



Kansas struggles to provide assistance to state's poor elderly

by Anne McCann

Rep. Melvin Neufeld knows that there are going to be a lot of unhappy seniors in Kansas when the state makes it harder for them to qualify for a program that provides in-home health care services for the elderly. However, he says there is not much else the state can do.

At issue is Kansas' Frail Elderly Program, which is designed to provide less-costly in-home health care to eligible seniors who would otherwise be placed in nursing home care. The popularity of the program among the elderly and their advocates has caused its costs to rise, putting a tremendous strain on the state's already tight budget. State spending on the frail elderly has more than tripled in the past three years — jumping from \$5.6 million in fiscal year 1997 to \$18.6 million this year.

But Neufeld, a Republican from Ingalls, says the amount budgeted for the program is still not enough to keep hundreds of qualifying seniors off the waiting list for in-home services. The problem is not the program itself, but the management of the caseload, he believes.

"We've had fairly good luck in diverting people from the nursing home program," Neufeld says. "Unfortunately, our case management has been less than ideal."

According to Neufeld, the source of that problem lies in a change that was made to the program three years ago. In 1997, Kansas received federal permission to expand the program by lowering the score needed to be eligible to receive in-home care. The score is based on an evaluation of a person's activities of daily living (ADLs) — a measure of how independent a person is. The eligibility score was dropped from 26 to 15.

"The average nursing home resident in Kansas has a score of 60, and some of them run over 100," says Neufeld. "So [a score of] 26 is real light care. Below 26, they have no medical care needs really; it may be somebody that needs house-keeping or someone to give them their medication."

Some have argued that these services could be provided by a friend or a relative. But under the Frail Elderly Program, any service that would be offered under the nursing home program is allowed, Neufeld says.

Neufeld, who is chair of the budget subcommittee that handles social services, believes that while there are

several reasons for the increased demand for in-home services, the eligibility expansion primarily caused costs to escalate.

Gov. Bill Graves agrees and has targeted the program as a way to cut state spending. Graves is now seeking federal approval to tighten the qualifications for the program by moving the eligibility score back to 26.

Neufeld, who has been working with the governor on the plan, thinks that the move is a step in the right direction.

"I couldn't believe that Medicaid approved [the state's request to lower the score to] 15 — but it was done through the bureaucracy, not the Legislature," Neufeld says. "So we gave ourselves a problem by bringing extra people on who didn't really have the need for the program."

Because the program allows elderly citizens who need assistance to maintain a certain level of independence, it has become an attractive alternative for seniors who need help but who do not want to live in a nursing home.

"You have people who have no intention of ever going into a nursing home — even though they might be eligible — who are coming in for these services," says Neufeld.

Neufeld believes that the state has another problem regarding this program: people believe they are entitled to the government-funded in-home services. "It's not an entitlement, it's an optional service," he argues. "We

have what I call the woodworking effect," adds Neufeld, illustrating his point. "If my mother was still alive and was getting services in her home and her neighbor saw that and [felt] that her circumstances were similar, then she would go apply for services.

That is what we're seeing a lot of."

Neufeld believes that improving case management in the Frail Elderly Program will keep costs down and allow the state to continue providing in-home services to seniors who need it.

"The committee just wrote in our report, in fact, that we are recommending that the agency [the Department of Aging] and the community providers and all the groups get together and work on case management," he says.

"We need to decide and come up with some criteria for what people need rather than what they want, which is always a struggle in this type of program."

Graves has agreed to increase the budget for this program by an additional \$4.7 million for fiscal year 2001, which begins on July 1. He has asked the Legislature for "full debate" on the matter so that the state can keep up with the elderly's demand for in-home health services.

Because the federal government kicks in \$1.50 for every dollar that Kansas supplies to the program, any change would require approval by the regional office of the U.S. Health Care Financing Administration.

Many elder advocates argue that the increase in demand for these services has nothing to do with poor case management or lower scores but rather the increase in the state's elderly population. They point out that in 1995, the over-65 population in Kansas made up 13.6 percent of the state's total population. It is projected to reach 19.5 percent by 2025.

However, the U.S. Census Bureau largely attributes these numbers to an out-migration of the state's younger population rather than to any sizeable increase in Kansas' elderly population.

