

Approved: January 27, 2000
Date

MINUTES OF THE SENATE WAYS & MEANS COMMITTEE.

The meeting was called to order by Chairperson Dave Kerr at 9:30 a.m. on January 21, 2000 in Room 123-S of the Capitol.

All members were present except: Senators Lawrence and Downey, who were excused

Committee staff present: Norman Furse, Revisor of Statutes
Michael Corrigan, Asst. Revisor of Statutes
Rae Anne Davis, KS Legislative Research Department
Debra Hollon, KS Legislative Research Department
Judy Bromich, Administrative Assistant to the Chairman
Ronda Miller, Committee Secretary

Conferees appearing before the committee: Secretary Connie Hubbell, Department on Aging

Others attending: See attached list

The Chairman invited Secretary Hubbell to continue with her briefing on caseloads and waiting lists. The Secretary noted that clarifications regarding the average monthly number of Medicaid nursing facility residents in FY 1999 was made in her revised testimony. (Attachment 1)

Secretary Hubbell began by reviewing the answer to the three questions posed by the Committee on January 13, 2000. (Attachment 2) She introduced Ms. Janis DeBoer who serves as Director of the Commission of Program and Policy because of her experience with the HCBS waiver and nursing facility entrance. Secretary Hubbell explained that the threshold score necessary for entrance into a nursing facility is 26, and the current threshold score to qualify for the HCBS waiver is 15. The agency has submitted a request to HCFA to raise that score to 26 and they assume it will be approved. She pointed out the activities and risk factors that are measured to determine a client's eligibility for nursing home entrance. (Attachment 2-2)

The Secretary reviewed the numbers of nursing facility residents who have a score below 25, a score of 26-39, and a score of 30-34. She also reviewed the number of Medicare and Medicaid persons who enter nursing facilities with scores in the above ranges. She called attention to the high number of private pay persons who enter the facilities, emphasizing that one reason these numbers are important is because once their spenddown is gone, they become Medicaid clients. Secretary Hubbell said that the lower numbers of Medicaid seniors entering facilities may indicate that they are staying in their homes to receive services. In answer to a question, the Secretary stated that as the agency performs the assessment and determines the score, the senior's plan of care is written to provide the services that are needed to stay in their home on a continuum of care. She pointed out that \$1.3 million would be the amount of total savings (\$570,000 from the SGF) for those who currently score between 1-25 if the threshold for the waiver is raised to 26.

There was an inquiry about the agency's ability to track whether there would be an impact on the health of those who score between 15 & 26 but would no longer receive home services through the waiver. The Secretary stated that all those who are currently being served will be grandfathered in and that other early intervention programs throughout the state provide services for those who do not score 26.

Secretary Hubbell stated that if the threshold score for the HCBS waiver is raised to 26, persons who become eligible would probably be in need of more services. It was noted, therefore, that the net savings would not be \$1.3 million. (Attachment 2-3) In answer to a question, the Secretary stated that people on the HCBS waiver are reassessed every twelve months and someone who receives services on the waiver would become ineligible if their score fell below the threshold. Ms. DeBoer stated that very few fail to

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qualify for the waiver on subsequent assessments.

In discussing the wage pass-through program (Attachment 2-6), Secretary Hubbell stated that most of the pass-through monies went toward increased wages, but there is no data yet regarding its impact on employee retention. She added that \$9.3 million would have fully funded wage pass-through, but \$4.6 million was allocated for FY 2000 and FY 2001.

There was discussion regarding several issues of Targeted Case Management:

- the various ways that case management is handled in different places
- the providers' view that the system is complicated and the paperwork is burdensome
- the viewpoint that the agency may not be making good use of community resources already available for the aging

The Secretary noted that she had met with a number of providers regarding these issues and has an interest in promoting coordination of services at the community level. She stated that several counties have requested that case assessments be a county option rather than a mandate from the Department. Her staff is reviewing who can provide case management, which clients must be reviewed, and the reimbursement level.

The Chairman suggested that perhaps one possibility for reducing the budget in the least harmful way would be to serve persons with a higher score who are not currently being served rather than automatically grandfathering in persons who currently receive services on the waiver but who have a lower score. The Secretary responded that the latter category of persons would perhaps qualify under the Senior Care Act or Income Eligible Program which are state only funded programs but which have a waiting list. She stated that she would like the opportunity to evaluate the potential savings and determine whether there would be a different kind of fallout. Members discussed the costs per person associated with the Senior Care Act and Income Eligible Programs versus the HCBS waiver. In answer to a question, it was stated that the same assessment tool is used to determine who is eligible for the Senior Care Act and Income Eligible Programs. The Secretary told members that the agency plans to leave the current threshold score at 15 for these two programs in order to provide services for clients who may be on the waiver waiting list or to accommodate needs of those persons who don't need a lot of services.

There was an inquiry about whether different area agencies on aging are consistent in their evaluations. The Secretary stated that the Department uses the same assessment tool, provides training at the central office, and tracks activities. She added that one of her goals is to put together a contract with outcomes for services with area agencies on aging.

The Chairman adjourned the meeting at 10:30 a.m. The next meeting is January 24, 2000.