



SFY 2005 Annual Report

July 1, 2004, through June 30, 2005

Kathleen Sebelius
Governor

Pamela Johnson-Betts
Secretary of Aging

Kansas Department on Aging

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Kansas Department on Aging

Mission Statement

The Kansas Department on Aging uses public and private resources to improve the security, dignity and independence of Kansas Seniors, their families, seniors' caregivers and all Kansans living in adult care homes.

Vision

The Kansas Department on Aging respects the rights and responsibilities of Kansas seniors to actively participate in decisions and behaviors that affect their lives. The Department believes the quality of life can be improved for Kansans of all ages by creating, building and using public and private coalitions to leverage fiscal and human resources.



Message from the Secretary: January 2006

Dear Reader,

As we teeter on the brink of what the Centers for Disease Control call “a longevity revolution,” we at KDOA continue to judiciously use resources to position ourselves in Kansas to provide an array of services for our seniors and those who will “come of age” during the next 10 years.

Kansas is a leader in aging issues. We have been recognized nationally for embracing the “culture change” philosophy that supports adult care home residents’ active participation in their own care and in the normal decisions of daily life. KDOA demonstrated that leadership and its commitment to culture change by providing funding assistance to two central Kansas facilities, making them one of the first in Kansas and among the first Green House® designated homes in the United States.

KDOA worked hard to gather citizens and have Kansas recognized as sponsoring officially designated WHCoA public input events to ensure Kansas specific issues became part of the formal decennial conference resolution development process. KDOA hosted a White House Conference on Aging Solutions Forum and a Mental Health and Aging Summit which was designated a White House Conference on Aging: Independent Aging Event. The input provided from the public and aging advocates at these two events not only provided KDOA with valuable information, but the comments and observations were included for national aging issues consideration.

As we know, prevention is paramount to sustained health; KDOA has long recognized that a proactive perspective is also critical to a healthy aging citizenry. Thus KDOA proposed legislation to expand the scope of the Senior Care Act. As a partner to the Governor’s vision for a Healthy Kansas, in FY 05 KDHE and KDOA collaborated to provide a pilot fitness/strengths program at a low income senior housing development with a purpose of enhancing functioning fitness and continued independence for the program’s participants.

The 2005 Legislature agreed health prevention is a priority, passing KDOA proposed legislation to expand the scope of the Senior Care Act. The legislation statutorily allows KDOA to use State General Funds allocated through the Senior Care Act for health

prevention services. In FY 06 plans are in place to put more emphasis on the unique physical and exercise needs of Kansas seniors.

In FY 05 the advent of the new Medicare-approved drug discount card occurred. Such activity warranted additional collaborations to effectively meet the challenge of educating and informing both beneficiaries and program partners of the new services.

With only modest additional funding, the KDOA SHICK staff, along with sponsoring organizations and Area Agencies on Aging that sub-contracted with KODA, performed regular duties and informed beneficiaries of their options. This task continued into the new fiscal year with work on the Medicare Part D Prescription Drug Plan that became effective January 2006.

We weave a tighter, more secure safety net for Kansas seniors when we work collaboratively. I convened a Work Group, comprised of nursing facility administrators and KDOA LCE staff, to discuss joint nursing facility issues. The outcome of our efforts in FY 05 included the development of a set of protocols to reduce falls among nursing facility residents, formalization of a “Quality Practice Work Group” and development of a set of practical, tangible tools to help reduce resident falls. Together, we developed an excellent resource package to help facilities gather data, modify policies and adopt best practices to fit each facility’s individual needs. While all involved benefited from the increased collaboration, our seniors are the true winners with safer surroundings.

We at KDOA are proud of our accomplishments over the past year, which give us a solid footing as we prepare for the challenges that come with the longevity revolution. Obstacles along the way keep us focused on our mission. At the same time, we keep a watchful eye toward the horizon and our future. Together, we are building on the time-honored Kansas tradition of respect and compassion for our elders with an innovative mindfulness of senior needs and thoughtful stewardship of the resources of the State.

Pamela Johnson-Betts
Secretary of Aging

Kansas Department on Aging

FY 2005 Annual Report

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KDOA: ‘By the Numbers’

FY 2005

- In FY 2005, 96% of KDOA funds were spent on direct services or the delivery of direct services by the AAAs or other partners.
- In FY 2005, 37% of KDOA funding came from State General Funds; 63% of the KDOA budget was federally funded.
- In FY 2005, KDOA spending from all funding sources totaled \$450 million.

Senior Care Act — *A typical Senior Care Act customer is an 81-year-old woman who lives alone. With an LTC threshold of 44, she needs help shopping, cooking and cleaning her home. She pays 50% of the cost for homemaker assistance.*

- 6,500 persons received services funded in FY 2005 by the Senior Care Act.

Other Funding

- 6,410 low-income seniors received fruits and vegetables through the 2005 Senior Farmers Market Nutrition Program.
- Almost 3.5 million meals were served to seniors, funded by the Older Americans Act, State General Funds, local funds and donations.

HCBS/FE — *The average customer is a 77-year-old female with an LTC threshold score of 50. She lives alone and needs help with bathing, housekeeping, medication management, toileting and shopping.*

- An average of 5,634 persons per month received HCBS/FE services in FY 2005, helping these Kansans remain in their homes.
- \$54.1 million was expended for seniors receiving HCBS/FE services in FY 2005.

Nursing Facilities – *The typical NF resident is an 82-year-old female with an LTC threshold score of 80.*

- During FY 2005, an average of 11,125 seniors resided in nursing facilities each month at an annual cost of \$328.2 million.
- 2,208 individuals were diverted from nursing facility placement through the CARE program in FY 2005, resulting in a potential savings of \$24 million.
- 392 nursing facility inspections were conducted during FY 2005.
- During FY 2005, 45 Medicaid certified nursing facilities and 15 licensed-only facilities were assessed civil money penalties.

SHICK

- 17,400 Kansans were served through the SHICK program in FY 2005 resulting in a potential savings to Kansans of almost \$6 million.

Targeted Case Management

- An average of 3,313 persons per month received services through Targeted Case Management in FY 2005 at a cost of \$3.9 million.

Ombudsman Program

- \$381,321 was granted to the Kansas Ombudsman Program for senior advocacy.

Protection Against Elder Abuse, Neglect and

Exploitation (PEANE) – a special project grant fund to provide education/training; research for the prevention of elder abuse, neglect, exploitation; or studies of the nature or extent of financial exploitation of elders.

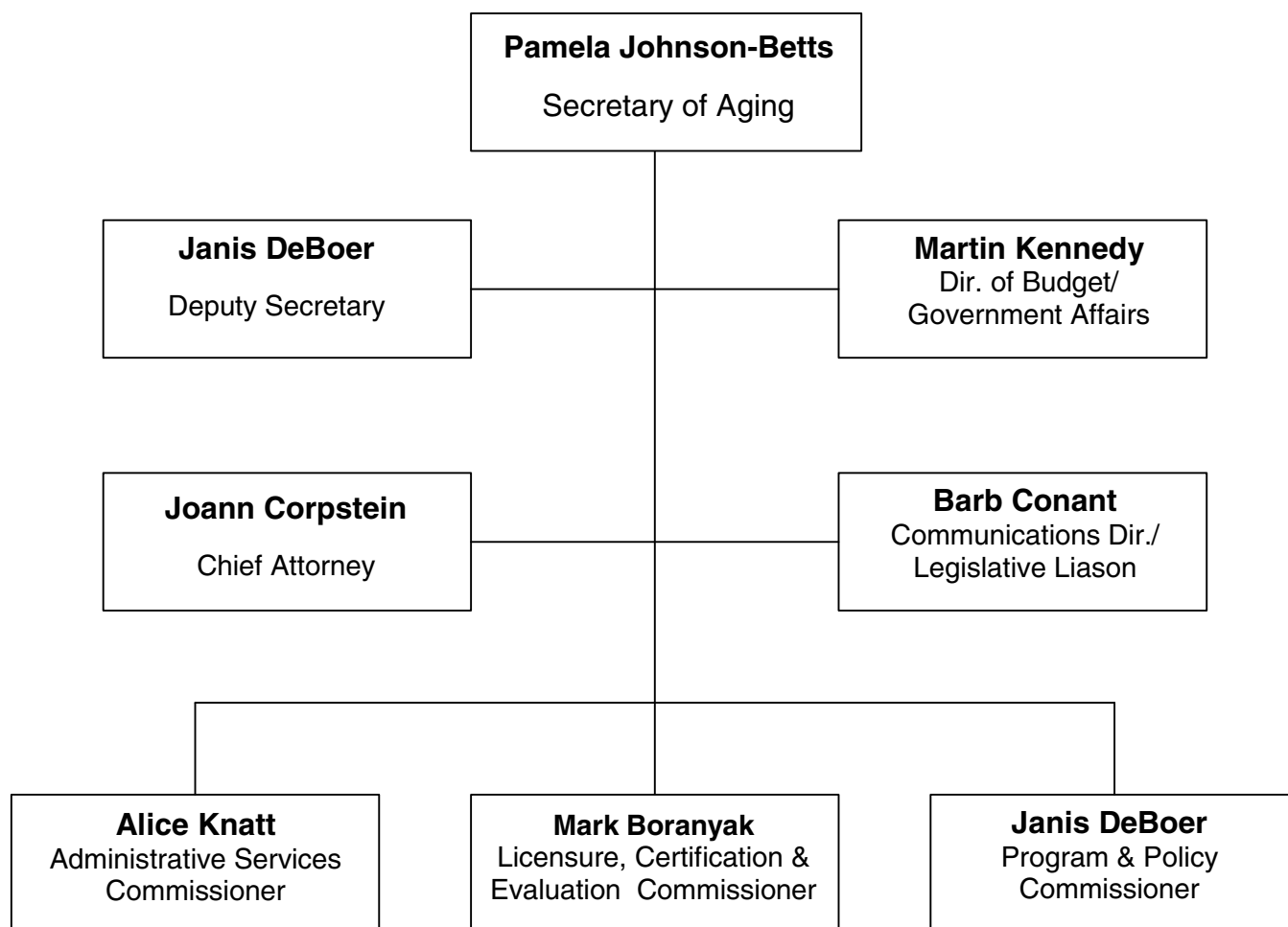
- 9 projects were funded by PEANE grants totaling \$46,587.

Caregiver support (Title III E)

\$1.4 million funded caregiver support services for 11,715 persons.

Kansas Department on Aging Organizational Chart

As of June 30, 2005



Kansas Department on Aging

Helpful Numbers

785-296-4986

Secretary	Pamela Johnson-Betts	785-296-5222
Administrative Officer	Traci Ward	785-296-5222
Legal Division Chief Counsel	Joann Corpstein	785-368-7228
Budget & Government Affairs Director	Martin Kennedy	785-296-6681
Human Resources Director	Carmen Sellens	785-296-6361
Communications Director/ Legislative Liason	Barbara Conant	785-296-6154
Program & Policy Commissioner/ Deputy Secretary	Janis DeBoer	785-368-6684
Administrative Services Commissioner	Alice Knatt	785-296-6464
Licensure, Certification & Evaluation Commissioner	Mark Boranyak	785-296-0383

Other Helpful Numbers

Nursing Facility Complaint Line		785-296-0133
Nursing Facility Complaint Toll-Free Hotline		1-800-842-0078
SHICK Hotline		1-800-860-5260
Long-Term Care Consultant	Vera VanBruggen	785-296-1246
KDOA TTD		785-291-3167
KDOA Toll-Free		1-800-432-3535
KDOA Fax		785-296-0256

I.

Program and Policy Commission

Programs within the Division: 15

- A. Assessment as a Medicaid Administrative Function
- B. Client Assessment, Referral and Evaluation (CARE) Program
- C. Home and Community-Based Services for the Frail Elderly
- D. Money Follows the Person Project
- E. Nursing Facility Rate-Setting
- F. Nursing Facility Audits and Quality Review
- G. Partnership Loan Program/Partnership Grant Program
- H. Older Americans Act Programs
 - a. Title III-B
 - b. Title III-C
 - c. Title III-D
 - d. Title III-E and Family Caregiver Support Program
 - e. Prevention of Elder Abuse, Neglect and Exploitation (PEANE) Special Project Grants
- I. Older Kansans Employment Programs
- J. Program of All-Inclusive Care for the Elderly
- K. Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK)
- L. Senior Care Act
- M. Senior Farmers Market Nutrition Program
- N. Senior Health Insurance Counseling for Kansas
- O. Targeted Case Management

Number of Staff: 41

A.

Assessment as a Medicaid Administrative Function

Purpose/Description of Program:

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.

Number and Units of Persons Served during FY 2005 for Medicaid Administration:

PSA	Area Agency	Units of Service	Customers*
1	Wyandotte/Leavenworth	6809.0	560
2	Central Plains	16,281.0	1063
3	Northwest Kansas	5,361.0	252
4	Jayhawk	14,980.5	720
5	Southeast Kansas	19,061.0	1,368
6	Southwest Kansas	9,151.5	631
7	East Central Kansas	4,895.5	361
8	North Central/Flint Hills	6,929.5	652
9	Northeast Kansas	7,521.0	458
10	South Central Kansas	11,764.5	751
11	Johnson County	7,354.0	591
Statewide	Unduplicated	110,063.25	7,385

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

In FY 2005, 7,385 persons were served by Medicaid Administration. There were 110,063.25 units of service provided to the customers; a unit equals 15 minutes of time. 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 the presence of family members, if possible.

Demographics of Those Served:

77.2 % of assessment customers were women with an average age of 79; men were 22.8 % of assessment customers with an average age of 77; and minorities accounted for 14.6 % of the total customer population. 41.93 % of the population lived in urban areas while 58.07% lived in rural areas. When language barriers existed, the AAAs had interpreters available to provide assistance as needed.

Budget/Funding/Actual Expenditures:

In FY 2005, the average total cost per customer for Medicaid Administration was \$149.04 with a total cost for this service being \$1,100,632.25.

The average monthly cost for Medicaid Administration during FY 2005 was \$91,720. Approximately 50% of the cost was federally funded, while 50% was state funded.

Trends:

There was a slight increase of persons served through this program. The cost of administering assessments as an administrative function increased to 3.3 % of persons served per year. This service allowed customers to be connected to needed services and supports in a more timely way.

Summary of the Program's Outcomes during the Past Fiscal Year:

The Medicaid Administration service continues to allow assessments to be conducted in a timely manner, regardless of the individual's eligibility status, which provides an opportunity for services to customers to be coordinated more expeditiously.

B.

Client Assessment, Referral and Evaluation (CARE) Program

Purpose/Description of the Program/Service:

The CARE program provides a pre-admission assessment service for nursing facility placement. Established in 1994 by the Kansas Legislature, it meets the federal requirements for Pre-Admission Screening and Resident Review (PASRR) set by the Centers for Medicare and Medicaid Services (CMS). The Level I and Level II assessments evaluate the needs and recommend appropriate placement for individuals with mental illness and/or developmental disabilities.

Number of Persons Served during FY 2005:

A total of 13,102 Level I assessments were completed for 12,990 persons through the CARE program. A total of 466 Level II assessments were completed for 400 persons with mental illness or mental retardation seeking admission to a nursing facility. The additional assessments were for a significant change in condition.

Follow-up contact is made 30 days after receiving the CARE assessment. In FY 2005, 2,208 persons (16.87%) were living in the community and receiving services at the time of the 30-day follow-up.

Demographics of Those Served:

There was an unduplicated count of 12,990 individuals who received a CARE assessment in FY 2005. Of those individuals, 49% lived in urban areas, while the other 51% lived in more rural areas of Kansas. The majority of these individuals reported they were English speaking. Four percent of the individuals reported their ethnicity as African American, one percent as Hispanic, with very small numbers reporting as anything else besides Caucasian or White/Non-Hispanic. Thirty-six percent of the individuals reported they had full-time support, 23% reported they had part-time regular support, another 22 % reported they had part-time intermittent support and the remaining 19% reported they had no support available, with 42% of these individuals living alone in the community.

Budget/Funding Source/Actual Expenditures:

In FY 2005, the average contracted cost for a Level I assessment was \$78.14 and the total Level I assessment costs were \$1,025,233. The average costs for a Level II assessment was \$270.85. Total Level II assessment costs were \$126,215.

The CARE program assesses the needs of individuals prior to potential placement in a nursing facility. The availability of appropriate home and community-based services often allows the individual to remain at home, thus diverting their admission to a nursing facility. The average monthly Medicaid nursing facility payment during FY 2005 was \$2,448. Of this amount, approximately 61 % of the cost was federally funded, while 39% was state funded. Although additional costs were incurred for home and community-based services, the potential overall savings from those individuals who were diverted from more costly nursing facility care for an entire fiscal year was approximately \$24 million.

Trends:

There was a slight decrease in the number of total assessments completed in fiscal year 2005. The number of Level I assessments decreased to 13,102 from 13,513, which was a 3% decrease. The cost of administering Level I assessments was \$1,025,233. The number of Level II assessments increased to 466 from 419, which was an 11% increase. The cost of administering Level II assessments was \$126,215. The CARE program has seen a small but steady increase in assessing individuals with developmental disability conditions.

Summary of the Program's Outcomes during the Past Fiscal Year:

KDOA continues to work closely with the Kansas Department of Social and Rehabilitation Services Mental Health Division to guide appropriate placement and explore other community service options for those individuals who have a mental illness and/or a developmental disability condition. The CARE program has worked with the Kansas Department of Health and Environment to remove the CARE form from regulation in order to facilitate revisions to the form. The program has received valuable feedback from its Diversion/Community Tenure project with the Office of Aging and Long Term Care, within the University of Kansas, School of Social Welfare.

The CARE program staff continues to work with the Uniformed Assessment Instrument manager and the University of Kansas to develop a reliable tool and has taken additional steps in acquiring software that will provide the opportunity to move to web-based assessor training that will facilitate increased consistent and accurate information for the assessors to use in assessing individuals seeking nursing facility placement as their long-term care option.

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

Purpose/Description of Programs:

Provides Medicaid eligible customers with the opportunity to receive cost-effective community-based services as an alternative to nursing facility care and to promote independence in programs funded by Medicaid in the community setting. The Kansas Department of Social and Rehabilitation Services determines Medicaid financial eligibility. Targeted Case Managers (TCM), who are employed or contracted by Area Agencies on Aging (AAA), determine customers' functional eligibility and then develop an individualized plan of care for services.

Customers with Paid Services by Each Area Agency on Aging

PSA	Area Agency	Customers
1	Wyandotte/Leavenworth	565
2	Central Plains	1,032
3	Northwest Kansas	273
4	Jayhawk	662
5	Southeast Kansas	1,488
6	Southwest Kansas	609
7	East Central Kansas	394
8	North Central/Flint Hills	691
9	Northeast Kansas	444
10	South Central Kansas	809
11	Johnson County	571
Statewide	Unduplicated Customers	7,586

Numbers of Persons Served during FY 2005:

A total of \$54,125,403 was expended for services to an average of 5,634 seniors a month. Services available included 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 effective January 1, 2005, medication reminder was added as an HCBS/FE service. Respite Care was discontinued December 31, 2004, due to availability of other funding sources to meet the need.

Service Providers:

Throughout SFY 2005, the average monthly number of HCBS/FE providers remained stable at approximately 316 unduplicated active providers per month. This number does not reflect all of the providers enrolled to provide services or any providers who delivered but did not bill for services during the fiscal year.

Demographics of Those Served:

78.3 % of the customers were women with an average age of 80; men were 21.7 % of HCBS customers with an average age of 78. Minorities accounted for 14.46 % of the total HCBS customer population. 41.50 % of the HCBS/FE population lived in urban areas while 58.50 % lived in rural areas. If language barriers existed with HCBS/FE customers, the AAAs had interpreters available to provide assistance as needed.

D.

Budget/Funding/Actual Expenditures:

In FY 2005, the average cost per customer for HCBS/FE services was \$810 per month, with 5,634 customers per month on average. The total number of unduplicated customers served during FY 2005 was 7,586. Funding for this program was approximately 61% federal and 39% state. Providers of HCBS/FE services had 12 months to submit bills for services provided to customers.

Trends:

There was a 23.9 % increase in the number of HCBS/FE customers during FY 2005. However, in the two years prior, with the waiting list activity, the program experienced a 21.3% decrease in the number of HCBS/FE customers. As such, the FY 2005 average number of customers leveled to approximately the same average number of customers as FY 2002.

Summary of the Program's Outcomes during the Past Fiscal Year:

The goal of the HCBS/FE program is to continue providing a high quality of service delivery with customer satisfaction of 98% or above. This program continues to provide and manage an integrated delivery system of in-home services to Medicaid eligible seniors. Education and training for AAA staff and providers are a priority to achieve greater understanding of HCBS/FE requirements for service provision. Enrollment of Assisted Living, Residential Health Care and Home Plus facilities into the HCBS/FE program has gradually increased. In FY 2005, these facilities comprised 29 of the 45 newly enrolled providers.

Money Follows the Person Project

Purpose/Description of the Program/Service:

The Money Follows the Person Project was successfully implemented in FY 2004 in response to a legislative proviso in the appropriations bill. House Bill 2675 continued the program in FY 2005. The purpose is to allow funds for up to 75 persons living in nursing homes to be transferred to 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-PD waiting list. It should be noted the HCBS-FE waiver program had no waiting list in FY 2005.

Number of Persons Served during FY 2005:

There were 41 persons moved from nursing homes to the HCBS-PD waiver program.

Demographics of Those Served:

The program was implemented statewide and residents were moved from 35 nursing homes located across the state.

Budget/Funding Source/Actual Expenditures:

The state general funds are transferred from the nursing home budget (KDOA) to the HCBS-PD waiver budget (SRS) twice a year. The total State General Funds transferred in FY 2005 was \$284,817.

Trends:

In SFY 2004, 60 nursing home residents were moved to the HCBS-FE (33 persons) and HCBS-PD (27 persons) waiver programs. In SFY 2005, 41 nursing home residents were moved to the HCBS-PD waiver program, which serves those from age 16 through 64.

E.

Summary of the Program's Outcomes during the Past Fiscal Year:

The program successfully moved 41 nursing home residents back to the community.

Nursing Facility Rate Setting

Purpose/Description of the Program/Service:

The agency is responsible for setting Medicaid rates for nursing homes. There were 335 Medicaid-certified nursing homes as of June 30, 2005. Services consist of skilled nursing care 24 hours a day, seven days a week. The Medicaid rates are case mix adjusted based on the acuity level of Medicaid residents.

Number of Persons Served during FY 2005:

Services were provided to an average of 11,125 Medicaid eligible residents per month.

Demographics of Those Served:

Resident Acuity Level Profile as of June 30, 2005

	RESIDENT CASE MIX		
CATEGORY	EXAMPLES OF PATIENT CHARACTERISTICS	PERCENT TOTAL RESIDENTS	PERCENT MEDICAID ONLY
Rehabilitation	Rehabilitation therapy received	8.83%	5.48%
Extensive Services	In past 14 days, received intravenous medication, tracheotomy care, required ventilator/respirator, or in past 7 days received intravenous feeding	3.04%	2.56%
Special Care	Multiple sclerosis, cerebral palsy, quadriplegia, or respiratory therapy	8.69%	8.95%
Clinically Complex	Comatose, have burns, septicemia, pneumonia, internal bleeding, dehydration, dialysis, or receive chemotherapy	19.72%	21.32%
Cognitive Impairment	Alzheimer's disease or other types of dementia	15.41%	15.38%
Behavior Problems	Resists care, combative, physically and/or verbally abusive, wandering, or delusional	1.15%	1.50%
Physical Function	Restricted physical functions	43.16%	44.81%

Resident Age/Gender Profiles as of June 30, 2005

Age of Residents	Number	Percent
Under 25 years old	7	0.04%
25 – 54 years old	538	2.86%
55 – 64 years old	836	4.45%
65 – 74 years old	1,773	9.43%
75 – 84 years old	5,580	29.67%
85 years or older	10,070	53.55%

Gender	Average Age	Percent
Male	80	27%
Female	85	73%
Overall	84	

Resident Ethnicity as of June 30, 2005

Ethnicity	Number	Percent
American Indian/Alaskan Native	64	.3%
Asian/Pacific Islander	48	.3%
Black, not of Hispanic origin	715	3.8%
Hispanic	202	1.1%
White, not of Hispanic origin	17,671	94.5%

Budget/Funding Source/Actual Expenditures:

The budget is approximately 61% federal Title XIX funds and 39% state general funds (SGF). The total nursing home expenditure in SFY 2005 was \$328.2 million (\$128 million SGF).

Trends:

The average number of Medicaid eligible residents increased from 10,788 in SFY 2004 to 11,125 in SFY 2005, or approximately 3.1%. The total expenditures increased from \$311.9 million to \$328.2 million, or 5.2%.

Summary of the Program's Outcomes during the Past Fiscal Year:

A new quality and efficiency incentive factor was developed in SFY 2005 for a July 1, 2005, implementation. 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 zero, \$1, \$2, or \$3 added to 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.

F.

Nursing Facility Audits and Quality Review

Purpose/Description of the Program/Service:

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 with other programs funded by KDOA, including the Area Agencies on Aging (AAA) single audit reports.

Number of Persons Served during FY 2005:

In SFY 2005, 359 Medicaid cost reports were desk reviewed and 53 nursing home field audits were completed. The single audit reports were reviewed for the 11 AAAs and other large service providers. Site visits were made to two AAAs to follow up on corrective action plans and audit issues.

Demographics of Those Served:

The nursing homes are not-for-profit, for-profit and government operated. There is a nursing home or nursing home for mental health in each of the 105 counties. Eight of the AAAs are not for profit and three are county operated. The eleven AAA planning and service areas cover the entire state.

Budget/Funding Source/Actual Expenditures:

The audit function is funded at the Medicaid administration rate (50% Title XIX and 50% SGF).

Trends:

In SFY 2004, reported nursing home costs were reduced \$2.2 million as a result of desk review adjustments. In SFY 2005, nursing home cost reports were reduced \$4.1 million as a result of desk review adjustments.

Summary of the Program's Outcomes during the Past Fiscal Year:

Fifteen percent of the nursing homes were audited in SFY 2005. This is up from 13% in SFY 2004. All field audit adjustments that were appealed were resolved without going to a formal administrative hearing.

Partnership Loan Program (PLP)/Partnership Grant Program (PGP)**Purpose/Description of the Program/Service:**

The PLP and PGP were established by K.S.A 75-4265. The PLP supports the expansion of services and housing alternatives for senior Kansans by providing low interest loans. The PGP uses interest income from the PLP loans to fund competitive matching grants for the benefit of long-term care programs.

Number of Persons Served during FY 2005:

Since the inception of PLP, eight housing projects have been funded with a total of 100 units.

Demographics of Those Served:

The housing projects serve Kansas seniors. They are located in Anthony, Caldwell, Dighton, Eskridge, Holyrood, Norton, Wilson, and Winchester. The PLP focused on rural communities lacking adequate housing options for seniors.

Budget/Funding Source/Actual Expenditures:

The Kansas Intergovernmental Transfer (KSIT) Program provided the funds for the PLP. A total of \$4.8 million in loans has been made. Interest income from the loans is used to finance the PGP activities.

Trends:

The KSIT Program ended the first quarter of SFY 2006. No additional allocations have been made to fund the PLP. The interest earned over the term of the loans will provide on-going funding for the PGP.

Summary of the Program's Outcomes during the Past Fiscal Year:

In FY 2005, KDOA committed PLP low interest loans to two Continuing Care Retirement Communities for the construction and permanent financing of two Green House® Projects. The Green Houses® are group homes for elders built to residential scale, providing the necessary clinical care found in nursing homes in a more social environment. Also, a grant was awarded from the PGP to partially fund the development of a Deep Culture Change Model tool kit. The tool kit was designed to assist adult care homes in changing from the traditional "medical" model to a person-centered model of care.

Older Americans Act Programs

Title III-B

Purpose/Description of the Program/Service:

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

Access Services provide seniors with the means to receive needed services available in the community 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), and Transportation (assisting an individual to get to a location where services are provided).

In-Home Services assist seniors to 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 such as legal services (offering advice and representation by an attorney). These services encourage seniors to remain active members of the community. Services are provided either directly by the Area Agency on Aging or under contract or grant by other agencies.

Number of Persons Served during FY 2005 (estimated numbers):

III-B Access Services

Service	Units of Service	Persons Served	Service Unit
Information & Assistance	259,001	113,677	One Contact
Transportation	120,144	1,283	One Way Trip
Outreach	2,794	3,289	One Contact
Case Management	13,775	881	15 Minutes
Assessment	4,312	488	15 Minutes

OAA III-B In-Home Services

Service	Units of Service	Persons Served	Service Unit
Adult Day Care	977	2	One Hour
Attendant Care	21,563	332	One Hour
Chore	40	6	One Hour
Home Health	1,367	83	One Dollar
Homemaker	41,512	684	One Hour
Respite Care	6,084	139	One Hour
Visiting	329	78	One Visit
Telephoning	1,105	83	One Call

OAA III-B Community Services

Service Name	Units of Service	Persons Served	Service Unit
Legal Assistance	5,135	2956	One Hour
Screening	2,814	216	One Screening
Program Development	1,113	0	One Hour
Coordination	4005	1,167	One Hour
Advocacy/Representation	1069	18,069	One Hour
Public Education	0	145	One Hour
Counseling	27	66	One Hour
Education Training	2,151	12,853	One Hour
Newsletter	161,674	142,934	One Newsletter
Recreation	1,758	713	One Session
Repairs/Maint/Renovation	74,867	101	One Dollar
Shopping	2,747	144	One Round Trip
Supervision	3,586	642	One Hour
Material Assistance	14,073	61	One Dollar

b.

Demographics of Those Served:

75% of the customers were female, and 61% of the customers lived alone; 31% were 85 years of age or older; 43% were from 75-84; 21% from 65-74; and 5% were less than 65 years of age. 48% of the customers were Caucasian and 89% spoke English as their first language.

Budget/Funding Source/Actual Expenditures:

Estimated expenditures reported for Federal Fiscal Year 2005 under this program were more than \$3 million. As of August 2005, \$3,558,277 was expended. (This includes OAA, program income, match, in-kind and mill levy.)

Trends:

This program continues to steadily serve individuals with the types of services listed on the prior page and within specific funding allotments. While one-on-one telephone conversations remain the typical avenue for information, website information requests and e-mails are on the rise, especially from long distance family and caregivers. This will be especially true as more baby boomers begin seeking services. The service delivery system could be challenged by the requests and costs associated with providing these services.

Program Outcomes during Past Fiscal Year:

Seniors were making informed choices and decisions to receive services which allowed them to remain in their homes, be active in their communities and maintain their independence.

Title III-C

Purpose/Description of the Program/Service:

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 II-C(2)).

Number of Persons Served during FY 2005:

There were 27,550 congregate customers provided with 1,423,865 meals and 12,038 home delivered customers provided with 1,537,536 meals in FFY 2005.

Demographics of Those Served:

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

Characteristics	Congregate	Home Delivered
Male	36%	31%
Female	64%	69%
Lives Alone	45%	56%
Aged 64 and under	14%	7%
Aged 65 to 74	30%	20%
Aged 75 to 84	39%	41%
Aged 85 or older	17%	32%
Literacy	39% English speaking	76% English Speaking

Budget/Funding Source/Actual Expenditures:

\$14,927,288* from all sources was expended for meals in FFY 2005.

* as of 10-20-05

Trends:

There was a slight decrease in the number of meals served through this program.

Summary of the Program's Outcomes during the Past Fiscal Year:

The congregate setting continues to provide a daily location for a noon meal as well as a social avenue for the older senior. The Home-Delivered Program also provided meals to individuals that otherwise may not have had access to meal service.

C.

Title III-D**Purpose/Description of the Program/Service:**

This program provides Disease Prevention and Health Promotion Services grants to Area Agencies on Aging to be used to 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.

Number of Estimated Persons Served during FY 2005:

Services	Units of Service	Persons Served	Service Unit
Screening	2,639	1,109	1 Screening
Nutrition Counseling	157	157	1 Hour
Counseling Regarding Social Services	1,235	876	1 Session
Nutrition Education	46	517	1 Session
Health Promotion Programs	448	1,236	1 Session
Physical Fitness and Exercise Programs	2,165	2,015	1 Session
Home Injury Control Screening	10	10	1 Screening
Home Injury Control Education	21	314	1 Session
Education Programs Preventive Health	14	901	1 Session
Medication Management Education	1,502	3,273	1 Session
Information Age Related Disorders	1,829	937	1 Contact

Demographics of Those Served: **

Characteristics	Percentage
Male	21%
Female	79%
Lives Alone	67%
Aged 64 and under	1%
Aged 65 to 74	27%
Aged 75 to 84	44%
Aged 85 or older	28%
Literacy	98% English Speaking

** Data based on 1,056 customers data entered into KAMIS

d.

Budget/Funding Source/Actual Expenditures:

\$226,529* from all sources was expended for health-related services in FFY 2005.

*as of 10-20-05

Trends:

The services and customers served remained steady. As more attention is given to Disease Prevention Services, it is anticipated this area will begin to see an increase in persons served.

Summary of the Program's Outcomes during the Past Fiscal Year:

Seniors received valuable information allowing them to better manage their chronic illnesses.

Title III-E and Family Caregiver Support Program**Purpose/Description of the Program/Service:**

The Family Caregiver Support Program provides a multifaceted system of support services to assist caregivers with their caregiving responsibilities. Services are also provided to grandparents or older individuals who provide care for a child or children under the age of 19.

Each Area Agency on Aging determines which services are needed within their planning and service area. Services provided 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.)

Number of Persons Served during FY 2005*:

Caregiver - *22,291 (This includes *15,109 for information provided through mass media)

Units - 63,563

Grandparent/Relative Caregiver - 83; Units - 450. Eight (8) AAAs offered services for grandparent/relative caregivers.

*Figures are from 1st semi-annual report period.

Demographics of Those Served:

Not available.

Budget/Funding Source/Actual Expenditures:

\$1,151,247** from all sources was expended for services.

** As of August 2005 Expenditure Reports

Trends:

- There are no fees charged to the caregiver for services under Title III-E.
- Services will vary by area.
- Greater number of grandparents/older relatives providing care for children.

The availability of services will take on greater importance as the "Boomer" generation nears retirement age. For this young elderly population this issue could be a major factor as they age. Our service delivery system will also be challenged by the requests and costs associated with providing services.

Summary of the Program's Outcomes during the Past Fiscal Year:

Caregivers received valuable services as mandated by federal statute to help reduce the stress and strain of the responsibility of caring for a loved one.

e.

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

Purpose/Description of the Program/Service:

Special Project Grants are designed to provide either education/training; 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 RFP process, KDOA grants the funds to a variety of agencies and organizations.

Number of Persons Served:

The grants are awarded on a May-April fiscal year so FY 2005 figures aren't available. For FY 2004, 59 sessions were held with an average attendance of 60 persons in each session.

Demographics of Those Served:

The typical attendee for these educational workshops includes professionals in the fields of social work, health care, law enforcement, local government services, and caregiving.

Budget/Funding Source/Actual Expenditures:

OAA funding of \$46,587 was awarded to nine agencies with a maximum of \$7,000 to any one agency.

Trends:

With an increased awareness of elder abuse, neglect, and exploitation, there is more interest from the professional fields to receive training on these issues. The need and the number of applicants requesting funding is greater than the availability of funds.

Summary of the Program's Outcomes during the past Fiscal Year:

Professionals working with seniors are better educated on how to identify and handle issues on abuse, neglect, and exploitation.

I.

Older Kansans Employment Programs (OKEP) and Senior Community Services Employment Program (SCSEP)

Purpose/Description of the Program/Service:

Provide an opportunity for unemployed Kansans age 55 and older to learn, work and serve others. Assistance is provided in skills assessment, resume preparation, counseling, job seeking skills training, classroom training, job clubs, counseling, referrals, job development services, mentoring services and follow-up customer and employer satisfaction surveys. The programs are administered by the Kansas Department of Commerce in cooperation with the Kansas Department on Aging.

Number of Persons Served during Program Year 2004:

OKEP – served 1,633 participants and placed 1,163 in full-time or part-time private sector employment with an average wage of \$11.62.

SCSEP – served 172 in PY 04/05 at an average wage of \$7.24. A total of \$741,560 was paid to project participants in wages and benefits.

Demographics of Those Served:

OKEP serves unemployed Kansas seniors age 55 and over in specific areas of the state according to the contracted provider areas.

The SCSEP programs are administered by the American Red Cross-Midway Kansas Chapter in Wichita and the national sponsor is the SER Corporation, also in Wichita.

The participants are, on average, low income between the ages of 65 and 74.

Budget/Funding Source/Actual Expenditures:

OKEP is funded by the Kansas Economic Development Investment Fund (EDIF or State Lottery Funds) in the amount of \$239,430. Funding of \$229,430 was allocated to five service provider projects and \$10,000 for state administration.

SCSEP is funded under the Older Americans Act and administered by the U.S. Department of Labor. Funding for the program last year was \$889,751.

Trends:

Paying for the high cost of health care, utilities and prescription drugs is forcing more and more seniors to either remain in the workforce longer or return after a brief retirement. Many who had managed to squeak by on a spouse's retirement or Social Security now find they must work. They are often untrained or unskilled in today's computer-driven job market and have difficulty finding a position and/or agency that will work with them due to their age.

On a more positive note, the number of older workers needed is expected to increase as growth in the labor force slows along with the potential for labor and skill shortages. There are bills being introduced on the national level promoting training, retraining and retention of older workers. Several large groups, such as AARP, are helping promote this cause.

Summary of the Program's Outcomes during the Past Year:

Both the OKEP and SCSEP programs stretched their funding to provide maximum assistance to senior Kansans in finding employment. Older Kansans placed in jobs through OKEP continue to make a substantial contribution to the Kansas economy. The estimated economic impact of annual wages paid to individuals placed into part-time or full-time jobs during Program Year 2004 by OKEP was \$15,460,084.

The outcomes of both these programs include assisting Kansas seniors to obtain the job skills and job opportunities that allow them to lead a better quality of life, remain independent longer and contribute to the communities they reside in.

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

Purpose/Description of the Program/Service:

PACE is a form of long term managed care, which means 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, SRS (now the Division of Health Policy and Finance (DHPF) and the federal Centers for Medicare and Medicaid Services (CMS). Currently, Kansas has one PACE project operated by Via Christi Health Systems and serving Sedgwick County.

Number of Persons Served during FY 2005:

The average caseload in SFY 2005 was 136 persons. There were 162 persons enrolled in June 2005.

K.

Demographics of Those Served:

The PACE site in Wichita serves those persons 55 years of age or older who are functionally eligible for nursing home care and live in Sedgwick County.

Budget/Funding Source/Actual Expenditures:

The budget is approximately 61% federal Title XIX funds and 39% state general funds (SGF). The total PACE expenditure in SFY 2005 for KDOA was \$2.6 million (\$1 million SGF). The total PACE expenditure in FY 2005 was \$1.3 million (\$500,000 SGF).

Trends:

The average number of PACE participants increased from 93 in SFY 2004 to 136 in SFY 2005 or 44%. The total expenditures for KDOA increased from \$1.8 million to \$2.6 million, or 44%. The total expenditures for DHPF increased from \$900,000 to \$1.3 million, or 51%.

Summary of the Program's Outcomes during the Past Fiscal Year:

The PACE has been viewed very favorably as another option for long term care services for Kansas seniors. During the 2005 legislative session, another 75 slots were approved for the Via Christi HOPE program in Wichita and 75 slots were approved for Midland Care Connection to begin a second PACE site in Topeka.

Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK)

Purpose/Description of the Program/Service:

The PEAK Nursing Home initiative promotes and supports culture change in nursing homes as they pursue resident control, staff empowerment, a home environment, and community involvement. The two components of PEAK are recognition and education. Each year KDOA recognizes nursing homes that exemplify positive culture change. The KDOA has partnered with Kansas State University's Galichia 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.

Number of Persons Served during FY 2005:

Ten nursing homes were recognized in SFY 2005 which provided approximately 255,000 resident days of care during calendar year 2004, or about 700 residents per day.

Demographics of Those Served:

The nursing homes and locations of those recognized are: Arkansas City Presbyterian Manor, Arkansas City; The Cedars, McPherson; Friendship Manor Rehabilitation Center, Haviland; Golden Heights Living Center, Garnett; Hillsboro Community Medical Center, Hillsboro; Meadowlark Hills, Manhattan; Medicalodge of Kinsley, Kinsley; Medicalodge of Wichita, Wichita; Pleasant View Home, Inman; and Schowalter Villa, Hesston.

Budget/Funding Source/Actual Expenditures:

There are no funds budgeted for the PEAK Nursing Home initiative. Fund raising from the private sector by KDOA staff is conducted annually to cover the cost of the awards and recognition ceremonies.

Trends:

There were seven PEAK Awards given out in 2002, the first year of such recognition. Ten homes were recognized in 2003, six homes in 2004, and ten homes in 2005.

Summary of the Program's Outcomes during the Past Fiscal Year:

The PEAK Nursing Home initiative has received national recognition. Secretary Johnson-Betts gave the opening address at the Pioneer Network National Convention held in Overland Park in August 2004. The Pioneer Network promotes nursing home culture change nationwide. Secretary Johnson-Betts also participated on a panel at the American Association of Homes and Services for the Aging Conference in April 2005 in Washington, D.C., discussing the various Kansas culture change initiatives.

The PEAK application was revised in SFY 2005 to serve as a self-assessment tool, thereby allowing nursing homes to determine their status on the culture change journey, and resulting in an increase in applications and nursing homes awarded. The Galichia Center on Aging completed and distributed five educational modules, has three in process and two more planned.

Senior Care Act

Purpose/Description of the Program/Service:

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

Number of Persons Served during FY 2005:

Service	Units Provided	Unit of Service
Attendant Care	82,545	One Hour
Case Management	83,442	15 Minutes
Chore	1,654	One Hour
Food Supplements	5,832	One Dollar
Home Health	61.50	One Hour
Homemaker	242,050	One Hour
Medication Issues	13,567	One Dollar
Mobility Aids	44,499	One Dollar
Personal Emergency Response	3,568	One Month Rental
Respite Care	3,450	One Hour
Repairs/Maintenance/Renovation	19,065	One Dollar
Transportation	290	One Dollar

More than 6,000 seniors statewide received one or more services during the SFY 2005.

Approximately 3,000 seniors received one or more services per month. The chart above shows the most common types of services and the number of units provided during FY 2005.

Demographics of Those Served:

Approximately 12% of the Senior Care Act customers were between the ages of 60 and 69, over 30% of the customers were between the ages of 70 and 79, over 43% were between the ages of 80 and 89, and 14% were over the age of 90. The average age for a male SCA customer was 79 while the average age for a female was 81, for an overall average of 80 years of age. Over 75% of the customers were women and the majority of all customers were Caucasian and English speaking.

Budget/Funding Source/Actual Expenditures:

Although this program is funded through State General Funds, it is a fee-for-service program. Each customer is charged a fee which is taken from the sliding fee scale and is based on the customer's family size, monthly income and liquid assets. Depending on those factors listed, the fee for service can be anywhere from making a donation up to paying 100% for the services. State General Fund provided \$6,258,229 and with adding local match and customer fees the total amount for Senior Care Act expenditures in FY 2005 equaled \$7,424,665.

Trends:

This program has maintained its level of service for customers with only minimal fluctuations. In addition SCA has consistently maintained a waiting list in various AAA areas since 1998.

Summary of the Program's Outcomes during the Past Fiscal Year:

According to last year's Quality Assurance Review of customers, 58% reported that the services received allowed them to stay in their home. The percentage has increased by 12% for 2005 reporting 70% have been able to stay in their home.

Senior Farmers Market Nutrition Program**Purpose/Description of the Program/Service:**

This program promotes better nutrition among low-income seniors and expands the revenue base for farmers marketing fresh, locally grown produce at authorized outlets (including organized farmers markets, roadside stands and community supported agriculture farms) in select communities. Partners with KDOA include Kansas departments of Agriculture, Commerce, Health and Environment (committed cash support for costs of printing nutrition education materials), Social and Rehabilitation Services, Transportation; Kansas Coordinated Transit District Council, Kansas State University Cooperative Extension Service; Kansas Fruit Growers Association; Kansas Vegetable Growers Association; and the Kansas Rural Center.

Number of Persons Served during FY 2005:

- 5,862 low-income seniors served through three food assistance programs (CSFP, TEFAP and OAA) each received fifteen \$2 checks to exchange for locally grown, fresh fruits, vegetable and herbs at fourteen farmers markets, a once-a-month satellite farmers market, nine roadside farm stands in ten counties between May and September 30. The 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.
- 155 growers (primarily Kansas growers) were authorized to accept the checks at farmers markets in Atchison, Douglas, Johnson, Lyon, Reno, Riley, Saline, Sedgwick, Shawnee and Wyandotte counties and/or at authorized roadside farm stands in Douglas, Lyon, Riley, and Shawnee counties; the growers negotiated checks at the bank of their choice that were valued at \$125,008.
- 548 low-income seniors (i.e., homebound, high rise and out-of-town recipients were targeted) in Douglas, Riley, and Wyandotte counties served through one food assistance program (CSFP) each received a \$10 bundle (box or bag) of locally grown, fresh fruits, vegetables and herbs in July, August and October when their monthly USDA commodities were delivered by the local agency.

- 17 Kansas growers were authorized to provide bundles in July, August and October valued at \$16,440 (9% of the grant or 100% of grant funds allocated for this activity).
- 4,314 low-income seniors served through the CSFP and TEFAP program (many had received checks also) in 10 counties received one bundle (with an \$8.59 market value) of locally grown, fresh fruits, vegetables and herbs during November 2005 commodity distribution.
- 18 Kansas growers (all had participated in the check program) were authorized to participate in bulk purchase activity in November in Atchison, Douglas, Johnson, Lyon, Reno, Riley, Saline, Sedgwick, Shawnee and Wyandotte counties; these growers were reimbursed \$37,057 (21% of the grant).

Demographics of Those Served:

Not available.

Budget/Funding Source/Actual Expenditures:

The program is funded under a \$178,539 USDA grant in CY 2005.

Trends:

Performance is similar across the three-year history of the program. Other counties have expressed interest in program participation; however, funding limitations prohibit expansion.

Summary of the Program's Outcomes during the Past Fiscal Year:

Low income seniors in the target program who otherwise may not have had the opportunity were able to include fresh fruits and vegetables in their diets. Also, Kansas was requested to present the nutrition education component of the program at the USDA's 2nd National Nutrition Education Conference.

Senior Health Insurance Counseling for Kansas (SHICK)

Purpose/Description of the Program/Service:

More than 300 SHICK volunteers, working through 16 regional sponsoring organizations across the state, have been recruited to help the approximately 400,000 Kansans with Medicare understand their benefits. SHICK counselors provide information and assistance with Medicare claims and appeals, Medicare-Approved Drug Discount Cards, 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. SHICK services are available to all Kansas Medicare beneficiaries and are provided at no cost to the customer.

Number of Persons Served during FY 2005:

The SHICK program provided information and counseling services to 17,366 Kansans in the 2005 grant year.

Demographics of Those Served:

SHICK provides one-on-one counseling, information and referral services to Medicare beneficiaries, regardless of age, in every county in Kansas. SHICK also maintains a statewide Call Center that allows any Kansan with questions about Medicare to get answers from trained SHICK counselors.

Budget/Funding Source/Actual Expenditures:

SHICK is funded by a grant from the Centers for Medicaid and Medicare Services (CMS). CMS provided \$288,280 in funding for the 2005 grant year.

Trends:

CMS increased funding to the SHICK program by 38% in grant year 2005 through a special supplemental grant. The supplemental grant supported increased education and outreach activity related to the new Medicare-Approved Drug Discount Cards. In grant year 2005, the hours of service provided by SHICK increased by 3,521 and the clients served increased by 3,278 over the previous grant year.

Preparations for implementation of the new Medicare Prescription Drug Coverage (Part D), SHICK will be focusing even more resources toward outreach efforts to educate consumers about the new benefit. Family members, service providers and others impacted by the Prescription Drug Coverage will be educated. To address this overwhelming need, SHICK is building a coalition of state, agencies, community-based organizations and service providers to expand our outreach efforts. This coalition will help to increase access to hard-to-reach populations (those who encounter barriers to information due to language, literacy, location or culture), so these special populations receive the information they need.

On the heels of the outreach efforts, which began November 15, 2005, SHICK will assist the 400,000 Medicare beneficiaries in the state with understanding the plans, evaluating their options and choosing the plan that best meets their needs.

Summary of the Program's Outcomes during the Past Fiscal Year:

During the 2005 grant year, SHICK counselors provided 12,663 hours of direct counseling and information services to 17,366 Kansans, and they helped Kansas Medicare beneficiaries save nearly \$6 million. In addition, SHICK's outreach activities reached more than 450,000 Kansans with information about Medicare.

O.

Targeted Case Management**Purpose/Description of Program:**

Targeted Case Management (TCM) provides long-term case management to Medicaid eligible frail elders who are seeking 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 under section 1915 (g) of the Social Security Act, as a regular Medicaid expense versus an expense to the HCBS/FE waiver.

Numbers/Units Persons Served during FY 2005:

In SFY 2005 a total of 380,217.3 units were provided to a monthly average of 3,313 customers. Targeted Case Management is provided by employees of, or individuals contracted with, the Area Agencies on Aging. One unit of Targeted Case Management is equal to 15 minutes of time. Targeted Case Management is a service that provides ongoing assistance, support, and monitoring of the services provided to the customer. Targeted Case Management links both formal and informal

supports to the HCBS/FE customer to develop a complete package of support and assistance to the customer which allows them to remain in the most integrated environment of their choice.

Targeted Case Management

PSA	Area Agency	Units of Service	Customers*
1	Wyandotte/Leavenworth	28,481.0	604
2	Central Plains	50,414.7	1,112
3	Northwest Kansas	24,875.5	279
4	Jayhawk	48,923.5	684
5	Southeast Kansas	53,722.4	1500
6	Southwest Kansas	36,339.5	610
7	East Central Kansas	17,440.0	411
8	North Central/Flint Hills	16,901.1	709
9	Northeast Kansas	29,632.7	453
10	South Central Kansas	45,959.9	799
11	Johnson County	27,523.0	604
Statewide	Unduplicated	380,217.3	7,719

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

Demographics of Those Served:

77.9 % of TCM customers were women with an average age of 80; men were 22.1% of TCM customers with an average age of 78, and minorities accounted for 14.59 % of the total, with an average total age of 80 for the TCM customer population. 41.93 % of the population lived in urban areas while 58.07 % lived in rural areas. If language barriers existed with TCM customers, the AAAs had interpreters available to provide assistance as needed. Targeted Case Management is provided to HCBS/FE customers regardless of their housing situation. Family members are always welcome to participate in the development and ongoing activities of the case with the customer's consent.

Budget/Funding/Actual Expenditures:

In FY 2005, the average cost per customer per month for Targeted Case Management was \$71 which breaks down to approximately 2 hours per month of service delivery. The total cost of Targeted Case Management services was \$2,820,456. These services were broken down with an approximate match of 61 % federal funding and 39% state funding.

Trends:

There was a slight increase of services provided with this program. This increase can be contributed to a higher unduplicated customer base for service delivery and a population base that continues to become more frail as they age within HCBS/FE services.

Summary of the Program's Outcomes during the Past Fiscal Year:

Targeted Case Management services continue to meet the 98% customer satisfaction benchmark. The customer feels valued and their case management services help them to improve their quality of life.

II.

Licensure, Certification and Evaluation Commission

Programs within the Division: 3

- A. Licensure and Certification Division
- B. Mental Health and Residential Care Facilities Division
- C. Long Term Care Division

Number of Staff: 100

A.

Licensure and Certification Division

Purpose/Description of the Program/Service:

The Licensure and Certification Division evaluates nursing facilities and providers for state licensure and federal certification purposes. The division provides administrative review of initial qualifications and on-going surveys conducted by teams. The teams are comprised primarily of registered nurses.

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.

Kansas Facilities by Category	Number of Facilities
Nursing Facilities:	314
Assisted Living Facilities	109
RHCF	49
Boarding Care Homes	28
Home Plus	56
Adult Day Care	7
ICF/MR's	28
Total:	591

Number of Initial or Resurveys Conducted:	FY 2005
Nursing Facilities, including Attached Assisted Living Facilities and Residential Health Care Facilities	392
Assisted Living Facilities (Free Standing)	71
Residential Health Care Facilities (Free Standing)	40
Boarding Care Home	24
Home Plus / 1 to 8 Bed Homes	30
Adult Day Care	10
Intermediate Care Facilities (MR)	30
Total Initial or Resurveys	597

Number of Follow-Up Visits Conducted:	FY 2005
Nursing Facilities, Including Attached Assisted Living Facilities and Residential Health Care Facilities	580
Assisted Living Facilities (Free Standing)	34
Residential Health Care Facilities (Free Standing)	33
Boarding Care Home	1
Home Plus / 1 to 8 Bed Homes	25
Adult Day Care	4
Intermediate Care Facilities (MR)	44
Total Follow Up Visits	721

Number of Facilities Subject to State Regulatory Action:	FY 2005
Number of civil penalties issued	15
Number of correction orders issued	58
Number of bans on admission	29
Number of denial/revocation actions initiated	1
Total	103

Number of Complaint Intakes:	Actual FY 2005
Long-Term Care Providers	3,492
Unlicensed Facilities	1
Intermediate Care Facilities (MR)	93
Assisted Living, Residential Health Care, Boarding Care, Home Plus, Adult Day Care	454
Non-Long Term Care Providers Regulated by KDHE	219
Total Number of Complaint Intakes	4,259

Number of Facilities with Zero Deficiencies and/or Designated Exemplary Status

Type of Facility	Number with No Deficiencies	Number of Exemplary Facilities
Nursing Facilities:	26	8
Other (ALF, RHCF, BCH, HP, ADC, Licensed Only)	24	0
Total:	50	8

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.

B.

Budget / Funding Source / Actual Expenditures / Trends

In FY2005, \$4,373,863 was budgeted for licensure and certification programs, including complaints, from Medicare, Medicaid, and SGF. Expenditures were \$4,227,420.

The number of licensed-only facilities is expected to continue to grow faster than those for nursing facilities. The number of complaint intakes continues to increase significantly. In calendar year 2005, 21 nurse aides have been added to the Nurse Aide Registry for abuse, neglect or exploitation of a resident in an adult care home.

Summary of the Program's Outcomes during the Past Fiscal Year:

A Quality Practice Work Group was convened during the year to develop a set of protocols designed to reduce falls among nursing facility residents. The group was comprised of nursing facility administrators and KDOA staff. The guidelines, which are intended for voluntary use by the state's nursing facilities, are designed to identify and communicate best practices for the management of falls. The materials developed included sample forms and recommendations for tracking data and guidelines for modifications of policies.

In response to recommendations made in the Kansas Nursing Facility Project Evaluation conducted by the University of Kansas School of Nursing, surveyor training was conducted on scope and severity and medication review.

Mental Health and Residential Care Facilities Division

Purpose/Description of the Program/Service:

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.

The division also administers the Quality Review Program responsible for collecting field data for use in determining compliance with state and federal regulation by the Area Agencies on Aging and service provision through the State General Fund, the Older Americans Act and the Home- and Community-Based Services/Frail Elderly waiver. On-going reviews are completed on a statewide statistically significant sample of customers.

Compliance Review for FY 2005	FY 2005
Number of Medicaid customer files reviewed to determine compliance with state and federal requirements	1,493
Number of Older Americans Act customers reviewed	352
Number of Senior Care Act customers reviewed	366
Number of customers reviewed to sample 10 percent of sample customers for billing related to the FE Waiver, Targeted Case Management, Medicaid Administration and provider	149

C.

Budget / Funding Source / Actual Expenditures:

In FY2005, \$1,136,077 was budgeted from Medicare, Medicaid, Older Americans Act and SGF. Expenditures were \$1,137,149.

Summary of the Program's Outcomes during the Past Fiscal Year:

The division completed state licensure and federal certification surveys for 291 facilities.

To support requirements of the Senior Care Act, Older Americans Act and the Home and Community Based Frail Elderly Waiver, the division, through collaboration with the 11 AAA staffs, K4A and agency policy and program staff, completely renovated the documents and process of review to be more efficient and timely in returning information to the AAA and KDOA program staff. This process was completed by a staff of six employees. This work was previously done by a staff of approximately 40 individuals.

The division participated in several licensed only operators' courses conducted by provider organizations.

Long Term Care Division

Purpose/Description of the Program/Service:

The Long Term Care Division assists adult care homes in their efforts to improve the quality of care and quality of life of residents. The division provides assistance to long term care providers through consultation on nursing, administration, nutrition, construction, remodeling, and data collection.

Budget / Funding Source / Actual Expenditures

In FY 2005, \$406,508 was budgeted from Medicare, Medicaid and SGF. Expenditures were \$419,816.

Summary of the Program's Outcomes during the Past Fiscal Year:

The Long Term Care Division was reformed with new personnel and charged with the responsibility of serving as the consultative arm of the commission with adult care home providers, especially nursing home providers.

The Division provided consultation and education to the public, providers, and consumers of long term care through e-mail, telephone, mail, and in person. Staff answered questions regarding selection of a nursing home, regulations, care, staffing, and communication with other health facilities. Educational presentations to provider organizations included: Resident Assessment Instrument, Resident Rights, Risks, and Responsibility, Update of Regulations F314 – Pressure Sores and F309 – Care and Services, Medication Administration, Sanitation and Dietary Services, and Nutrition Care Plan Process and Documentation. Division staff also provided education to surveyors at initial orientation and routine surveyor training and to potential adult care home operators at the certification course. A total of 1,090 individuals attended 38 educational sessions. A quarterly newsletter containing information on regulations, quality of life and care issues was sent to providers. Web

addresses of adult care home providers were maintained to promote ready transmission of information to providers between the issues of the newsletter.

Division staff assisted facilities transitioning to person-centered care both in practice and in physical plant transformation. Staff also lent support to the Quality Improvement Organization and participating facilities in CMS' pilot study of person-centered care.

The division awarded Workforce Enhancement Grant monies totaling \$230,506.00 to six entities that provided education to 1,472 unlicensed individuals representing 153 facilities.

Staff developed regulations to allow facilities to employ paid nutrition assistants and assisted KDHE staff in development of the curriculum.

III.

Administrative Services Commission

Functions within the Commission: 9

- A. Kansas Aging Management Information System (KAMIS).
- B. Grant and Contract Financial Management and Reporting
- C. Purchasing.
- D. Facilities Management.
- E. Records Management.
- F. Program Evaluation, i.e., collection, statistical analysis and reporting of data.
- G. Application and System Development and Maintenance.
- H. Technology Support, i.e., keeping the agency's technology equipment and systems operating optimally.
- I. Accounting and Financial Management.

Number of Staff: 37.5

A.

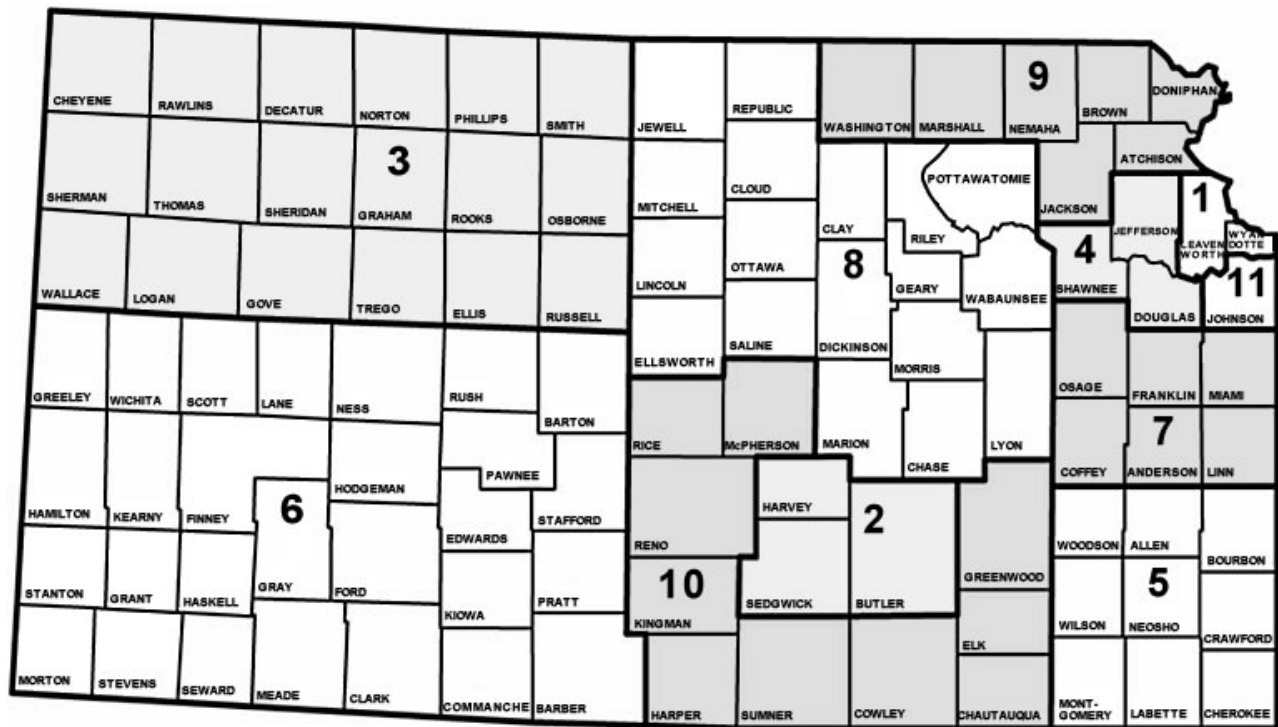
Kansas Aging Management Information System (KAMIS)

Purpose: KAMIS is the official electronic repository of data about KDOA's customers and the services they receive. KAMIS data includes:

- Relevant aspects of customers' functional, medical, social and financial conditions.
- The intentions of customers and their families with respect to the customers' potential entry into nursing facilities.
- The home and community-based services planned and provided to customers who do not enter nursing facilities.

This customer-oriented data is used by service providers, the 11 Area Agencies on Aging and KDOA for planning, coordinating service development and delivery, paying providers for services rendered, and managing KDOA programs funded by KDOA. Customers can make informed choices; services and care are coordinated across all providers through KAMIS. KAMIS uses sophisticated security measures to protect the privacy of electronic customer information.

During FY 2005: KDOA developed and released 13 updates of KAMIS software to meet changing needs for data updates, business processes changes and repair of software errors or glitches. Development staff has focused on converting the architecture of Kansas Aging Management Information System (KAMIS) from the client/server software to web-centric software. Currently much of the processing of data in KAMIS is done at the user location and is transmitted to an application server at KDOA. KAMIS II (web-centric) will conduct all of the processing on servers located at KDOA and download the result to the user location. KAMIS II users will only need a browser on a computer if using the state-wide area network (KANWIN) or a browser on a computer and an internet service provider (ISP) to access the application based on the user being authenticated by the KAMIS system.



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 2005, the AAAs provided services through the following programs:

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

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 2005 are listed on page 33.

Area Agencies on Aging Directory

PSA 01

Wyandotte-Leavenworth AAA

Ruth Jones, director
9400 State Ave., Suite 111
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
301 West 13th
Hays, KS 67601-3703
785-628-8204 / 1-800-432-7422
Fax: 785-628-6096

PSA 04

Jayhawk AAA

Jocelyn Lyons, management team leader
1720 SW Topeka Blvd.
Topeka, KS 66612
785-235-1367 / 1-800-798-1366
Fax: 785-235-2443

PSA 05

Southeast KS AAA

John Greene, director
1 West 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 South 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 South Summit
Arkansas City, KS 67005
620-442-0268 / 1-800-362-0264
Fax: 316-442-0296

PSA 11

Johnson County AAA

Linda Wright, director
11875 South Sunset, Suite 200
Olathe, KS 66061-2796
913-894-8811 / 1-888-214-4404
Fax: 913-477-8025

2005 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
- JoAnn Flower, Oskaloosa
- Sen. David Haley, Wyandotte
- Luella “Lu” M. Janzen, Hillsboro
- Amelia C. Jones, Kansas City
- Camille Lee, Wichita
- John Lehman, Sabetha
- Bill Moriarity, Hays
- Susan Roberts, Liberal
- Sen. Larry Salmons, Hanson
- Rep. Jerry Williams, Chanute
- Marty Joe Yost, Topeka

2 positions were vacant

The Council met four times in FY 2005 with the following actions taken:

- Adopted a Council self-assessment protocol and formalized a new member orientation process.
- Provided review and comment regarding the KDOA State Plan under the federal Older Americans Act.
- Posthumously recognized long-time aging advocate and former SAC Chairman Merle Bolton with a Distinguished Achievement award during the 2004 Governor’s Conference on Aging.
- Sponsored the 2005 Quality of Life Award presented during the Governor’s Conference on Aging. The award acknowledges the life and work of an outstanding older citizen in Kansas.
- Sponsored the creation of two new awards presented during the Governor’s Conference on Aging — the 2005 Caregiver of the Year Award and the Grandparent/Relative Caregiver of the Year Award.

The Council undertook review of a number of aging related programs and activities during FY 2005. Some of them are detailed here.

- The Council reviewed the federal reauthorization of the Older Americans Act with Deputy Secretary Janis DeBoer. In addition, they received drafts of the KDOA state plan and provided input prior to its publication.
- The Council received information on the Older Kansans Employment Program (OKEP) and the Senior Community Service Employment Program (SCSEP) from George McAtee and Toni Wellshear of the Kansas Department of Commerce. OKEP is a state-funded program designed to provide Kansans 55 and over with an employment placement service. The purpose of SCSEP is to provide grants to state governments and national nonprofit organizations for programs that subsidize part-time community service placements for disadvantaged senior citizens.
- Blanche Parks with KDOA presented information on the Lifelong Communities Initiative. She discussed the initiative, which assists communities to better plan for and serve the elders of today and the future through collaboration among local leaders, businesses, organizations and government agencies.

- The Council received an overview of the Client Assessment, Referral and Evaluation (CARE) Program from Valerie Merrow, KDOA program manager. People seeking nursing home care must be assessed by the CARE program before they are admitted. The purpose of the program is to help people find appropriate long term care services and to collect data on the need for home and community-based services.
- Martin Kennedy, Director of Budget and Governmental Affairs with KDOA, gave overviews on the agency budget and the legislative session throughout the year.
- Marva Williams, Community Relations and Grant Specialist with KDOA, reviewed the Quality of Life and Caregiver of the Year Awards with the council members. The Advisory Council reviewed nominations and selected honorees for the 2005 Quality of Life Awards and the 2005 Caregiver of the Year Award. These awards honored individuals who were devoted to improving the lives of Kansas seniors. Winners were recognized at the 2005 Governor's Conference on Aging.

2005 AWARD WINNERS

Kay Lanzreth, Community Quality of Life Award

Barbara Horton, Business Quality of Life Award

Carl Koster, Jr., Caregiver of the Year Award

IN MEMORY

The Kansas Department on Aging and the Kansas State Advisory Council on Aging posthumously honored Dr. Merle Bolton, Sr., with the 2005 Distinguished Achievement Award for his many years of service to the council, to senior issues, and to the community. He had served on the Kansas State Advisory Council on Aging since 1997, and was president of the council at the time of his death on January 27, 2004. A plaque and certificate were presented to his wife, Mrs. Marilyn Bolton, at the 2005 Governor's Conference on Aging.

Silver Haired Legislature 2005 Report

The Kansas Silver Haired Legislature is a unicameral body composed of 125 representatives age 60 or older who are registered voters. Each county is eligible for one delegate with the exception of Wyandotte, Johnson, Shawnee and Sedgwick each having 5 delegates.

Delegates educate, inform and advocate on senior issues. Elections are conducted by the 11 Area Agencies on Aging every two years. During the 2005 elections, 31 new members were elected to join the 63 incumbents who were re-elected. The remaining 31 seats are unfilled.

Elected to leadership positions were:

- President – Irv Hoffman, Lenexa
- Vice President – C. Kay Hutchinson, Delavan
- Treasurer – John Ward, McPherson
- Speaker – Sharon Treaster, Beloit
- Speaker Pro Tem – Jim Snyder, Topeka
- Floor Leader – Mary Ann Flunder, Kansas City

The 2005 Kansas Silver-Haired Legislature recommended five bills and a resolution:

- **Resolution opposing securitization or other sale or transfer of the right of the State to continue to receive moneys payable to Kansas pursuant to the tobacco litigation agreement** – The resolution urges the Kansas Legislature to not enact any legislation to authorize securitization or other sale or transfer of the right of the State of Kansas to continue to receive revenues under the moneys payable to the state pursuant to the tobacco litigation master settlement agreement.
- **Dedication of Certain Tobacco Litigation Settlement Proceeds for Health Care for Senior Kansans** – SHL supports requiring the deposit each fiscal year of an amount equal to 30% of the amount of moneys received under the tobacco litigation settlement agreements to the credit of the Health Care for Seniors fund.
- **Creating the health care for seniors fund; disposition of certain additional tobacco litigation settlement proceeds** – SHL recommends that monies of new tobacco companies who have joined the tobacco settlement since July 2004 be used for the express purpose for seniors - 50% used as received and 50% placed in a Seniors Health Care Fund for future usage.
- **Enabling Financial Assistance for Grandparents with Custody of their Grandchildren** – SHL supports providing financial assistance for those age 60 or older and being at or under the Federal Poverty Level (approximately \$770 per month) who have custody of grandchildren.
- **State Workforce Investment Program** – The SHL supports seniors as member on the state and local workforce investment boards and would designate older Kansans as a special target population for Kansas under the federal Workforce Investment Act
- **Volunteer Ombudsman Recruiting and Training** – SHL supports requiring the Kansas Long-Term Care Ombudsman to adopt and implement policies to recruit and train a sufficient number of volunteer ombudsmen and friendly advocates to provide services in all areas of the state.

The 2005 Silver-Haired Legislature recognized 11 individuals for their support of seniors at its annual banquet in Topeka including special recognition of Kansas Department on Aging Secretary Pamela Johnson-Betts for outstanding leadership and advocacy on behalf of seniors.

The Silver-Haired Legislature also recognized the following:

Legislator of the Year: Sen. Jim Barnett, Emporia.

Outstanding Achievement Awards: Bill Dean, Overland Park, and Helen Knetzer, Wichita.

Distinguished Service Award: Marjorie Thomas, Garnett.

Member Leadership Awards: Toni Wellshear, Topeka; Mary Ann Flunder, Kansas City; Rosalie Seeman, Levant; Verna Devine, Iola; and Ted Hutchcraft, Highland.

Certificate of Appreciation: Marva Williams, KDOA staff.



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.



Kansas Department on Aging

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503 South Kansas Avenue
Topeka, KS 66603-3404

785-296-4986

800-432-3535

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