



March 22, 2019

Chair Concannon and members of the House Committee on Children and Seniors: thank you for the opportunity to offer neutral testimony on HB 2404/Senior Services Task Force.

Kansas Advocates for Better Care supports the need for a formalized task force to review areas of concern to older adults and provide direction for senior services. Such a review of senior needs and services is long over-due, and especially with the burgeoning of the aging population in Kansas. There are serious issues that affect the hundreds of thousands of older Kansans who need, and will need in the near future, long term supports and services and specialized healthcare services. Many older adults are at risk for financial, physical and emotional abuse. Older adults and family caregivers are faced with a confusing and complicated system when they need long-term care at home or in a facility.

We appreciate that the task force as outlined recognizes the need for some inclusion of consumer concerns and persons able to speak to those concerns. Unfortunately, the task force as configured in the bill does not represent or approach any parity for consumers with those representing the concerns of providers. While the idea to address senior care needs is an excellent one, the individuals paying the cost of care and are most impacted by care are concerningly underrepresented – underrepresented as individuals, through their family supporters, or their advocates. Additionally, while most older adults receive long term care at home, and prefer to receive care and supports at home, the bill as drafted is heavily weighted toward institutional providers.

Among the proposed 20-person membership, only three are consumer-specific:

- 1) KABC
- 2) Kansas Long Term Care Ombudsman
- 3) Area Agencies on Aging

While six represent institutional providers:

- 1) KS Adult Care Executives Association
- 2) LeadingAge KS
- 3) Ks Health Care Association
- 4) Ks Hospital Association
- 6) An adult care home representative appointed by KDADS

The Community Mental Health Centers are represented, but NAMI KS the consumer advocacy organization with persons with mental illness is absent.

A physician is appointed by the KS Board of Healing Arts, but a patient/consumer is absent.

An elder lawyer is appointed by the Governor, but a family who could give voice to the many legal issues presented as a loved one ages is absent.

Conspicuously absent from the task force membership are AARP, the Alzheimer's Association, the Silver-Haired Legislators, the PACE program, Adult Protective Services, and the Kansas Guardianship Program, just to name a few critical partners. Also absent are representatives of persons who serve older adults in the community, particularly through the HCBS Frail Elderly waiver.

This is confusing because there are several topics outlined in the charge to the task force which impact older adults who do not live in institutional settings. For example, the task force is charged with studying:

(3) the abuse, neglect and exploitation of seniors — yet there is no representation from Adult Protective Services, law enforcement, or the Attorney General’s Office;

(7) the potential effects that KanCare expansion would have on seniors in the state -- yet there is no representation from providers of in-home care or consumers who receive in-home care.

(9) senior daycare resources in the state of Kansas — yet there is no representation from the physical or intellectual/developmentally disabled communities, families or consumers.

All decisions are made by majority vote – so for any or every issue, approach, or recommendation that consumer representatives might raise regarding staff training or any quality care need in adult care home, it will be easily voted down based on the sheer number of facility providers alone and regardless of their vested financial interest.

Without parity of representation, consumers with all providers; home based with institutional; medical healthcare with long terms supports and services, then there will not be a balanced result that benefits the end user of these services, and even though they are overwhelmingly paying for the services.

Any discussion of senior service needs in the state which is not inclusive of and which does not provide parity of representation for consumers, will maintain the status quo. The status quo is not good for consumers as evidenced by anti-psychotic drug over/misuse; understaffed protection and oversight entities/KDADS inspection unit and Adult Protective Services; and care providers lacking basic competence to address the spectrum of care needs for medically complex elders, persons with dementia, and intellectual/developmental disabilities, and mental health needs. These are critical issues. The discussions should adequately represent and include all stakeholders, otherwise there will continue to be a dearth of ideas and innovation needed to meet the growing and increasingly complex needs of Kansas’ aging population.

- KABC is asking for parity on the task force by amending the list of proposed members to include an equal number of consumer representatives able to address the issues the task force is charged with studying.
- KABC is asking the Committee to continue discussions and allow time for input from a broad group of stakeholders before defining the task force membership and subjects the task force will study.

Mitzi E. McFatrach, Executive Director - On behalf of Board of Directors and Members

KABC is a not-for-profit organization whose mission is to improve the quality of long-term care for older adults in nursing and assisted facilities and in-home.

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