Task Force on Long-Term Care Services

YEAR TWO REPORT

CONCLUSIONS AND RECOMMENDATIONS

The Task Force reaffirms the six broad goals and the policy directions and strategies adopted last year. The Task Force believes progress is being made on providing greater freedom of choice for recipients of long-term care services and progress is being made on compiling needed demographic information for informed decision making regarding long-term care services. The Task Force recommends a bill be introduced into the 2002 Legislature to raise the number of residents allowed in Home Plus facilities from five to eight persons.

Proposed Legislation: The Task Force recommends one bill.

BACKGROUND

Long-Term Care Task Force Created

HB 2780 enacted by the 2000 Legislature and codified at KSA 65-6206 created a 20-member Task Force on Long-Term Care Services to study:

> ". . . state and federal laws and regulations and regulations which impact on the services provided by the government and the private sector to citizens who are consumers of long-term care services, the financing of these services, both public and private, the effectiveness of partnering activities between state agencies and long-term care providers, and such other matters as the Task Force deems appropriate.

The bill later defines long-term care as including a broad spectrum of supports, ranging from skilled nursing services to assistance with activities of daily living or help with instrumental activities of daily living."

Seven members of the Task Force are appointed by the Legislative Coordinating Council. Three of these appointees must be consumers of long-term care, three providers of long-term care, and one a trustee or board member of a long-term care facility. Of these seven no more than two members may reside in any one congressional district.

The Chair and Vice Chair of the Task Force are appointed by the Legislative Coordinating Council from among the members of the Task Force. The Chair is to be a legislative member.

Two members are appointed by the President of the Senate and the Speaker of the House. Of the two appointments, one is to be a member of the Senate Committee on Ways and Means and one a member of the House Committee on Appropriations. The appointees must be from different political parties.

An additional two members are appointed by the Senate President, and the Minority Leader of the Senate is to appoint two members. In each case, one appointee must be a member of the Senate Committee on Public Health and Welfare and one a member of the Senate Committee on Financial Institutions and Insurance.

Two members are appointed by the Speaker of the House and two members are appointed by the Minority Leader of the House. In each case, one appointee must be a member of the House Committee on Health and Human Services and one a member of the House Committee on Insurance.

The Secretaries of Social and Rehabilitation Services, Aging, and Health and Environment or their designees make up the remaining members of the Task Force.

The Task Force is required to submit a report and recommendations to the Governor and Legislature on or before the second Monday of January each year through 2005, the year in which the statute creating the Task Force will expire. In developing recommendations, the Task Force is to consider creative, common sense solutions and approaches to problems that do not necessarily require additional expenditures.

In addition to the Task Force's statutory charge, the Legislative Coordinating Council assigned two additional topics for the Task Force to consider during the 2001 Interim. These topics included: to review the issue of freedom of choice in the long-term care system; and to study the implications of the demographic changes in the state on the provision of log-term care services.

Membership of the Long-Term Care Task Force

The current membership of the Task Force appears in the box below. Note there have been three new legislative members (Senators) appointed as a result of the November, 2000 elections. Further, three new nonlegislators were also appointed to fill vacancies.

Legislative Members

Rep. Melvin Neufeld, Chair
Sen. Paul Feleciano
Sen. Janis Lee
Sen. Chris Steineger
Sen. Susan Wagle
Sen. Sandy Praeger, Vice Chair
Rep. Bob Bethell
Rep. Garry Boston
Rep. Nancy Kirk
Rep. Judy Showalter

Nonlegislative Members

Mark Baily, Via Christi Services
Evie Curtis, Kansas Advocates for Better Care
Linda Lubensky Kansas Home Care Association
Carol Moore, ANP (Gerontology) Mennonite Friendship Manor
Bob Smith, Alzheimer Association
Sister Beth Stover, North Central Flint Hills AAA
Ray Vernon, Wesley Towers
Janis DeBoer (Aging)
Martha Hodgesmith (SRS)
Patricia Maben (KDHE)

TASK FORCE ACTIVITIES

The Task Force met seven days during calendar year 2001. A two-day meeting was held in late January where long-term care provider organizations and state agencies reviewed staffing issues and concerns: staffing levels, turnover rates, training, low salaries and benefits, and related matters. State reimbursement rates and methodologies were also reviewed. Two days in September were

spent hearing from the Secretary of the Kansas Department on Aging, who reviewed the newly developed strategic plan for the elderly. The Secretary of the Kansas Department of Social and Rehabilitation Services reviewed the SRS strategic planning for long-term care for persons with disabilities.

The Vice Chair of the Task Force reported on the Oregon future retirement income asset project.

On the second day of the September meeting, the Task Force attended the Kansas Health Policy Forum sponsored by the Kansas Health Institute.

At the two-day hearing in October, the Task Force toured a Home Plus facility in Topeka, an assisted living facility in Valley Falls, a nursing home at Oskaloosa, and several intermediate care facilities for the mentally retarded at Lawrence.

On the second October meeting day, the Task Force heard from the Director of Research and Extension Office of Community Health, Kansas State University, a representative of the Kansas Association of Centers for Independent Living, representatives of several independent living resource centers, a representative of a private drug company that had initiated a senior discount pharmacy program, and a representative of an Area Agency on Aging. Further, the Director of the Kansas Geriatric Education Center at the University of Kansas School of Medicine gave a projected demographic view of the future Kansas elderly population. A representative of the Kansas Department of Health and Environment (KDHE) gave a presentation regarding creating choice for long-term care services.

At the November meeting, a representative of the KDHE's Office of Local and Rural Health gave an overview of issues facing rural areas.

Year Two Conclusions and Recommendations

Year One Goals Reaffirmed

The Task Force reiterates the following definition of long-term care and its conclusions formulated as six broad goals and the policy directions, strategies, and immediate actions attached to each goal of the Task-Force developed in year one.

> Long-term care is defined as providing assistance to meet needs of persons who are limited in their ability to function independently over an extended period of time.
>
> Assistance includes the informal network of families, friends, and community services as well as formal services such as social service agencies, home health agencies, supportive day care, assisted and residential living, and nursing homes. Professional care coordination is a critical component of the long-term care system.

The Task Force, by consensus, arrived at six goals to be achieved by the end of 2005. The Task Force also determined an overall policy direction to be attributed to each of the goals. From each goal and policy direction several strategies were adopted to achieve the goal and one or more steps for immediate action to move toward achieving the goal were selected. The following is a listing of each of the six goals and the policy directives, strategies, immediate action steps that attach to it. Steps that have been taken to date to achieve the goals, policy directions, and

strategies are then described.

I. Goal No. 1: Establish a long-term care system which is understood and supported by Kansans; which recognizes the dignity and uniqueness of persons needing long-term care which promotes the need for healthy lifestyles; and which enables informed consumers to understand the possible outcomes of their choices.

Policy Direction: All Kansans should have a right to access accurate, timely, and understandable information regarding the Kansas Long-Term Care System.

Strategies and Immediate Action:

1. Develop an interactive Internet website to permit access to information regarding long-term care services available in Kansas; develop and disseminate brochures and related publications informing Kansans of long-term care services available; and develop and promote public service announcements regarding the Kansas Long-Term Care System.

2. Investigate the feasibility of establishing a 2-1-1 telephone system for Kansas by implementing a pilot project in two areas, one urban and one rural, with live operators to disseminate long-term care information in non-crisis situations.

3. Direct SRS to develop comparable data to the Elder Count book to include persons with physical and mental disabilities.

4. The University of Kansas Medical Center's Center on Aging in conjunction with the Kansas Department on Aging should continue to update the demographic profile of the future Kansas aging population and begin to develop models to project future long-term care costs to serve these populations. The Department of Social and Rehabilitation Services (SRS) should cooperate with the above entities and develop similar future demographic profiles of the disabled populations and models to project future long-term care costs to serve these groups also. Every effort should be made to integrate these efforts with the Elder Count Project that is currently in progress.

Progress to Date: The Kansas Department on Aging noted numerous improvements had been made to its website.

II. Goal No. 2: Provide an accessible, integrated, and comprehensive range of service options to meet consumer needs.

Policy Direction: An on-going process should be initiated that assesses the long-term care needs of Kansans and matches them with quality services whether publicly or privately funded.

Strategies and Immediate Action: The Insurance Commissioner is requested to examine the feasibility of an alliance between the State of Kansas and private insurers to offer long-term care insurance policies that are comprehensive and affordable to a broad range of individuals and report to the appropriate 2001 House and Senate standing committees.

Progress to Date: The Kansas Department of Insurance submitted a report on the feasibility of an alliance between the state of Kansas and private insurers to offer long-term care policies. The report provides background on the issue, describes the state of Kansas long-term care insurance program for state employees, describes federal efforts to establish long-term care insurance for federal employ-

ees, describes certain problems and limitations in bringing about the proposed alliance, describes actions taken by the Kansas Insurance Department in this area, and discusses certain proposed incentives including state income tax incentives. The report concludes that there is no magic solution to creating one effective alliance between government and the insurance industry to provide long-term care insurance that is comprehensive and affordable to a broad range of individuals.

The Task Force was informed by SRS that long-term care insurance premiums are allowable against a person's spenddown for medical purposes just like health insurance premiums. It was noted that the state could create a program to pay for long-term care insurance coverage. The state would need to address the possibility that individuals who would likely be covered by such a program might be persons who expect to need services in the near future and the expense of a program could be considerable. Developing a program would have a number of challenges. It would be necessary to take into account the type of coverage offered as most long-term care insurance policies do not cover 100 % of costs, have a number of limitations, and may be even more restrictive based on the age and medical condition of the potential insured person. Medicaid provides full coverage and likely would still be needed as a supplement for things like drugs.

See also the Topic No. 1—Freedom of Choice heading where progress by the Kansas Department on Aging and the Kansas Department of Social and Rehabilitation Services toward achieving this goal is noted.

III. Goal No. 3: Provide high quality long-term care.

Policy Direction: The management, funding, and regulatory functions of the Kansas long-term care system should be accountable for the achievement of desired, specified, and measurable outcomes.

Strategies and Immediate Actions:

1. A user friendly, understandable system should be created to identify quality outcomes, customer satisfaction, and provide effective dispute resolution or grievance procedures for licensed facilities and agencies providing long-term care. The Kansas Department on Aging is to be the lead agency in convening a group to include the Department of Social Rehabilitation Services, Kansas Department of Health and Environment, the provider organizations, and advocacy groups.

2. The survey process should be altered to insure the focus is on quality of care and consistency of the surveys (inspections) of long-term care facilities and agencies. The Task Force requests that a person from the Washington State Quality Assurance Nurse Program be brought to Kansas to present information to a joint meeting of the House and Senate Public Health and Welfare committees and the Task Force on Long-Term Care Services at the beginning of the 2001 Legislature.

3. A study should be conducted by the Kansas Department on Aging with the assistance of the Department of Social and Rehabilitation Services, the Department of Health and Environment, and other appropriate parties including the Kansas Insurance Commissioner to determine the implication of survey results on

liability insurance rate increases and nonrenewal of policies for long-term care facilities and agencies. The findings should be to the appropriate standing committees of the 2001 Legislature.

4. The Kansas Department on Aging, as the lead agency, with the Kansas Department of Social and Rehabilitation Services and the Kansas Department of Health and Environment, provider organizations and advocacy groups, is requested to develop a proposal for a more formal system of continued coordination and monitoring of the long-term care services delivery system which system continually reassesses the service needs of Kansans, evaluates the quality of services provided and insures needed changes are made in a timely fashion. The proposal for the system should be presented to the Task Force.

Progress to Date: The Task Force notes that a report is being prepared by the Kansas Department on Aging and the Kansas Insurance Department regarding the impact of survey (inspection) results on nursing home liability insurance premiums. See Goal 3, Strategy 3 above.

IV. Goal 4: Provide Effective, Efficient, and Affordable Services.

Policy Direction: The Kansas long-term care system should provide the appropriate level of service emphasizing personal responsibility, prevention, and home and community based care which supports the informal network of family, friends and neighbors, and clearly establishes the locus of funding responsibilities.

Strategies and Immediate Action:

1. An analysis of the current licensed Home Plus system should be made to determine its cost effectiveness.

2. A format shall be developed to independently assess the role, function, and effectiveness of point of entry state contractors and providers of long-term care services and the appropriateness of their placements.

3. A system should be established to monitor cost effectiveness of long-term care services.

V. Goal No. 5: Support an Adequate and Effective Work Force.

Policy Direction: Incentives should be initiated that will assure adequate compensation, training, and career development to direct care workers in the Kansas Long-Term Care System.

Strategies and Immediate Actions:

1. The Task Force will examine the current reimbursement system at the beginning of the 2001 Legislative Session and make recommendations to the 2001 Legislature regarding modifications of the reimbursements for direct care workers in the long-term care delivery system.

2. The Kansas Department of Human Resources should make an assessment of the successful training and retention programs that are available for long-term direct care workers in Kansas and nationally. In implementing this request of the Task Force, KDHR should make use of information obtained, under SCR 1606, passed by the 2000 Legislature. SCR 1606 requests the Governor to ask the various secretaries of Executive Branch agencies to examine the industrial training and retraining law and to identify funds available for training and retraining or continuing education of long-term care

staff and report this information to the 2001 Legislature.

VI. Goal No. 6: Provide Coordination and Communication Between the Federal Agencies, State Agencies, and Local Agencies, and Between the Public and Private Sectors.

Policy Direction: Long-term care programs and policies should be developed through a broad-based, consensus building process involving all the key stake holders at all levels of government, the public and private sectors, as well as consumers and family members.

Strategies and Immediate Action:

1. Secure funding to hire a professional public relations firm to inform Kansans about long-term care needs and solutions.

2. The Task Force should host a series of town meetings on the Kansas Long-Term Care System in the 2001 Interim. The town meetings will serve as a means to gather as well as to disseminate information about the need to further develop the Kansas Long-Term Care System.

Progress to Date: In regard to Goal No. 6, Strategy No. 2 calling for a series of town meetings on long-term care issues during the 2001 interim, the Task Force did not undertake this strategy due to the cost of holding these meetings and the Task Force's recognition of tight fiscal constraints of the state.

Topic No. 1—Freedom of Choice

In regard to Topic No. 1—Freedom of Choice, the Task Force notes that the Kansas Department of Aging adopted a strategic plan in June, 2001 which incorporates most of the Task Force on Long-Term Care Services goals, policy directions and strategies adopted as part of its 2000 report to the Kansas Legislature and the Governor and reaffirmed in this report. For example, Goal II of the KDOA's strategic plan provides for the development of "a continuum of choices in services for seniors" KDOA policy directions to achieve. Goal II includes:

1. expand availability of service options;

2. support seniors in self determination; and

3. support quality of life issues.

See also, Goal No. 1 in the community Supports and Service portion of the SRS Business Plan for 2001 which provides the following:

> "To assist persons with persons with physical disabilities to optimize their independence and community integration . . ."

Goal No. 2 for the developmentally disabled provides the following:

> "Ensure access to individually planned supports which meet person centered quality of life outcomes . . ."

The Task Force believes that the state agencies involved in providing long-term care services for Kansas in need of these services have taken initial steps needed to provide freedom of choice in services for persons needing long-term care.

Topic No. 2—Implications of Demographic Changes

The Task Force heard a report from the Director of Kansas Geriatric Education

Center and Rural Interdisciplinary Training Program for the University of Kansas Medical Center. She predicted there would be an increasing number of elderly persons with disabilities and fewer family members to provide care to the elderly due to smaller family size. She said a stable workforce will be needed to provide care.

The Task Force will receive a report in the year 2002 from the Kansas Elder Court Project. The final report has been postponed so 2000 Census data regarding income, poverty, and labor force may be added. Funding is provided by the Kansas Health Foundation and Milbank Memorial Fund.

Other Task Force Recommendations

The Task Force recommends that a pilot project be undertaken by the Kansas Department on Aging to determine whether hospital acute care for persons needing long-term care could be reduced by better case management, medication management, and providing services in the home.

The Task Force recommends legislation be introduced into the 2002 Legislature to allow Home Plus facilities to care for not to exceed eight persons needing long-term care. The current limit is five persons.

The Task Force lauds the Kansas Department of Aging for assuming the leadership role in providing long-term care services for the elderly and in coordinating efforts for providing long-term care services for all persons in need of such care.

The Task Force also recognizes the efforts of the Kansas Department of Social and Rehabilitation Services (SRS) in its efforts to engage in strategic planning for long-term care for persons with disabilities as part of its annual business plan.