

MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:30 p.m. on March 10, 2011, in Room 546-S of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Iraida Orr, Kansas Legislative Research Department
Carolyn Long, Committee Assistant

Conferees appearing before the Committee:

Mack Smith, Mortuary Arts Board
Representative Bob Bethell
John Coleman
Mitzi McPatrick, Kansas Advocates for Better Care
Cindy Luxem, Kansas Health Care Association

Others attending:

See attached list.

The Chair opened the floor for Final Action on **SB 138—Pharmacy audit integrity act** by informing the Committee that an agreement had been reached by all parties. A balloon amendment proposing new language was introduced which contained the new language. After explanation of the changes, Senator Kelly moved to adopt the balloon, seconded by Senator Reitz . Motion passed. It was further moved by Senator Kelsey, seconded by Senator Huntington to report SB 138 as a substitute for SB 138 favorably for passage. Motion passed. The Chair thanked all those involved for their hard work.

The hearing on **HB 2083—Relating to pre-financed funeral agreements** was opened. Staff stated that this legislation would require a funeral director in a funeral home that is closing to notify all consumers with pre-financed funeral agreements of the need to transfer their agreements to another funeral home.

Mack Smith, Kansas State Board of Mortuary Arts further added that this would require the funeral director in charge of a funeral home that was closing to notify all consumers of their need to transfer their agreement to another funeral home. This bill would also require that a copy of all such letters be provided to the Mortuary Arts Board (Attachment #1).

Written testimony in favor of **HB 2083** was submitted by Ernest Kutzley, AARP Kansas Advocacy Director (Attachment #2) and Pam Scott, Kansas Funeral Directors Association (Attachment #3). There being no further conferees, the hearing on **HB 2083** was closed.

The Chair called for Final Action on **HB 2083—Relating to pre-financed funeral agreements.** It was moved by Senator Huntington, seconded by Senator Steineger to advance to the consent calendar HB 2083 favorably for passage. Motion carried.

The Chairman then opened the hearing on **HB 2147—Relating to the definition of a home plus residence or facility.** This legislation would increase the maximum number of individuals who could be cared for at a residence or facility and still be considered a "home plus" facility from eight persons to 12 persons.

Representative Bob Bethell spoke in favor of the bill. He stated that the basic reason for this increase was financial. The concept of Homes Plus is to provide services to those in need in smaller, more intimate settings than an institution can provide. This bill is designed to assist with the financial viability of these smaller homes. In 2002 the limit for residents was raised from five to eight (Attachment #4).

John Coleman, registered nurse and owner of two Home Plus facilities, stated that seniors want to age in place and that this bill would allow for the increase care needs of residents without a move to a more restrictive environment. He stated that in this type of setting, personnel are much more familiar with the residents' medical and personal needs. This relationship and knowledge helps the caregivers be proactive

CONTINUATION SHEET

The minutes of the Public Health and Welfare Committee at 1:30 p.m. on March 10, 2011, in Room 546-S of the Capitol.

versus reactive to situations that arise. Kansas statutes give guidelines to the square footage allowed per resident thus safeguarding overcrowding (Attachment #5),

Speaking in opposition to the legislation, Mitzi McFatrach from Kansas Advocates for Better Care, stated that raising the number of residents to 12 greatly alters the type of environment created for residents. She also has concerns regarding staffing, their education and background, and the fact that there is no requirement to have a nurse in the residence. Residential facilities serve persons with Alzheimer's but staff is not required to have dementia care training. The Department on Aging is responsible for conducting annual survey/inspections in all licensed adult care homes and says that over the past several years they have not been able to complete the surveys. The lack of oversight does not ensure the health and safety needs of elders in a home when there is poor performance (Attachment #6).

Appearing neutral on this issue, Cindy Luxem of the Kansas Health Care Association, stated that Home Plus is a state-regulated living environment and there are no staffing requirements. The issue about consistent quality care also concerns them and because Home Plus traditionally does not accept Medicaid, it might serve only well-to-do seniors and Medicaid clients would be relegated to the nursing home. On the other side of the issue, the home plus models would like to have the number increased because it becomes financially impossible with only eight residents. She would like to ask that this bill have more time to be studied and put in the proper safe guard before any changes are made (Attachment #7).

Written testimony was also presented by Joe Ewert, Government Affairs Director of the Kansas Association of Homes and Services for the Aging (Attachment #8)

The next meeting is scheduled for March 14, 2011.

The meeting was adjourned at 2:30 p.m.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: March 10, 2011

[illegible]

Members of the Board:

Bill Young, President
Charles Smith, Vice President
Barry Bedene
Fred Holroyd
Diane Minear



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Mack Smith, Executive Secretary

The Kansas State Board of Mortuary Arts
Created August 1, 1907

Sam Brownback, Governor

Thursday, March 10, 2011

Senator Vicki Schmidt, Chair
Senate Public Health and Welfare Committee
Room 546-S, State Capitol
Topeka, Kansas

Chair Schmidt and Members of the Committee:

My name is Mack Smith, and I'm the executive secretary to the Kansas State Board of Mortuary Arts (KSBMA.) I appreciate the opportunity to stand before you this afternoon and ask for your support of HB 2083. HB 2083 would require the funeral director in charge of a funeral home that was closing to notify all consumers with prefinanced funeral agreements of their need to transfer their agreement to another funeral home. The bill would require that a copy of all such letters be provided to the Mortuary Arts Board.

Currently nothing in existing law covers this situation. This bill comes after a recent situation where a funeral home closed and notice was not given to families with prefinanced funeral agreements—causing unnecessary confusion when death occurred. While you might think that everyone in town would be aware when a funeral home closes, often family members live out of town or even out of state and don't become aware that the funeral home has closed until a loved one dies. The bill passed the House, 117-1.

I thank you in advance for your consideration and will attempt to answer any questions you have.

Sincerely,

Mack Smith, Executive Secretary
Kansas State Board of Mortuary Arts

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Senate Public Health & Welfare
Date 3-10-2011
Attachment 1



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Topeka, KS 66603

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F: 785-232-8259
TTY: 1-877-434-7598
www.aarp.org/ks

March 8, 2011

The Honorable Vicki Schmidt, Chairwoman
Senate Public Health and Welfare Committee

Re: HB 2083 – Prefinanced Funeral Agreements

Good afternoon Chairwoman Schmidt and members of the Senate Public Health and Welfare Committee. My name is Ernest Kutzley, AARP Kansas Advocacy Director. AARP Kansas represents more than 340,000 members in Kansas. Thank you for allowing us to submit our written comments in support of HB 2083.

For many older consumers a funeral is their third-largest expenditure, behind the purchase of a home and an automobile. A recent AARP survey found that two in five people age 50 and older reported they had been contacted about the advance purchase of funerals or of burial goods and services. Fraud, bankruptcy, and violation of fiduciary responsibility place these contracts at risk.

AARP encourages preplanning funeral arrangements but urges caution when paying through a preneed contract or other formal arrangement.

AARP believes:

- A single, toll-free number should be established for consumers to call when they incur problems with any deathcare provider.
- States should regulate and require portable, written contracts for all preneed funeral and burial arrangements.
- All preneed contracts should be written in plain language and large type, and the contract's material provisions should be prominently disclosed.
- All rights, duties, and obligations of the preneed provider and the consumer should be fully disclosed in the contract (these include itemization of goods and services purchased; cancellation provisions; modification and revocation procedures; funding mechanisms; handling of escrowed funds; fees related to the transaction; guarantee status of the contract; and distribution requirements).

(Over)

Commercial chains now own many funeral homes. The Government Accountability Office (GAO) reported that large chains owned 11 percent of funeral homes in 2003. Consumers may be unaware of such ownership, since a chain may purchase an independent home yet continue to advertise under the name of the local business. In June 1999 the second-largest funeral home chain declared bankruptcy, and many consumers with preneed contracts did not realize that their funeral home was owned by the bankrupt chain. Therefore we would support changes made in HB 2083 that would require notification of closure and provide consumer protections for those who have prefinanced their funeral arrangements. We respectfully request your support of HB 2083.

Thank you.



KANSAS FUNERAL DIRECTORS ASSOCIATION

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March 10, 2011

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PAM SCOTT
Topeka

To: Senate Public Health and Welfare Committee

From: Pam Scott, Executive Director

Re: House Bill No. 2083

Madam Chair and members of the Committee, on behalf of the Kansas Funeral Directors Association I would like to thank you for the opportunity to present written testimony in support of House Bill No. 2083.

The KFDA believes that the amendment to K.S. A. 65-1713a that the Kansas State Board of Mortuary Arts is proposing is pro-consumer and should be adopted. A funeral establishment that closes its doors and discontinues doing business in this state should be required to contact individuals that have prearranged funeral agreements in place with them to let them know that they will need to transfer such agreements to another licensed funeral establishment. We would hope a funeral establishment would provide the notice with or without the statutory requirement.

We urge you to support House Bill No. 2083.

Senate Public Health & Welfare
Date 3-10-2011
Attachment 3

STATE OF KANSAS

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TOPEKA

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Testimony on HB 2147
3/10/11

Senator Schmidt and members of the Senate Public Health and Welfare committee, I appear before you today in support of HB 2147.

HB 2147 increases the number of persons that can be served by a Homes Plus facility from eight (8) to twelve (12). There is one basic reason for this increase and it is financial.

The concept of Homes Plus is to provide services to those in need in smaller, more intimate settings than an institution can provide. Over the last several years there have been many attempts to "deinstitutionalize" the provision of care for the elderly. Most of these attempts while successful in accomplishing the "deinstitutionalization" have not been financially viable.

HB 2147 is designed to assist with the financial viability of these smaller homes.

Madame Chair I would stand for questions.

03/10/2011

HB 2147 is a bill to amend K.S.A. 2010 Supp. 39-923 and repealing the existing section.

My Name is John Coleman I am a registered nurse and I currently own two Home Plus facilities, both licensed for eight residents. I have owned and operated Home Plus facilities since 1998, allowing me to gain years of experience in operations, management and ownership.

- ✓ Home Plus facilities allow our seniors the option of going to a smaller environment versus a larger setting. Increasing our number to 12 will allow us to serve more of this population.
- ✓ Seniors want to **Age in Place**, Home Plus regulations allow for the increased care needs of residents, without a move to a more restrictive environment.
- ✓ We have found from our experience, in the Home Plus setting we become much more familiar with our residents medical and personal needs. This personal relationship and knowledge help the caregivers be proactive versus reactive to situation that arise.
- ✓ I have had to move a 96 y.o. women on Medicaid to a large nursing home. Not due to our inability to care for her, but because the reimbursement from HCBS (Medicaid) put me at a significant deficiency. Having 12 residents would have allowed me to spread that deficiency over 11 others instead of 7 others, similar to how large facilities operate. **Increased overall revenue allows the Home Plus to accept and keep HCBS (Medicaid) residents at a higher % of bed space.**

One concern that we have heard is of "cramming more residents into the current homes". Kansas statutes give guidelines to the square footage allowed per resident. Operators can't simple move more people into an existing home unless they have the space, most don't have extra space so we won't see many changes to these homes. Also KDOA regulatory and Home Plus staff use a form called the Functional Capacity Screen (FCS). The FCS helps determine Home Plus staffing ratios. So again we can't just add more residents without more staff.

Increasing the number from eight to twelve will allow Home Plus's to be more viable. With this increased profitability I think we will see more homes being built in rural communities that lack modern, more efficient buildings. We may see Home Plus's built in towns without an existing option.

- ✓ **My current Home Plus creates about 8 to 10 full time jobs per home.**
- ✓ **A twelve bed Home Plus would create approximately 12 to 15 full times.**

Thank you for your time and consideration. Please call or email me if you have any further question.

John Coleman

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**Kansas Advocates
for
Better Care**

Making Elder Care Better for 35 Years

Founded in 1975 as *Kansans for Improvement of Nursing Homes* by concerned citizens like you.

March 10, 2011

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Attorney

Honorary Board Member
William Dann, Lawrence

Executive Director
Mitzi E. McFatrach

HB 2147 Increase Number of Residents in Home Plus

Senator Vicki Schmidt, Chair
Public Health and Welfare

Senator Schmidt and Members of the Committee:

Thank you for hearing our testimony on this bill today. Kansas Advocates for Better Care has been speaking out for residents and for quality in Kansas adult care homes for 35 years.

The issue before you in House Bill 2147 would increase the number of residents in a Homes Plus licensed adult care home from eight (8) to twelve (12).

Kansas Advocates **strongly opposes** this change for the following reasons:

1) There are four licensed categories of assisted living type facilities in Kansas. Each is licensed by the state. They are designed to operate based upon the residents they will serve, including number of residents, functional ability of residents, and categories of staff to serve resident needs. Home Plus is designed to be small and "home-like" in size and service and to care for persons who need some assistance with activities of daily living. The original licensure for this type allowed for 5 residents in a Home Plus. In 2002 the number of residents that could be served was raised to 8. Raising the number of residents to 12 greatly alters the type of environment created for residents. It more than doubles the number originally conceived for this type of residence-based facility to house.

2) Under HB 2147, nursing homes could relicense beds to create a Home Plus. Nursing homes already have the ability to achieve this by licensing as a Residential Health Care Facility (one of the four assisted living license categories). Nursing homes, especially those built in the 1960-70's are very institutional in design and construction. They do not lend to easily seeing and responding to residents needs, which is part of what creating this class of care is designed to accomplish in a home-like environment. Home Plus facilities exist equally in urban and rural settings, and do not disproportionately serve rural elders.

3) In 2005, providers appealed to the state to increase the number of residents they could house from 5 to 8. That increase was approved, over objections from advocates and KDHE agency staff. There were no corresponding staffing increases required. The rationale for requesting the increase was related to a business model and the cost of staffing. With eight residents there could be more than two nursing assistants in the house during high need times. In 2002 there was a request to raise Homes Plus capacity to 10 residents which was not approved. Pat Maben, an RN that worked at KDHE, surveyed Home Plus providers with a questionnaire asking their input about number of residents and the rationale for an increase. The consensus was that **if there were more than 8 residents, staffing would have to be increased to ensure safe care, but there would not be enough income to support the increase.**

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Senate Public Health & Welfare

Date 3-10-2011

Attachment 6

4) Insufficient Staffing Requirements: Since a Home Plus can be operated by a medication aide and a nurse consultant (who does not have to be on-site), this is a significant contributor to the concern we are voicing about increasing the maximum allowed residents. Oregon has a very successful program and only allows 5 residents. Washington state allows only six residents. Minnesota was used as a model for Home Plus in Kansas and still limits the number of residents to five.

5) Operator Educational Requirements must increase along with acuity of population served and numbers served in one setting. The operator of a Home Plus is required only to have a high school diploma or GED equivalent. The operator of a Home Plus is not required to have any background in health care even though the level of care required by residents may be significant as in the case of someone needing assistance with eating (choking risk), or with behaviors and conditions related to an Alzheimer's diagnosis (aggressive behavior). Operators are responsible for having enough staff "sufficient to meet resident needs" and yet the operator may have no health care knowledge, background or training from which to make such a determination. To become an Operator one must take a week of training and pass a test.

6) No additional legislative remedies are required to accomplish what this legislation proposes. Home Plus operators who wish to increase the number of persons they serve, need only to apply for a Residential Health Care Facility (RHCF) or an Assisted Living license. In committee testimony in the House, a Home Plus provider testified to changing her resident limit by applying for a license as a RHCF. Her complaint was the cost of the application, not that she was unable to achieve her goal.

7) There is no requirement to have a nurse in the residence, only available by phone. Nursing staffing is defined by resident care plans, not by a specific staffing requirement beyond "sufficient to meet resident needs". Raising the number of residents in a Home Plus without raising the requirements for adequate staffing, places current residents in jeopardy. Raising the number of residents should only occur if there is a concurrent required increase in daily nurse staffing, and in specific licensed nurse categories. A few years ago Kansas Advocates' director spoke with an operator of several Homes' Plus in Kansas. The owner operator was an LPN. The facilities got several citations including some that dealt with insufficient staffing. In talking with the operator, her position was that the surveyors were "picking on" her; she didn't think that she was spread too thin to do right for her residents. And that was from someone with a health care background in nursing.

8) Home Plus residential facilities serve persons with Alzheimer's but staff is not required to have dementia care training. In Assisted Living and Residential Health Care Facilities, staff must have dementia care training if they serve persons with Alzheimer's.

9) Each adult care home category is seeing an increase in the level of need for assistance in the population which they serve. Older Kansans and their families are choosing out-of-home placements much later in the care process than in previous decades. The level of care Home Plus and other licensed adult care homes are providing has increased, and now includes end of life care. This trend will likely continue. These facilities have far less health and safety oversight than skilled nursing facilities although in some cases they are serving a similarly challenged population. If the number of residents served increases, the required levels of staffing must concurrently increase to ensure health and safety for persons residing in Home Plus.

10) Kansas Department on Aging is responsible for conducting annual survey/inspections in all licensed adult care homes. Over the past several years they have not been able to complete the surveys in the Home Plus and Assisted Living type of facilities within the 12 month recommended time frame. This lack of oversight does not ensure the health and safety needs of elders in a home when there is poor performance.

In summary the proposed legislation could result in serving more adults with greater care needs in a setting not designed or staffed to meet their needs, and lead to unintended or bad health care outcomes for the vulnerable adults who live in them.

13 Homes Plus that according to KDOA have special care units (Alzheimer's and Dementia).

Special Care Unit HP

Facility Name	Licensed as	Address	City
Bridge Haven Memory Care Residence, LLC	HP	1126 Hilltop Dr.	Lawrence
Comfort Care Homes of KC #9833	HP	9833 Overbrook Ct.	Leawood
Comfort Care Homes of KC #7010	HP	7010 W. 69th Terr.	Overland Park
Comfort Care Homes, Inc. #641	HP	641 N. Broadmoor	Wichita
Comfort Care Homes, Inc. #509	HP	509 Tallyrand	Wichita
Sunflower Meadows #2	HP	5502 Polo	Wichita
Meadowlark Adult Care Home 1	HP	438 S. Socora	Wichita
Comfort Care Homes Inc. #441	HP	441 Morningside	Wichita
Sunflower Meadows #1	HP	649 N. Stratford	Wichita
Comfort Care Homes #6504	HP	6504 Oneida	Wichita
Comfort Care Homes, Inc. #1434	HP	1434 N. Armour	Wichita
Comfort Care Home, Inc. #147	HP	147 South Ridgewood	Wichita
Comfort Care Homes #6505	HP	6505 E. 10th	Wichita

For these reasons Kansas Advocates requests that you not approve an increase in residents allowed for Home Plus above the current 8.

Thank you,

Mitzi E. McFatrach

Home Plus Facilities in Kansas

Country Place Home Plus of Hoisington	Hoisington	Barton
Country Place Senior Living	Ellinwood	Barton
Franklin House	Fort Scott	Bourbon
Abundant Life Care Center	Hiawatha	Brown
The Pines of Hiawatha	Hiawatha	Brown
Country Angels	Baxter Springs	Cherokee
Family Care Home	Abilene	Dickinson
Coopers Home Care #1	Lawrence	Douglas
Coopers Home Care #2	Lawrence	Douglas
VNA Care Cottage	Lawrence	Douglas
Bridge Haven Memory Care Residence, LLC	Lawrence	Douglas
Coopers Home Care #3	Lawrence	Douglas
Christian Care Cottage #2	Ottawa	Franklin
Heart to Heart Home Plus	Pomona	Franklin
The Pines of Holton	Holton	Jackson
Glenn Moore Meadows	Holton	Jackson
Deer Park Senior Group Home - North	Meriden	Jefferson
Linnwood Place Home Plus	Valley Falls	Jefferson
Deer Park Senior Group Home South	Meriden	Jefferson
Seniorcare Homes Sagamore	Leawood	Johnson
Seniorcare Homes Foster	Overland Park	Johnson
Golden Years Adult Care Home	Olathe	Johnson
Galway Homes	Leawood	Johnson
Comfort Care Homes of KC #7010	Overland Park	Johnson

Willow Park Adult Center	Overland Park	Johnson
Southern Hospitality Home LLC	Olathe	Johnson
Galway Homes #2	Leawood	Johnson
Comfort Care Homes of KC #9833	Leawood	Johnson
Comfort Care Homes of KC #10001	Overland Park	Johnson
Seniorcare Homes 68th	Overland Park	Johnson
Shank Home LLC	Lakin	Kearny
Harmony Adult Home Plus	McPherson	McPherson
Heartland Haven	Inman	McPherson
Loving Care of McPherson	McPherson	McPherson
Sweet Country Homes, Inc.	Carbondale	Osage
Progressive Care Home Plus LLC	Alton	Osborne
Country Place Home Plus of Larned	Larned	Pawnee
Haven House	Haven	Reno
Hutchinson Home Plus	Hutchinson	Reno
Country Place Home Plus of Scandia	Scandia	Republic
Bethel House	Wichita	Sedgwick
Reflections Residential Care	Wichita	Sedgwick
Comfort Care Homes, Inc. #1434	Wichita	Sedgwick
Comfort Care Homes, Inc. #641	Wichita	Sedgwick
Comfort Care Home, Inc. #147	Wichita	Sedgwick
Comfort Care Homes, Inc. #509	Wichita	Sedgwick
Comfort Care Homes #6504	Wichita	Sedgwick
Sunflower Meadows #1	Wichita	Sedgwick

Home Plus Facilities in Kansas

Sunflower Meadows #2	Wichita	Sedgwick
Comfort Care Homes Inc. #441	Wichita	Sedgwick
Meadowlark Adult Care Home 5	Wichita	Sedgwick
Meadowlark Adult Care Home 1	Wichita	Sedgwick
Mothers & Others, LLC	Wichita	Sedgwick
Harbor Home B	Clearwater	Sedgwick
Harbor Home A	Clearwater	Sedgwick
Wellington Home Plus Living	Wichita	Sedgwick
Bethel House 2	Wichita	Sedgwick
Gracious Senior Living LLC II	Wichita	Sedgwick
Gracious Senior Living LLC I	Wichita	Sedgwick
Healing Hands Comfort Homes, LLC	Wichita	Sedgwick
Keepsake Adult Care, Inc.	Wichita	Sedgwick
Compassionate Care West	Wichita	Sedgwick
Arbor Homes Coe Court	Wichita	Sedgwick
Reflection Living of Timber Lakes	Wichita	Sedgwick
Covenant Care Senior Living	Wichita	Sedgwick
Majestic Home Plus Living	Wichita	Sedgwick
Meadowlark Adult Care Home 2	Wichita	Sedgwick
Gracious Senior Living LLC IV	Wichita	Sedgwick
Gracious Senior Living LLC III	Wichita	Sedgwick
Arbor Home - Rockwood	Wichita	Sedgwick
Reflections at Park West Plaza	Wichita	Sedgwick

Reflection Living of Hidden Lakes LLC	Wichita	Sedgwick
Reflection Living, LLC	Wichita	Sedgwick
Meadowlark Adult Care Home 4	Wichita	Sedgwick
Meadowlark Adult Care Home 6	Wichita	Sedgwick
Arbor Home-Siefkin	Wichita	Sedgwick
Meadowlark Adult Care Home 3	Wichita	Sedgwick
Comfort Care Homes #6505	Wichita	Sedgwick
New Beginnings Home Care	Wichita	Sedgwick
Caring Hearts for Senior Living	Wichita	Sedgwick
Arbor Home-Farmstead	Wichita	Sedgwick
Arbor Homes-Marjorie	Wichita	Sedgwick
Winter Meadows Homes I	Topeka	Shawnee
Autumn Home Plus	Topeka	Shawnee
Tammy the Pro LLC	Topeka	Shawnee
Topeka Adult Care Home	Topeka	Shawnee
The Bogart House	Topeka	Shawnee
Friendly Acres II	Wellington	Sumner
Joy Home	Oxford	Sumner
Sug's Home Care	Conway Springs	Sumner
Glenwood House	Wellington	Sumner
Phoenix House	Caldwell	Sumner
Johnsonville Home LLC	Kansas City	Wyandotte

#1-14 from National Center for Assisted Living/American Health Care Assn. 2010 Report

- 1) Arizona – 3 levels of care/broad range of care/staff development required
- 2) Arkansas – 2 levels of ALF
- 3) Delaware – requires NH Administrator for any 25+ beds
- 4) Florida – 3 levels of high care ability
- 5) Georgia – specialized regs for Memory Care Unit
- 6) Indiana – Admin. must have BS/BA or equivalent +40 training of CEUs each year
- 7) **Maine** – 3 levels of care 6 or fewer residents, 1 level of care 7+ residents
- 8) Maryland – resident with higher level of care needs requires a waiver from the state & show how it won't affect care for other residents
- 9) **Minnesota** – Housing with Services – 2 support services /or 1 health related service separate from ALF
- 10) North Carolina – 2-6 Family Homes or 7+ Adult Care Homes
- 11) **Texas** – 4 bed Adult Foster Care ALF type
- 12) **Oregon** – 5 persons
- 13) Washington – 7 persons
- 14) **Wisconsin** – 3 to 4 persons Adult Family Homes. Alzheimer's training required if care for dementia clients
- 15) **Oregon & Washington Adult Family Care Homes** serves higher level of impairment than ALFs do. They have a robust staff training program the state pays for. (per AARP 2009 report on Adult Foster Care Homes)



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kcal

ahca.

Senate Public Health and Welfare
March 10, 2011

Chairwoman Schmidt and Committee Members;

My name is Cindy Luxem, Executive Director of the Kansas Health Care Association and Kansas Center for Assisted Living, a trade association with a membership of over 185 nursing homes, assisted living, residential health care, home plus, and nursing facilities for mental health. Thank you for the opportunity to testify.

HB 2147 changes the number of residents residing in a Home Plus residence. We have Home Plus providers in our membership. Additionally, through the Operator's course which we provide three times a year qualifies the registrant to operate a state-regulated home of less than 60 residents, which includes Home Plus.

In my testimony I would like to provide you with points on both sides of the issue. First, for those currently providing services in a home plus model, they would like to have the number increased because it becomes financially impossible with only eight residents. One of my providers shared a story with me about how of the eight residents, five passed in a short amount of time. It is difficult replace the revenue. She is a registered nurse and also employs licensed practical nurses so she is doing exactly what this model is about. And of course, this is a popular model for many people because it serves fewer people. And because it is state regulated, the burden of weeding out incompetent providers would be left up to the surveyors. We do have the concern some Home Plus operators might choose to have this kind of home to avoid federal regulations and because potential residents are not screened, these folks could be running mini nursing homes.

Our concerns are some of the following. Home Plus is a state-regulated living environment. There are no staffing requirements. All the regulations say are: direct care staff or licensed staff shall be in attendance and responsive at all times. A registered professional nurse shall be available to provide supervision to licensed practical nurses...The issue about consistent quality care also concerns us because we see many entrepreneurs who believe senior care is the place to be and because they have taken care of a family member or friend believe they could just expand and start making money.

Also because Home Plus traditionally does not accept Medicaid, it might serve only well to do seniors and Medicaid clients would be relegated to the nursing home. The funding of HCBS is probably not feasible because there is nowhere to absorb the costs. Most Assisted Living providers write off about \$1400 per month because of low reimbursement of waiver services.

We do believe there is a place for the Home Plus particularly in the rural settings. And a Home Plus is certainly home-like.

In conclusion, I would respectfully ask that this have more time to be studied and put in the proper safe guards before we just make the change.

Thank you.
Cindy Luxem

Senate Public Health & Welfare
Date 3-10-2011
Attachment 7



To: Senator Vicki Schmidt, Chair, and Members,
Senate Public Health and Welfare Committee
From: Joe Ewert, KAHSA Government Affairs Director
Date: Thursday, March 10, 2011

Testimony in Support of House Bill 2147

Thank you, Madam Chair and Members of the Committee. I am Joe Ewert, Government Affairs Director of the Kansas Association of Homes and Services for the Aging. Over 20,000 older Kansans are served everyday by KAHSA's 160 not-for-profit nursing homes, retirement communities, assisted living and senior housing providers, and community-based service programs.

KAHSA supports creating an array of long-term services and support options for older Kansans. Three-fourths of our members provide community-based services. We are currently engaged in two grant projects focused on rural nursing home diversification.

At this time, few of our members have licensed Homes Plus. However, we have several members that are exploring the model and its suitability for their local community.

We support House Bill 2147, which would increase the maximum number of individuals allowed to live in a single Homes Plus residence to 12. The current maximum number of residents allowed in Homes Plus settings can create challenges to the financial feasibility of this model, especially during periods of turnover between residents. By providing greater flexibility, HB 2147 will strengthen the Homes Plus model and provide more long-term services and support options for older Kansans.

Should the bill go forward, we would look forward to assisting in a review and revision of the Homes Plus regulations and Operator requirements to assure continued delivery of quality services.

Thank you. I would be happy to answer questions.

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Senate Public Health & Welfare
Date 3-10-2011
Attachment 8