. Poor health or serious illness can limit the ability to cook, clean, maintain a household, take medications, or manage personal or financial needs. These kinds of changes threaten the older person's ability to live independently.

People often don't know where to turn for help when faced with growing disability. As a result, they may go without basic services necessary to protect health and safety. Or, for lack of information, they may select nursing home placement.

Most Kansans want to be self-reliant and live in their own homes as long as possible. People who can maintain themselves in the community usually enjoy greater freedom, independence, and a higher quality of life.

HOW TO USE THIS BOOK

This booklet is a guide to help people maintain quality of life. It describes the many health care and living options short of nursing home care.

This information can help if you're a Kansan who is having some difficulty with daily living activities, or if you're a friend or family member. The booklet will help you find out about the many living options available and help you make informed decisions. It will also provide you with a comprehensive resource directory to help you find what you need in Kansas.

Part One describes in-home and community-based services, such as home-delivered meals or health services that may enable people to remain in their own home or apartment.

Part Two describes care and living arrangements available outside the home: apartments, continuing care retirement centers, and board and care homes that provide various levels of care.

You will find stories to illustrate how these services can improve lives; definitions of terms; descriptions of services; and contacts for more information.

Part Three includes more information about state resources: maps and addresses of the area agencies on aging and independent living centers; a publications order form; and toll-free numbers.

Part Four is a directory of regional and state resources: phone numbers and addresses of places providing services. Such information is subject to continual change, and will be updated annually. For current information and details about services in your community, contact your local area agency on aging.

GETTING PROFESSIONAL ADVICE ON LONG-TERM CARE

If you're not sure about your best option, you may want to consult a specialist who can help you determine what kind of care or housing arrangement is most suitable. A case manager can assess the needs of a disabled person and give practical advice about available options in the community. You can locate a case manager by contacting your area agency on aging.

In addition, applicants for nursing home care are now required to obtain a "pre-admission assessment" whether they intend to privately pay the cost or receive Medicaid. During this process, a functional assessment is performed and counseling is provided. This professional service is provided at no cost under a recently approved Kansas law. Your local Social and Rehabilitation Services (SRS) office has more information on pre-admission assessment.

EXPLORE YOUR OPTIONS

Remember that a whole range of care and housing options may be available to you. Finding the right one to match your needs may take a little time and effort, but the time you spend will be worth it. And, whatever you decide, you will have the peace of mind that an informed decision was made.

The following chart can help you explore your options by matching your need for assistance with the types of available services.



PHW
1-14-93
AHM #2
Pg. 50 of 51

SPECTRUM OF LONG-TERM CARE SERVICES

DO YOU NEED ASSISTANCE WITH THESE ACTIVITIES?

Housework, Transportation, Managing Money, Taking Medication,
Eating, Dressing, Bathing, Toileting

	Little or No Assistance	Moderate Assistance	Cannot Perform without Assistance
Home	●		
House Sharing	●		
Home with - Chore Services - Senior Center - Nutrition Services	●	●	
Continuing-care Community	●	●	
Congregate Housing	●	●	
Home with - Delivered Meals - Homemaker • Home Health Aid • Board & Care Home • Telephone Reassurance • Visiting		●	
Home with - Adult Day Care		●	●
Home with - Home Care - Respite Care			●
Continuing-care Community (Nursing Care)			●
Nursing Home			●

PART ONE: SERVICES THAT HELP YOU REMAIN IN YOUR HOME

CHORE SERVICES

Mary, once a healthy, hard-working farmer's wife, is now an 80-year-old widow in poor health. She earns an income from leasing her farmland. She likes the quiet beauty of the countryside and the memories of raising her family there, but without family members close by to help, she can no longer keep up on chores in her home and yard. Yet she wants to stay on the original homestead as long as she can.

Mary solved her problem by hiring a person to do heavy chores. She found a local agency and paid for chore services twice a month at \$7.50 an hour. That amounted to an additional expense of about \$60 per month and gave her great peace of mind.

Her friend Sally, 82, lived in town, and was also unable to keep up with the heavy chores. She did not have extra money for chore services, but solved her problem by applying for a community handyman program through her local senior center. Her local community college also sponsors an intergenerational work program, with student volunteers available on special work days. Now she receives volunteer help when she needs it most, and that allows her to remain in her own home.

What are chore services?

Chore service programs provide such help as heavy cleaning, minor home repair and yard work. These services are sometimes available for an hourly rate, or on a sliding-fee scale based on income. Some communities have volunteer programs that provide this kind of home assistance without charge.

Often this service is all it takes to help you remain in your own home. If you are able to live at home, you'll have more privacy, more independence, and save money, too: your living costs should be well below that of \$2,000 per month, typical costs for nursing home care.

Where can I find more information?

Ask people at your local senior center or call your local Information and Referral office for advice about chore service programs. To hire a chore service, check the Yellow



Pages in your phone book under "Household Help," "Home Maintenance," "Home Care," "Housekeeping," or similar headings.

Before you hire people to come to your home, check their credentials. See if the agency is bonded, has references, or is a member of the local chamber of commerce. Find out how long it has been in business. In small towns or rural areas, word-of-mouth is often the best way to find out about quality.

SENIOR CENTERS AND MEAL SITES

Laura and Iva are good friends in their 80's. They don't drive anymore, but that doesn't stop them from being sociable and having good times. They use their senior center frequently.



Sometimes they don't feel like cooking, so they eat a well-balanced nutritional lunch for a small donation at their senior center. They often stay afterwards to hear an interesting program, play cards, quilt, exercise, or just visit. Sometimes they ride in the senior center van to shop or attend special programs in the community. The center also offers group trips to a dinner theater in a nearby city.

Joe, 76, also visits the the local meal site at the community center. He lives alone, and doesn't like to cook. The one good meal a day he eats at the center helps keep him healthy. He enjoys playing pool and dominoes with the other men and is an enthusiastic participant of the weekly senior citizen dances.

What's available at local senior centers and meal sites?

These centers are often the focal point of aging services in Kansas communities. They're a good place to ask for information about any senior adult services. Most senior centers offer a variety of services: social, health, educational, nutritional and recreational. Some centers have exercise programs, physical therapy, classes, shopping programs, jobs for seniors programs, health insurance counseling, libraries, transportation, legal services, and financial advice. They provide a place for older persons to meet, transportation, counseling, legal services and financial advice. Special groups often meet at senior centers, too, such as the Retired Senior Volunteer Program (RSVP) and the American Association of Retired Persons (AARP) where older persons contribute their time and skills to support community activities.

Most centers offer lunch programs, where participants are served nutritious hot meals and can socialize with other individuals aged 60 and over. Sometimes meals are also offered at community centers, churches, or colleges. More than 15,000 older Kansans take part daily. Rides to and from lunch sites may be available. Those who can are encouraged to make a contribution toward the cost of the meals.

Where can I find more information?

To locate your community's senior center or meal site, look in the phone book, or contact your area agency on aging. If your community doesn't have a senior center or meal site, there probably will be one nearby. To find out about other meal sites, contact your area agency on aging, or your local Information and Referral office, or the Kansas Department on Aging's toll-free hotline at 1-800-432-3535.

"MEALS ON WHEELS" AND OTHER HOME-DELIVERED MEAL PROGRAMS

Martina, 78, broke her ankle and came home after eight weeks in the hospital. She was able to dress herself and get around with a walker, but she had difficulty getting in and out of cars and couldn't stand in one place long enough to cook. Her daughter worked and was unable to provide meal preparation during the day, so Martina decided to order home-delivered meals until she got well enough to cook again.

On weekends when home-delivery was unavailable, she called local businesses for home delivery services. Home-delivered pizza was easy to find, and she paid a neighbor child who brought her "fast food" chicken and burger treats occasionally. Martina's daughter also brought her home-cooked meals and snacks.

What are home-delivered meals?

This is a service for people who cannot cook for themselves. Meals are nutritious and tasty and are delivered by cheerful people, often volunteers, who check in briefly to see how the home-bound person is doing.



Some services deliver two meals daily, but most deliver only one. Special diets may be available to those who need them.

Costs will vary dependent on the specific program.

PHW
1-14-93
Att #2
Pg. 9 of 351

How can I get meals delivered?

For more information, contact your Information and Referral office, regional medical center, hospital, senior center, area agency on aging, or social service agency.

FRIENDSHIP AND ASSURANCE PROGRAMS

Elise, 86, has problems getting around, so she stays home most of the time. She lives alone, but enjoys company. She is fortunate because her community has a “friendly visitor” program operated by a local church. The regular visits are a source of comfort and pleasure to her.

Because she has a history of health problems, she keeps emergency numbers by the telephone. She uses an emergency alert device that enables her to call for assistance should she need it. Even so, she likes knowing that her mail carrier checks each day to make sure she has picked up her mail and that her neighbors look in on her, too. She and her son take turns phoning each other daily. In these ways, she is able to remain safe at home and still be in touch with the community.

Why are these kinds of assistance so important?

Even very sociable older people with disabilities can become isolated in their own homes when it's too hard to get out and about. Isolated elders often worry that if they fall or get sick, no one would know. Regular contact helps keep them safe and healthy.

What is a “friendly visitor” program?

Friendly visitor programs can have other names, but their purpose is to provide frequent regular visits to older persons who are lonely and need companionship. Friends stop in regularly and do what needs to be done—write a letter, do a chore or two, run errands, or just chat over a cup of coffee.

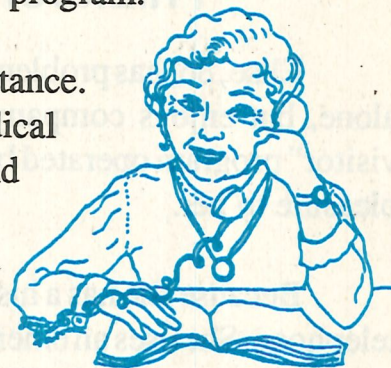
The mailbox is another way seniors keep in touch. Older adults can write letters, get pen pals, and send and receive birthday cards. In many communities, the mail carrier will keep a protective eye on older or disabled persons. Ask your carrier or call your local Postmaster about this.

PHHJ
1-14-93
Attm #2
pg. 10 of 35

What about telephone reassurance and "phone pal" programs?

A disabled person may need very minor support, the kind that can be just a phone call away. Many communities offer telephone reassurance in which a volunteer calls each day to make sure that everything is okay. If you can't find an organized program in your community, you may want to arrange your own "phone pal" program.

The telephone is also your avenue to emergency assistance. Check the phone book for the ambulance or emergency medical service telephone number and post it where it can be found easily. People with a special medical condition or allergy should also file this information with the doctor or hospital. It is a good idea to plan ahead and be prepared for such emergency situations.



What about an emergency alert device?

Many local hospitals rent special emergency alert devices that can be activated by an individual if trouble occurs. Some of these devices are designed to be worn around the neck. Others are designed to be placed at a fixed location in the home. When activated they send an emergency signal that calls for help. Emergency alert devices are very helpful for persons with life threatening medical conditions.

How can I learn about friendly visitors and similar support programs in my community?

Call your Information and Referral office, senior center, area agency on aging, or Social and Rehabilitation Service office.

RESPITE CARE

Byron, 87, was hospitalized briefly for a broken hip. When he returned home, he still needed someone to help him. His daughter Marion wanted to provide this care, but sometimes she needed time off to handle other family and personal matters. To get some free time, she called on the services of a respite care program recommended by the local area agency on aging.

A trained respite care worker spent two afternoons a week caring for Byron. Within three months, Byron had regained enough abilities so that his daughter was able to supervise his recuperation without any extra help.

What is respite care and why is it important?

Today, the family is the primary caregiver of its older members. About 6.6 million Americans aged 65 and older currently receive long-term care services, and family members provide more than two thirds of this care.

Caregivers are predominantly female, usually wives and daughters. They often have many other responsibilities. To maintain a caregiver role over time, a person needs occasional relief. Respite care, sometimes called adult care sitting, provides that relief.

How can I find respite caregivers?

Not all parts of the state have respite care programs, but it's worth checking to find out. Depending on the program and the area in which you live, respite care may even be available free through a community program that uses trained volunteers. Or it may be available on a sliding-fee scale based on the individual's income level.

To find out if your community has such a program, contact your Information and Referral office, county health office, senior center, area agency on aging, hospital, or church. This program is often hard to find, and many times a formal program does not exist. Often, relatives or friends will help if asked.

HOMESHARING

Julia, 73, lived alone in a big house. She could not keep up with minor repairs, shopping, vacuuming, and floor-scrubbing. She decided she needed some help.

She decided to rent out two unused rooms to two college women, age 22 and 35, with the understanding that they would pay part of their rent by helping with some chores and shopping. This arrangement provided enough income and assistance to enable Julia to stay in her home. The three women also enjoyed each other's company.

Marie, 68, also lived alone and turned to the local college's Homesharing Program, which matches students with older residents. Marie provided free living quarters to a college boy, Rick, who in turn agreed to do needed chores and upkeep. He painted the house, mowed the lawn, and did minor repairs. This arrangement benefitted both.

Joan and Bill, both in their 70's, lived in a rambling two-story home and had trouble keeping on top of household tasks. Their good friends Jane and Bob, also in their 70's, had the same trouble. The four decided to share one home and help each other with daily living chores. It was more economical, too.

What is homesharing?

Homesharing is the joining of homeowners or renters who have space in their home to share with persons in need of housing. Although it is fairly new as a public "program," homesharing has been around for a long time, helping people of all ages.

Usually homesharing couples or singles have private sleeping quarters and share a common living room and kitchen. When a vacancy arises, members of the household interview a prospective resident and come to a consensus whether or not that person will be compatible.

It's not an option people think of frequently; however, it is actually an arrangement full of advantages. It's mentally stimulating, economical, sociable, ecologically responsible, and just plain fun to have a household of interesting people around doing fascinating things. There is extra safety in numbers, too.

Another version of the homesharing idea is for the older person to move into the home of a child or other relative. You can share the same house, or occupy a separate addition or a cottage or mobile home on the same property. Take the same care in making these arrangements as you would with sharing your home with non-family members. Be sure to have a clear understanding of mutual responsibilities ahead of time.

How can I make sure homesharing works for me?

Many individuals make their own arrangements. It's best to make a written agreement of each person's duties and rights, in case of a later dispute. The agreement can last for any length of time, but typically it's for a year. If you receive any public benefits, you should check with your caseworker before you homeshare. Your benefits or program eligibility could change.

You can find compatible homesharers through advertisements in the paper or on the radio, or by asking your friends. Getting a good match is important. Interview applicants. Make sure they furnish good references. You want someone who is honest, someone you can trust, someone whose company would be enjoyable.

Where can I find a homesharing program?

Homesharing programs are available in Johnson, Douglas, Sedgwick, Wyandotte, and Riley counties. There also may be a homesharing service in your community. Ask your Information and Referral office, local college, real estate agency, church, senior center, social service agency, or area agency on aging.

HOME EQUITY CONVERSIONS

Frieda, 74, owned her own home, but her monthly income from social security and savings was not quite enough to provide for all her needs. She wanted to keep her home, but it looked as if selling it might be her only choice.

Then Frieda read about home equity conversions (sometimes called reverse mortgages) that allow older persons to turn their equity into cash and still keep their homes as long as they wish. She located a mortgage lender in her area that made these kinds of conversions, and she soon was receiving a monthly check to supplement her income. She was able to turn her house into needed monthly cash, and she didn't have to move.

What is a home equity conversion?

Many senior adults own their own homes, and it often comprises the bulk of their life's savings. As a result, they have a substantial financial asset, but they are cash poor. The home equity conversion allows older persons to borrow money using their house as collateral. The money is converted to monthly payments for a given period of time or for life. Sometimes the conversion can be arranged as a line of credit to be drawn on as needed.

The main thing is that the person can keep the house as long as he or she remains in it. Afterward, the house is sold, the loan is repaid, and any remaining money goes to the person or the person's estate.

Where can I learn more about these conversions?

Ask any FHA-approved lender to see if it is making these kinds of conversions, or contact the Federal Housing Authority directly for a list of mortgage companies, banks and savings and loans that make them.

HOMEMAKER AND PERSONAL CARE SERVICES

Betty and Darrell, both in their 80's, were no longer able to handle certain household tasks or personal care needs. They arranged for a homemaker to come to the house every Thursday for six hours, to do laundry, housework, shopping, and cook some food ahead for use later. They also arranged for the services of a personal care attendant who helped with bathing and hair washing.

Betty and Darrell found out about these services from the adult services social worker at their local Social and Rehabilitation Services agency. Because they qualified financially, there was no charge. They were able to remain at home, and felt more independent by not needing to rely on their adult children to provide these services.



Audrey, 86, had similar needs, but her income was too high to qualify her for homemaker services through SRS. However, she was able to arrange services through the Senior Care Act program at her local area agency on aging. She paid for the service on a sliding fee scale based on her income. The few hours of help she received each week permitted her to live at home.

What two services are provided?

Homemaker and personal care services are provided.

Homemakers prepare meals, shop at the store, and do light housekeeping.

Personal care services are provided by home-health aides, or personal care attendants, who assist with daily living activities such as dressing, bathing, grooming and walking. This attendant does not actually provide medical care, but can monitor medications under the supervision of a home health nurse, and makes progress reports to a nurse.

How can I receive these services?

These services are often provided by hospitals when they discharge patients who are medically stable but not fully recuperated. They are also provided by the Department on Aging through the local area agencies on aging and by the Department of Social and Rehabilitation Services and by some private agencies.

Charges vary greatly, depending on whether the service is publicly or privately operated. Sometimes Medicare, Medicaid, and health insurance cover the cost, although usually under very specific, limited circumstances. In some cases, services are available on a sliding-fee scale based on the person's income.

Homemaker and personal care services are available in many communities. Contact your social service agency, senior center, area agency on aging, Department on Aging, or your local SRS office. For private providers, look in your Yellow Pages under "Home Health Care," or "Homemaker-Home Health Aide."

What should I look for when arranging this service?

Because Kansas has no training or certification requirements for these non-medical attendants or homemakers, it is best to work through a reputable agency whenever possible. SRS and area agency on aging offices screen their workers carefully. Home health agencies hire those who have ratings of at least a Certified Nurse Aide (90 hour training) or a Certified Medication Aide (an additional 60 hours of training.)

If you hire a homemaker privately, it is a good idea to interview more than one. Ask about worker experience and training, and get names and phone numbers of people he or she has worked for. Contact these references and ask if they were satisfied with the work they received. If they no longer use their services, find out why. Ask if there were any problems.

Visit with the person informally to decide whether he or she would make a good companion. Always find out in advance what services are provided and the total cost.

HOME HEALTH CARE

Fred, 81, had a stroke and was hospitalized for a short time. His doctor contacted a local home care agency and set him up with a complete home care plan for six weeks. Because this care was ordered by his doctor, Medicare covered the costs.

During the first week a nurse visited Fred's home daily, and visited with his family care providers to discuss special dietary needs and exercise therapy treatments. Later, the nurse needed to come only twice a week to monitor Fred's progress.

In addition, a homemaker visited several times a week to shop and cook light meals. A personal care attendant came to help Fred bathe and walk. A physical therapist visited three times a week to provide regular movement exercise. By combining several home services and assistance from his family, Fred was able to recuperate from his stroke at home.



What is home health care?

Home health care can include skilled nursing, physical therapy, occupational therapy and speech therapy. It can also include assistance with such activities as dressing, bathing, toileting, self-administered medications, meal preparation and housekeeping. Home-health care is primarily medically oriented, and this is what makes it different from the homemaker and personal care services mentioned earlier.

People who provide home health care can be registered and licensed practical nurses, therapists, or homemaker-home health aides. They usually work through a home health agency, hospital, or public health department.

How can I pay for home health care?

Medicare will pay for home health care for a limited time after hospitalization when the care includes part-time skilled nursing, physical therapy, or speech therapy. Medicare also requires that the person receiving service be confined to his or her own home. A doctor must determine that the care is necessary and set up a plan. The home health agency providing the care must be Medicare certified. Insurance (Medicare supplement or long term care insurance) may also cover some home health care expenses.

How can I be sure that the staff is qualified?

Home health agencies and their staff are certified and medically oriented. A good agency will select well-qualified staff. Nurses can be RN's, LPNs, or have an Associate Degree in Nursing and must update their credentials periodically.

Agency home health aides are certified and must complete a training course. They also must complete a state test which includes hands-on observation of their patient care in the home. You may wish to ask about your individual worker's training and experience in serving persons with your specific needs.

Where can I find more information?

Contact your hospital, doctor, local public health department, Information and Referral office, area agency on aging, nursing home, or look under the Yellow Pages under "home care services," or "nurses."

How can I be sure the agency is okay?

While home care offers convenient service, there is always a loss of privacy when strangers enter your home. Most people follow their doctor's recommendation when selecting a home health agency, but if you have any doubt, investigate the agency yourself.

In Kansas, these agencies must be licensed by the Kansas Department of Health and Environment. You can verify their reputation through your local health department. Find out if the agency is accredited by any additional professional organizations and ask to see the accreditation report.

Home health agencies will consult with your doctor and prepare a written plan of care. The supervising nurse will visit with you concerning this plan and will discuss all costs. Before you sign a contract, ask questions. If you're not satisfied, keep looking.

PART FOUR: REGIONAL RESOURCE DIRECTORY

REGIONAL DIRECTORY: AREA 9

For further information and updates contact:

Northeast Kansas AAA

107 Oregon

P.O. Box 145

Hiawatha, KS 66434

913-742-7152

ADAPTIVE EQUIPMENT: (See MEDICAL EQUIPMENT)

Hen's Nest

Custom Clothing Collection

Route 1, Box 31

Effingham, KS 66023

913-833-5691

ADULT DAY CARE:

Atchison County

Medicalodge of Atchison

1637 Riley

Atchison, KS 66002

913-367-6066

Brown County

Heritage Manor Respite Care

Heritage Manor

Route 2, East Iowa Street

Hiawatha, KS 66434

913-742-7465

Doniphan County

Collier Manor

S. Ave.

Highland, KS 66035

913-442-3217

Nemaha County

Apostolic Christian Home

511 Paramount

Sabetha, KS 66534

913-284-3471

Fountain Villa Care Center

913 Dakota

Sabetha, KS 66534

913-284-3418

Sabetha Manor

1441 Oregon

Sabetha, KS 66534

913-284-3411

Washington County

Estelle's Nursing Home

R.R. 1, Box 129

Clifton, KS 66937

913-455-3522

Twin Valley Developmental
Services, Inc.

Box 42

Greenleaf, KS 66943

913-747-2251

(for handicapped individuals)

Washington County Hospital

304 East Third

Washington, KS 66968

913-325-2211

ALZHEIMER'S SUPPORT GROUPS:

Nemaha County

Country View Estates Care Home

512 Community Drive

Seneca, KS 66538

913-336-3528 or 913-284-2121

AREA AGENCY ON AGING:

Northeast Kansas Area Agency
on Aging, Inc.

107 Oregon

P. O. Box 145

Hiawatha, KS 66434

913-742-7152

Serving Atchison, Brown,

Doniphan, Jackson, Marshall,

Nemaha and Washington Counties

ASSISTED LIVING:

Nemaha County

A. C. Retirement Village

511 Paramount

Sabetha, KS 66534

913-284-3471

PHWJ
1-14-93
AHM #2
pg. 18 of 51

ATTENDANT CARE SERVICES:

Northeast Kansas Multi-County
Board of Health
PO Box 182
Hiawatha, KS 66434
913-742-7192
(Atchison, Brown & Jackson
Counties)

Stormont-Vail Regional Medical
Center
1000 S.W. 10th
Topeka, KS 66612
1-800-432-2951

Atchison County
Atchison County Health
Department
504 1/2 Kansas Ave.
Atchison, KS 66002
913-367-5152

Brown County
Brown County Health Department
206 South Sixth St.
Hiawatha, KS 66434
913-742-2505

Doniphan County
Doniphan County Home Health
Department, Courthouse
PO Box 247
Troy, KS 66087
913-985-3886

Jackson County
Holton SRS Office
115 West 4th
Holton, KS 66436
913-364-3153

Jackson County Health
Department
Courthouse, Room 101
Holton, KS 66436
913-364-2670

Marshall County
Marysville SRS Office
1100 Broadway
Marysville, KS 66508
913-562-5338

Nemaha County
Nemaha County Home Health
Agency
811 Main
PO Box 203
Sabetha, KS 66534
913-284-2288

Washington County
Washington County Health
Department
115 West Third
Washington, KS 66968
913-325-2600

Washington SRS Office
321 C Street
Washington, KS 66968
913-325-2246

BOARD AND CARE HOMES:

Jackson County
Allyson House
725 Iowa
Holton, KS
913-364-4445

Marshall County
Blue Valley Nursing Home
Blue Rapids, KS 66411
913-226-7777

Cambridge Place
1100 N. 16th
Marysville, KS 66508
913-562-5321

Frankfort Community Care Home
510 Walnut
Frankfort, KS 66427
913-292-4442

Mary Marshall Manor
Marysville, KS 66508
913-562-5325

Nemaha County
Apostolic Christian Home
511 Paramount
Sabetha, KS 66534
913-284-3471

Country View Estates Care Home
512 Community Drive
Seneca, KS 66538
913-336-3528

Crestview Manor
808 North 8th
Seneca, KS 66538
913-336-2156

Eastridge Care Home
1st & Main
Centralia, KS 66415
913-857-3388

PHW
1-14-93
Att #2
pg. 19 of 51

Fountain Villa Care Center
913 Dakota
Sabetha, KS 66534
913-284-3418

Sabetha Manor
1441 Oregon
Sabetha, KS 66534
913-284-3411

Washington County
Estelle's Nursing Home
Intermediate Care Home
Clifton, KS 66937
913-455-3522

Hanover Hospital
Long Term Care Unit
Hanover, KS 66945
913-337-2214

Homestead Nursing Home
311 E. 2nd
Washington, KS 66968
913-325-2361

Linn Community Nursing Home
Independent Living Apartments
Linn, KS 66953
913-348-5551

Washington County Hospital
Intermediate Care Swing-Bed
304 E. 3rd
Washington, KS 66968
913-325-2211

CASE MANAGEMENT:

Atchison County
Multi-County Board of Health
Box 182
Hiawatha, KS 66434
913-742-7192

Brown County
Multi-County Board of Health
Box 182
Hiawatha, KS 66434
913-742-7192

Doniphan County
Doniphan County Home Health
P. O. Box 247, Courthouse
Troy, KS 66087

Jackson County
Multi-County Board of Health
Box 182
Hiawatha, KS 66434
913-742-7192

Marshall County
Community Memorial Hospital
708 North 18th
Marysville, KS 66508
913-562-2311

Nemaha County
Nemaha County Home Health
Agency, Box 203
Sabetha, KS 66534
913-284-2288

Washington County
Washington County Health
Department
115 West Third
Washington, KS 66968
913-325-2600

CHORE SERVICES:

Brown County
Northeast Kansas Community
Action Program
Rt. 4, Box 187
Hiawatha, Kansas 66434
913-742-2222

Jackson County
Jackson County Senior Citizens
Services
Courthouse, Room 106
Holton, KS 66436
913-364-3571

Marshall County
Marysville SRS Office
1100 Broadway
Marysville, KS 66508
913-562-5338

Nemaha County
Methodist Youth Group
706 Main
Seneca, KS 66538
913-336-2702

Washington County
Washington SRS Office
321 C Street
Washington, KS 66968
913-325-2246

PHW
1-14-93
AHM #2
pg. 20 of 51

DEPARTMENT OF SOCIAL AND
REHABILITATION SERVICES (SRS):
Lawrence SRS Area Office
913-843-6511

Atchison County:
Atchison SRS Office
410 Commercial
Atchison, KS 66002
913-367-5345

Brown County:
Hiawatha SRS Office
810 Oregon
Hiawatha, KS 66434
913-742-7186

Doniphan County:
Troy SRS Office
135 South Main
P. O. Box 457
Troy, KS 66087
913-985-3531

Jackson County:
Holton SRS Office
115 West 4th
Holton, KS 66436
913-364-3153

Marshall County:
Marysville SRS Office
100 Broadway
Marysville, KS 66508
913-562-5338

Nemaha County:
Seneca SRS Office
207 Main
Seneca, KS 66538
913-336-2104

Washington County:
Washington SRS Office
321 C Street
Washington, KS 66968-9808
913-325-2246

EMERGENCY ALERT DEVICE:
Lifeline
Heartland MedEquip
Plus/Lifeline
416 N. 7th St.
St. Joseph, MO 64501
815-271-7895

Atchison County
Medi Mates
Atchison Hospital
1301 North 2nd Street
Atchison, KS 66002
913-367-2131

Brown County
Lifeline
Hiawatha Community Hospital
300 Utah Street
Hiawatha, KS 66434
913-742-2131

Lifeline
Horton Community Hospital
240 West 18th St.
Horton, KS 66439
913-486-2642

Jackson County
Holton City Hospital
510 Kansas Ave.
Holton, KS 66436
913-364-2166

Nemaha County
Lifeline
Sabetha Community Hospital
Box 229
Sabetha, KS 66534
913-284-2121

Washington County
Lifeline
Washington County Hospital
Washington, KS 66968
913-325-2211

EMERGENCY FOOD/FINANCIAL
ASSISTANCE:

Brown County
Brown County Services for the
Elderly
Neibling Golden Age Fund
Courthouse
Hiawatha, KS 66434
913-742-7881

Northeast Kansas Community
Action Program, Inc.
Rt. 4, Box 187
Hiawatha, KS 66434
913-742-2222

RLW
1-14-93
Alt #2
Pg. 21 of 51

Jackson County
Jackson County Commissioner
Van Sweringen Fund
Courthouse, Room 209
Holton, KS 66436
913-364-2826

Nemaha County
Northeast Kansas Community
Action Program, Inc.
805 Main
Sabetha KS 66534
913-284-2383

Northeast Kansas Community
Action Program, Inc.
1500 Community Drive
Seneca, KS 66538
913-336-6283

FARM AND HOME ADMINISTRATION
(FmHA):

Atchison County
104 North 6th
Atchison, KS 66002
913-367-2929

Brown County
1310 Oregon
Hiawatha, KS 66434
913-742-7337

Doniphan County
440 East Locust
Troy, KS 66087
913-985-2221

Jackson County
307 Montana Avenue
Holton, KS 66436
913-364-3121

Nemaha County
413 North Street
Seneca, KS 66538
913-336-3543

Washington County
705 B Street
Washington, KS 66968
913-325-2216

FRIENDLY VISITOR:

American Cancer Society
1315 SW Arrowhead Road
Topeka, KS 66612
913-273-4422

Brown County
American Cancer Society
Local County Volunteer Service
Chairman
Minnie Finger
Rural Route
Powhattan, KS 66527
913-474-3342

Brown County Services for the
Elderly
Courthouse
Hiawatha, KS 66434
913-742-7881

Marshall County
Retired Senior Volunteer
Program (R.S.V.P.)
111 South 8th
Marysville, KS 66508
913-562-2154

Nemaha County
Nemaha County Home Health
Agency
811 Main
Sabetha, KS 66534
913-284-2288

HOME EQUITY CONVERSIONS

Marshall County
Citizen's State Bank
P.O. Box 388
Marysville, KS 66508
913-562-2186

Exchange National Bank
P.O. Box 311
Marysville, KS 66508
913-562-2333

First Federal of Lincoln
P.O. Box 229
Marysville, KS 66508
913-562-2093

Nemaha County
Citizens State Bank & Trust
Co.
502 Main
Seneca, KS 66538
913-336-2123

Community National Bank
210 Main
Seneca, KS 66538
913-336-6143

PHW
1-14-93
Attm #2
Pg. 22 of 51

Morrill State Bank & Trust Co.
P.O. Box 209
Sabetha, KS 66534
913-284-3433

Washington County
Citizens National Bank
417 Commercial
Greenleaf, KS 66943
913-747-2261

Citizen's State Bank
P.O. Box 6
Haddam, KS 66944
913-778-2994

Community State Bank
P.O. Box 8
Hanover, KS 66945
913-337-2224

First National Bank
P.O. Box 189
Clifton, KS 66937
913-455-3345

First National Bank
101 C Street
Washington, KS 66968
913-325-2221

Tri-County National Bank
P.O. Box 304
Linn, KS 66539
913-348-5521

Tri-County National Bank
P.O. Box 156
Washington, KS 66968
913-325-2202

HOME HEALTH SERVICES
Multi-County Board of Health
Box 182
Hiawatha, KS 66434
913-742-7192
(Atchison, Brown, & Jackson
Counties)

Atchison County
Atchison County Health
Department
504 1/2 Kansas Avenue
Atchison, KS 66002
913-367-5152

Brown County
Brown County Health Department
206 South 6th Street
Hiawatha, KS 66434
913-742-2505

Doniphan County
Doniphan County Home Health
Doniphan County Courthouse
PO Box 247
Troy, KS 66087
913-985-3886

Jackson County
Jackson County Health
Department
Courthouse, Room 101
Holton, KS 66436
913-364-2670

Marshall County
Community Home Health
Onaga, KS 66521
(Serving Frankfort,
Vermillion, Vliets, & Lillis)
913-889-7200

Community Memorial Hospital
708 N. 18th St.
Marysville, KS 66508
913-562-2311

Marshall County Home Health
1201 Broadway
Marysville, KS 66508
913-562-3485 or 562-2311

Nemaha County
Nemaha County Home Health
Agency
Box 203
Sabetha, KS 66534
913-284-2288

Washington County
Washington County Health
Department
115 West Third
Washington, KS 66968
913-325-2600

HOMEMAKER SERVICES
Stormont-Vail Regional Medical
Center
1000 S.W. 10th
Topeka, KS 66612
1-800-432-2951

PHW
1-14-93
AHM #2
pg. 23 of 51

Atchison, Brown & Doniphan
Counties
Northeast Kansas Multi-County
Board of Health
PO Box 182
Hiawatha, KS 66434
913-742-7192
(Serves Atchison, Brown, &
Jackson Counties)

Atchison County Health
Department
504 1/2 Kansas Ave.
Atchison, KS 66002
913-367-5152

Brown County Health Department
206 South Sixth St.
Hiawatha, KS 66434
913-742-2505

Jackson County
Jackson County Health
Department
Courthouse, Room 101
Holton, KS 66436
913-364-2670

Marshall County
Marysville SRS Office
1100 Broadway
Marysville, KS 66508
913-562-5338

Nemaha County
Nemaha County Home Health
Agency
PO Box 203
Sabetha, KS 66534
913-284-2288

Seneca SRS Office
207 Main
Seneca, KS 66538
913-336-2104

Washington County
Washington SRS Office
321 C Street
Washington, KS 66968-9808
913-325-2246

HOMESTEAD TAX REFUND
Kansas Department of Revenue
Docking State Office Bldg.
915 Harrison
Topeka, KS 66699-0001
913-296-0222

HOSPICE
Hands of Hope Hospice
Heartland Health System
416 North Seventh
St. Joseph, MO 64501
816-271-7190
(Serving Atchison, Brown and
Doniphan Counties)

Atchison County
Hospice of Atchison
1301 North Second St.
Atchison, KS 66002
913-367-2131 ext. 146

Brown County
Brown County Hospice
Volunteers
615 Iroquois
Hiawatha, KS 66434
913-742-7774

Jackson County
Jackson County Health
Department
Courthouse, Room 101
Holton, KS 66436
913-364-2670

Friends of Hospice
Box 67
Holton, KS 66436
913-364-4828

Jackson County
Community Hospice Onaga
120 West Eighth
Onaga, KS 66521
913-889-4274

Marshall County
Community Hospice Onaga
120 West Eighth
Onaga, KS 66521
913-889-4274

Nemaha County
Community Hospice Onaga
120 West Eighth
Onaga, KS 66521
913-889-4274

Nemaha County Home Health
Agency
811 Main
Sabetha, KS 66534
913-284-2288

PHW
1-11-93
Att #2
Pg. 24 of 51

Washington County
Washington County Health
Department
115 West Third
Washington, KS 66968
913-325-2880

HOSPITALS

Atchison County
Atchison Hospital
1301 North Second Street
Atchison, KS 66002
913-367-2131

Brown County
Hiawatha Community Hospital
300 Utah Street
Hiawatha, KS 66434
913-742-2131

Horton Community Hospital
240 West 18th Street
Horton, KS 66439
913-486-2642

Jackson County
Holton City Hospital
510 Kansas Avenue
Holton, KS 66436
913-364-2166

Marshall County
Community Memorial Hospital
Marysville, KS 66508
913-562-2311

Nemaha County
Nemaha Valley Community
Hospital
1600 Community Drive
Seneca, KS 66538
913-336-6181

Sabetha Community Hospital
Box 229
Sabetha, KS 66534
913-284-2121

Washington County
Washington County Hospital
Washington, KS 66968
913-325-2211

MAJOR MEDICAL CENTERS:

St. Francis Hospital & Medical
Center
1700 West 7th St.
Topeka, KS 66606
913-295-8000

Stormont-Vail Regional Medical
Center
1500 S.W. 10th St.
Topeka, KS 66604-1353
913-354-6000
(Senior Services: 354-6787)

Veteran's Administration
Medical Center
4101 South Fourth Trafficway
Leavenworth, KS 66048-5043
913-682-2000

Veteran's Medical Center
2200 S.W. Gage Blvd.
Topeka, KS 66614
913-272-3111

HOUSING:

Atchison County
Apple Park Apartments
Apt. 1
Whiting, KS 66552
913-983-3218

Atchison Housing Authority
Mall Towers
7th & Commercial St.
Atchison, KS 66002
913-367-3323

Effingham Community Housing
c/o Diamond View Apartments
Effingham, KS 66023
913-833-4355

Santa Fe Place Apartments
807 Santa Fe Street
Atchison, KS 66002
913-367-2360

Brown County
Arborknoll Homes
17th & Euclid
Horton, KS 66439
913-486-3615

Becker Apartments
Box 123
Everest, KS 66424

Countryside Apartments
Fairview, KS 66425
913-467-3940

Kickapoo Housing Authority
Route 1
Horton, KS 66439
913-486-3638

PHH
1-14-93
AHM #2
Pg. 25 of 51

Maple Grove
7th & Iowa
Hiawatha, KS 66434
913-742-2544

Maple Winds Village
403 Iowa
Hiawatha, KS 66434
913-742-2732

Pemberton Village Apartments
Route 2, Highway 73 North
Hiawatha, KS 66434
913-742-2253

Sac & Fox Housing Authority
Route 1, Box 96, Unit 12
Reserve, KS 66529
913-742-7489

Doniphan County
Elwood Housing Authority
Birchwood Apartments
Box 212
Elwood, KS 66024
913-365-2515

Highland Housing Authority
307 Caroline
Highland, KS 66035
913-442-3761

Iowa Tribe of Kansas &
Nebraska
Indian Housing Authority
PO Box 68
White Cloud, KS 66094
913-595-3342

King's Court
Ives & Virginia Street
Highland, KS 66035
913-442-3801

Troy Housing Authority
c/o Troy State Bank
Troy, KS 66087
913-985-3511

Wathena Housing Authority
Chautauqua Village
Route 2
Wathena, KS 66090
913-989-3429

Jackson County
Apple Valley
714 Idaho
Holton, KS 66436
913-364-4334

Cypress Glen
605 Wisconsin
Holton, KS 66436
913-364-3560

Southern Heights
2nd and Nebraska
Holton, KS 66436
913-364-2130

Marshall County
Axtell Housing Authority
General Delivery
Axtell, KS 66403
913-736-2278 (evenings)

Guittard Estates
Beattie, KS 66406
913-353-2246

East Ridge Apartments
1605 Elm
Marysville, KS 66508
913-562-2811 (mornings)

Elm Street Apts.
Frankfort, KS 66427
913-292-4719

Little Timber Housing
109 N. Kansas
Frankfort, KS 66427
913-292-4371

Mesa View
P.O. Box 25
Blue Rapids, KS 66411
913-226-7711 (afternoons)

Sugar Tree Apts.
510 N. 20th, #5
Marysville, KS 66508
913-562-3018

Sunnyside Homes
600 East Walnut
Waterville, KS 66548
913-785-2239 (mornings)

Nemaha County
Centralia Housing Development,
Inc.
Centralia, KS 66415
913-857-3980 or 857-3341

Sabetha Housing Authority
1011 Oregon
Sabetha, KS 66534
913-284-3075

DHW
1-14-93
AHM #2
Pg. 26 of 51

Seneca Housing Authority
504 Edwards
Seneca, KS 66538
913-336-2144

Washington County
Colonial Acres
Washington, KS 66968
913-325-2416

Greenleaf Housing Authority
Greenleaf, KS 66943
913-747-2865

Highland Haven
Hanover, KS 66945
913-337-2246 or 337-2692

Linn Housing Authority
Linn, KS 66953
913-348-5774

Morrowville Housing Authority
City Clerk's Office
Morrowville, KS 66958
913-265-4651

Palmer Housing Authority
Palmer, KS 66962
913-692-4393

West Gate Manor
Kirkwood Street
Haddam, KS 66944
913-778-3421

West View Housing
100 W. Highway
Clifton, KS 66937
913-455-3454

INFORMATION AND REFERRAL:
Northeast Kansas Area Agency
on Aging
107 Oregon
P. O. Box 145
Hiawatha, KS 66434
913-742-7152

LEGAL SERVICES:
Legal Services of Northeast
Kansas
1500 Community Drive
Seneca, KS 66538
913-336-6016
(Serves Atchison, Brown,
Doniphan, Jackson, Marshall,
Nemaha, and Washington
Counties)

LOW INCOME ENERGY ASSISTANCE
PROGRAM (LIEAP)
Contact your local SRS Office.
See DEPARTMENT OF SOCIAL AND
REHABILITATION SERVICES
listing.

MAIL CARRIER ALERT
Contact your postmaster. See
"U.S. Government - Service"
listing in your local
telephone directory.

MEALS, HOME-DELIVERED

Atchison County
Project Concern, Inc.
913-367-4655

Brown County
Brown County Services for the
Elderly
913-742-7881

Jackson County
Jackson County Senior
Citizen's Services
913-364-3571

Marshall County
Blue Valley Nutrition Site
Blue Rapids
913-226-7489

Country Inn Cafe
Waterville
913-785-2192

Friendly Neighbor Nutrition
Site
Frankfort
913-292-4309

Marshall County Agency on
Aging
Marysville
913-562-2020 or 562-5522

Nemaha County
Apostolic Christian Home
Sabetha
913-284-3471

C-G's Grocery
Baileyville
913-336-6641

Keehn's Korner Cafe
Goff
913-939-4300

PHW
1-4-93
AHM #2
pg. 27 of 51

(Serves Corning & Goff)

Seneca Nutrition Center
Seneca
913-336-2714

Washington County
Clifton Senior Citizen's Club
Clifton
913-455-3525

Estelle's Nursing Home
Clifton
(Special diet meals)
913-455-3522

Friendly Corners
Washington
913-325-3231

Greenleaf Heights Nutrition
Center
Greenleaf
913-747-2865

Hanover Hospital
Hanover
(Special diet meals)
913-337-2214

Hanover Meal Site
Hanover
913-337-2692

Mahaska Community Center
Mahaska
913-245-3327

Sunshine Center
Linn
913-348-5496

Washington County Hospital
Washington
913-325-2211
(Special diet meals)

MEALS (AT SENIOR CENTERS AND
OTHER SITES):

Atchison County
Atchison Senior Center
504 Kansas
Atchison, KS 66002
913-367-4655

Town & Country Senior Center
Effingham, KS 66023
913-833-9461

Brown County
Hiawatha Senior Center
810 Oregon
Hiawatha, KS 66434
913-742-7685

Kickapoo Tribe Senior Center
Rt. 1 Box 286
Horton, KS 66439
913-486-2688

Horton Senior Citizens Center
121 West Eighth
Horton, KS 66439
913-486-2341
(No meals served)

Doniphan County
Highland Senior Center
Highland, KS 66035
913-442-5550

Iowa Tribe of Kansas
Senior Center
White Cloud, KS 66094
913-595-3336

Keen Age Center
401 Limestone
Wathena, KS 66090
913-989-3501

Leisure Hour
9th & Connecticut
Elwood, KS 66024
913-365-2409

Pioneer Center
137 W. Walnut
Troy, KS 66087
913-985-2296

Marshall County
Blue Rapids Nutrition Site
504 East 5th
Blue Rapids, KS 66411
913-226-7489

Friendly Neighbors Nutrition
Site
509 North Walnut
Frankfort, KS 66427
913-292-4309

Sunshine Inn Nutrition Site
111 South 8th
Marysville, KS 66508
913-562-5522 or 562-2020

PHW
1-14-93
AHM #2
pg. 28 of 51

Nemaha County

Sabetha Nutrition Center
1116 Main
Sabetha, KS 66534
913-284-3594

Seneca Nutrition Site
504 Edwards
Seneca, KS 66538
913-336-2714

Jackson County

Denison Nutrition Center
Denison, KS 66419
913-935-2308

Prairie Band of the
Pottawatomie
Senior Center
Rt. 2 Box 50
913-966-2771

Holton Senior Center
211 W. 5th
Holton, KS 66436
913-364-3150

Washington County

Clifton Senior Citizens Club
Clifton, KS 66937
913-455-3525

Friendly Corners
1st & B Streets
Washington, KS 66968
913-325-3231

Greenleaf Heights Nutrition
Center
300 Hillcrest Lane
Greenleaf, KS 66943
913-747-2865

Hanover Meal Site
Highland Haven
Hanover, KS 66945
913-337-2692

Mahaska Community Center
Mahaska, KS 66955
913-245-3327

Sunshine Center
Linn, KS 66953
913-348-5496

MEDICAL EQUIPMENT: (See also
AREA AGENCY ON AGING)

Heartland MedEquip Plus
Medical Equipment
416 N. 7th St.
St. Joseph, MO 64501
816-271-7895

MENTAL HEALTH CENTER:

NEK Mental Health & Guidance
Center
818 North 7th Street
Leavenworth, KS 66048
913-682-5118

Atchison County

All Faith Counseling Center of
Atchison
1225 North Second
Atchison, KS 66002
913-367-0105

New Freedom, Inc. Counseling
Center
500 Skyway
Atchison, KS 66002
913-367-0411

Northeast Kansas Mental Health
& Guidance Center
1301 North Second
Atchison, KS 66002
913-367-1593

Valley Hope
1816 North Second Street
P. O. Box 312
Atchison, KS 66002
913-367-1618
Admissions: 1-800-544-5101

Brown County

KANZA Mental Health & Guidance
Center
P. O. Box 319
Hiawatha, KS 66434
913-742-7113
(Serves Atchison, Brown,
Doniphan, Jackson & Nemaha
counties.)

Marshall County

Pawnee Mental Health Services
1017 Broadway
Marysville, KS 66508
913-562-3907

RHW
1-11-93
Hm #2
Pg. 29 of 51

Washington County
Pawnee Mental Health Services
115 West Third
Washington, KS 66968
913-325-3252

PUBLIC HEALTH DEPARTMENT:

Atchison, Brown & Jackson Counties
Multi-County Board of Health
Box 182
Hiawatha, KS 66434
913-742-7192

Atchison County Health Department
504 1/2 Kansas Avenue
Atchison, KS 66002
913-367-5152

Brown County Health Department
206 South Sixth Street
Hiawatha, KS 66434
913-742-2505

Jackson County Health Department
Courthouse, Room 101
Holton, KS 66436
913-364-2670

Doniphan County
Doniphan County Home Health
P. O. Box 247, Courthouse
Troy, KS 66087
913-985-3886

Marshall County
Marshall County Home Health
1201 Broadway
Marysville, KS 66508
913-562-3485

Nemaha County
Nemaha County Home Health Agency
Box 203
Sabetha, KS 66534
913-284-2288

Washington County
Washington County Health Department
115 West Third
Washington, KS 66968
913-325-2600

RESPIRE CARE:

Brown County
Heritage Manor Respite Care
Heritage Manor
Route 2, East Iowa Street
Hiawatha, KS 66434
913-742-7465

Marshall County
Community Memorial Hospital
708 North 18th Street
Marysville, KS 66508
913-562-2311

Nemaha County
Catholic Social Service
204 Third Street
Baileyville, KS 66404
913-336-6437

Washington County
Emmanuel Lutheran Church
Pastor's Office
Linn, KS 66953
913-348-5892

Washington County Hospital
304 East Third
Washington, KS 66968
913-325-2211

REVERSE MORTGAGE

Contact your local SRS office.
See DEPARTMENT OF SOCIAL AND
REHABILITATION SERVICES
listing.

RIDES:

Atchison County
M.A.T. Van (Medical Access
Transportation)
Project Concern
504 Kansas Avenue
Atchison, KS 66002
913-367-4655

Brown County
Brown County Services for the
Elderly
Senior Citizens Taxi
Hiawatha
913-742-7881 or 486-2341 in
Horton

PHW
1-4-93
AHM #2
Pg. 30 of 51

Brown County Developmental
Services
(Public Transportation)
Hiawatha
913-742-3959

Doniphan County
Doniphan County Council on
Aging
Troy
913-985-2380

Jackson County
Jackson County Senior Citizens
Services
Holton
913-364-3571

Marshall County
Marshall County Agency on
Aging
Marysville
913-562-2020 or 562-5522

Nemaha County
Nemaha County Council on Aging
Seneca
913-336-2714 (Sabetha: 913-
284-3644)

Washington County
Twin Valley Developmental
Services, Inc.
Greenleaf
913-747-2251

SENIOR CENTERS (FOCAL POINTS):

Atchison County
Atchison Senior Center
504 Kansas
Atchison, KS 66002
913-367-4655

Town & Country Senior Center
Effingham, KS 66023
913-833-9461

Brown County
Hiawatha Senior Center
810 Oregon
Kiawatha, KS 66434
913-742-7685

Kickapoo Tribe Senior Center
Rt.1 Box 286
Horton, KS 66439
913-486-2688

Horton Senior Citizens Center
121 West Eighth
Horton, KS 66439
913-742-7471

Sac & Fox Tribe Nutrition Site
Reserve, KS 66529
913-486-2341

Doniphan County
Highland Senior Center
Highland, KS 66035
913-442-5550

Iowa Tribe of Kansas
Senior Center
White Cloud, KS 66094
913-595-3336

Keen Age Center
401 Limestone
Wathena, KS 66090
913-989-3501

Leisure Hour
9th & Connecticut
Elwood, KS 66024
913-365-2409

Pioneer Center
137 W. Walnut
Troy, KS 66087
913-985-2296

Marshall County
Blue Rapids Nutrition Site
504 East 5th
Blue Rapids, KS 66411
913-226-7489

Friendly Neighbors Nutrition
Site
509 North Walnut
Frankfort, KS 66427
913-292-4309

Sunshine Inn Nutrition Site
111 South 8th
Marysville, KS 66508
913-562-5522 or 562-2020

Nemaha County
Sabetha Nutrition Center
1116 Main
Sabetha, KS 66534
913-284-3594

PHW
1-14-93
Alm #12
pg. 31 of 51

Seneca Nutrition Site
504 Edwards
Seneca, KS 66538
913-336-2714

Jackson County
Denison Nutrition Center
Denison, KS 66419
913-935-2308

Prairie Band of the
Pottawatomie
Senior Center
Rt. 2 Box 50
913-966-2771

Holton Senior Center
211 W. 5th
Holton, KS 66436
913-364-3150

Washington County
Clifton Senior Citizens Club
Clifton, KS 66937
913-455-3525

Friendly Corners
1st & B Streets
Washington, KS 66968
913-325-3231

Greenleaf Heights Nutrition
Center
Greenleaf, KS 66943
913-747-2865

Hanover Meal Site
Highland Haven
Hanover, KS 66945
913-337-2692

Linn-Palmer Nutrition Center
Linn, KS 66953
913-348-5496

Mahaska Community Center
Mahaska, KS 66955
913-245-3327

SOCIAL SECURITY:

Social Security Administration
2921 N. Belt Highway
St. Joseph, MO 64506
1-800-772-1213
(Serving Atchison, Brown and
Doniphan Counties)

Social Security Administration
P. O. Box 1778
1201 S.W. Van Buren
Topeka, KS 66612
913-295-0100
(Serving Jackson and Nemaha
Counties)

Social Security Administration
P. O. Box 1607
1813 S. Ohio
Salina, KS
913-825-0031
(Serving Washington County)

SRS: (See DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES)

SUPPLEMENTAL SECURITY INCOME:

Social Security Administration
2921 N. Belt Highway
St. Joseph, MO 64506
1-800-772-1213
(Serving Atchison, Brown and
Doniphan Counties)

TELEPHONE REASSURANCE:

CareRing Notification Services
Southwestern Bell Telephone
1-800-683-1888
(24 hrs. a day, 7 days a week)

Brown County
Horton Community Hospital
240 West 18th
Horton, KS 66439
913-486-2642

Hiawatha Community Hospital
300 Utah St.
Hiawatha, KS 66434
913-742-2131

Jackson County
Jackson County Senior
Citizen's Services
Courthouse, Room 106
Holton, KS 66436
913-364-3571

Marshall County
Retired Senior Volunteer
Program (R.S.V.P.)
111 South 8th
Marysville, KS 66508
913-562-2154

ABW
1-14-93
AHM #2
Pg. 32 of 51

WALKER (See MEDICAL EQUIPMENT)

WEATHERIZATION:

Northeast Kansas Community
Action Program
Rt. 4, Box 187
Hiawatha, KS 66434
913-742-2222
Serving Atchison, Brown,
Doniphan, Jackson, Nemaha and
Marshall Counties

North Central Regional
Planning Commission
P.O. Box 565
Beloit, KS 67420
1-800-432-0303
Serving Washington County

WHEELCHAIR (See MEDICAL
EQUIPMENT)

YARD WORK (See CHORE SERVICE)

PHW
1-14-93
Attm #2
pg. 33 of 51

SENIOR CARE ACT

- ☐ Provides affordable homemaker, personal care and related services. Personal care includes bathing, dressing, toileting, and transferring, such as from a bed to a wheelchair.
- ☐ Serves people aged 60 and over whose income is above the SRS income limit. No upper income limit.
- ☐ Charges users on a sliding fee scale.
- ☐ Supports independent living when home care is needed.

HOME AND COMMUNITY BASED SERVICES (HCBS)

Harold, 92, had serious breathing problems that limited his ability to move about his house. He required daily medication, and he needed frequent monitoring. His family was not able to meet the increasing level of care, yet he was reluctant to move from his own home into a nursing home.

Because Harold was eligible for Medicaid, he was able to obtain professional medical help and other assistance in the home from a program called Home and Community Based Services (HCBS). This program is operated by the Department of Social and Rehabilitation Services.

An SRS team assessed his needs and designed an in-home care program. The result was that Harold got the care he needed. He was able to stay in his own neighborhood where he had grown up.

What does HCBS provide?

This is a comprehensive in-home service program for Medicaid eligible persons who are at risk of nursing home placement. The program provides a group of 13 services to eligible persons who would otherwise require nursing home care.

Services include home health, home care, medical attendant care, night support, respite care, wellness monitoring, medical alert, adult day health, habilitation, adult family home, congregate living and hospice services. These services may be provided in a private home or apartment and, under some circumstances, in an adult family home.

How does the program work?

An individual's need for care is professionally assessed by a social worker and registered nurse. If a medical need for nursing home care exists, then the individual is given the choice of receiving the in-home services or going to a nursing care facility.

The social worker and nurse team works with the individual and the family to develop an in-home care plan. Then, SRS assigns a case manager who sets up the services and visits regularly to assure that the care is meeting the needs.

Who is eligible to receive HCBS?

Besides being Medicaid eligible, a typical client is an elderly or disabled person who is recognized as needing a nursing home, but who chooses alternate services delivered at home. Most often there is a chronic health problem involved that seriously affects the person's ability to meet daily needs without some professional assistance. Referral can come from the physician, hospital personnel, community agencies, families, friends, or the persons themselves.

How can I find out more about it?

Check with your local SRS office for more information on HCBS services. The agency will be able to define the services and discuss the availability of services in your community.

HOSPICE

Ellen, 67, had lung cancer, and despite medical treatment, it was determined incurable. She wasn't afraid of death, but she was afraid of dying and the pain she might experience. She wanted professional support to help her get through this, and she wanted to prepare herself and her family for death.

With support from her family, Ellen decided she wanted to be cared for by her sister at home. The local hospice organization provided all the assistance to make that possible. It made sure the family had the right equipment, and it provided training in basic care and management. Hospice staff were on call 24-hours per day in case of emergency or simply to answer questions.

A registered nurse made frequent visits to the home to oversee care. The nurse consulted frequently with the doctor to control pain and to keep her comfortable. A bath attendant visited two times a week, and the hospice social worker and chaplain counseled Ellen and the family throughout this difficult period. Ellen and her family were grateful that she was able to live the last few months of her life at home surrounded by her children and grandchildren.

What is hospice?

Hospice programs provide care and support to individuals and families experiencing a life-limiting illness. Nurses and other medical and home-health personnel and social workers provide pain relief, symptom management and supportive services.

Services are provided under a doctor's direction in the home in cooperation with a designated home caregiver. Arrangement for inpatient care is made when needed. Hospice staff assist the home caregiver to make the individual comfortable when a cure is not possible and death is expected.

How is the cost for care paid?

Medicare hospital insurance (Part A) and Medicaid can pay for these services, including the cost of drugs and medical equipment.

Where can I get more information?

Many areas of the state have a hospice organization and some have more than one. To learn what is available, call your Information and Referral office, area agency on aging, senior center, home health agencies, area churches, nursing homes, or the hospital discharge planner.

ADULT DAY CARE

Edward's stroke left him needing some care and supervision. His son and daughter-in-law, Milt and Sharon, had been providing this while Sharon took a short leave of absence from her job. When it came time for Sharon to return to work, the family made arrangements for Edward to attend a nearby adult day care center during the day.

Handwritten notes:
 1-14-93
 AHM +2
 pg. 36 of 51

The center monitored Edward's medication and provided good care and social activities. He enjoyed meeting new friends and getting out each day. And in the evening, Edward was able to come home, discuss interesting events with his family, and sleep in his own bed.

What is adult day care?

Adult day care centers provide a variety of services, from health care to recreation and social programs. The centers are usually open during normal working hours and feature rehabilitation, therapeutic and social activities.

Adult day care staff may monitor medications, provide hot meals and snacks and perform physical or occupational therapy. Transportation to and from the center may be provided. Adult day care programs offer a break to family care providers and stimulation to participating elders. Sometimes persons can sign up on either a part-time or full-time basis.

This kind of professional care is sometimes all that is needed to assist the home caregiver to keep a disabled adult at home. Without adult day care, families in this situation may have little choice but to place the individual in costly nursing home care.

Where can I find these services?

These services can be run by hospitals, nursing homes, city or county governments, religious organizations, schools, or privately owned care centers.

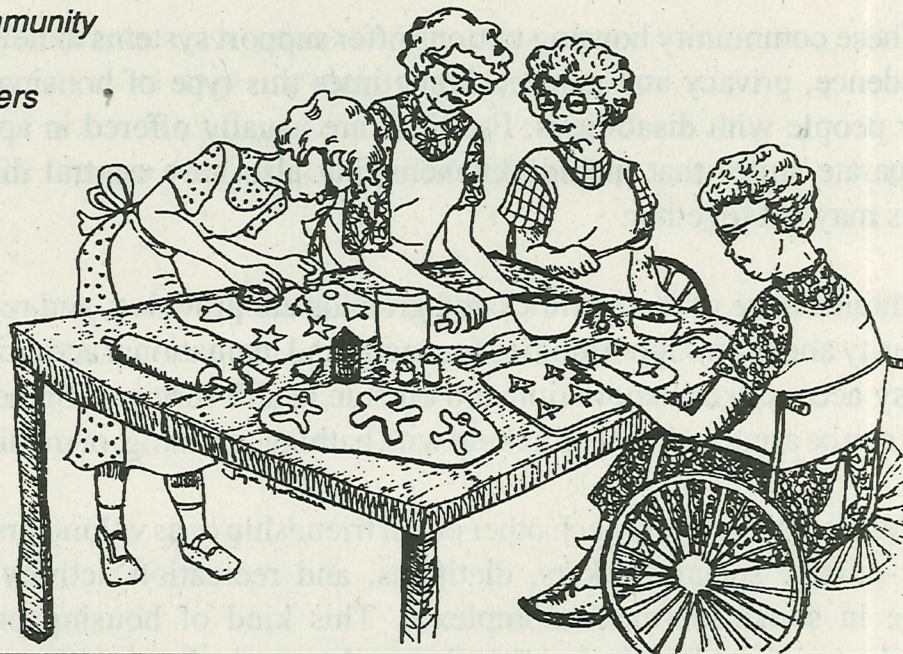
Adult day care centers in Kansas are located primarily in urban areas. To find out if you have adult day care in your community, call your Information and Referral office, area agency on aging, senior center, hospital discharge planner, local nursing homes, or other such agency.

PHW
1-14-93
AHM #2
Pg. 37 of 51

PART TWO: MOVING TO ANOTHER HOME

There may come a time when you may want to consider a living arrangement outside of your traditional home or apartment. You may feel the need for more intensive care, or you may simply desire the company of other individuals of the same age and interests. Whatever the reason, you can still select from many options and choices.

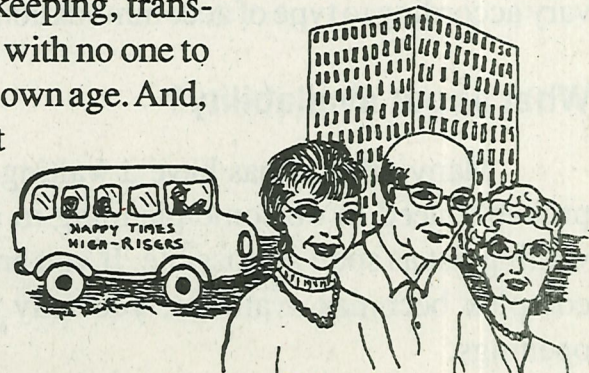
*Retirement Community
or
Senior Centers*



SENIOR APARTMENT COMPLEXES

For a variety of reasons, Margaret, 77, considered a move into a senior apartment complex after she became widowed. Her present apartment was too expensive to maintain on her Social Security income. Because of poor vision and a recent mild heart attack, Margaret felt she needed some help with housekeeping, transportation and meals. She was home alone all day with no one to talk to, and wanted to be around active people her own age. And, her son was worried that if she had another heart attack, no one would be around to help her.

Through her local housing office, Margaret applied for and was accepted into government-subsidized housing. It took several months before she could move in because there was a waiting list.



After a year of living in her new housing complex, Margaret feels good about the move. She made many new friends, and now has more activities to do than time to do them. She usually makes her own breakfast and lunch, but eats her evening meal with her neighbors in the dining room. A volunteer assists by changing linens and vacuuming the carpet weekly. She drove her own car for a few months, but recently sold it; a van is available to take her where she needs to go. Her son no longer worries about her driving or being alone. What's more, since her housing cost is now based on her ability to pay, she is pleased to have money left over each month.

What are the advantages of senior housing?

These community housing options offer support systems to help persons maintain independence, privacy and respect. Sometimes this type of housing may also include younger people with disabilities. Facilities are usually offered in apartment buildings, with separate suites that include kitchens, but also have central dining rooms where residents may eat together.

Maintenance of the facilities and grounds are provided, and residents have safety and security and many opportunities for social and recreational activities. Residents often have easy access to transportation and outside health services. Sometimes light house-keeping can be arranged, as well as help with bathing, dressing, or medication supervision.

Residents often help each other out in friendship or as volunteers. Professional staff such as nurses, social workers, dietitians, and recreation activity directors may be available in some apartment complexes. This kind of housing promotes an active, independent senior lifestyle, helping those who need a hand with everyday tasks.

How much does it cost?

Senior housing is often sponsored by government agencies or by non-profit organizations who attempt to provide comfortable facilities at reasonable rates to fit limited budgets. For-profit corporations also sponsor senior apartment complexes. Fees vary according to type of accommodations, which may range from cozy to quite luxurious.

What about availability?

Many urban areas have a waiting list for this type of senior housing, so you will probably need to do some planning in advance of your need. Place your name on the waiting list as soon as possible. If you are not ready for a move when an apartment in the complex becomes available, you may usually keep your name on the list for future openings.

Where can I find out more about senior housing complexes?

You may find information at your local Public Housing Authority, city hall, the local Social and Rehabilitation Services office, county health department, Information and Referral Office, area agency on aging, senior center, Chamber of Commerce, the Kansas Department of Commerce and Housing, real estate agencies, church or retired friends.

CONTINUING CARE RETIREMENT COMMUNITY

What is a retirement community?

A continuing care retirement community offers housing with a full range of health care and other services, including nursing care when or if it is needed. Housing can be in apartments, condominiums, or in cottages. Continuing care includes everything in one package, and is sometimes called life care.

What are the advantages?

A continuing care retirement center offers the option of various levels of living arrangements and care as part of the same facility. Residents may select the level of care that fits their needs, and graduate to another level of care if their situation calls for it. The range of options may include total independence, housekeeping assistance, meal service, transportation, medical assistance, and more.

A resident usually moves into a retirement community needing minimal daily assistance. However, there is always the security of knowing that if the need arises, a resident can receive increasing services, including the skilled nursing care that is available in a nursing home.

How can I get into one of these communities?

Both non-profit and for-profit housing corporations offer these services. Procedures vary, but usually you pay a large lump-sum entrance fee as well as a monthly fee. Sometimes this entrance fee is refundable, and sometimes it is not.

The fees usually cover some kind of prepaid health care. Some facilities offer full health care benefits at no additional charge. Others require payments after a certain number of days. You will want to understand the full costs and benefits before making a commitment.

How can I be sure this option is financially wise?

These types of facilities are still evolving, and there is some financial risk. It is especially important to be careful with your lifetime's investments in your later years. Thoroughly investigate any such facility. Consult with your attorney or a financial adviser. Kansas law requires continuing care retirement communities with entry fees of \$500 to register with the Kansas Insurance Department and disclose certain financial information.

Use the following checklist to help guide your decision.

BEFORE MOVING INTO A CONTINUING CARE RETIREMENT COMMUNITY

- Determine the initial entry fee, if any. Is the amount reasonable, affordable, and most importantly, refundable? Is any of the prepaid fee placed in escrow?
- Obtain a full list of services offered and the monthly fee you will pay. Are there needed services not on the list for which you will have to pay extra? Again, is the monthly fee reasonable and affordable?
- Tour the facility several times. Interview residents to find what they like or don't like with the living and health care arrangement. Ask if the facility is living up to its agreement.
- Give it a trial run. If there are guest facilities, stay overnight. Try the food and take part in a social activity to see what you think.
- Learn about the sponsors and the management. Ask for biographical information on owners, sponsors and trustees. Check the facility's reputation with the Better Business Bureau.
- Make sure the facility is properly registered with the Kansas Insurance Department as required. This process ensures that proper disclosures are made to Kansas consumers.
- Measure financial soundness. Read the prospectus and examine the latest certified audit. Does the organization hire an actuary to test the soundness of its long-term financial position? Is the reserved funding adequate?
- Seek the advice of an attorney and/or financial adviser. Have the financial information and the contract reviewed before you sign.

BOARD AND CARE HOME

Emily, a 78-year-old widow, suffered from Alzheimer's disease and was unable to care for herself at home. Her adult children had jobs in nearby cities that required a lot of travel.

Together the family spoke with a social worker about care options, and they decided that a board and care home could offer the care she needed, as well as the opportunity for her to continue the homemaking activities that she enjoyed.

The family visited several residences before they selected one with a home-like atmosphere and quiet setting. It was also affordable, even on a limited budget. Emily brought some of her own furniture and belongings to furnish her new private room and bath.

Today Emily is happy and secure. She receives three home-cooked meals a day, and snacks whenever she wants. She likes to help make pies and homemade bread. An aide helps Emily to bathe and dress, and makes sure she takes her medications at the right time each day. When weather permits, Emily enjoys spending some time daily outdoors in the back yard. She enjoys the company of the three other residents who receive care at this home, but also welcomes the privacy of her own room.

What is included in a board and care home?

Board and care homes are non-medical community residences that can be an alternative to nursing home placement. These homes provide a room, meals, laundry, cleaning, 24-hour supervision, and in some cases depending upon their license, may provide supervision of medications and personal assistance with bathing, dressing, and grooming.

Actually, there are several types of non-medical licensed board and care homes, which differ principally in size but also in function. They can run the gamut from a one-to five-bed adult care in a private home to large residential care facilities, including sheltered housing and even Veterans Administration group domiciliaries.

How do they differ from nursing homes?

Board and care homes do not provide nursing care.

Many residents in these homes are only slightly impaired either physically or mentally. Residents must be able to walk and be able to take medications on their own or with little supervision. In many cases, the home owner lives with the residents and

PHW
1-14-93
AUM #2
pg. 42 of 51

provides the care. This setting provides support and companionship for those who can no longer live independently.

What is the cost?

Costs for board and care homes vary widely. The fees usually include the cost of room, meals, utilities, housekeeping, laundry, staff checks, and some group activities. Eligible residents may receive Medicaid benefits for covered services.

TYPES OF BOARD AND CARE HOMES

There are three types of non-medical board and care homes licensed by Social and Rehabilitation Services (SRS) and the Kansas Department of Health and Environment (KDHE).

- **Adult family home:** This is a private residence in which care is provided to one or two adults who are not related to the owner. Providers help clients maintain their clothing, arrange for transportation, and may help monitor medication if needed. A telephone must be available in the residence. These one- and two-bed homes are required by state law to be inspected and registered by SRS.
- **Residential care facilities:** These range in size from 5 to 40 beds. Sometimes referred to as sheltered housing or community living programs, these may provide care as well as training to improve living skills. In Kansas you'll usually find this type of home occupied by mentally retarded adults younger than senior citizens. One- to 15-bed community living programs must be licensed by SRS.
- **Board and care homes:** These range in size from one to ten beds and are residential facilities which provide room, board, supervision, socialization, and laundry care services. Operators maintain a resident file and may assist by arranging medical transportation and reminding residents about medications. These boarding care homes are licensed by KDHE. This type of facility should not be confused with rooming houses (room only) or boarding houses (room and meals) that are also regulated by KDHE.

How can I find a board and care home?

A quarterly list of one- and two-bed adult family homes is published by SRS and KDHE. A list of licensed boarding care homes is available from KDHE. Most facilities are privately operated, and lists change continually. Also, the Veterans Administration can direct you to facilities that it operates.

PART THREE: KANSAS NETWORKS

This booklet provides state and regional information and is provided free of charge by your local or area agency on aging.

The following pages in Part Three will help you locate other sources where you can discover even more information about services and long term care options.

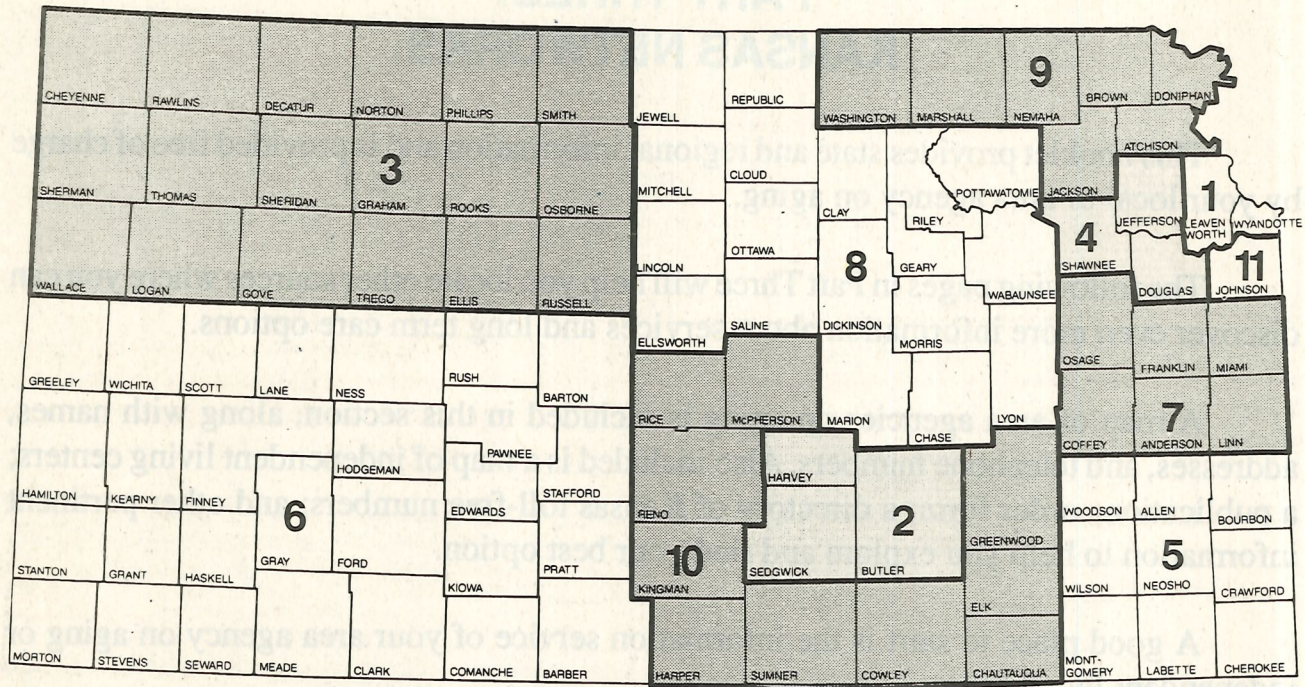
A map of area agencies on aging is included in this section, along with names, addresses, and telephone numbers. Also included is a map of independent living centers; a publications order form; a directory of Kansas toll-free numbers; and other pertinent information to help you explore and find your best option.

A good place to start is the information service of your area agency on aging or independent living center.



PHWJ
1-14-93
AHM #2
Pg. 44 of 51

HOW TO CONTACT THE AGING NETWORK



Consult this map to locate the agencies serving your area.

1
Area Agency Information (913-596-9231)
Legal Services (913-621-0200)

2
Area Agency Information (316-383-7298)
Legal Services (316-265-9681)

3
Area Agency Information (913-628-8204)
Legal Services 1-800-432-7422
1-913-625-4514

4
Area Agency Information (913-235-1367)
Legal Services (913-232-9065)
(913-354-8531)

5
Area Agency Information (316-431-2980)
Legal Services 1-800-794-2440
(316-232-1330)

6
Area Agency Information (316-225-0510)
Legal Services 1-800-742-9531
1-800-362-9009

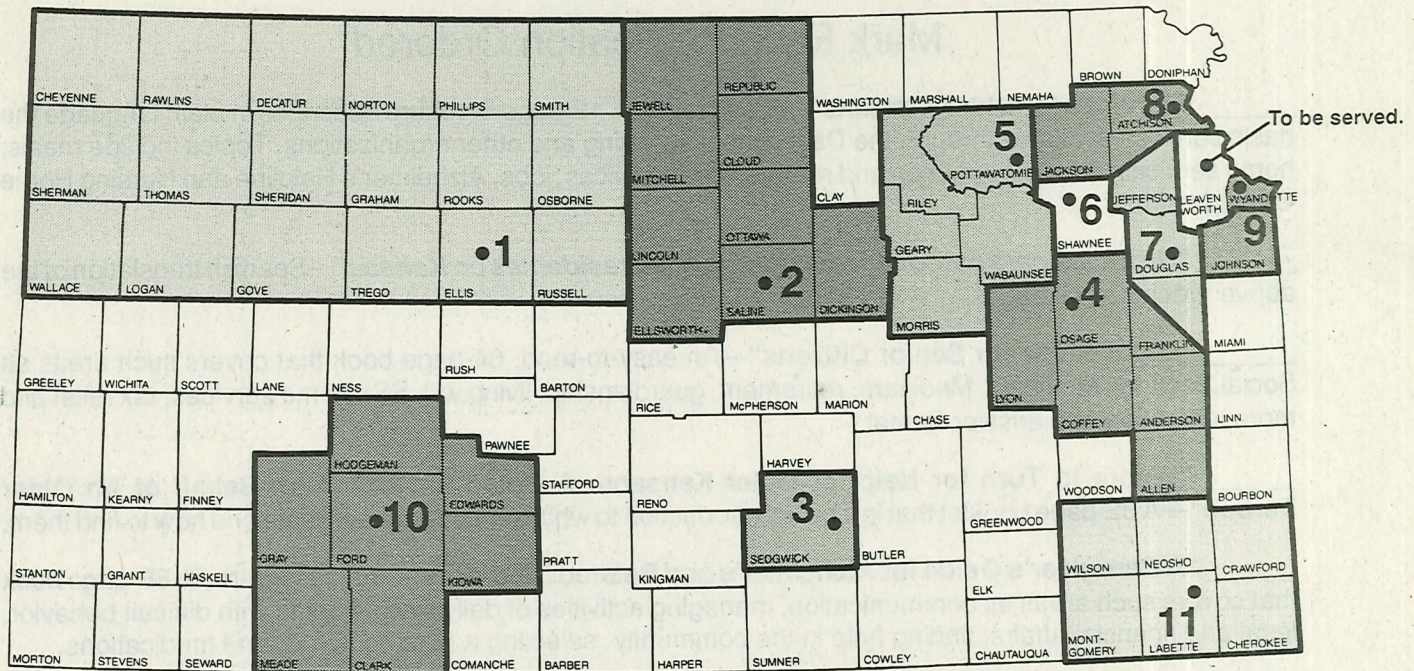
7
Area Agency Information (913-242-7200)
Legal Services 1-800-633-5621
(913-764-8585)

8
Area Agency Information (913-776-9294)
Legal Services 1-800-432-2703
(913-537-2943)

9
Area Agency Information (913-742-7152)
Legal Services (913-742-7152)
(913-336-6016)

10
Area Agency Information (316-442-0268)
Legal Services 1-800-362-0264
1-800-362-0264

11
Area Agency Information (913-782-7188)
Legal Services (913-764-7007)
(913-764-8585)



1. **LINK, Inc.**
1310 Walnut, Hays, KS 67601
913-625-2521 Voice
913-625-6942 Voice/TDD
*LINK also operates satellite offices in
Goodland, Smith Center and Hill City.*
2. **Independent Connection**
1710 Schilling Road
Salina, KS 67401
913-627-9383 Voice/TDD
3. **Independent Living Center of
Southcentral Kansas**
1900 N. Amidon, Suite 110
Wichita, KS 67203
316-838-3500 Voice/TDD
4. **Resource Center for
Independent Living**
122 South Sixth St.
Osage City, KS 66523
913-528-3105 Voice
913-528-3106 TDD
5. **Three Rivers Independent
Living Resource Center**
810 West Fourth St., Wamego, KS
913-456-9915 Voice/TDD
*Three Rivers also operates a sattellite office in
Manhattan.*
6. **Topeka Independent Living
Resource Center**
3258 South Topeka Blvd.
Topeka, KS 66611
913-267-7100 Voice/TDD
7. **Independence, Inc.**
1910 Haskell, Lawrence, KS 66044
913-841-0333 Voice
913-841-1046 TDD
8. **Independent Living Center of
Northeast Kansas**
215 N. Fifth St., Atchison, KS 66002
913-367-1830
9. **The Whole Person**
6301 Rockhill Road, Suite 305 E
Kansas City, MO 64131
816-361-0304 Voice
816-361-7749 TDD
10. **Accessing Southwest
Kansas, Inc.**
Dodge City, KS
11. **Southeast Kansas
Independent Living, Inc.**
Parsons, KS

Dittus
 1-14-93
 Attm #2
 pg. 46 of 51

PUBLICATION ORDER FORM

Mark Each Publication Ordered

_____ **"Services for Older Kansans"**—This practical, 12-page brochure describes in plain language the basic services available through the Department on Aging and other organizations. Topics include meals, home services, rides, information and referral, legal services, jobs, Alzheimer's Helpline and Nursing Home Ombudsman.

_____ **"Servicios para personas mayores de edad residentes en Kansas"**—Spanish translation of the above brochure. 12 pages.

_____ **"Legal Guide for Senior Citizens"**—An easy-to-read, 64-page book that covers such areas as Social Security, Medicaid, Medicare, retirement, guardianship, living will, SSI, home services, tax relief and more. Question and answer format.

_____ **"Where to Turn for Help for Older Kansans: A Guide for Action on Behalf of An Older Person"**—A 32-page booklet that is a basic introduction to what services are available and how to find them.

_____ **"A Caregiver's Guide for Alzheimer's and Related Disorders"**—An easy-to-read, 66-page book that covers such areas as communication, managing activities of daily living, coping with difficult behavior, legal and financial affairs, finding help in the community, selecting a nursing home, and medications.

_____ **"How to Select A Special Care Unit: A Consumer's Guide to Special Care Units for Persons with Dementia"**—An 11-page booklet on how to select a special care unit in a nursing home.

_____ **"Questions and Answers on Spousal Impoverishment (Division of Assets)"**—A brochure that answers questions on the federal law allowing spouses to divide income and resources under the Medicaid program.

_____ **"Community-Based Long-Term Care Program"**—A brochure describing the SRS Home and Community-Based Services Program (HCBS) and Home Care Services.

_____ **"Facts about the Qualifying Medicare Beneficiary (QMB) Program"**—A brochure describing eligibility requirements for the Medicaid program which pays the deductibles, premiums, and co-payments for the Medicare program.

Name _____

Street _____

City _____ State _____ Zip _____

KDOA publications are free, but voluntary contributions to help cover printing and shipping costs are appreciated. You may make your check out to "Kansas Department on Aging."

Amount enclosed \$ _____

MAIL ORDER FORM TO: Kansas Department on Aging
Docking State Office Building, 122-S
915 SW Harrison, Topeka, KS 66612-1500

DLHJ
1-14-93
Attn #2
Pg. 47 of 51

STATEWIDE TOLL-FREE NUMBERS

- Adult Abuse** 1-800-922-5330
For reports of adult abuse, neglect and exploitation occurring in the community.
- Adult Abuse—Nursing Homes** 1-800-842-0078
For reports of adult abuse, neglect and exploitation occurring in nursing homes.
- American Diabetes Association Kansas Affiliate** 1-800-362-1355
- American Lung Association of Kansas** 1-800-432-3957
- Arthritis Foundation, Kansas Chapter** 1-800-362-1108
- Association of Kansas Hospices** 1-800-767-4965
Information and referral service for hospice care.
- Attorney General's Office—Consumer Protection** 1-800-432-2310
For information on consumer matters.
- Audio-Reader** 1-800-772-8898
Radio reading service for anyone who has difficulty reading standard printed material.
(In Wichita, call 682-9121.)
- Client Assistance Program** 1-800-432-2326
Information, referral, and advocacy services for persons with disabilities; information regarding Centers for Independent Living
- Crime Victim Information Referral** 1-800-828-9745
- Eldercare Locator** 1-800-677-1116
A nation-wide service to help families and friends find information about community services for older people. Use for information on services outside of Kansas.

AKW
1-14-93
Attm #2
Pg. 48 of 51

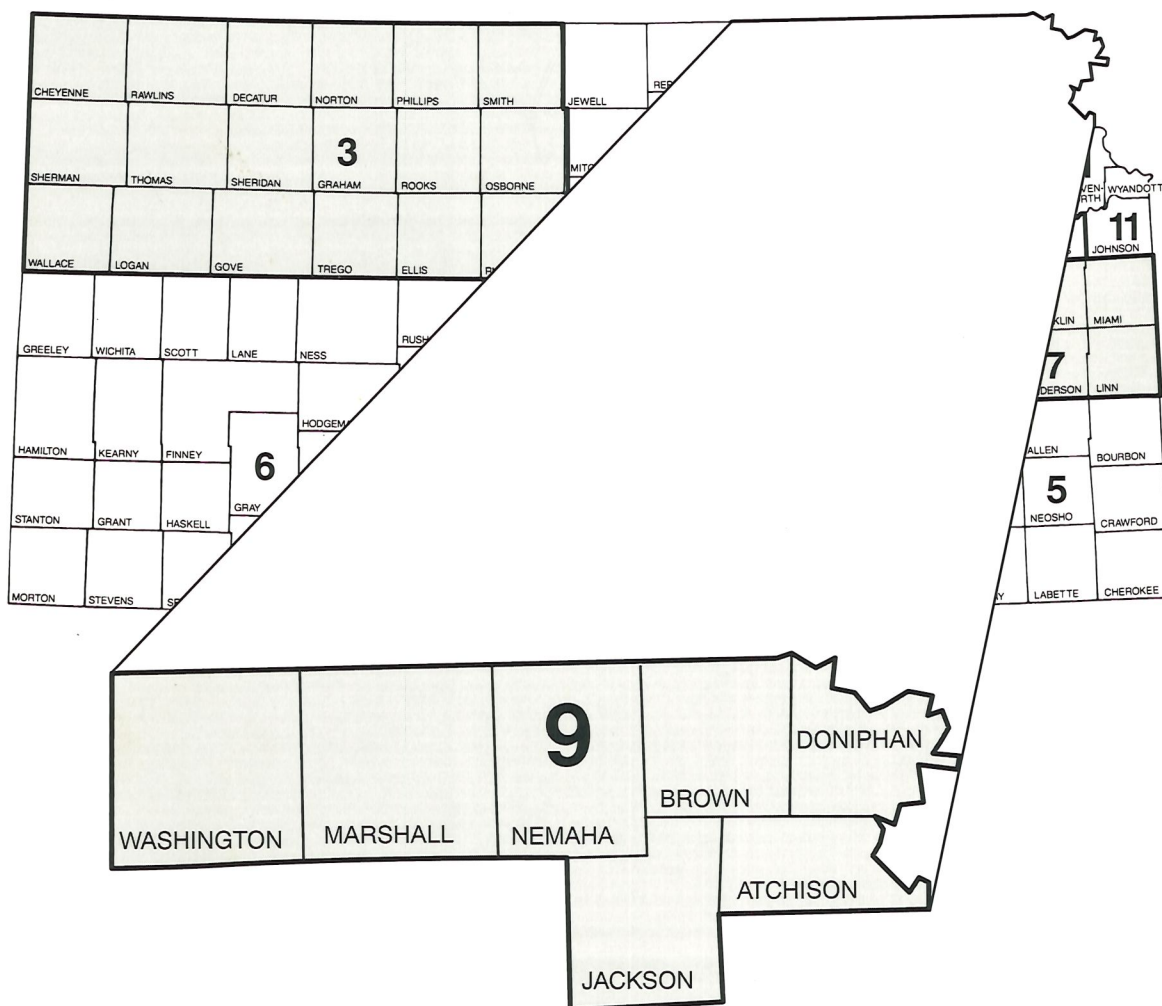
- FACTS—Farmers Assistance Counseling and Training Service** 1-800-321-3276
Information, counseling, assistance and referrals
for farmers.
- Head Injury Association of Kansas** 1-800-783-1356
- Home Health Complaints** 1-800-842-0078
For reports of problems with home health care.
- Insurance Department** 1-800-432-2484
For consumer inquiries into all insurance matters,
including long term care insurance.
- Kansas Advocacy & Protective Services** 1-800-432-8276
Advocacy, protection, and guardianship services for
severely disabled persons and their families.
- Kansas Commission for the Deaf & Hearing Impaired** 1-800-432-0698
Information concerning available services for people
who are deaf or hearing impaired, including
information about hearing aids.
- Kansas Corporation Commission** 1-800-662-0027
For reports of problems with utilities.
- Kansas Dental Association Senior Care** 1-800-432-3583
Referral service to dentists who provide care to
people aged 60 and older at reduced cost.
- Kansas Department on Commerce and Housing** 1-800-752-4422
Housing Information Clearinghouse.
- Kansas Department on Aging** 1-800-432-3535
Aging Services in Kansas, Alzheimer's Helpline,
Long Term Care Ombudsman
- Kansas Foundation for Medical Care** 1-800-432-0407
Reviews written complaints concerning the quality of care
received in a Medicare certified agency including home health
agencies; monitors pre-admission assessments and referrals.

Kansas Relay Center Statewide telephone relay service for the deaf.	1-800-766-3777
Make A Difference Network A resource and referral line for all people with a disability, their family members, and for professionals serving the disabled.	1-800-332-6262
Medicare	1-800-432-3531
Mobile Care, Inc. Self-contained modular units which fit into garages.	1-800-383-9090
National Eye Care Project Hotline Information and referral service, providing brochures on many common eye diseases and for eligible callers, a referral to a local volunteer ophthalmologist.	1-800-222-3937
Self-Help Network of Kansas Clearinghouse and information center for self-help groups in Kansas.	1-800-445-0116
Senior Ease, Inc. Mail order clothing and assistive devices.	1-800-543-3273
Social Security Administration	1-800-772-1213
Talking Books Library service for recorded books and magazines on cassette or disc.	1-800-362-0699
Veterans Administration For the Kansas Commission on Veterans Affairs call 913-296-3976.	1-800-827-1000

ABOUT THIS GUIDE:

EXPLORE YOUR OPTIONS is an introduction to the variety of services available to people looking for options to nursing home care. The guide explains the variety of community resources available in Kansas, with examples of how people are using those services to remain in their homes.

The guide also contains a detailed directory of the services available in the area of the state highlighted below. We hope you will find it useful.



For further information about this guide contact:

The Kansas Department on Aging
915 SW Harrison, Room 122-S
Topeka, Kansas 66612-1500

1993

PLW
1-14-93
Att #2
Pg. 51 of 51