2005 White House Conference on Aging
Kansas Priorities

- **Reauthorize the Older Americans Act within the first six months following the 2005 White House Conference on Aging. (Resolution #1)**

The immediate re-authorization of the Older Americans Act (OAA) is essential because Titles III B, C, D and E all serve as the backbone of senior services for older Kansans. Kansans request the act retain the vital focus on community services and local organizations. Due to the rural nature of Kansas, we ask that any proposed near-term changes carefully consider the impact upon existing services where we already are experiencing challenges to infrastructure.

The OAA must also help states adapt to the changing longer-term needs of a larger and more diverse population of aging Baby Boomers. The availability of prevention and intervention services should be supported and expanded.

Kansans need fully integrated nutrition services such as meals, including, but not limited to congregate and home-delivered meals; health promotion; disease prevention; nutrition education; senior farmers markets; assessment and counseling through state, Area Agency on Aging and local providers. Just doing more of the same is not sufficient; we must find ways to expand best practices, encourage innovation, approach some services differently, and maximize the use of technology.

- **Develop a coordinated, comprehensive long-term care strategy by supporting public and private sector initiatives that address financing, choice, quality, service delivery, and the paid and unpaid workforce. (Resolution #2)**

Financing – A March 2006 Kaiser Commission report on "Medicaid High Cost Enrollees: How Much Do They Drive Program Spending?" concluded that fewer than 5% of Medicaid enrollees account for almost half of all Medicaid spending. High-cost enrollees are defined as those spending more than $25,000 annually and virtually all high-cost enrollees are elderly or disabled and institutionalized enrollees had the highest average expenditures. Kansas has seen a decrease in the financing of institutional care over the past ten years due to alternatives being available in the community. The financing of community-based services has supported the shift from institutional care to community options.

Health-information transfer is key to transforming federal and state healthcare reimbursement systems. The United States ranks behind other nations in broadband access, and the shortage is most acute in our rural areas. Regulations and jurisdictions governing broadband access, should allow telemedicine to be delivered to more patients, reducing doctor and hospital visits and ultimately costs. Federal programs should consider expanding the definition of "medically necessary" to include telemedicine as a reimbursable medical expense.

Public/Private Initiatives – Most recently, Kansas public and private stakeholders have come together to strengthen our systems to assure that persons can access long-term care services in their environment of choice. Possible enhancements under consideration include: a 24/7 helpline and website, fast track eligibility and expedited service delivery for home and community-based services, enhancing education of physicians and other stakeholders about community-based options, and establishing a collaborative, data-driven process to assist nursing home residents who choose to return to the community.

Choice – For nearly 15 years, Kansas has promoted a growing array of care settings for older citizens. We were among the early adopters of a Medicaid Home and Community-Based Services Waiver (HCBS) program. We have implemented a sliding scale for state and locally funded community-based services programs. The CARE (Client Assessment, Referral and Evaluation) program, the Kansas nursing home pre-admission screening program, routinely guides more than 15% of the persons seeking nursing home care into community-based services, and serves as a model for other states. Currently, Kansas is engaged in a demonstration project to improve the hospital discharge planning process for older adults.

Culture Change – Kansas aging service provider organizations, consumer groups, academic institutions and state agencies rigorously pursue and support culture change in nursing homes. We base our efforts in changing the culture on the following principles: older adults should be the decision-makers about how they live their daily life; hands-on caregivers are equipped and empowered to assist elders to live out their choices; nursing homes should feel more like "home" than institutions; and the people who live and work in nursing homes are a vital part of the larger community. The Kansas Department on Aging was the first state agency in the country to formally recognize and encourage the transformation of nursing home culture through its PEAK (Promoting Excellent Alternatives in Kansas Nursing Homes) recognition program, culture change education modules and research on outcomes of new models of nursing home care.

Workforce Issues – Older adults account for 36% of all admissions to acute care hospitals and half of all physician hours. In Kansas, 5% of persons 65 and older reside in nursing homes. The demand for services for older persons in ambulatory, acute and long term care settings will continue to exceed the supply of specialty trained, culturally competent healthcare professionals and paraprofessionals in the coming years. According to the latest *Kansas Occupational Outlook*, healthcare practitioners (e.g. registered nurses) and healthcare support occupations (e.g. nurse aides) are among the top five occupations projected to add the most jobs by 2012. Provider organizations, academicians, health care professionals, state and federal governments and consumers must come together to build models to recruit, train and retrain these eldercare workers.

Informal caregivers relieve the long-term healthcare system of an unsupportable number of patients and associated expense. Half of these informal caregivers also work full-time and have more stress-related illnesses than their counterparts. Government and the business community must directly address the needs of caregivers and provide skills training to keep them healthy and productive. In Kansas, the Foundation on Aging has

formed the collaborative Kansas City Partnership for Caregivers, which provides skills training and support for area caregivers.

- **Strengthen and improve the Medicaid Program for seniors (Resolution #4)**

Medicaid is the largest public program providing long term care services to Kansas' older, low-income adults. Currently, Medicaid provides funding for more than half of the state's nursing home residents. In addition, 7,586 Kansans received Medicaid Home and Community-Based Services for the Frail Elderly (HCBS/FE) in FY2005. Access to this program must be preserved by continuing the current federal/state match approach to financing. Kansas is committed to continuing to provide quality care to low-income Kansans in the setting of their choice. Our goal is to rebalance the system so that older adults have equal access to home and community-based services.

Because of the nature of chronic diseases, we need to do more to educate those afflicted, their family members and the public about problems associated with those illnesses. For example, we are exploring ways to meet the need to increase the number of classes available in the community setting by expanding training opportunities for trainers.

- **Strengthen and improve the Medicare Program. (Resolution # 5)**

The Medicare program has been the mainstay of health care for older Americans since its inception but can be strengthened and improved. Kansans are concerned about the long-term financial solvency of Medicare, and therefore the ability to sustain the quality of this vital program as the number of older adults continues to grow. Kansas applauds innovation in approaching health issues for seniors, and we recognize that more must be done in prevention before medical emergencies arise. Programs that enhance wellness and well-being for older adults should be expanded, saving significant expenditures for "routine" medical care.

- **Improve recognition, assessment, and treatment of mental illness and depression among older Americans. (Resolution # 8)**

Older Kansans experiencing mental health problems face multiple barriers to mental health service utilization, including stigma, the lack of home-based services, and financial constraints. A single point of entry for older adults who could benefit from accessing mental health resources needs to be established. Further, older adults and aging service providers need education about how to identify mental health problems and how to access those resources.

The Kansas Mental Health and Aging Coalition, in partnership with the Kansas Department on Aging and the Department of Social and Rehabilitation Services and other advocate and provider groups, hosted a 2005 Mental Health and Aging Summit. The overall recommendations of the group were:

- Start building partnerships/coalitions across service delivery systems (including nontraditional stakeholders such as faith-based, education and transportation providers).
- Look at new ways to deliver services that include partnering with other providers.
- Educate the public at large about healthy living across the life span vs. getting old.
- Use best practice models to build programs on.
- Place value on providing services to the elderly, including the provision of incentives for individuals to go into the geriatric and mental health professions.

In the last year, the Governor's Mental Health Services Planning Council added an ex-officio member from the Department on Aging to the council and has created an Aging Subcommittee. The Kansas Department on Aging has incorporated mental health identifiers into its community-based and nursing facility placement assessments set for implementation on July 1, 2006. Although capacity to recognize mental health problems in older adults has improved, without a federal funding stream for reimbursing home-based mental health services for older adults who are not severely mentally ill, it is very difficult for many older adults to access needed mental health care.

NOTE: The Kansas delegation believes that Resolutions 6 and 9 were equally important and supported one another. Therefore, those two resolutions are addressed concurrently below:

- **Support geriatric education and training for all healthcare professionals, paraprofessionals, health profession students and direct care workers. (Resolution #6)**
- **Attain adequate numbers of healthcare personnel in all professions who are skilled, culturally competent and specialized in geriatrics. (Resolution #9)**

Public and private stakeholders must bring the resources, needs and expertise to develop innovative ways to address the shortage of adequately trained paraprofessional workers in aging services. The Kansas Registered Apprentice “Health Support Specialist” program, has gained national attention. This program is the result of collaboration between the Kansas Department of Commerce, Allen County Community College in Iola and Brewster Place, a not-for-profit retirement community in Topeka. The curriculum includes didactic and hands-on training in dementia, culture change and food safety, as well as nurse aide, medication aide, rehabilitation aide and CPR certifications. Frontline workers who complete the program have been found to experience increased job satisfaction and efficacy, which, in turn, have led to improved quality of care and life for the elders they serve.

The Kansas Department on Aging established the Workforce Enhancement Program to provide free educational courses to unlicensed direct care staff working in certified skilled facilities and nursing facilities. The grants are funded through Civil Monetary Penalties assessed on facilities that have failed to maintain compliance with conditions of participation in the Medicare and Medicaid programs. Courses or topics include abuse, neglect, restorative care, food safety, first aid and certified medication aide courses.

By 2010, Kansas will need 31% more registered nurses, 55% more medical records and health information technologists, 43% more respiratory therapists, and 39% more physical therapists and speech-language pathologists. More specifically, for example, we will need 11,350 new nurses by 2010. Currently between 7% and 10% of nursing positions in Kansas stand vacant. Vacancies in rural areas are particularly difficult to fill.

In addition, although the number of older adults who need social work services is increasing, fewer new social work practitioners are providing services to older adults. The National Institute on Aging estimates that by 2020, 60,000 to 70,000 gerontological social workers will be needed nationwide to meet the demand of the baby boom generation. Further, gerontological social workers are particularly in demand in rural areas. Kansas has a large rural population and is ranked 17th in the nation for having a high percentage of the population 65 and over. The University of Kansas-School of Social Welfare has been proactive in meeting the future demand for Kansas by partnering with the John A. Hartford Foundation on a number of initiatives to increase the competency and number of social workers entering the field of aging.

In order to begin to address this critical shortage across fields, we are working to increase the number of gerontologically trained health professionals educated in our state universities. However, more adequately funded initiatives at the federal and state level, as well as private initiatives, will be required to reduce the serious shortage of nurses and gerontological social workers. Continued federal and foundation support for education of nurses and social workers as well as other health professionals is crucial in order to meet the health needs of older Kansans.

The Geriatric Education, Research and Training Institute (GERTI) offers free training to employees of skilled nursing facilities. This regional program, partially funded by the Kansas Department on Aging, significantly reduces employee turnover rates and increases patient census. Because the classes combine employees at all levels, students also gain valuable insights about their co-workers. In a highly regulated industry, GERTI teaches students how to understand and comply with regulations and to deliver truly resident-centered care.