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Acting Secretary Kathy Greenlee
Kansas Department on Aging
New England Building
503 S. Kansas Avenue
Topeka, Kansas 66603

Dear Secretary Greenlee:

On behalf of the Kansas Health Care Association (KHCA) and Kansas Center for Assisted Living (KCAL) membership, I appreciate the opportunity to provide comments on the 2008 KDOA budget priorities.

We in long term care are passionate about our mission of providing services to the elderly, the disabled and individuals with mental health illness and developmental disabilities. We have a tremendous respect for those we care for and their families.

First of all, let me thank you for a sense of partnership which we believe currently exists with the Kansas Department on Aging. We understand our profession will not always see things the same as KDOA but we appreciate the open dialogue.

I think the nursing home profession is often painted as having elders in their care who have no reason to be there and should be cared for at home. While there may be isolated cases of a person in a nursing home who could be at home, with proper home health care, we submit they are just that – isolated cases. Most of whom we care for are acutely ill and need more than a few hours of care each week. They also need interaction with other elders to address basic needs we all have for social connections.

We believe it is about having choices and options available in our communities. We too want those who safely and willingly can to live at home as long as possible. If the home and community based infrastructure is in place and can safely meet health care needs at home, then certainly we support that effort. In fact, many of Kansas' nursing home providers are providing those very services in delivering a variety of services.

We in our profession want to continue providing the best quality of care for those seniors and their families whose choice is a nursing facility. To that end as of June 16, 2006, 171 KHCA/KCAL member facilities, have signed the Quality 1st Pledge. We also want to make sure that each Kansan has the choice to stay as close to their home as possible when they make this decision.

Some suggestions we have are:

- Encourage the use of *My Innerview* to track and analyze key performance data to measure quality in our state's elderly living spaces. In their analysis nationwide customer satisfaction is a strong indicator of quality care being delivered.

- Long term care general and professional liability insurance costs continue to increase at an alarming rate. With the new QIS process we are concerned about how this will affect outcomes for insurance rates.
- One of the biggest challenges that providers face is related to the survey and not understanding how the surveyors interpret the requirements of regulations. We understand CMS provides interpretive guidelines- that still require judgment and subjective evaluation on the part of surveyors. There is significant lack of consistency in application and remedies among surveyors in our very own CMS region. Surveyors also would benefit from having an understanding of the challenges faced daily by the staff of a nursing facility or at least having a grasp of what it really means to work with residents on a daily basis. To that end, we will do whatever is necessary to provide joint training opportunities
- Capital Improvements also remain an issue in bringing the older homes into quality living spaces.
- Anything you can do to encourage investments for information technologies through loans or tax credits.
- Promote personal responsibility and choice in long term care planning
- Develop Medicaid demonstration projects and studies. Possibly look at a test project for a provider-coordinated, market driven and integrated long term care delivery system; and conduct a study to develop payment rates that apply principles suited for long term care. KHCA believes the NF/MH's should be reimbursed using an alternative method to the MDS scoring which does not accurately measure the acuity level of the mental health resident.
- Rural Health concerns in examining the reimbursement disparities between rural acute and long term care providers.

We request that Kansas act as a responsible partner with its health care providers to maintain a stable, consistent funding environment conducive to sustaining quality services on a continuing basis. This will allow all of us to prepare the infrastructure to accommodate the growing aged in Kansas. Finally, we believe that quality and financial stability go hand in hand in assuring the future of our profession.

Thank you for your consideration.



Cindy Luxem
President/CEO
Kansas Health Care Association