MINUTES

JOINT COMMITTEE ON HOME AND COMMUNITY BASED SERVICES OVERSIGHT

August 27, 2008
Room 143-N—Statehouse

Members Present

Representative Bob Bethell, Chairperson
Senator Pat Apple, Vice-Chairperson
Senator David Haley
Senator Laura Kelly
Representative Jerry Henry
Representative Brenda Landwehr
Representative Melody McCray-Miller
Representative Sharon Schwartz

Members Absent

Senator Dwayne Umbarger

Staff Present

Amy Deckard, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Nobuko Folmsbee, Office of the Revisor of Statutes
Renee Jefferies, Office of the Revisor of Statutes
Judy Holliday, Committee Secretary

Conferees

Cindy Luxem, CEO and President, Kansas Health Care Association (KHCA)/Kansas Center for Assisted Living (KCAL)
Mitzi McFatrich, Executive Director, Kansas Advocates for Better Care (KABC)
Debra Zehr, President, Kansas Association of Homes and Services for the Aging (KAHSA)
Jennifer Schwartz, Executive Director, Kansas Association of Centers for Independent Living (KACIL)
Gilbert Cruz, State Long-Term Care Ombudsman
Jane Kelly, Executive Director, Kansas Home Care Association (KHCA)
Rocky Nichols, Executive Director, Disability Rights Center of Kansas (DRC)
Matt Fletcher, Associate Director, InterHab

Ray Dalton, Deputy Secretary, Kansas Department of Social and Rehabilitation Services (SRS)
Bill McDaniel, Commissioner, Program and Policy, Kansas Department on Aging (KDOA)
Andy Allison, PhD, Medicaid Director and Deputy Director, Kansas Health Policy Authority (KHPA)
Dan Bryan, Auditor, Legislative Post Audit
Shannon Jones, Executive Director, Statewide Independent Living Council of Kansas (SILCK)

Others Attending

See attached list.

Morning Session

Chairman Bethell called the meeting to order at 9:30 a.m. Chairman Bethell asked for approval of the July 18, 2008, meeting minutes. *Representative Sharon Schwartz made a motion to approve the minutes, seconded by Representative Jerry Henry. The motion carried*.

Chairman Bethell discussed the dates for the next two Committee meetings. It was determined that September 23 and October 22 would be the next Committee meeting dates.

Amy Deckard, Kansas Legislative Research Department, gave a brief overview of the Legislative Budget Committee Report to the 2007 Kansas Legislature. She discussed the appropriation recommended by the Legislative Budget Committee for FY 2008-FY 2010 that would assure the program meets minimum standards for provision of services, would assist with rate parity, and would help to eliminate the waiting list for Home and Community Based Services (HCBS).

Ms. Deckard directed the Committee's attention to pages 11-28 of the Legislative Budget Committee Report regarding the wages for direct care workers in the community, whose average wage is $8.23 per hour, compared to $11.81 at State-operated hospitals.

Chairman Bethell told the Committee that in SB 365, the specific language for community expansion was taken out of the bill. Representative Henry requested that the Committee draft legislation with elements similar to SB 365 by the end of the 2008 Interim. Components of the bill would address direct care wages, the waiting list for services, community expansion, Money Follows the Person Program, and the fiscal impact of moving patients from inpatient facilities.

Cindy Luxem, CEO and President, Kansas Health Care Association/Kansas Center for Assisted Living, provided the Committee with her association's position on the future of long-term care and that KHCA/KCAL fully supports a patient's right to choose the type of long-term care to receive (Attachment 1).

Ms. Luxem stated that as many providers across the state expand their services, nursing homes are beginning to provide rehabilitation services for patients released from a hospital who still need access to therapy in a supervised environment. Kansas would be missing an opportunity if nursing homes were not diversified to provide other healthcare services, and policy makers should be looking at this option. Additionally, Kansas has a large rural population with limited access to

healthcare, and the use of safety net clinics, or supplemental services with providers where there is no safety net clinic, is another approach to providing needed access.

Ms. Luxem stated that there needs to be a more effective transition of health records between doctors, hospitals, and patients than currently exists. Expansion of web-based telemedicine, specifically for long-term care and for HCBS clients around the state, would be helpful.

Ms. Luxem addressed the urgency of recruitment of healthcare workers as the baby boom generation nears retirement age. Without good wages to attract quality professionals, there will not be adequate workers for the number of patients in need of care. Also, the importance of personal responsibility is a significant component of long-term care. Statistics show that only 15-20 percent have long-term care insurance prior to entering assisted living. Having home and community based services accessible as an alternative to facility care would have a huge financial impact.

Ms. Luxem directed the Committee's attention to various statistics in the handout, "2007 National Survey of Consumer and Workforce Satisfaction in Nursing Homes" from MyInnerView (Attachment 2).

The Committee discussed the difficulty of finding services, especially in a crisis situation, and the need to implement a more seamless system. One option would be a website with contact information for the various counties. Chairman Bethell told the Committee he knows of a provider that hands out a Flash Drive to patients with health information which can be accessed via computer.

Mitzi McFatrich, Executive Director, Kansas Advocates for Better Care, testified regarding the Long-Term Care (LTC) Ombudsman program (Attachment 3). This program would provide advocacy and intervention for consumers receiving long-term care through HCBS in a home/independent setting. Currently there is no entity to monitor patient safety, abuse, neglect and exploitation in a home-based setting. The LTC Ombudsman could address this need when there is a shift from institutional care to home-based care.

The Kansas Department on Aging investigates abuse complaints, and the State Long-Term Care Ombudsman provides advocacy on behalf of residents at their request. The Department of Social and Rehabilitation Services, Adult Protective Services investigates complaints of abuse, neglect and exploitation in institutional settings, but there is no consumer advocacy in the community or home setting. Ms. McFatrich stated that people receiving care would use the advocacy service if they were aware it exists.

Ms. McFatrich testified that abuse complaints may be hindered when the patient in a home-based setting is afraid to report abuse, neglect, or exploitation for fear of retaliation from a family member. She stated the Attorney General has taken a proactive approach by educating many bank trust officers on the issue of financial exploitation of elderly in a home setting. She stated that 37 percent of the reported cases of abuse are for charges of financial exploitation.

Ms. McFatrich called the Committee's attention to handouts on the Ombudsman LTC programs in other states as well as summary reports by national agencies (Attachments 4, 5, 6, and 7). At present, 12 other states have defined ombudsman programs in place.

Ms. McFatrich asked the Committee to support a pilot program to provide long-term care advocacy regardless of the setting. Under the Money Follows the Person Program, the Legislature, with information from Kansas Department of Social and Rehabilitation Services, Kansas Department on Aging, and advocates, could implement legislation to expand ombudsman advocacy to community based LTC recipients; identify the number of LTC complaints reported; and design a workable LTC advocacy model based upon the data received.

In response to the question of possible conflict of interest with regard to the ombudsman, *i.e.*, are they independent or tied to the nursing home, Gilbert Cruz, State Long-Term Care Ombudsman, responded that the Kansas Ombudsman is located within the Department of Administration, and, therefore, an ombudsman can go into any home without a conflict of interest.

Debra Zehr, Kansas Association of Homes and Services for the Aging (KAHSA), testified before the Committee (Attachment 8). She stated that Kansas can lead the way in home and community based healthcare. KAHSA provides services to people when and where they need services, regardless of where they call home. She indicated that for people in nursing homes who want to go home, there are major gaps in services available, such as attendant care, nursing care, homemaker services, and medical transportation.

Ms. Zehr suggested taking licensed nursing homes, in communities with HCBS gaps, "turning them inside out," and making them Aging Service Centers that provide support services, such as assisted living, wellness programs, telehealth and monitoring programs, and respite care. By taking advantage of the skilled healthcare professionals in nursing homes and diversifying into other areas, better healthcare can be provided for persons living at home.

Ms. Zehr responded to questions from Committee members stating:

- This is a paradigm shift, and the KAHSA is committed to not maintaining the status quo in regard to nursing homes;
- Incentives need to be in place for nursing homes to move to providing HCBS; and
- Adult day care and PACE programs could be linked to reimbursement as a way to bring these services to Medicaid patients in rural communities.

The Committee discussed whether legislation proposed from this Committee would address the funding issues for the ombudsman program: would the funding differ from how the program is currently funded; and how would the money saved from moving individuals from the nursing home into a home-based setting be identified. Chairman Bethell stated that the Committee is required by legislation which created the Committee to report back to the Legislature, and all of these issues would be appropriate to include in that report, along with recommendations on legislation that may be needed in order to accomplish the goals.

Jennifer Schwartz, Executive Director, Kansas Association for Centers for Independent Living (KACIL), testified before the Committee (Attachment 9). KACIL supports services based on individual choice and control, or self-direction, and believes it is imperative that the individuals be trained to become independent. They should have access to a fund to purchase items immediately needed when going home, such as bath seats, grab bars in the bathroom, or specialized medication dispensers. Wage parity across all HCBS waivers should be in place. Finally, Ms. Schwartz testified that people need to be empowered, rather than trapped into dependence, and all parties need to work together to develop solutions to offer choices and independence to all disabled and senior citizens.

Ms. Schwartz responded to questions by the Committee by stating:

- Services could be coordinated, and more service sites would be gained with that coordination; and

- There are no threshold requirements for placements of direct care workers that the patient chooses, but if the worker is placed by an agency then that agency would have requirements.

Gilbert Cruz, State Long-Term Care Ombudsman, told the Committee that the purpose of the State Long-Term Care (LTC) Ombudsman Program is to provide free advocacy assistance to LTC residents and to protect the rights of nearly 28,000 individuals living in adult care homes across Kansas. The program is funded one-third by the federal Older Americans Act, one-third by the State General Fund, and one-third by Medicaid matching dollars.

At present, the ombudsman services do not include private homes or other non-licensed settings. The ombudsman program recommends the HCBS Oversight Committee begin a dialogue on exploring advocacy options within the Money Follows the Person federal grant program.

Mr. Cruz stated that in Kansas there is one ombudsman for every 3,100 nursing facility residents, more than the one for every 2,000 residents as recommended by the Institute of Medicine. Two more ombudsmen are needed to cover the Area on Aging (AAA) service areas. Also, 12 states already have forged ahead with programs to advocate for residents in their private homes.

In response to questions from Committee members, Mr. Cruz stated:

- His desire to talk to stakeholders, discuss funding options, address, among other things, issues of data reporting and case handling satisfaction, and create a database;

- The scope of the ombudsman's authority should be clearly defined, and HIPAA confidentiality issues addressed;

- More ombudsmen are needed in the nursing homes, because there are only nine at present, and as people shift from nursing facilities to HCBS settings, some of these ombudsmen would shift to HCBS;

- A division within the Ombudsman Department should be created where people would report complaints with one toll-free number;

- The number of cases per ombudsman should be limited to allow follow-up visits to monitor results of investigations;

- The ombudsman has no legal standing, and is an advocate only. An ombudsman can only investigate and assist the complainant; and

- In 2006, 2,888 complaints were received from which 1,700 cases were developed. Mr. Cruz stated he would provide the Committee with that information and other information in the annual report.

Attached to Mr. Cruz' testimony was a flow chart, a regional map, and a brochure from the Office of the State Long-Term Care Ombudsman (Attachments 10, 11, 12 and 13).

Jane Kelly, Executive Director, Kansas Home Care Association, spoke to the Committee on some of the issues her association feels are of concern for home health agencies in providing care to individuals receiving HCBS (Attachment 14). She defined home care as encompassing a broad

spectrum of health and social services including occupational, speech, and physical therapy; medical social services; and nutritional services. She stated that as seniors' physical capabilities diminish, more are taking advantage of these services.

Ms. Kelly stated that HCBS waivers have depended on the state's home care agencies for the delivery of services to allow seniors to live at home. However, the erosion of the home care provider base for these waiver programs is now in crisis. These programs were developed to avoid high institutional costs by meeting the demand for care in a less restrictive setting, such as home care. But the rising costs have caused many home health providers to re-evaluate participation in the waiver program due to the losses incurred, especially in rural areas. Ms. Kelly provided statistics on the mileage documented by nurses, therapists, and home care aides who drive to provide services.

Worker recruitment is an increasing problem, and waiver reimbursement does not allow providers to offer competitive salaries to professional or paraprofessional staff, nor attractive job benefits. Other factors include Medicare reimbursement cuts, increased paperwork requirements, and less hands-on care. As home health nurses approach retirement, there are fewer nursing school graduates to replace them.

Ms. Kelly stated the following components are necessary to continuing home health in the future:

- Recognizing and reimbursing costs of complying with government regulations;
- Reimbursing agencies so they can recruit and retain staff at a sufficient living wage;
- Supporting expansion of technological advances such as telecare to maximize the use of a nurse's time and saving energy costs;
- Recognizing home telehealth between trained nurses and patients as the equivalent of an in-home visit; and
- Working to reinstate the five percent rural add-on for providers that deliver services in rural areas.

She further stated that facilities of four KHCA members have closed recently because of some of the issues listed above. If home health providers are to continue to offer care to frail elderly, disabled, and chronically ill individuals, particularly in rural areas, these problems must be addressed so no one is denied the choice of being cared for in their home.

Ms. Kelly responded to questions from the Committee members by stating:

- There is no central location where people can go to access services or find out where to obtain them;
- KHCA would provide information to the Committee on the cost savings for people who can be kept in their homes;
- Reimbursement needs to be increased for building capacity to absorb individuals moved from facilities to home-based care; and

- Services can be coordinated to increase efficiencies, and HCBS should be included in the discussions.

Rocky Nichols, Executive Director, Disability Rights Center of Kansas, told the Committee that he felt the following changes are needed in providing disability services: (1) reduce the number of long-term care institutions; (2) provide dollars for eliminating all waiting lists; and (3) expand capacity at the community-based level. He felt that 2008 HB 2761 would have been the roadmap for achieving these goals, and urged the Committee to recommend passage of a bill similar to 2008 HB 2761.

Mr. Nichols listed reasons why waiting lists are bad for families, people with disabilities, and taxpayers (Attachment 15):

- Parents of a family member who is on a waiting list for years may be faced with a choice of whether to work or stay home to care for their family member, causing a huge financial hardship;

- There are around 1,500 people with Developmental Disabilities (DD) who are forced to wait to receive any services, and the number will increase. Often, about 2,000 persons with disabilities who clear the waiting list are put on a second waiting list, the underserved waiting list. In total, approximately 3,500 people are not getting any services or not receiving all the services they need. In addition, there are around 7,000 people receiving HCBS/DD waiver services, which means there are approximately 50 percent more people waiting for services on one of the two waiting lists;

- More taxpayer dollars are spent for the person to wait in an institution than on HCBS services. Kansas spends up to four times the amount to serve a person with developmental disabilities in an institution–up to $170,000 versus $40,000 for HCBS–or four times the cost to serve the same person with the same disabilities and needs; and

- The state cannot afford to fund expensive, out-dated institutions which cost several times more than community services cost, while having huge waiting lists for HCBS services.

Mr. Nichols stated that Kansas is “dead last” in the five-state region in the amount spent per person, per year on DD waiver services, spending the same amount as before the Winfield State Hospital closure.

Mr. Nichols responded to questions by Committee members stating:

- Information on how money is spent in relation to what other states spend and the impact on their institution population can be obtained from SRS. He indicated he would find the information and provide it to the Committee;

- Funding creates focus and priority — "the better we fund, the better we can leverage lowering the institutional capacity"; and

- The components other states include when determining their funding, such as the rates paid to providers, client choice for institutions or HCBS, and closing beds should be reviewed.

Matt Fletcher, Associate Director, InterHab, provided the Committee with information on the developmental disabilities direct care workers, including training, qualifications, job responsibilities, and wages (Attachment 15). Mr. Fletcher stated that there is a very high annual turnover in communities, up to 57 percent, with 50 percent of the workers quitting within the first six months. The cost of a turnover is over $2,000. This turnover is due, in part, to the low wages paid to direct care staff. He urged the Committee to pass legislation that will provide adequate funding to attract and retain professionals to provide quality care to Kansans with developmental disabilities.

Mr. Fletcher introduced Andrea McMurray, a direct support professional in the residential department of Cottonwood Incorporated in Lawrence. Ms. McMurray provided the Committee with personal experiences in her position and that she wants this to be her career, not just a job. She explained the scope of duties on any given day, not as a babysitter, but as a highly trained professional (Attachment 16). She expressed her belief that the high turnover impacts the patients so they no longer trust staff and become defined by their disability. She asked that the Committee consider adequate funding so that the patients can have the consistent staff they deserve.

Afternoon Session

Don Jordan, Secretary, Department of Social and Rehabilitation Services, provided information to the Committee on the role SRS has in HCBS. Some of the issues supported by SRS are advocacy, whether through the ombudsman or self-advocacy; ensuring HCBS waivers are high-quality, but doing it so the care is not 'institutionalized' with an emphasis on paperwork; ensuring quality of life is met by having patients' expectations met; and making sure the State is getting what it is paying for while the people are getting what they need.

Ray Dalton, Deputy Secretary, Department of Social and Rehabilitation Services, spoke on the Real Choice-Systems Transformation Planning grant that will allow Kansas to conduct an independent, unbiased review of the systems that are in place to assess the long-term care needs of individuals, and the operational structure of the long-term care system including cost determination of the services provided (Attachment 17). The grant has three primary focuses, which include Long-Term Care funding methodology, Self-Direction opportunities, and System Quality Assurance instruments and processes. The first focus will be implemented through the use of two studies. The first study will review the costs necessary to meet the individual's need and the methodology utilized to determine the individual's level of need. The second study will review the Level of Care (LOC) assessment instruments and the process of applying the instruments.

Current self-direction practices is the second focus of the Real Choice grant. A contractor will review the current system including customer knowledge, choice, training, support, and the payroll agent system utilized for billing of self-direct services.

The final focus area of the Real Choice grant is the review of the current Quality Assurance processes, to include the tools utilized, data collected and the human resources needed to fulfill the required quality oversight. This review will provide the necessary outside analysis and possible recommendations for the updating and integration of recent CMS values and required assurances.

Mr. Dalton stated that forums with community leaders across the state are being held for the purpose of listening to what Kansans want and to gain understanding of the needs they face.

The Real Choice-Systems Transformation Planning grant will help in planning for the future needs of long-term care in Kansas; assure the assessment process is fair and accurate in identifying patient needs; will determine reimbursement levels to service providers, whether self-directed or agency controlled to ensure Kansans can live in their home communities; and ensure that adequate wages are paid to direct care workers/attendants to cover their costs to perform the services.

In response to questions from the Committee, Mr. Dalton stated:

- A contractor has been selected to conduct the studies required in the grant and will be announced soon;
- The community forums consist of local consumers, providers, and business leaders to share opinions and data on how to build the system. SRS will provide information on each Committee member's area with regard to these forums;
- The amount of the Real Choice-Systems Transformation Planning grant is for $2.3 million;
- On the LOC assessment, the basis for the DD waiver and other waivers are reviewed to determine which assessment is appropriate; and
- The threshold score for services in assessment will be reviewed to see which tool is most appropriate; the threshold may have other implications and the opportunity may not be there for services.

Bill McDaniel, Commissioner, Program and Policy, Kansas Department on Aging (KDOA), told the Committee the agency reviewed SB 365 and will reference that bill in his testimony (Attachment 18). He referenced a report by Dr. Rosemary Chapin, University of Kansas School of Social Welfare, Office of Aging and Long-Term Care, and suggested the Committee invite Dr. Chapin to provide an overview of her report at a future meeting.

Mr. McDaniel stated that KDOA supports self-direction, individual choice, home and community-based services, and privacy. At client assessment, every person is given a booklet titled "Explore Your Options," and contact information.

A quality assurance survey is done quarterly with a random sample. A team visits all care homes except nursing homes and mental health facilities, meets with participants in the waiver, and asks about Frail Elderly (FE) waiver services and targeted case management. The surveys indicate a very high level of satisfaction. These surveys are conducted for each of the 11 Area Agencies on Aging (AAAs) and statewide.

Mr. McDaniel stated the Department on Aging, SRS, and the Kansas Health Policy Authority work closely with stakeholders and advocates in designing and implementing long-term care services. The annual report on the long-term care system will be submitted to the Governor and Legislature in 2009.

Mr. McDaniel indicated that Secretary Greenlee requested the opportunity to present testimony on the AARP report, "A Balancing Act: State Long Term Care Reform" at the next Committee meeting.

Mr. McDaniel called attention to a chart on the summary of services for HCBS-FE waiver and a graph on the Kansas LTC Medicaid Average Caseload, attached to his testimony.

Mr. McDaniel responded to questions by Committee members by stating:

- For the first round of the Money Follows the Person program, patients are identified because they checked "yes" to the question on the Minimum Data Assessment, "Are you interested in returning to the community?" If they check "yes," they are automatically on KDOA's list. KDOA then contacts the family member or guardian.

- With regard to whether an individual needs a guardian's permission to transition to the community, Mr. McDaniel stated it is a legal issue, and he will get that information for the Committee.

- Some patients have already given up their homes, so they may need to move in with a family member. The percentage of homes under the Medicaid exemption was not immediately available; but the KDOA will get that information to the Committee.

Dr. Andy Allison, PhD, Medicaid Director and Deputy Director, Kansas Health Policy Authority (KHPA), called the Committee's attention to his testimony which defines the KHPA's vision and principles for health care (Attachment 20). These principles include: access to care; quality and efficiency; affordable, sustainable health care; health and wellness; stewardship; and public engagement.

Dr. Allison defined Medicaid as "An optional source of matching funds for individuals who wish to obtain healthcare coverage for selected populations." Medicaid pays for health services or provides health insurance coverage for about 400,000 Kansans. The federal share varies from 50 to 90 percent.

Dr. Allison called attention to his testimony regarding agency roles, policy development, product delivery, and eligibility. Medicaid policy is made up of federal laws and the state plan. Every state must designate a single state agency; in Kansas it is KHPA. Kansas has a contract with the federal government, but if there is a dispute on how money is spent, the state plan governs. All federal Medicaid funding comes to the KHPA to be distributed to other state agencies.

Most states split up Medicaid programs across agencies. Kansas is split between KHPA, SRS, and KDOA. KHPA's role is to ensure compliance with state and federal laws and rules. One of the overarching responsibilities of KHPA is in determining eligibility policy and rules, while SRS determines eligibility of the clients.

Dan Bryan, Auditor, Legislative Division of Post Audit, provided an overview of the performance audit report (*Disability Waiver Programs: Reviewing the Use of Appropriations Intended to Upgrade the Wages of Certain Caregivers*) (Attachment 21). Mr. Bryan called the Committee's attention to page three of the audit report for the definitions of the HCBS waivers and tiers of reimbursement rates. For the physically disabled, services may be self-directed, where the person decides on their care, or agency directed, where the agency chooses the caregiver and pays the wages.

Mr. Bryan noted the additional funding appropriated in FY 2007 compared to FY 2008 to increase the rates of reimbursement and to reduce waiting lists for DD and PD Waivers. Some

caregiver wages were not increased, even though that was the Legislature's intent in the FY 2007 Budget. There was no mention of caregiver rates in the FY 2008 appropriation.

On page seven of the audit report, Figure 1-1, the payroll records of providers were presented to show the rates paid to caregivers for the DD waiver. In FY 2007, there was a 3 to11 percent increase, and in FY 2008, a 2 to 10 percent increase. There was no increase for the PD waiver.

The audit report recommended that, to help ensure funding appropriated by the Legislature for specific purposes is used as intended, the Department of Social and Rehabilitation Services should clearly and formally communicate that intent to service providers.

Amy Deckard, Kansas Legislative Research Department, called the Committee's attention to several handouts on global budgeting. The overview of Global Budgeting lists the definition of Global Budgeting, the states implementing the process, and concerns expressed about the issue (Attachment 22). The select states which have implemented Global Budgeting spreadsheet provides the components of the program for Vermont, Washington, Minnesota, New Mexico, Texas, Oregon, and Wisconsin. Other states implementing the program but who did not have data available include: Alaska, Maine, New York, New Jersey, Ohio, and Rhode Island (Attachment 23). The Medicaid Long-Term Care Expenditures for FY 2004 spreadsheet shows expenditures for Oregon, New Mexico, Alaska, Vermont, Minnesota, and Washington (Attachment 24). The handout on the Kaiser Commission on Medicaid and the Uninsured was for informational purposes (Attachment 25).

Kelly Navinsky-Wenzl, Kansas Legislative Research Department, directed the Committee's attention to the summary of Medicaid waivers for Vermont (Attachment 26). She noted that HCBS no longer exists as it was in 2004. The goal was to expand choices available to recipients. Page two of the handout listed the criteria for Highest, High, and Moderate Need Groups in Vermont's 1115 Waiver. The Choices of Care Waiver on page three explained the programs, eligibility, and services, and the graph on page four showed the funding allocated by General Fund, Federal/Other Funds, and the Total Funds, FY 2006 through FY 2008.

Ms. Navinsky-Wenzl directed the Committee's attention to a handout regarding a comparison of target groups and caps for four MR/DD waivers in Washington; a comparison of services for the four MR/DD waivers; SRS expenditures by year; and a chart on participants and expenditures in Washington's Medicaid, Medicaid waiver, and state programs for 2000-2004 (Attachment 27).

In response to questions by Committee members, Ms. Navinsky-Wenzl stated:

- What the term "other funds" included is unknown, but she would provide that information to the Committee;
- The population of the State of Washington and the number of people on the waiting lists is not immediately known, but she will provide that information for the Committee; and
- The number of people served declined due to funding cuts.

Shannon Jones, Executive Director, Statewide Independent Living Council of Kansas (SILCK), spoke to the Committee on the purpose of her organization, which is to facilitate and promote the independent living philosophy, freedom of choice, and equal access to all facets of community life for the disabled. Ms. Jones presented information to the Committee on global funding (Attachment 28). She defined 'global' as uniform and interchangeable funding between agencies,

rather than all programs being in a single state agency or a single HCBS strategy for each consumer in the program.

Ms. Jones stated that each HCBS program should be held accountable for the wellbeing of each person receiving HCBS. Further, global funding should open the door for SRS and KDOA to make a global report as to the amount of money being spent for all long-term care services. Global funding and reporting enables comparison of various programs and activities to see what lessons could be learned. Finally, she asked the question, "What are best practices to allow people to use resources as a stepping stone to becoming more independent?"

Ms. Jones stated the need for dialogue regarding whether government should decide what is best, or letting citizens self-direct under the direction of global thinking as envisioned by the Legislature and the Governor. Attached to her testimony were several graphs regarding preferences for LTC; cost of persons in nursing homes compared to HCBS-FE/PD; cost versus declining occupancy; and LTC costs per person per year. Ms. Jones stated that the cost savings for Kansas would be $62 million.

The Committee selected the following topics for discussion at the next meeting:

- Follow up on wages for direct care workers;
- Feasibility of centrally located information in each county on services available, *i.e*., elder services and housing.
- Identification of states having a single point of entry model;
- Suggestions for creating a single medical services center for each county; and
- The shifting paradigm for nursing homes to provide other services.

The meeting adjourned at 3:45 p.m. The next meeting is scheduled for September 23 at 9:00 a.m.

Prepared by Judy Holliday
Edited by Amy Deckard, Terri Weber, and Kelly Navinsky-Wenzl

Approved by Committee on:

October 22, 2008
(Date)