

Kansas Association of
Area Agencies on
Aging & Disabilities

SENIOR CARE ACT

Leslie Anderson, Director, k4ad

April 1, 2022

k4ad

Senior Care Act

- Enacted by 1989 Kansas Legislature (Senate Bill 60)
- \$250,000 grant to pilot program (State General \$)
- Key provisions:
 - *Requiring SCA to be funding of last resort;*
 - *Screening and assessing customer need for services;*
 - *Identifying providers to deliver services;*
 - *Accepting customers most in need of services;*
 - *Administering program in a cost-effective manner;*
 - Collecting an income-based sliding scale fee;
 - Matching funds from a AAA

SCA Pilot Program

- 60 years of age
- Total income of at least 150% of poverty
- At least **one** activity of daily living that they were unable to perform identified through a functional assessment
- The secretary of aging authorizes services
- Sliding fee scale based on monthly income, ranging from 20% to 100% of the cost of the in-home service
- 3 AAA:
 - *Northeast Kansas Area Agency on Aging*
 - *South Central Area Agency on Aging*
 - *Johnson County Human Resources and Aging Department*

Current SCA Program

1. The secretary of aging authorizes services
2. Total income of at least 150% of poverty
3. Last resort of funding
4. Long-Term Care Threshold (26 LOC)
 - 2 ADL needs, etc.
5. Prioritization of Need – Waiting List
6. Duration of services
7. 11 AAAs provide services
8. Maximum expenditure = \$1,445 (some exceptions)

SCA Funding History



Taxpayer Benefit

SCA is a cost-effective model of coordinated care. Another purpose of the SCA is to divert customers from costlier services.

Potential cost avoidance

FY21: 1,874 SCA customers

\$7.1 million

Anecdotal Evidence

An SCA customer receiving attendant care services had noticed a decrease in her stamina and thought it was just part of old-age until her bath aide noticed a lump when helping with a shower. Turns out customer had an aggressive form of cancer and was in an advanced stage when the lump was noticed. The customer received surgical and chemotherapy treatment and was able to remain in her home.

Recommendations

- 1) Using the Senior Care Act model, we recommend the legislature authorize, fund, and evaluate a 3-year pilot program to test viability and cost-effectiveness specific to the specialized daily living needs of a specified number of other selected populations in diverse locations (rural, frontier, and urban). The fiscal note should be developed with the assistance from the Area Agencies on Aging.*
- 2) To validate if the program is a viable and cost-effective option, we recommend the legislature require an annual evaluation by an objective, independent evaluator using research methodologies to ensure comprehensive input from caregivers, participants, providers, and other stakeholders.*
- 3) We further recommend that the Statewide Advisory Council on Aging mirrors the federal composition of the Area Agencies on Aging advisory council defined in the Older Americans Act, including: More than 50 percent are older persons, including minority individuals who are participants or who are eligible to participate in programs under this part; Representatives of older persons; Representatives of health care provider organizations, including providers of veterans' health care (if appropriate); Representatives of supportive services providers organizations; Persons with leadership experience in the private and voluntary sectors; Elected officials; and The general public.*

THANK YOU

QUESTIONS?

Leslie Anderson
k4ad Executive Director
785-267-1336
leslie@k4ad.org