

Approved: 1-28-93
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 19, 1993 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes
William Wolff, Legislative Research Department
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Mack Smith, Executive Secretary, Kansas Board of Mortuary Arts
Tom Hitchcock, Executive Secretary, Kansas Board of Pharmacy
Joanne Hurst, Secretary, Kansas Department on Aging

The Chair called the meeting to order at 10:00 A.M.

The Chair asked for Committee bill requests. Mack Smith, Executive Secretary, Kansas Board of Mortuary Arts, requested introduction of a bill that would effect two statutes regarding the embalming examinations given by the agency to bring Kansas into compliance with other states and in line with the national exams administered. Mr. Smith stated there would be a slight savings involved. Senator Ramirez made a motion the Committee introduce the bill requested by Mr. Smith, seconded by Senator Walker. No discussion followed. The motion carried.

Tom Hitchcock, Executive Secretary, Kansas Board of Pharmacy, requested introduction of a bill dealing with administrative fines and transfer of prescriptions. Senator Hardenburger made a motion the Committee introduce the bill requested by Mr. Hitchcock, seconded by Senator Salisbury. No discussion followed. The motion carried.

Joanne Hurst, Secretary, Kansas Department on Aging, appeared before the Committee and presented an overview of the programs and issues of the Department. (Attachment 1) Secretary Hurst stated there have been a few concerns regarding pre-admission assessments, and introduced Dona Booe, SRS, who indicated they experienced the usual stumbling blocks the first week of the program. After several questions from Committee members, It was agreed more information needed to be provided by SRS on pre-assessment screening and moratorium of nursing home beds, and this information will be provided at another meeting.

Secretary Hurst stated the number of minority patients have declined, and in answer to a member's question, attributed the fact to poor outreach. Problems with qualified staff and availability of health care providers in rural populations were also discussed. It was pointed out \$100,000 of additional funding for the employment program was recommended in the Governor's budget for the Department on Aging. In answer to a member's question, Lyndon Drew, Department on Aging, stated the moratorium on nursing home beds would be covered with emphasis on housing options and more information be will provided at a later date.

The meeting was adjourned at 11:00 A.M.

The next meeting is scheduled for January 20, 1993.

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH AND WELFARE

DATE: 1-19-93

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OVERVIEW OF KANSAS DEPARTMENT ON AGING
PROGRAMS AND ISSUES

by
Joanne Hurst, Secretary
Kansas Department on Aging
before the
Senate Public Health and Welfare Committee
January 19, 1993

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

Aging Network

The issues I discuss today will relate specifically to the health and well being of older Kansans. I would like to start by briefly describing the Kansas aging network and how the Kansas Department on Aging fits within that network.

The Department on Aging became a cabinet level department in 1977, after previously being part of what is now the Department of Social and Rehabilitation Services. The creation of the Department was widely supported by the elderly of Kansas who worked for its creation. Its primary mission is to assist older Kansans to maintain their independence for as long as possible and to enable them to remain in their own homes for as long as possible. This mission becomes increasingly important as the State of Kansas responds to the rising high costs of nursing home care and looks more at the possibilities of less costly community based services.

The Department funds services offered through 11 Area Agencies on Aging and is responsible for monitoring and assessing those programs on an ongoing basis. Each of the 11 area agencies on aging is located within a planning and service area composed of as few as one county, Johnson County, to as many as 28 counties, Southwest Kansas. The current fiscal year budget includes \$12,310,460 federal funding and \$4,366,390 state funding, totalling \$16,676,850. The department has an FTE of 31 plus 4.25 positions which are funded by approval for special projects.

A major funding source of the Department is the federal Older Americans Act which funds congregate meal programs, home delivered meals, social service programs, special programs for the frail elderly, elder abuse prevention programs, and an ombudsman program. The Department also currently receives funds from USDA. Other federal funds are received for employment programs; and the department has received several grants recently from the Administration on Aging for programs to increase volunteerism and public/private partnerships. These grants help develop outside

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resources which can assist in absorbing some of the impact on state and federal resources. The Department has also received funding this year from the Health Care Financing Administration to establish a statewide insurance counseling program. The Insurance Counseling grant was funded at \$164,524 for this current year, and we are anticipating continued funding beyond FY 1993.

State funding has become increasingly important to the Department as it works, along with the Departments of Social and Rehabilitation Services and Health and Environment, to meet the current shift from the established pattern of older people being placed in nursing homes, in many cases, unnecessarily; to helping them stay in their own homes with the assistance needed to make this possible.

Long Term Care

The highest priority for the Department is the continued emphasis on establishing a well planned comprehensive in-home and community based long term care system. We are continuing to work with the Department of Social and Rehabilitation Services and the Department of Health and Environment in planning for improvements in our present long term care system. Last year, the three departments coordinated and presented several proposals to the Legislature, 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, these proposals were adopted and are now being implemented.

We plan to make further recommendations this year at the request of last year's 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. Some people will need intermediate levels of care when in-home care is not enough and nursing home care is not yet appropriate.

While making this presentation, I want to report to the committee 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 planning and service area. It is a program designed specifically to assist older

Kansans to remain in their own homes by providing the help necessary to make this possible.

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

The Senior Care Act complements other long term care programs. SRS provides in-home services to the Medicaid-eligible population through the Home and Community Based Services (HCBS) program and to the population with incomes less than 150% of the poverty level with the Income-Eligible Home Care program. The Senior Care Act targets people with incomes above 150% of the poverty level by offering in-home services on a sliding fee scale.

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:

1. The funds provided by SCA [Senior Care Act] 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.

We have found this year that the match 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 only 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, we continue to hear from the Area Agencies on Aging the difficulty they are having in obtaining or keeping the required match; and their need to have the state look at other options.

In an attempt to keep good faith with the legislators we worked with last year in the compromise on the match, we established our budget proposal for FY 1994 based on a one-to-one match. However, we feel it is important to bring to the Legislature's attention that we believe some adjustment needs to be made regarding the match to enable the Area Agencies to offer the Senior Care Act in all of their counties. One suggestion is to take the strictly cash requirement off the match, and allow when necessary 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. In this instance, when a cash match might not be possible for some area agencies on aging, the program could 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 the Kansas Legislature, Gov. Finney, and other state agencies, the Kansas Department on Aging and the Area Agencies on Aging began the implementation of this recommendation in FY '93.

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 specific challenges we encountered.

The Department also established training to ensure a high level of quality within the case management program. A minimum of 30 hours of training is required. 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. 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 case management experience in their backgrounds.

We have been working very closely with the Department of SRS in relationship to the KDOA case management program. 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:

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 have begun in FY '93 to implement these recommendations through the case management program and the comprehensive resource guides.

Corporate Eldercare

Another initiative relating to health issues is the Department's work in establishing a Kansas eldercare program involving public and private sector employers and community leaders in a support system for family caregivers. National surveys show that caregiving causes an enormous amount of stress on the family member providing the care, while also attempting to carry out his/her duties as an employee.

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

One committee of the coalition is presently developing materials to reach employees with caregiving responsibilities as well as methods 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. A brochure is currently being worked on for distribution to employees throughout Kansas which will be on hand at the workplace to give them information on in-home care and community based services. The emphasis will be on providing access to information which can ultimately help relieve the stress they are under by making them aware of available assistance.

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

The Department has also established 27 local coalitions throughout the state to work on public/private partnerships in their communities with the same types of emphasis as the state coalition. The pilot programs in Great Bend, Independence, and Minneapolis have shown that a lot can be accomplished if we work together. New resources are tapped and awareness of the needs of older Kansans is heightened.

Information and Referral

We have during the last year developed and are in the process of implementing a five-year information and referral plan. As mentioned earlier, finding ways to help older people and/or their family members/caregivers access information is vital to the success of programs which are in place to assist the elderly.

In August, 1992, the Department adopted this 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 (with matching funds from SRS) 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.

Minority Outreach

We continue to strengthen the department's initiatives in targeting low-income and minority elders. This is a mandate of the Older Americans Act. Nationally over the past decade, minority participation in aging services has declined and there is a great deal of effort being put forth to remedy this situation. Studies show that minorities have a higher level of health related problems, so this outreach effort can produce significant dividends when implemented.

I have established a task force which will make recommendations this year. Some of the area agencies have already initiated effective outreach efforts and the recommendations of a task force I have appointed will enhance our efforts.

Long-Term Care Ombudsman

Historically, the long-term care ombudsman 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 approved using additional federal funding for two temporary part-time regional ombudsmen for federal year 1993. The temporary staff people are stationed in Great Bend and Topeka. This has improved our ability to investigate and resolve complaints about nursing home care.

In order to expand the ability of the ombudsman unit to carry out its functions more effectively, the Department intends this year to request the introduction of legislation to authorize the use of volunteers as ombudsmen. Approximately 37 other states have used volunteers to extend their services and with great success. The Administration on Aging advocates the use of volunteer ombudsmen as does the National Association of State Units on Aging. The 1992 amendments to the Older Americans Act provide for necessary training and monitoring of volunteers.

I am currently in the process of meeting with members of the nursing home industry and other groups and organizations which opposed similar legislation in 1990. I am hopeful if we build our bases before coming forth with the proposal and build in the safeguards necessary, we won't face the type of opposition which evidently occurred before. I hope that we can visit again about strengthening the ombudsmen program when the bill is ready for a hearing.

Nutrition

Another initiative 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 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 on this part of its work.

In early January, the work of the task force was expanded and it began 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 a high quality of service and nutrition. This again was part of the three year plan we submitted to our budget committee last year.

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

We continue to work to strengthen the department's work in serving the state's rural population. Many of our programs have special meaning in rural areas while at the same time logistical and staffing problems bear strongly on our ability to deliver services. We are attempting to identify strengths and weaknesses of service delivery in these areas and to undergird and develop additional strengths and services. The rural focus again means interaction with SRS and Health and Environment.

This year the Department will be hosting a national conference on rural aging. It will be held in Wichita and can bring national attention to some of the programs which are occurring here.

Conclusion

It is an exciting time within the Department with many initiatives in progress. We believe it is important to be pro-active in our advocacy for the health and well-being of older Kansans and not just reactionary.

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.