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| Facilitator:       | Kari Bruffett - KHI  | Note taker: | KHI |
| Attendees:         | <b>Working Group Members:</b> Sarah Schlitter, JCDS; Jamie Gideon, Alzheimer’s Association; Annette Graham, Central Plains Area Agency on Aging; Linda MowBray, KHCA; Jan Kimbrell, Silver Haired Legislators; Dan Goodman, KDADS; Tanya Dorf Brunner, Oral Health Kansas; Shawn Sullivan, Midland Care Connection; Staci Carson, JCDS; Heather Brown, JCDS; Kendra Baldrige, KDHE<br><b>Other Attendees:</b> Sean Marshall, KLRD; Kim Reynolds, SAMHSA<br><b>KHI Staff:</b> Kari Bruffett, Michele Sumpter, Emma Uridge |             |     |
| Reviewed Documents | <ul style="list-style-type: none"><li>Agenda</li><li>Recommendation List Working Group B – Access to Services (Attached)</li><li>SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) -- Topic 1 only, (Attached)</li><li>SWOT Matrix for Recommendation Development -- Topic 1</li><li>Jamie Gideon - Alzheimer’s Association Presentation</li><li>Kim Reynolds - SAMSHA Presentation</li></ul>  |             |     |
| Agenda:            | 9:00am – Welcome and Introductions<br>9:05am – Validate Vision Statement<br>9:10am – Subject Matter Expert Discussion<br>-Jamie Gideon, Kansas Director of Public Policy, Alzheimer’s Association<br>-Kim Reynolds, SAMHSA<br>9:30am – Working Group Discussion<br>10:20am – Revisit SWOT Analysis and Preview Matrix<br>10:25am – Administrative Updates<br>10:30am – Adjourn   |             |     |

Minutes

|              |   |  |  |
|--------------|---|--|--|
| Agenda item: | Introductions / Opening Remarks / Review Agenda / Working Group Process   |  |  |
| Discussion:  | <ul style="list-style-type: none"><li>Kari Bruffett provided a review of the agenda<ul style="list-style-type: none"><li>Ground Rules Reviewed<ul style="list-style-type: none"><li>Come ready to discuss and compromise.</li><li>Keep remarks succinct and on topic.</li><li>Don’t hesitate to ask clarifying questions.</li><li>Start and end on time.</li></ul></li></ul></li><li>Group introductions</li></ul>  |  |  |
| Agenda item: | Validate Vision Statement   |  |  |
| Discussion:  | <ul style="list-style-type: none"><li>“Establish and expand a clear path with public policy recommendations for Kansas older adults and caregivers to access services.”</li></ul>   |  |  |
| Agenda item: | Subject Matter Expert Presentations and Discussion  |  |  |
| Discussion:  | <ul style="list-style-type: none"><li>Jamie Gideon – 2020 Alzheimer's Disease State Plan<ul style="list-style-type: none"><li>Summary of Policies and Recommendations<ul style="list-style-type: none"><li>Public Awareness</li><li>Access to Care</li><li>Family Caregivers</li><li>Training and Workforce</li><li>Safety and Legal</li><li>Research and Data</li><li>Dementia Care</li><li>Rural Kansas Focus</li></ul></li></ul></li><li>Kimberly Reynolds – Substance Abuse and Mental Health Services Administration (SAMSHA)<ul style="list-style-type: none"><li>Key Topics<ul style="list-style-type: none"><li>Prevalence of Mental Illness in U.S</li><li>COVID-19 Impact on Older Adults’ Mental Health</li><li>Treatment Locator Resource</li><li>SAMSHA’s Older Adult-Specific Resources</li><li>National and Local Mental Health &amp; Aging Coalitions</li></ul></li></ul></li></ul> |  |  |
| Agenda item: | Senior Care Task Force Recommendation List Discussion   |  |  |
| Discussion:  | Group reviewed list of Task Force recommendations related to WGB topic to discuss and modify <ul style="list-style-type: none"><li>Key Themes from Discussion<ul style="list-style-type: none"><li>Assess current Gero psych resources, and expand or implement those resources</li><li>Providing and expanding funding and training for mental health specialists for CMHCs</li><li>Providing treatment for seniors entering nursing facilities screened for mental health conditions</li><li>Providing dementia and mental health training for providers</li></ul></li></ul>  |  |  |

- Implementing Alzheimer’s Disease Coordinator and/or Alzheimer’s Disease Council for Kansas

| <b>Kansas Senior Care Task Force Recommendations</b><br><b>(As of December 7, 2021)</b><br><b>Working Group B – Access to Services</b>   |                          |                       |   |   |
|--|--------------------------|-----------------------|---|---|
| Potential Recommendations  | Working Group Assignment | Meeting Date Proposed | Task Force Member Recommendations Discussed | Meeting Notes   |
| Creating a separate Senior Care Act-like program to provide services to persons with younger-onset Alzheimer's disease with its own funding allocation that would go solely to that population and consider the specialized services needed that would be different for this population.                                   | WGB                      | September 9, 2021     |   | <ul style="list-style-type: none"> <li>“Senior” definition for Task Force established as age 60+, so this recommendation no longer fits the scope of the Task Force</li> </ul>  |
| Examine and modify HCBS/FE rate-setting methodology (to promote further rebalancing, fairly reimburse providers, and offer more choices to KanCare members).   | WGB                      | December 7, 2021      | Debra Zehr                                  | (future meeting)  |
| The State identify geropsychology resources.   | WGB                      | December 7, 2021      | Linda MowBray                               | <ul style="list-style-type: none"> <li>Identify what resources are available – resource matching – identifying underserved areas; how many available; rural areas may be dependent on telehealth and even then may not have access; Can we get information about best practices for pairing telehealth gero psych with local resources?</li> </ul>  |
| Expand funding for aging mental health specialists at all CMHCs.   | WGB                      | December 7, 2021      | Debra Zehr                                  | <ul style="list-style-type: none"> <li>Make sure there are specialists who can identify differences between dementia and BH diagnoses; ensure appropriate specialist; funding – is there any specific for aging MH specialists? Relates to recommendation about training</li> </ul>   |
| Funding for aging specialist at CHMCs.   | WGB                      | December 7, 2021      | Linda MowBray                               | <ul style="list-style-type: none"> <li>See above</li> </ul>   |
| Address barriers to those waiting to allow requests for eligibility determination to avoid those individuals having a 30-day wait when transitioning from a nursing home.  | WGB                      | December 7, 2021      | Camille Russell                             | (future meeting)  |
| The State should support family caregiver services that can delay or decrease the likelihood of needing to enter a nursing facility. These can include education and training, counseling, legal consultations, and respite care. Efforts should be made to provide these caregivers at least unpaid leave and paid leave. | WGB                      | December 7, 2021      | Ernest Kutzley                              | (future meeting) EK: In 2016, when we were supporting passage of the CARE Act, our research showed that at any one time in Kansas there are approximately 345,000 unpaid Kansas caregivers providing at that time approximately 3.85 billion yearly. Many of those caregivers work full or part time, take time off or quit their jobs, and spend their own money to provide care.                    |
| The State should fund the services needed to meet individuals' LTSS needs and allow them to remain in the community. We should expand HCBS options to include a range of residential choices as well as home modifications and assistive technologies.   | WGB                      | December 7, 2021      | Ernest Kutzley                              | (future meeting) EK: In our 2020 AARP Long-Term Care Services Scorecard, Kansas ranked 47th in nursing home residents with low care needs.  |
| The State should establish mechanisms to ensure that LTSS agencies and mental health authorities address the mental health needs of individuals receiving LTSS.  | WGB                      | December 7, 2021      | Ernest Kutzley                              | *EK: State governments should ensure that people with dementia and other mental disorders receive necessary treatment and LTSS in the most appropriate and integrated setting of their choice. States should support efforts to reduce and prevent the inappropriate use of antipsychotic drugs as a means of chemical restraint among residents of nursing facilities and residential care settings. |
| Require CMHCs to provide mental and health and aging training for clinical staff who provide services to older adults.   | WGB                      | December 7, 2021      | Annette Graham                              | <ul style="list-style-type: none"> <li>Fewer aging specialists now than before; what training is provided to CMHC staff working with older adults? Scarcity of aging and mental health training; previous Kansas Mental Health in Aging Coalition – rebooting? Broad-based membership; always had consumers on coalition, university members; dual diagnosis training as well</li> </ul>              |
| Provide access for residents with a level two (mental health needs) be provided in the nursing home by a CMHC.   | WGB                      | December 7, 2021      | Linda MowBray                               | <ul style="list-style-type: none"> <li>If PASRR Level I IDs a mental health need, Level II assessment recommends specialized services; what resources are available to provide the care needed; typically CMHC services not provided in institutional settings; identify barriers (funding or otherwise); would expedite transition back to community earlier</li> </ul>                              |
| Provide dementia training - Four hours of dementia training annually for direct care workers (e.g., nurse aide, medication aide), two hours of training for new employees within 90 days of employment.  | WGB                      | December 7, 2021      | Jamie Gideon                                | <ul style="list-style-type: none"> <li>Kansas has no dementia-specific training requirements, most states do; this amount is a national recommendation/best practice; Hand in Hand training (CMS); can senior centers be a site for training?</li> </ul>  |

| <b>Kansas Senior Care Task Force Recommendations</b><br><b>(As of December 7, 2021)</b><br><b>Working Group B – Access to Services</b> |                          |                       |   |  |
|--|--------------------------|-----------------------|---|--|
| Potential Recommendations  | Working Group Assignment | Meeting Date Proposed | Task Force Member Recommendations Discussed | Meeting Notes  |
| Research state-licensed facilities providing HCBS care in 2018 vs 2021.  | WGB                      | December 7, 2021      | Linda MowBray                               | (future meeting)   |
| Study HCBS rate setting in state-licensed facilities.  | WGB                      | December 7, 2021      | Linda MowBray                               | (future meeting) LM: Current rate \$4.49 per 15 minutes of care  |
| Create AD Council and Coordinator  |                          |                       |   | <ul style="list-style-type: none"> <li>See materials sent by Dr. Benson; would create a new state plan every 3-4 years to address any changing needs and present annual reports as well</li> </ul>   |
| Training for family caregivers and respite care (see language from state plan)   |                          |                       |   | <ul style="list-style-type: none"> <li>Database for respite care providers; MCO members have access to it; others pay a monthly fee to access; also developing respite care training; Gina Ervay and ADvancing States; Robert Miller from Wichita training family caregivers (replicable)</li> </ul> |

**Agenda item:** Revisit SWOT Analysis

**Discussion:** Group amended SWOT analysis to include new Strengths, Weaknesses, Opportunities, and Threats

- Previewed SWOT Matrix to review between meetings
- Strategy Reminder: Two meetings for each topic in working group
  - Topic is discussed, and the following meeting is recommendation development for each topic using SWOT Matrix
  - The reviewed SWOT table was for today's topic only; other SWOT summaries will be reviewed for each topic

| Strengths  | Weaknesses   | Opportunities  | Threats   |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>We have the Alzheimer's association to provide education, support, and other resources.</li> <li>National Task Group (NTG) - dementia specific training</li> <li>Senior Care Act serves age 60 and older- unique to Kansas</li> <li>Increased funding allocated to the senior care act program by legislators in the 2021 session</li> <li>Alzheimer's state task force</li> <li>2020 Alzheimer's state plan</li> </ul> | <ul style="list-style-type: none"> <li>No flexibility in services available</li> <li>Or continued flexibility post-pandemic</li> <li>Lack of caregiver knowledge for both Alzheimer's and mental health in older adults</li> <li>Decreased staffing resources</li> <li>Opportunities for them to be in their home</li> <li>Caregiver shortages for self-direct care services</li> <li>Workforce shortages</li> <li>Limited resources for in-home specialized services for individuals with dementia</li> <li>The workforce crisis creates a challenge for finding paid caregivers for those that can pay for it.</li> <li>Provision of care for older adults with dementia is available in facilities in some areas. Limited resources available for community-based care.</li> <li>Limited availability of mental health professionals with expertise in specialized needs of older adults</li> <li>Wage disparity between waivers</li> </ul> | <ul style="list-style-type: none"> <li>Working closer with community mental health centers</li> <li>Establishing a permanent dementia coordinator position</li> <li>Requiring dementia training in long-term care (LTC)</li> <li>Alzheimer's association in Kansas is visible and active in providing resource information and advocacy</li> <li>Transition planning from home to more intensive services when needed</li> <li>Home and community-based services (HCBS) program for age 65 and older</li> <li>Establish caregiver tax credits</li> <li>Mental health services not widely available for older adults in rural areas</li> <li>Require dementia training for caregivers in all settings where people with dementia are served</li> <li>Requiring dementia specific training for all caregivers; both initially and annually</li> <li>Lack of adequate training for professionals working with individuals with dementia</li> <li>Establish Alzheimer's Disease Council to renew/revisit state plan</li> </ul> | <ul style="list-style-type: none"> <li>Caregiver burnout</li> <li>The Program of All-Inclusive Care for the Elderly (PACE) is a great resource for this area. However- is more targeted to dual eligible and not more widely available to those only with Medicare coverage.</li> <li>Workforce shortage</li> <li>Lack of healthcare providers specializing in these diagnosis</li> <li>Funding challenges</li> <li>Increased numbers in the future, are we prepared to handle that with service availability?</li> </ul> |
| <b>Themes</b> <ul style="list-style-type: none"> <li>Multiple resources for dementia and Alzheimer's specific training</li> </ul>  | <b>Themes</b> <ul style="list-style-type: none"> <li>Workforce shortages</li> <li>Limited availability of mental health professionals</li> <li>Limited resources available for caregivers and seniors seeking services</li> </ul>  | <b>Themes</b> <ul style="list-style-type: none"> <li>Statewide dementia coordinator (are there other states with similar role?)</li> <li>Caregiver tax credits</li> <li>Transition planning for rural services</li> </ul>  | <b>Themes</b> <ul style="list-style-type: none"> <li>Workforce shortage</li> <li>Burnout - caregivers, provider staff</li> <li>Aging population - capacity to serve growing population of Kansans needing LTC</li> <li>Lack of healthcare provider specialization in diagnosis</li> </ul>   |

**Agenda item:** Administrative Updates and Adjourn

**Discussion:**

- Tentatively move the meeting from 9 a.m. start to 1:30 p.m. start on Friday, January 28 -- to be determined – left at 9 a.m. for now
- To be completed before meeting January 28, 2022:
  - Review SWOT Matrix tool to begin thinking about recommendation development