

MINUTES

JOINT COMMITTEE ON HOME AND COMMUNITY BASED SERVICES

September 23, 2008
Room 143-N—Statehouse

Members Present

Representative Bob Bethell, Chairperson
Senator Pat Apple, Vice-Chairperson
Senator David Haley
Senator Laura Kelly
Senator Dwayne Umbarger
Representative Jerry Henry
Representative Melody McCray-Miller
Representative Sharon Schwartz

Member Absent

Representative Brenda Landwehr

Staff Present

Terri Weber, Kansas Legislative Research Department
Amy Deckard, Kansas Legislative Research Department
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Nobuko Folmsbee, Office of the Revisor of Statutes
Renaee Jefferies, Office of the Revisor of Statutes
Florence Deeter, Committee Secretary

Conferees

Kathy Greenlee, Secretary, Kansas Department on Aging
Craig Kaberline, Kansas Area Agencies on Aging Association
Jim Beckwith, Northeast Kansas Area Agencies on Aging
Dr. Bill Craig, CEO, Lakemary Center
Jerry Michaud, Developmental Services of Northwest Kansas
Ron Pasmore, President/CEO, KETCH
Lori Feldkamp, Big Lakes Developmental Center
Tom Laing, Executive Director, Interhab
Dave Halferty, Kansas Department on Aging
Mark Bailey, Vice-President, Integrated Home Solutions, Via Christi

Heidi Pickerell, Vice-President, Client Services, Midland Care Connection
Tina Langley, Kansas Department on Aging
Ray Dalton, Kansas Department of Social and Rehabilitation Services
Jane Rhys, Kansas Council on Developmental Disabilities

Morning Session

The meeting was called to order at 9:10 a.m. The Chairperson welcomed Committee members and guests.

Kathy Greenlee, Kansas Department on Aging (KDOA), provided an overview of a study from the American Association of Retired Persons (AARP) Public Policy Institute ([Attachment 1](#)). The study provided data on Medicaid long-term care (LTC) spending for older adults with physical disabilities, and persons using home and community-based services (HCBS). Ms. Greenlee said about 6,000 older Kansans who were not eligible for Medicaid-funded services were able to receive care through the state-funded Senior Care Act program in 2007. She stated that the statistics show there is a need to balance funds proportionately with long-term services and supports (LTSS) and funds directed to institutional care services.

Ms. Greenlee noted that the four states having significant success in balancing their funding for LTC were Alaska, Washington, New Mexico, and Oregon. Each of these states spends more than 50 percent of their Medicaid LTC monies for HCBS. Other states spend five percent or less for HCBS. She indicated that, should the current rate of change in HCBS and nursing home spending remain constant, a spending balance of 50/50 will not be achieved until the year 2020. Included in the AARP report are various factors which may contribute to other states' success patterns (see page ix and x) and could be considered for progressive change in Kansas long-term care services.

Craig Kaberline, Executive Director, Kansas Area Agencies on Aging Association, said all 105 counties in Kansas are served by 11 Area Agencies on Aging (AAA) ([Attachment 2](#)). The primary goal lies in working to improve services and supports for all older Kansans and their caregivers by providing a range of optional programs from which to choose. He said the agencies have a quality assurance rating of 95 percent and case managers work diligently to create and maintain good services for Kansas seniors.

Jim Beckwith, Northeast Kansas Area Agency on Aging, said the agency has a single point of entry for seniors needing services ([Attachment 3](#)). He noted 90 percent of caregivers and seniors come to the agency during a crisis and usually have had no prior planning for such emergencies. He expressed concern regarding a move to a one-waiver system because of different philosophies among state agencies. Mr. Beckwith believes the HCBS-FE waiver is the most cost efficient waiver for clients. He reported that the level of customer satisfaction for the waiver program is very high with 99 percent recommending the program.

Dr. Bill Craig, CEO, Lakemary Center, which serves Miami and Johnson counties, said the Center was founded in 1969 as a mission project of the Catholic Church in Paola, Kansas. Many citizens of Miami County contributed to building a center where persons with disabilities could be served ([Attachment 4](#)). He said the work at the Center includes infants and toddlers in the *tiny-k* program, a psychiatric residential treatment facility for children with developmental disabilities and mental disorders, and residential and employment services for adults with disabilities.

Dr. Craig expressed concern regarding the long waiting lists for persons needing services. He noted the potential negative impact on families facing issues of care for their children. Dr. Craig recommended the Committee give full consideration to the issue of fully funding the *tiny-k* program and examine the policy set by the state for limiting children under five years of age from receiving services from the HCBS developmental disabilities waiver.

Jerry Michaud, President, Developmental Services of Northwest Kansas (DSNWK), spoke of the challenges rural communities face in providing services for individuals with disabilities ([Attachment 5](#)). He said DSNWK currently serves over 500 individuals and employs some 500 staff members. Overall, 18 counties contribute to the cost of services provided. Mr. Michaud shared his concern regarding the closure of the Wheatland Developmental Center in Colby, the downsizing of services in Oakley, and staff reductions and closing of the ceramic shop in Atwood due to the lack of funding. He spoke as an advocate for complete adoption of the legislative recommendations for community services for persons with disabilities from the Legislative Budget Committee report to the 2007 Legislature.

Ron Pasmore, President/CEO, KETCH, spoke as an advocate for employment for persons with developmental disabilities ([Attachment 6](#)). The philosophy of the KETCH program is based on the premise that persons with disabilities can be productive workers in their community. A three-year study conducted by DePaul University in Chicago found that employees with disabilities performed as well as employees having no disabilities in the healthcare, retail, and hospitality industries. Employer reports verified a very small difference between persons with disabilities and those having no disabilities when evaluating job performance ratings. Mr. Pasmore said people with disabilities make up 18.7 percent of the working age population, yet 70 percent of people with disabilities are unemployed. He noted that the current service system does not actively promote, encourage, or require employment as a service option for those with disabilities. The KETCH organization believes employment leads to increased levels of independence and a better quality of life for the disabled.

Lori Feldkamp, President/CEO, Big Lakes Developmental Center in Manhattan, Kansas, provided the Committee with information regarding the difficulty in developing community services for individuals with challenging behaviors ([Attachment 7](#)). She indicated the turnover of direct care staff is one of the greatest problems; only one of Center's 11 staff positions has remained for more than four months. The current beginning wage is \$9.00 per hour while a State Hospital Tech 1 position has a starting wage of \$12.05 per hour. She stressed the importance of recruiting and retaining qualified staff and recommended the adoption of the rate increases proposed by the Legislative Budget Committee.

Tom Laing, Executive Director, Interhab, provided a brief history of a system of care developed in the 1970s to serve persons with developmental disabilities living in Kansas ([Attachment 8](#)). The state's involvement proved to be effective and the Developmental Disabilities Reform Act was signed into law in 1995 to provide community services for persons with developmental disabilities. He said, at the present, there is a question of survival pursuant to the state's neglect in providing needed rate increases. Mr. Laing recommended the Committee review and support the funding plan from the report for the Legislative Budget Committee to the 2007 Legislature for the ongoing benefit of enriching the lives of vulnerable citizens of Kansas.

Dave Halferty, Director of the Nursing Facility and PACE Division, Kansas Department on Aging, provided an overview of the Program of All-Inclusive Care for the Elderly (PACE), stating two sites currently are operating in Kansas and a third site has been proposed ([Attachment 9](#)). He said PACE programs provide social and medical services primarily in adult day health centers and supplemental in-home and referral services are available as needed. Mr. Halferty outlined the enrollment process, the payment for services plan, and the location of the current facility. He stated

that the ultimate goal of PACE is to keep individuals living independently in the community for as long as possible.

Mark Bailey, Vice-President, Integrated Home Solutions, Via Christi HOPE of Wichita, explained the format of PACE in Sedgwick County (Attachment 10). He said PACE is an alternative to traditional long-term care placement and noted that the philosophy of PACE is to keep older adults at home with supportive medical care and homemaker and nursing services for as long as it is medically safe. A person enrolled in the PACE program receives all Medicare, Medicaid, and Part D benefits from the PACE program.

Heidi Pickerell, Vice-President of Client Services, Midland Care Connection, provided the Committee with information on the PACE program located in Topeka which provides services in seven surrounding counties (Attachment 11). She said since February 2007, the program has shown an average growth of 17 percent each month. Her testimony includes a list of services provided through the PACE program.

In answer to a member's questions, Ms. Pickerell explained the fee schedule of PACE by saying it is a blended system of capitated payments from Medicaid and Medicare. The state covers the cost per eligible member at a rate of \$2,091 annually to provide all services.

Secretary Greenlee provided additional information and will provide written data for clarification of the reimbursements to PACE.

Afternoon Session

The Chairperson requested that Secretary Greenlee update the Committee on the Adult Day Care program. She introduced Bill McDaniel, KDOA, who provided information on the reimbursement rates and locations of adult day care facilities in Kansas (Attachment 12). Mr. McDaniel stated that the rates for adult day care are \$21.98 for one to five hours of service and \$43.85 for six to ten hours of service. The six to ten hours of service rate is the maximum rate allowed, and those rates are most often requested. He commented on the list of over 221 providers enrolled who are allowed to provide adult day care services. Mr. McDaniel said upon investigation of some local private care facilities, a rate of \$55 per day is required for up to ten hours of care. He explained transportation to and from the adult day service facility is needed for many adults. Mr. McDaniel responded to questions from the Committee by stating licensing of a facility is required by the state and each agency sets the level of fees for services.

Tina Langley, KDOA, provided information on the joint program of the federal Administration on Aging (AoA) and the federal Centers for Medicare and Medicaid Services (CMS). Her report on the Aging and Disability Resource Center (ADRC) includes the vision and expectations at the national level, the primary focus of ADRC, and the goals of the Kansas ADRC project being implemented in the two pilot communities of Wichita and Hays (Attachment 13). Ms. Langley explained that each state formulates its own program to make points of contact available so there is no "wrong door" of entry. She said KDOA is in the process of developing an online database to facilitate a public awareness campaign. She answered a question about the inclusion of individuals with brain injuries, stating this specific group has not yet been considered. Ray Dalton, Department of Social and Rehabilitation Services (SRS), indicated the agency is participating with KDOA to include other agencies and to provide information and resources to persons needing assistance.

Bill McDaniel, KDOA, addressed the Committee with follow-up information in answer to questions from the previous meeting regarding the Money Follows the Person (MFP) program ([Attachment 14](#)). He also provided an update on the status of referrals to the program.

Ray Dalton, SRS, explained a chart showing MR/DD supports and services from Kansas, Colorado, Oklahoma, Nebraska, and Missouri ([Attachment 15](#)). The chart covers the topics of waivers, services provided, funding, annual expenditures, the number of persons in ICES-MR, and the number of persons on waiting lists. Mr. Dalton responded to a question stating there is the possibility of determining the amount of Medicaid dollars spent on services outside the parameters of the stated guidelines; however, each state set its qualifiers for waivers and there is no standardized procedure.

Jane Rhys, Kansas Council on Developmental Disabilities, provided testimony with detailed information on the comparison of HCBS waivers used in surrounding states ([Attachment 16](#)). She said that all the states have qualifications for service and the requirements vary from state to state. Information specific to each state is included, some of which was obtained from the 2008 Braddock Report on Developmental Disabilities. The Chairperson noted that portions of this report and other written testimony is included in members' folders.

Dr. Rhys emphasized the need for services among 1,545 Kansans, some of whom have been on waiting lists for two to three years. In addition, she stated 2,054 persons are on the underserved waiting lists and are in need of additional services. Dr. Rhys recommended the Committee give consideration to House Substitute for SB 365, Sec. 2(a) to provide funding for services for deserving individuals.

Ray Dalton, SRS, provided a summary of personnel costs from a sample of HCBS providers and personnel information on staff training, turnover, vacancies, and wages ([Attachment 17](#)). Addressing the issue of direct care workers salaries and other expenditures by provider organizations, he elaborated on the statistics in the report.

Mr. Dalton gave further explanation of the Money Follows the Person (MFP) program ([Attachment 18](#)). He said the grant is a tool for helping to rebalance the expenditures between institutional and community-based services. Mr. Dalton provided the number of persons transitioned from nursing facilities into the community.

Written testimony was submitted by Maren Turner, Director, AARP, with a spreadsheet of information from each state ([Attachment 19](#)).

The Chairperson brought attention to other written testimony and reference material in members' folders:

- Dr. Linda Mitchell, Coordinating Council on Early Childhood Developmental Services ([Attachment 20](#));
- Dave Braddock, Ph.D., University of Colorado ([Attachment 21](#));
- Gilbert Cruz, State Long-Term Care Ombudsman ([Attachment 22](#));
- Jane Kelly, Kansas Home Care Association ([Attachment 23](#)); and
- Kelly Navinsky-Wenzl, Kansas Legislative Research Department ([Attachment 24](#)).

Bill McDaniel, KDOA, added further information, saying names of individuals interested in transitioning to the community can now be shared with other agencies; the number of days allocated for case management has been increased to 180; and Medicaid administrative activity can now be billed at 50 percent.

The Chairperson opened the floor for Committee discussion. Members requested the following:

- Information on why Kansas has a high level of the elderly receiving nursing care;
- The financial impact of lowering the DD waiver to age three;
- Additional information on vocational training that students can obtain at the middle school and high school levels;
- Additional information on the barriers associated with the PACE program;
- A future legislative review of new technology to provide better care with less staff; and
- A website for consumers to access updated information on available services.

The Chairperson thanked the members for their comments. The meeting adjourned at 3:40 p.m. The next meeting is scheduled for October 22, 2008, at 9:00 a.m.

Prepared by Florence Deeter
Edited by Amy Deckard, Terri Weber,
and Kelly Navinsky-Wenzl

Approved by Committee on:

October 22, 2008

(Date)