



Department on Aging

SFY 2006 Annual Report

July 1, 2005, through June 30, 2006

Kathleen Sebelius
Governor

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Acting Secretary of Aging

Kansas Department on Aging

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Kansas Department on Aging

Mission Statement

*To promote
the security,
dignity,
and independence
of Kansas seniors*

Vision

*KDOA envisions
a community that empowers
Kansas seniors
to make choices
about their lives*





The Kansas Department on Aging (KDOA) does not discriminate on the basis of race, color, national origin, sex, age or disability.

If you feel you have been discriminated against, you have the right to file a complaint with KDOA at 800-432-3535 or TDD 785-291-3167 or 800-766-3777.

Message from the Secretary

January 2007

Security. Dignity. Independence. These are the values that are central to a quality life for seniors. Our mission at KDOA is to promote these values and that can only be accomplished if an array of services are available to meet the needs of Kansas seniors.

As I traveled across the state this past year, I talked with hundreds of seniors. Each person's needs and wants are unique, but to a person, every one of them told me the same thing. They want to age at home, gracefully and on their own terms. My conversations with seniors affirm our vision of building a community that empowers Kansas seniors to make choices about their lives.

Our priority then is to support Kansas seniors by improving the range of choices and services available to them. We work with partner organizations, other State agencies and individual advocates to make that vision a reality.

Our FY 2006 annual report reflects our efforts to support the goals which we have identified in each of three primary areas:

- **Health** – At KDOA, we strive to help seniors achieve healthier, more active lives through prevention and intervention.
- **Community Services** – We work to make an array of high quality community services and supports available to Kansas seniors and other individuals.
- **Culture Change in Long-Term Care** – It is our goal to enhance the expectation of Kansans toward person-directed options both in the community and in adult care homes.

We accomplish these goals through our primary business functions of advocacy, the purchase of services, and regulation. Whether we are working to improve the health of seniors through the Senior Farmers Market Nutrition Program or monitoring the quality of adult care homes through the survey process, our efforts to improve the choices of seniors assure the security of seniors, protect their dignity and are provided in settings that promote their independence.



Kathy Greenlee
Acting Secretary of Aging

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KDOA Organizational Chart and Directory

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Healthy Aging

- *Help Kansas seniors achieve healthier, more active lives through prevention and intervention.*

Senior Farmers Market Nutrition Program (SFMNP)

The Senior Farmers Market Nutrition Program promotes better nutrition among low-income seniors age 60 and older and expands the revenue base for farmers marketing fresh, locally grown produce at organized farmers markets, roadside stands and community supported agriculture farms.

People served:

- 7,045 low-income seniors served through three food assistance programs each received 15 \$2 checks to exchange for locally grown fresh fruits, vegetables and herbs; 1,567 received three \$10 bundles when their local commodities were delivered by the local agency; and 4,652 additional seniors, some of whom had received checks, also received one bundle. Participating food assistance programs were the Commodity Supplemental Food Program (CSFP), the Emergency Food Assistance Program (TEFAP) and the Older Americans Act (OAA).
- 195 growers accepted the checks and cashed them for \$142,936. In addition, 38 growers received \$78,798 for providing bundles.

Dollars:

The program is funded under a **\$188,580** U.S. Department of Agriculture grant and **\$33,157** in State General Funds for 2006.

Locations:

The SFMNP program was available in 20 Kansas counties: Atchison, Bourbon, Cloud, Dickinson, Douglas, Finney, Graham, Harvey, Johnson, Leavenworth, Lyon, Marion, McPherson, Reno, Republic, Riley, Saline, Sedgwick, Shawnee and Wyandotte.

Education:

Seniors were taught how to select, store and prepare the fresh produce by local K-State Cooperative Extension staff providing instruction or information during check distribution or at the farmers market.

Seniors Together Enjoy Physical Success (STEPS)

The Seniors Together Enjoy Physical Success program provides fitness classes addressing unique physical needs of seniors age 60 and over. The one-hour classes, held three times a week, focus on balance, coordination, and upper and lower extremity strength. Instructors for the program are nationally certified and trained in fitness for seniors. STEPS is a component of the Governor's HealthyKansas Initiative.

Participants are assessed before they begin the classes and throughout to evaluate overall strength and balance. The program's mission is to improve physical and mental health, increase social functioning and reduce health care costs by minimizing chronic conditions.

Dollars:

This project is a three-year grant for the period of 2006 through 2008 and is funded by The Sunflower Foundation: Health Care for Kansans. The total grant amount is **\$150,000**.

Persons served:

Classes are open to any individual 60 and older. First-year classes all operated at the full capacity of 25 each.

Locations:

The program is currently offered in three communities (Great Bend, Oberlin, Topeka) and will expand to Concordia, Cottonwood Falls, Dodge City, Garden City, Hiawatha and Winfield in 2007. Six more communities will be added in 2008.

Older Americans Act - Title III-C *Nutrition Program*

Meals are provided to eligible participants on a contribution basis in a congregate setting (Title III-C(1)), or within a homebound individual's place of residence (Title III-C(2)).

Dollars:
As of Nov. 1, 2006,
\$16,383,638 from all sources
was spent to provide meals to
seniors in FFY 2006.

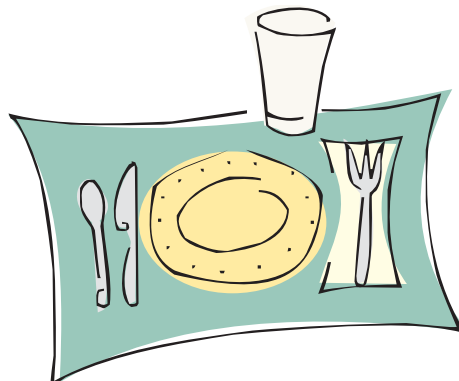
Persons served:

There were 26,081 congregate customers (64%) provided with 1,581,503 meals and 14,487 home delivery customers (36%) provided with 1,806,545 meals in FFY 2006.

Demographics of those served:

Characteristics of persons receiving meals are shown in the following table:

Characteristics	Congregate	Home Delivered
Male	36%	32%
Female	64%	68%
Lives alone	45%	54%
Aged 64 and under	14%	7%
Aged 65 to 74	29%	20%
Aged 75 to 84	39%	40%
Aged 85 or older	17%	32%



Older Americans Act- Title III-D *Disease Prevention and Health Promotion Services*

Title III-D of the Older Americans Act provides Disease Prevention and Health Promotion Services grants to Area Agencies on Aging. These grants support any of the 15 health-related services, such as health risk evaluations, screening, nutrition counseling, health promotion programs, physical fitness and exercise programs, home injury control screening and the screening for the prevention of depression.

Dollars:

As of Nov. 1, 2006,
\$241,141 from all sources was
expended for health-related
services in FFY 2006.

Number of estimated persons served during FY 2006:

Services	Units of Service	Persons Served
Screening	2,379	1,469
Nutrition Counseling	133	129
Nutrition Education	194	5,012
Health Promotion Programs	701	4,604
Physical Fitness and Exercise Programs	2,331	1,154
Home Injury Control Screening	58	58
Home Injury Control Education	40	501
Education Programs Preventive Health	35	1,306
Medication Management Education	2,727	7,962
Information Age Related Disorders	1,791	1,098

Choices in Consumer Services

■ *Make an array of high-quality supports and services available to Kansas seniors and other individuals.*

Senior Health Insurance Counseling for Kansas (SHICK)

More than 300 Senior Health Insurance Counseling for Kansas volunteers, working through 16 regional sponsoring organizations across the state, help Kansans understand their Medicare benefits. SHICK counselors provide information and assistance with Medicare claims and appeals, Medicare Prescription Drug Coverage (Part D), Medicare supplemental insurance (Medigap) policies, and long-term care financing and options. SHICK counselors also help eligible consumers access the assistance programs offered by pharmaceutical companies to reduce medication costs.

Persons served:

SHICK services are available to all Kansas Medicare beneficiaries and are provided at no cost to the customer. SHICK counselors provided 21,345 hours of direct counseling and information services to 35,969 Kansans. In addition, SHICK's outreach activities reached nearly 2 million Kansans with information about Medicare.

Savings:

SHICK volunteers helped Kansas Medicare beneficiaries save an estimated \$10 million.

Dollars:

SHICK is funded by a grant from the Centers for Medicare and Medicaid Services (CMS). CMS provided \$345,812 in funding for the 2006 grant year. In addition, the Legislature appropriated \$500,000 to the Long-Term Care Ombudsman's office in SFY 2007 to assist with Medicare Part D enrollment. The majority of these funds were used to support SHICK's outreach and enrollment efforts.

Senior Medicare Patrol (SMP)

The Senior Medicare Patrol program educates Medicare and Medicaid beneficiaries and providers about health care error, fraud and abuse. SMP collaborates with community-based organizations across the state to recruit retired professionals and train them as volunteer educators. Through the partnering organizations, volunteers create a statewide network of fraud experts who educate beneficiaries about recognizing health care fraud/abuse and reporting it.

Persons served:

SMP trained 143 volunteers and provided education about health care fraud and abuse to more than 800 people at 20 community education and media events. SMP also helped process almost three dozen fraud complaints. SMP reached 37,000 people through a media campaign.

Special focus:

Since January 2006, a special focus has been fraud related to Medicare Part D. SMP outreach efforts have helped numerous Medicare beneficiaries recognize and report everything from unethical selling practices to outright scams. SMP has worked with the Attorney General's office, the Kansas Insurance Department and the Office of Inspector General to process reports of fraud and abuse.

Dollars:

SMP is funded by a grant from the Administration on Aging (AoA), with 75% federal funds being matched with 25% state funds. In FY 2006, AoA provided \$63,930 and the State provided \$21,311.

Aging and Disability Resource Center (ADRC)

KDOA was awarded a three-year grant from the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) to develop an Aging and Disability Resource Center in Kansas.

Dollars:

ADRC is funded by a combined grant from the Administration on Aging and the Centers for Medicare and Medicaid Services. AoA provides 56% of the funding, CMS provides 39%, and the state provides 5%. In the 2006 grant year, AoA provided **\$146,125**; CMS provided **\$103,875**; and the state provided **\$13,158**.

ADRCs streamline access to program information, application processes and eligibility determination for all aging and disability services. ADRCs are being developed in 43 states and territories to create consumer-focused, consolidated access to long-term support services. In Kansas, the ADRC project will collaborate closely with the Real Choice Systems Transformation project as well as other established projects focused on improving access to community services.

Progress:

The ADRC Advisory Council has met and a work plan is being developed. The first year of the ADRC project has focused on identifying existing services and service delivery systems across the state. ADRC staff has also collaborated with ADRC projects in other states to explore options for facilitating access to program.

Prevention of Elder Abuse, Neglect and Exploitation (PEANE) Special Projects Grant

Special Projects Grants are designed to provide either education/training or research for the prevention of elder abuse, neglect, exploitation; or a study of the nature or extent of financial exploitation of the elderly. Through an annual request-for-proposal process, KDOA grants the funds to a variety of agencies and organizations. The grant period is June 1, 2006, through May 31, 2007.

Dollars:

Older Americans Act funding of **\$46,448** was awarded to eight agencies, with the maximum **\$7,000**.

Persons served:

There were 46 workshops presented. Participants included professionals in the fields of social work, health care, law enforcement, local government services and caregiving.

Older Americans Act - Title III-E *Family Caregiver Support Program*

The Family Caregiver Support Program provides a multi-faceted system of support services to assist caregivers. Each Area Agency on Aging determines which services are needed within its planning and service area. Services may include: assistance, information, respite, counseling, support groups, training, and supplemental service (attendant/personal care, bathroom items, chore, flex service, homemaker, nutrition counseling, transportation, and repair/maintenance/renovation). No fees are charged to the caregiver for services.

Dollars:

As of Nov. 1, 2006, **\$1,351,045** from all sources was expended for services.

Persons served:

- Services were provided to 45,676 adult family members or other individuals who are informal providers of in-home and community care to someone 60 or older.
- Services also were provided to 175 grandparents or older relative caregivers caring for 190 children. To qualify, the caregiver must be 60 or older, live with the child; be the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and have a legal relationship to the child, such as legal custody or guardianship, or be raising the child informally.

Older Americans Act- Title III-B *Access, Community and In-Home Services*

Title III-B of the Older Americans Act (OAA) provides for Access, Community and In-Home services.

- **Access Services** provide seniors with community services, such as Information and Assistance (receiving current information from KDOA and AAAs regarding opportunities and services), Case Management (determining types and amounts of services needed), Legal Services (providing seniors access to legal advice and representation) and Transportation (assisting an individual to get to a location where services are provided).
- **In-Home Services** help seniors remain in their homes and communities and include attendant care services, homemaker services, respite care and adult day care.
- **Community Services** are designed for seniors with the ability to travel to the point of service and encourage seniors to remain active members of the community. Services are provided either directly by the AAA or under contract or grant by other agencies.

Dollars:
Expenditures reported for FFY 06 as of Nov. 1, 2006, were estimated at **\$3,879,830**. This includes OAA, program income, match, in-kind and mill levy.

Persons served:

Source is Kansas Department on Aging’s database, KAMIS, for FFY 2006 (numbers are as of Nov. 1, 2006, unless indicated otherwise). Those services listed with an * indicate numbers tracked from manual provider reports for FFY 2005. Estimated numbers are as follows:

III-B Access Services		
Service	Units of Service	Persons Served
Information & Assistance*	310,223	112,208
Transportation*	48,604	1,848
Outreach*	2,909	2,836
Case Management	11,795	764
Assessment (Abbrev & Full)	3,681	342
Legal Assistance*	5,061	3,064

OAA III-B In-Home Services

Service	Units of Service	Persons Served
Adult Day Care	910	2
Attendant Care	15,968	278
Chore	15	2
Home Health	1,249	76
Homemaker	41,308	622
Respite Care	6,698	137
Visiting	353	64
Telephoning	1,452	67

OAA III-B Community Services

Service Name	Units of Service	Persons Served
Legal Assistance*	2,498	1,326
Screening*	2,502	239
Program Development*	3,397	n/a
Coordination*	4,002	1,960
Advocacy/Representation*	551	551
Public Education/Training*	4,373	22,220
Newsletter*	935,763	209,850
Recreation*	1,615	749
Repairs/Maint/Renovation*	67,202	84
Shopping*	2,127	134
Supervision*	3,523	661
Material Assistance	19,994	74

Senior Care Act (SCA)

The Senior Care Act provides for the development of a coordinated system of in-home services for people age 60 and older who face difficulties in self-care and independent living. A coordinated system prevents inappropriate or premature institutionalization of persons who have not yet exhausted their personal financial resources.

According to last year's Quality Assurance Review of customers, 48% reported the services received allowed them to stay in their home, an 18% increase over the 30% reported for FY 2005.

Dollars:

Although this program is funded through State General Funds, it also includes local funding and customer co-payments. Each customer is charged a fee taken from a sliding scale based on the customer's family size, monthly income and liquid assets. Depending on those factors, the fee can be anywhere from making a donation to paying 100% for the services. State General Funds along with a Social Services Block Grant provided **\$6,578,130** and with adding local match and customer fees the total amount for Senior Care Act expenditures in FY 2006 equaled **\$7,728,850**.

Number of persons who received Senior Care Act services during FY 2006:

There were 6,296 seniors statewide who received one or more services during the SFY 2006. Approximately 3,009 seniors received one or more services per month. The chart below shows the most common types of services, customers served and the number of units provided during FY 2006.

Service	Units Provided	Customers Served
Adult Day Care	376	1
Assessment	52,507	4,455
Attendant Care	75,524	1,421
Bathroom Items	13,005	179
Case Management	87,994	4,611
Chore	2,497	11
Food Supplements	7,854	56
Home Health	117	5
Homemaker	234,261	3,369
Material Assistance/Aid	20,977	94
Medication Issues	15,321	48
Mobility Aids	64,649	169
Personal Emergency Response Install	211	206
Personal Emergency Response Rental	4,789	644
Respite Care	4,367	34
Repairs/Maintenance/Renovation	76,920	122
Transportation	4,188	4

Assessment as a Medicaid Administrative Function

Assessment, Reassessment and Plan of Care development services were added to the Medicaid State Plan in 2001 to allow customers to receive services in a more timely manner. Medicaid Administration is provided in specific instances when a new customer applies for HCBS-FE services, the customer requires a yearly reassessment, or when a significant change occurs. Assessments are completed in the location of the customer's choice. The AAA encourages customers to have family members present if it makes them feel more comfortable in the assessment process.

Persons served:

Statewide, 7,738 customers received 119,234 units of service.

Dollars:

The average annual cost per customer for Medicaid Administration was \$143.34 with a total cost for this service being \$1,109,136.60.

The average monthly cost for Medicaid Administration during FY 2006 was \$92,428. Approximately 50% of the cost is federally funded, while 50% is state funded.

Targeted Case Management (TCM)

Targeted Case Management provides long-term case management to Medicaid-eligible frail elders who seek assistance to remain in their homes or community. TCM services include developing and updating plans of care, resource development, assisting the customer in acquiring needed services, service coordination and implementation, monitoring and quality assurance, and ensuring that public and private resources are being used efficiently. The service is funded as a Medicaid State Plan Service expense versus an expense to the Home and Community-Based Services-Frail Elderly waiver.

Persons served:

In FY 2006 a monthly average of 4,072 customers received services.

Services provided:

TCM is provided by employees of, or individuals contracted with, the Area Agencies on Aging. TCM provides ongoing assistance, support and monitoring of the services provided to the customer. TCM links formal and informal supports to the HCBS-FE customer to develop a complete package of support. This allows individuals to remain in the most integrated environment of their choice. TCM services continue to meet 98% customer satisfaction level.

Dollars:

In FY 2006, the average cost per customer per month for TCM was **\$83.89**, which breaks down to approximately 2.1 hours per month of service delivery. The total cost of TCM services was **\$4,099,272**. These services are approximately 61% federally funded and 39% state funded.

Home and Community-Based Services for the Frail Elderly (HCBS-FE)

The Home and Community-Based Services for the Frail Elderly program provides Medicaid eligible customers with the opportunity to receive cost-effective community-based services as an alternative to nursing facility care. It also promotes independence in programs funded by Medicaid in the community setting and ensures residency in the most integrated setting. The Kansas Health Policy Authority determines Medicaid financial eligibility. Targeted Case Managers (TCMs), who are employed or contracted by Area Agencies on Aging (AAAs), determine customers' functional eligibility and develop an individualized plan of care for services.

Dollars:

In FY 2006, **\$57,562,192** was expended for services. The average cost per customer for HCBS-FE services was **\$824** per month. Of this amount for services, approximately 61% is federally funded and 39% is state funded.

Persons served:

An average of 5,820 seniors a month received services, such as adult day care, sleep cycle support, installation and rental of personal emergency response equipment, wellness monitoring, attendant care services level I and II, assistive technology, nursing evaluation visit and medication reminder.

Service providers:

Through FY 2006, the average monthly number of HCBS-FE providers increased slightly with approximately 365 unduplicated active providers per month.

Client Assessment, Referral and Evaluation Program (CARE)

The Client Assessment, Referral and Evaluation program was created in 1994 by the Kansas Legislature. The goals of the CARE program were established as an assessment to provide customers individualized information on long-term care options, determine appropriate placements in long-term care facilities and collect data regarding individuals being assessed for possible nursing facility placement.

Persons served:

A total of 13,302 Level I assessments were completed for 13,180 individuals. A total of 446 Level II assessments were completed for persons with mental illness or mental retardation seeking admission to a nursing facility. Follow-up contact is made 30 days after receiving the CARE assessment. In SFY 2006, at the 30-day follow-up, 62% were in nursing homes, 16% were living in the community with services, 13% were living in the community without services and 9% were deceased.

Training:

The CARE program developed a more standardized and defined assessment tool; made changes to the cognition measures and risk factors; and clarified the definitions of the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL).

The KDOA CARE and Community Based Services staffs trained 800 plus professional assessors on the revised assessment tool and definitions. The CARE staff began developing a web-based training module that will initially be targeted to nursing facility staff to assist with timely training and information on Pre-Admission Screening and Resident Review (PASRR) requirements. It is anticipated that in the future the web-based training can be used by all CARE assessors for more efficient use of resources.

The CARE program worked with partners across the long-term care system to develop enhancements that would further assist individuals to have choices in where they receive services to meet their needs. The CARE program continues to work with the Kansas Department of Social and Rehabilitation Services-Mental Health Authority to ensure individuals with mental illness and/or developmental disabilities receive services in the most appropriate setting.

Dollars:

In SFY 2006, the average contracted cost for a Level I assessment was \$80 and the total assessment costs were \$1,058,164. The average cost for a Level II assessment was \$275. Total Level II assessment costs were \$122,530.

During SFY 2006, the average monthly Medicaid payment for a resident in a nursing facility was \$2,440. During the same time, the average monthly Medicaid payment for a person served by the Home and Community-Based Services-Frail Elderly (HCBS-FE) waiver program was \$824. Approximately 61% of the Medicaid cost is federally funded, while 39% is state funded. Although additional costs are incurred for HCBS-FE customers, the potential overall saving from those individuals who were diverted from more costly nursing facility care for an entire year is approximately \$21 million.

Nursing Facility Rate-Setting

KDOA is responsible for setting Medicaid rates for nursing homes. At the end of SFY 2006, 331 Medicaid certified nursing homes provided 24-hour skilled nursing care. The Medicaid rates are case mix adjusted based on the acuity level of Medicaid residents.

Persons served:

Services were provided to an average of 10,890 Medicaid eligible residents during the year, a decrease of 2.1% from the previous year. Of all nursing home residents, 1,411 were under the age of 65 while 16,888 were over the age of 65, and 28% were male while 72% were female.

New incentive:

A new quality and efficiency incentive factor was implemented in SFY 2006. The incentive criteria consists of case-mix-adjusted direct-care staffing ratios, total occupancy, Medicaid occupancy, direct care staff turnover, staff retention, low operating costs (administration and plant operating) and health survey deficiencies. Providers can receive up to \$3 more than the Medicaid rate based on how they score on the above criteria. This is the first time that quality has been linked to the payment rate.

Dollars:

The total nursing home expenditure in SFY 2006 was **\$318.9 million**. Of that, **\$125.4 million** was State General Funds. The budget is approximately 61% federally funded and 39% state funded.

Legislative changes:

The 2006 Legislature re-established nursing home rates blended from 2003-2005 cost reports. The 85% minimum occupancy rule was eliminated for nursing homes with 60 beds or fewer. Legislation also increased the personal needs allowance to \$50 from \$30 per month.

Demographics of those served:

Resident Acuity Level Profile as of July 1, 2006

RESIDENT CASE MIX			
CATEGORY	EXAMPLES OF PATIENT CHARACTERISTICS	PERCENT TOTAL RESIDENTS	PERCENT MEDICAID ONLY
Rehabilitation	Rehabilitation therapy received	9.2%	6.0%
Extensive Services	In past 14 days, received intravenous medication, tracheotomy care, required ventilator/respirator, or in past 7 days received intravenous feeding	3.8%	2.9%
Special Care	Multiple sclerosis, cerebral palsy, quadriplegia, or respiratory therapy	8.2%	8.3%
Clinically Complex	Comatose, have burns, septicemia, pneumonia, internal bleeding, dehydration, dialysis, or receive chemotherapy	20.1%	22.4%
Cognitive Impairment	Alzheimer's disease or other types of dementia	14.3%	14.5%
Behavior Problems	Resists care, combative, physically and/or verbally abusive, wandering, or delusional	1.1%	1.4%
Physical Function	Restricted physical functions	43.3%	44.5%

Nursing Facility Audits and Quality Review

The KDOA auditors perform desk reviews and field audits on nursing home cost reports to ensure that reimbursement rates for Medicaid residents are in compliance with state and federal regulations and policies. The auditors perform financial compliance reviews of other programs funded by KDOA as required.

Audits done:

In SFY 2006, 345 Medicaid cost reports were desk reviewed and 60 nursing home field audits were completed. Also, field work was completed on two large nursing home chains (38 facilities). The single audit reports were reviewed for the 11 Area Agencies on Aging (AAA) and other large service providers.

Savings:

Nursing home cost reports were reduced \$3.4 million as a result of desk review adjustments. All appealed field audit adjustments were resolved without going to a formal administrative hearing.

Program for All-inclusive Care for the Elderly (PACE)

The Program for All-inclusive Care for the Elderly is a form of long-term managed care. The provider accepts a capitated rate in the form of a monthly premium to provide all Medicaid/Medicare long-term care and medical services. The capitated rates are paid by KDOA, Kansas Health Policy Authority (KHPA) and the federal Centers for Medicare and Medicaid Services (CMS).

Persons served:

Kansas has one PACE project operated by Via Christi Health Systems. The project serves persons 55 years old or older in Sedgwick County who are functionally eligible for nursing home care. The average caseload in SFY 2006 was 172 persons. There were 184 persons enrolled in June 2006.

In SFY 2006 the KDOA and the Kansas Health Policy Authority reviewed Midland Care Services' application for a PACE site in Topeka. Contingent upon CMS approval, it is expected to open in SFY 2007. The Via Christi HOPE PACE program in Wichita will relocate to a larger, newly renovated facility to accommodate a 75-slot increase approved by the SFY 2005 Legislature.

Dollars:

The budget is approximately 61% federally funded and 39% state funded. The total PACE expenditure in SFY 2006 for KDOA was **\$2.9 million (\$1.1 million state funds)**. The total PACE expenditure for KHPA in SFY 2006 was **\$1.4 million (\$600,000 state funds)**.

Lifelong Communities

KDOA assists communities to plan for and better serve seniors of today and the future. Seniors benefit through collaboration among local leaders, businesses, organizations and government agencies through projects in the six Lifelong areas: Business, Community Service, Health Care, Housing, Transportation and Government.

Persons served:

There are currently nine communities participating: Chase County, Concordia, Dodge City, Garden City, Great Bend, Hiawatha, Oberlin, Topeka and Winfield. Each has completed its community assessment, and most have developed action plans and are implementing the community project. Additional communities are currently working on their community assessments to begin the process.

Dollars:

KDOA does not have a budget line item for this initiative. Minimal expenses are covered through the administrative budget.

Culture Change in Long-Term Care

■ Enhance Kansans' expectations toward person-directed options in the community and adult care settings.

Promoting Excellent Alternatives in Kansas nursing homes (PEAK)

The Promoting Excellent Alternatives in Kansas (PEAK) program promotes and supports culture change in nursing homes as they pursue person-directed care in the areas of resident control, staff empowerment, home environment, and community involvement. The two components of PEAK are recognition and education. KDOA annually recognizes nursing home person-directed

care initiatives. KDOA has partnered with Kansas State University's Center on Aging to provide the education component, which includes developing resources and training nursing home staff in how to begin and sustain the culture change journey.

Dollars:

No funds are budgeted for the PEAK nursing home initiative. Fund-raising is conducted annually to cover the cost of the recognition. The Civil Monetary Penalty fund was used to provide a small cash gift to the homes recognized.

Persons served:

Seven nursing homes recognized by PEAK in 2006 provided approximately 173,000 resident days of care during calendar year 2005, or about 474 residents per day.

National recognition:

The PEAK Nursing Home initiative continues to receive national recognition. A KDOA staff member presented at the Pioneer Network National Convention held in Philadelphia in August 2006. Representatives from three PEAK homes -- The Cedars of McPherson, Meadowlark Hills of Manhattan and Pleasant View Home of Inman -- also presented at the convention. The Pioneer Network promotes nursing home culture change nationwide.

Education:

The Kansas State University Center on Aging completed and distributed three educational modules. Statewide seminars are being planned to further disseminate culture change information to nursing homes. The KDOA is partnering with the University of Kansas to have the PEAK application/assessment tool tested for reliability and validity and to perform outcome-based research on the impact of homes adopting culture change. KDOA has been involved with stakeholders in developing the provider-based Kansas Culture Change Coalition.



2006 PEAK Award winners

- Bethany Home Association, Lindsborg.
- Dooley Center, Atchison.
- Medicalodge of Eureka, Eureka.
- Minneola District Hospital Long-Term Care Unit, Minneola.
- Newton Presbyterian Manor, Newton.
- Hillsboro Community Medical Center, Hillsboro.
- Pleasant View Home Inc., Inman.

Both Hillsboro and Pleasant View have received prior PEAK Awards.

Money Follows the Person

The Money Follows the Person Project allows funds for up to 75 persons (increased to 80 in SFY 2006) living in nursing homes to receive services through the Home and Community-Based Services (HCBS) Frail Elderly (FE) or Physically Disabled (PD) waiver program upon relocation to the community. This lessened the strain to move residents to the community while there was an HCBS waiting list. It should be noted the HCBS-FE waiver program has not had a waiting list since SFY 2004.

Persons served:

There were 16 persons moved from nursing homes to the HCBS-PD waiver program during SFY 2006.

Dollars:

The State General Funds were transferred from the nursing home budget (KDOA) to the HCBS-PD waiver budget (SRS) twice a year. The total SGF transfer in SFY 2006 was \$65,270.

Long-Term Care Division

The Long-Term Care Division professional staff, which consists of two registered nurses, a registered licensed dietitian and an environmental specialist, serve as consultants to consumers, adult care home providers, health care facility surveyors and other stakeholders in the long-term health care industry. Consultation is provided through individual technical support and participation in workshops. Division staff are also responsible for the development of state adult care home regulations and conducting physical environment inspections of adult care homes following construction projects.

2006 activities:

Staff presented 44 education programs attended by a total of 2,861 individuals. The requested topics included the Resident Assessment Instrument, dietary services, fall management, and the revised guidance to the federal regulations of medical director, urinary incontinence, activities and activities directors, psychosocial outcome severity guide, quality assurance, unnecessary medications and pharmaceutical services.

Web-based Adult Care Home Resident and Facility Statistical Reports were developed for completion on a semiannual and annual basis. As a result of increased ease and efficiency in the completion and processing of the reports, more accurate data of adult care homes will be available for analysis.

Division staff continued to assist adult care homes transitioning to person-centered care both in practice and in their physical plant. Four nursing homes began construction on individual houses for 10-16 residents. Staff met with 59 adult care home owners/providers to review regulatory requirements for construction and remodeling projects.

Through the Workforce Enhancement Grant, \$239,328 was awarded to 10 entities to provide education for unlicensed staff in free standing nursing homes and long-term care units of hospitals.

Dollars:

In FY 2006, \$432,023 was budgeted from Medicare, Medicaid and State General Funds. Expenditures were \$432,814.

Mental Health and Residential Care Facilities Division

The Mental Health and Residential Care Facilities Division evaluates intermediate care facilities, nursing facilities for mental health, assisted living facilities and other “state licensed only” facilities for state licensure and federal certification. These facilities serve several thousand elderly, physically impaired, developmentally disabled and chronically mentally ill individuals who reside in a variety of institutional and community-based settings.

State licensing:

Of the 9,800 beds in state-licensed facilities, 5,454 are within licensed Assisted Living Facilities, 1,682 are in Residential Health Care Facilities, and 790 are encompassed by state institutions for the mentally ill and developmentally disabled. The remaining 1,874 beds are in community-based facilities including intermediate care facilities, boarding care homes, Homes Plus and adult day care centers.

Many state-licensed facilities provide services that address needs that may vary from those provided in traditional nursing homes. They serve some of society’s most vulnerable members, people who are unable to care for themselves due to developmental disabilities, mental illness, disease and/or injury. The Division ensures that these people receive appropriate care and are not subject to abuse, neglect and exploitation.

Quality Review:

The Division also administers the Quality Review Program responsible for collecting field data for use in determining compliance with state and federal regulations by the Area Agencies on Aging (AAAs) and service provision through the state general fund, the Older Americans Act and the Home and Community-Based Services-Frail Elderly waiver. Ongoing reviews are completed on a statewide, statistically significant sample of customers.

Dollars:

In FY2006, \$1,188,116 was budgeted from Medicare, Medicaid, Older Americans Act and state general fund. Expenditures were \$1,249,784.

Compliance Review for FY 2006	Case Files Reviewed	Customers Interviewed
Number of Medicaid customer files reviewed to determine compliance with state and federal requirements	1,451	1,439
Number of Older Americans Act customers reviewed	298	261
Number of Senior Care Act customers reviewed	349	291
Number of customers reviewed to sample 10% of sample customers for billing related to the FE Waiver, Targeted Case Management, Medicaid Administration and provider	150	150

Number of Utilization Review (UR) Surveys:	SFY 2006
Intermediate Care Facilities	56
Mental Retardation Hospitals	3
Total UR Surveys:	59

Licensure and Certification Division

The Licensure and Certification Division promotes excellence in the health care and living conditions of the 18,000 individuals residing in Kansas nursing homes through the application of federal and state regulatory standards. Through initial licensure processes and ongoing annual surveys, state surveyors review a variety of aspects of nursing home care. Federal and state regulations ensure that residents receive care that meets

Dollars:

In FY2006, \$4,617,685 was budgeted for licensure and certification programs, including complaints, from Medicare, Medicaid, and State General Funds. Expenditures were \$4,510,431.

accepted standards. Other regulations ensure that residents' rights are protected and they are protected from abuse, neglect and exploitation. In addition, the surveyors examine the physical environment to ensure facilities provide safe and sanitary conditions for residents. Fire and safety inspections are provided under contract by the State Fire Marshal.

This Division is also responsible for surveyor training and orientation; survey quality improvement efforts; policy and procedure development; survey management; enforcement activities; complaint intake, referral and investigation management. Many of the activities of the Division are performed under contract to the federal Centers for Medicare and Medicaid Services (CMS).

The Division is required to survey all nursing facilities within an overall 12-month average, with no individual facility exceeding 15 months.

Measuring outcomes:

As a regulatory agency, quantifiable measures of outcomes must include the timely completion of mandated work load assignments as captured above. The achievement of these outcomes centers on the regulatory review of each certified facility's operations during on-site surveys and complaint investigations. The more important outcomes of these surveys continued to be based upon evaluations of facility compliance in assuring that each resident meets his/her highest practicable level of physical, mental, and psychosocial well being. Other measures of this primary outcome have been positively validated in a number of ways, including reviews by the CMS, finalization of a three-year study by the University of Kansas and oversight of survey findings by outside independent review panels.

Abuse, neglect, exploitation complaints:

KDOA investigated 5,489 complaints of abuse, neglect and/or exploitation of residents in adult care homes. During the year, 25 nurse aides were added to the Nurse Aide Registry for abuse, neglect or exploitation of a resident in an adult care home.

Document management:

During 2006 the Division implemented a document management system to streamline administration of licensing, surveys and complaints. This system provides a basis for electronic records management and storage that will reduce costs and improve access to public information in the future.

Pilot project:

Kansas successfully served as a pilot site for implementation of the Quality Indicator Survey (QIS) system under development by CMS. Kansas teams performed QIS surveys throughout the year and provided feedback to the vendor responsible for creating the new survey instrument. Kansas surveyors also participated in model training programs to test tools to be used in the nationwide rollout of QIS surveys beginning in October 2007.

Kansas Facilities by Category	SFY 2006
Nursing Facilities (NF)	311
Assisted Living Facilities (ALF)	115
Residential Health Care Facilities (RHCF)	48
Boarding Care Homes (BCH)	23
Home Plus (HP)	65
Adult Day Care (ADC)	11
Intermediate Care Facilities for Mentally Retarded (ICF/MR)	28
Mental Retardation Hospitals (MRH)	2
Total:	651

Number of Initial or Resurveys Conducted:	SFY 2006
Nursing Facilities, including Attached ALF and RHCF	405
Assisted Living Facilities (Free Standing)	67
Residential Health Care Facilities (Free Standing)	30
Boarding Care Home	29
Home Plus	58
Adult Day Care	9
Intermediate Care Facilities for Mentally Retarded	28
Mental Retardation Hospitals	2
Total Initial or Resurveys:	628

Number of Facilities Subject to State Regulatory Action:	SFY 2006
Number of civil penalties issued	15
Number of correction orders issued	93
Number of bans on admission	29
Number of denial/revocation actions initiated	8
Total:	145

Number of Follow-Up Visits Conducted:	SFY 2006
Nursing Facilities, Including Attached ALFs and RHCF	577
Assisted Living Facilities (Free Standing)	35
Residential Health Care Facilities (Free Standing)	17
Boarding Care Home	10
Home Plus	43
Adult Day Care	5
Intermediate Care Facilities for Mentally Retarded	34
Mental Retardation Hospitals	2
Total Follow Up Visits:	723

Number of Facilities with Zero Deficiencies or Designated Exemplary* Status:	SFY 2006 No Deficiencies	SFY 2006 Exemplary Facilities
Nursing Facilities:	15	1
Other (ALF, RHCF, BCH, HP, ADC)	43	0
Total:	58	1

*Exemplary facilities are those that have achieved high standards during the survey process and have developed and implemented a quality of care program that shows exemplary positive resident care and quality of life outcomes.

Number of Complaint Intakes:	SFY 2006
Long-Term Care Providers	4,603
Unlicensed Facilities	0
ICFMR	176
ALF, RHCF, BCH, HP, ADC	491
Non-Long Term Care Providers Regulated by KDHE	219
Total Number of Complaint Intakes:	5,489

Partnership Loan Program (PLP)/ Partnership Grant Program (PGP)

The Partnership Loan Program supports the expansion of services and housing alternatives for senior Kansans by providing low interest loans. The Partnership Grant Program uses interest income from the PLP loans to fund competitive matching grants for the benefit of long-term care programs.

Dollars:

The Kansas Intergovernmental Transfer (KSIT) Program, which ended in the first quarter of SFY 2006, provided the funds for the PLP. A total of **\$4.8 million** in loans have been made. Interest income from the loans is used to finance the PGP activities.

PLP projects:

Since the inception of PLP, eight housing projects with a total of 100 units have been funded. They are located in Anthony, Caldwell, Dighton, Eskridge, Holyrood, Norton, Wilson and Winchester. The PLP focuses on rural communities lacking adequate housing options for seniors. In FY 2005 KDOA committed PLP low-interest loans to two Continuing Care Retirement Communities for the construction and permanent financing of Green House™ projects in Newton and South Hutchinson. These group homes for elders are built to residential scale,

providing the necessary clinical care found in nursing homes in a more social environment. Both loans are on track to close in SFY 2007.

PGP projects:

A grant was awarded from the PGP to partially fund the development of a Deep Culture Change Model tool kit, finalized in SFY 2007. The state's two nursing home associations each received 200 tool kits to market and sell to nursing homes throughout the country. These tool kits assist adult care homes in changing from the traditional "medical" model to a person-centered model. Net proceeds will be used to further culture change in Kansas nursing homes.

Sources of Funding

The following are Kansas Department on Aging's major program groups and sources of funding:

Medicaid programs

Nursing Facility Reimbursement Program (NF)
Program of All-inclusive Care of the Elderly (PACE)
Client Assessment Referral and Evaluation (CARE)
Home and Community-Based Services for Frail Elderly (HCBS-FE)
Targeted Case Management (TCM)

Older Americans Act (OAA) programs

III-B Access, In-Home and Community Services
III-D Disease Prevention and Health Promotion
III-E National Family Caregiver Support Program
VII Allotments for Vulnerable Elder Rights Protection Activities

Older Americans Act (OAA) nutrition programs

III-C Nutrition
Match and Non-Match
U.S. Department of Agriculture

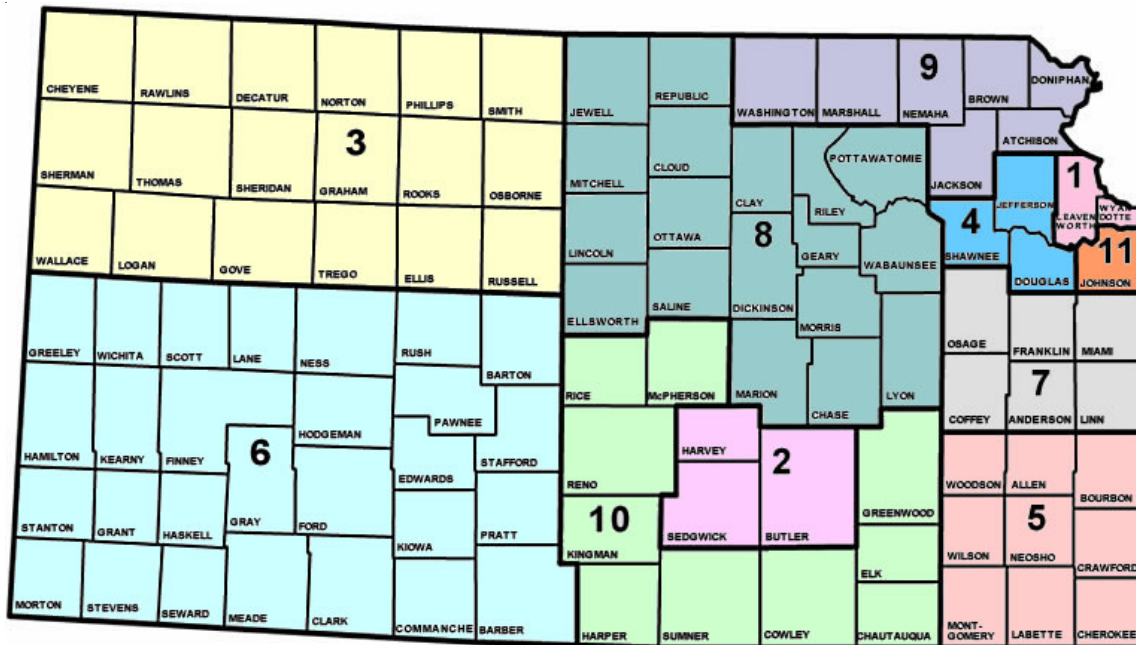
State funded programs

Senior Care Act (SCA)

Other

- Seniors Farmers Market Nutrition Program – U.S. Department of Agriculture (USDA)
- Seniors Together Enjoy Physical Success (STEPS) – Grant from The Sunflower Foundation: Health Care for Kansans
- Senior Health Insurance Counseling for Kansas (SHICK) – Centers for Medicare and Medicaid Services (CMS)
- Senior Medicare Patrol – Grant from the Administration on Aging, with 25% matching state funds
- Aging and Disability Resource Center – Grants from the Administration on Aging and Centers for Medicare and Medicaid Services, with 5% matching state funds
- Partnership Loan Program (PLP) – Kansas Intergovernmental Transfer
- Partnership Grant Program (PGP) – Interest from Partnership Loan Program loans

Area Agencies on Aging



The Department on Aging administers many of its programs through grants and contracts of state and federal funds to the 11 Area Agencies on Aging (AAAs) and other providers serving designated geographical areas. For programs not funded by Medicaid, the AAAs may directly provide services or award sub-grants and contracts to other community organizations to provide services. In FY 2006, the AAAs provided services through the following programs:

- Congregate Meals;
- Home Delivered Meals;
- In-Home Services for the Frail Elderly;
- Disease Prevention and Health Promotion;
- Elder Abuse Prevention;
- Family Caregiver Support Program;
- Home and Community-Based Services for Frail Elderly (HCBS-FE);
- Senior Care Act (SCA); and
- Client Assessment, Referral, and Evaluation (CARE) program.

The AAAs are direct Medicaid service providers of Targeted Case Management. Tables showing persons served are on page 25.

Each AAA serves a Planning and Service Area (PSA), required under the Older Americans Act, and has a director, staff members, and a local advisory board. Employees of the AAA are not state employees but are employed by each AAA's governing body, which can be a governmental entity or nonprofit organization. The AAAs and their area directors during FY 2006 are listed on page 24.

Area Agencies on Aging Directory

PSA 01 Wyandotte-Leavenworth AAA

Ruth Jones, director
1300 N. 78th St., Suite 100
Kansas City, KS 66112-1540
913-573-8532 / 1-888-661-1444
Fax: 913-328-4577

PSA 02 Central Plains AAA

Annette Graham, director
510 N. Main, Room 502
Wichita KS 67203-3725
316-660-7298 / 1-800-367-7298
Fax: 316-383-7757

PSA 03 Northwest KS AAA

Greg Hoover, director
510 W. 29th St., Suite B
Hays, KS 67601-3703
785-628-8204 / 1-800-432-7422
Fax: 785-628-6096

PSA 04 Jayhawk AAA

Jocelyn Lyons, management team leader
2910 SW Topeka Blvd.
Topeka, KS 66611
785-235-1367 / 1-800-798-1366
Fax: 785-235-2443

PSA 05 Southeast KS AAA

John Green, director
1 W. Ash
Chanute, KS 66720-1010
620-431-2980 / 1-800-794-2440
Fax: 620-431-2988

PSA 06 Southwest KS AAA

Dave Geist, director
240 San Jose Dr.
Dodge City, KS 67801-1636
620-225-8230 / 1-800-742-9531
Fax: 620-225-8240

PSA 07 East Central KS AAA

Elizabeth Maxwell, director
132 S. Main
Ottawa, KS 66067-2327
785-242-7200 / 1-800-633-5621
Fax: 785-242-7202

PSA 08 North Central Flint Hills AAA

Julie Govert-Walter, director
401 Houston
Manhattan, KS 66502
785-776-9294 / 1-800-432-2703
Fax: 785-776-9479

PSA 09 Northeast KS AAA

Jim Beckwith, director
526 Oregon
Hiawatha, KS 66434-2222
785-742-7152 / 1-800-883-2549
Fax: 785-742-7154

PSA 10 South Central KS AAA

Jodi Abington, director
304 S. Summit
Arkansas City, KS 67005
620-442-0268 / 1-800-362-0264
Fax: 316-442-0296

PSA 11 Johnson County AAA

Linda Wright, director
11811 S. Sunset, Suite 1300
Olathe, KS 66061-7056
913-715-8800 / 1-888-214-4404
Fax: 913-715-8825

Medicaid Administration customers served by AAA during FY 2006:

PSA	Area Agency	Units of Service	Customers*
1	Wyandotte/Leavenworth	7,752	577
2	Central Plains	19,187	1,221
3	Northwest Kansas	5,856	277
4	Jayhawk	14,236	731
5	Southeast Kansas	20,273	1,391
6	Southwest Kansas	10,359	667
7	East Central Kansas	5,406	368
8	North Central/Flint Hills	10,599	720
9	Northeast Kansas	6,624	434
10	South Central Kansas	11,391	750
11	Johnson County	7,552	624
Statewide	Unduplicated	119,234	7,738

TCM units of service in each AAA:

PSA	Area Agency	Units of Service
1	Wyandotte/Leavenworth	35,044.5
2	Central Plains	60,981.1
3	Northwest Kansas	29,010.5
4	Jayhawk	41,555.0
5	Southeast Kansas	62,164.2
6	Southwest Kansas	36,901.1
7	East Central Kansas	16,686.0
8	North Central/Flint Hills	26,103.3
9	Northeast Kansas	28,370.0
10	South Central Kansas	48,256.3
11	Johnson County	30,486.0
Statewide	Unduplicated	414,558.0

*When a customer moves from one PSA to another, that customer is counted in each PSA.

Customers with HCBS-FE paid services in each AAA:

PSA	Area Agency	Customers
1	Wyandotte/Leavenworth	598
2	Central Plains	1,239
3	Northwest Kansas	295
4	Jayhawk	673
5	Southeast Kansas	1,498
6	Southwest Kansas	626
7	East Central Kansas	403
8	North Central/Flint Hills	777
9	Northeast Kansas	445
10	South Central Kansas	785
11	Johnson County	644
Statewide	Unduplicated Customers	7,877

2006 Annual Report of the State Advisory Council on Aging

The 15 members of the State Advisory Council on Aging represent diverse geographical, social and ethnic groups and by statute, at least half of the membership must be 60 years of age or older. The council meets at least twice a year. It serves in an advisory capacity to KDOA, the Governor and other public and private, state and local agencies affecting aging issues as required by the federal Older Americans Act and has the duty to review and comment on KDOA activities.

State Advisory Council members:

- Trish Moore, Overland Park, chair
- Rep. Bob Bethell, Alden
- Leo Bracciano, Lawrence
- Rita Griffith, Overland Park
- Sen. David Haley, Wyandotte
- Irv Hoffman, Lenexa
- Barbara Hutchinson, Circleville
- Luella “Lu” Janzen, Hillsboro
- Amelia C. Jones, Kansas City
- John Lehman, Sabetha
- Bill Moriarity, Hays
- Sen. Vicki Schmidt, Topeka
- Belva Jean Taylor, Topeka
- Larry Turner, Wichita
- Rep. Jerry Williams, Chanute

The Council met four times in FY 2006 and reviewed a number of aging related programs and activities, including:

- The KDOA budget process.
- KDOA’s involvement in disaster relief in the wake of Hurricane Katrina.
- The Medicare Modernization Act (MMA) and Medicare Part D prescription drug coverage. Several council members were involved in helping with the enrollment process as volunteers for the Senior Health Insurance Counseling for Kansas (SHICK) program.
- Pandemic flu concerns.
- White House Conference on Aging.
- Silver Haired Legislature.
- Legislative issues before the Kansas Legislature.
- Governor’s Conference on Aging Services, which was attended by several SAC members.

Council members were active in representing senior interests in their communities.

Silver Haired Legislature 2006 Report

The Silver Haired Legislature is a body of individuals, aged 60 and older, elected by their peers to develop bills and resolutions that are of interest to Kansas seniors and their families each year during their legislative session.

SHL officers are:

- **Sharon Treaster**, Beloit, Speaker
- **Jim Snyder**, Topeka, Speaker Pro Tem
- **Mary Ann Flunder**, Kansas City, Floor Leader

Officers of the Board of Directors are:

- **Irv Hoffmann**, Lenexa, President
- **C. Kay Hutchinson**, Delavan, Vice-President
- **Chris Sigsbee-Jost**, Secretary
- **John Ward**, McPherson, Treasurer

The 2006 Kansas Silver Haired Legislature was held at the Ramada Hotel and Convention Center in Topeka, Kansas, on October 4 and 5. Delegates introduced and heard testimony on four bills and one resolution.

The bills and resolutions passed during the 2006 session were:

1. SHL Bill No. 2301 - Volunteer Ombudsman Recruiting and Training - Bill to require Long-term Care Ombudsman to adopt and implement policies to recruit and train a sufficient number of volunteer ombudsmen and friendly advocates so that volunteer ombudsmen and friendly advocates are available to provide services in all areas of the state.

2. SHL Bill No. 2302 - Dedication of Additional Tobacco Litigation Settlement Proceeds for Health Care for Senior Kansans - Bill to require all moneys received under the tobacco litigation settlement agreement by participating manufacturers, who first become participating manufacturers after June 30, 2007, to be deposited to the credit of the Health Care for Seniors Fund administered by the Department on Aging.

3. SHL Bill No. 2303 - Sales or compensating use tax proceeds from E-Commerce for Health Care for Seniors Fund - Bill to provide for 2% of the proceeds of the sales or compensating use tax imposed by the state on sales transactions conducted by Kansas residents through the internet, telephone or other electronic means of communication to be credited to a Health Care for Seniors Fund to be administered by the Secretary of Aging for purposes prescribed by law.

4. SHL Resolution No. 2001 - Urging Kansas Legislature to Enhance HCBS-FE Waiver to Provide Oral Health Services - This resolution urges the Kansas Legislature to enhance the Home and Community Based Service-Frail Elderly (HCBS-FE) Waiver to provide oral health services. Dental services would include prevention, diagnosis, and treatment of disease of the teeth, gums and related structures of the mouth, including the repair or replacement of defective teeth.

The Silver Haired Legislature will work with the Kansas State Legislature to get its bills and resolutions introduced and passed.



Kansas Department on Aging

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Topeka, KS 66603-3404

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www.agingkansas.org