Kansas Senior Care Task Force Recommendations (As of December 7, 2021) Working Group B – Access to Services

Working Group B - Access to Services							
Potential Recommendations	Working Group Assignment	Meeting Date Proposed	Task Force Member Recommendations Discussed	Meetings 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					
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				
The State identify geropsychology resources.	WGB	December 7, 2021	Linda MowBray				
Expand funding for aging mental health specialists at all CMHCs.	WGB	December 7, 2021	Debra Zehr				
Funding for aging specialist at CHMCs.	WGB	December 7, 2021	Linda MowBray				
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				

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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	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	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	

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Determined Decomposed at least 1 Marking Date Tool Force Markey Marking Nature						
Potential Recommendations	Working	Meeting Date	Task Force Member	Meetings Notes		
	Group	Proposed	Recommendations			
	Assignment		Discussed			
Provide access for residents with a	WGB	December 7, 2021	Linda MowBray			
level two (mental health needs) be						
provided in the nursing home by a						
CMHC.						
Provide dementia training - Four	WGB	December 7, 2021	Jamie Gideon			
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.						
Research state-licensed facilities	WGB	December 7, 2021	Linda MowBray			
providing HCBS care in 2018 vs						
2021.						
Study HCBS rate setting in state-	WGB	December 7, 2021	Linda MowBray	LM: Current rate \$4.49 per 15 minutes of care		
licensed facilities.						