

**Senior Care Task Force: WGB – Access to Services
Recommendation Development: Rebalancing of Home and Community Based
Services for Seniors in Kansas**

February 25, 2022
9:00am-10:30am
WebEx

Facilitator: Hina Shah - KHI **Note taker:** KHI

Attendees: **Working Group Members:** Sarah Schlitter, JCDS; Senator Kristen O’Shea; 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
Other Attendees: Sean Marshall, KLRD
Subject Matter Experts: Nanette Perrin, Sunflower Health Plan; Debra Bengston, Accessible Home Care
KHI Staff: Hina Shah, Emma Uridge

- Reviewed Documents**
- Agenda
 - SWOT Matrix (Strengths, Weaknesses, Opportunities, Threats) via Google Jamboard

- Agenda:**
- 9:00am** – Welcome and Introductions
 - 9:10am** – Subject Matter Experts
 - *Nanette Perrin, Sunflower Health Plan*
 - *Debra Bengston, Accessible Home Care*
 - 10:15am** – Recommendation Development
 - *Topic: Rebalancing of home and community-based services (HCBS)*
 - *Tool: Google Jamboard SWOT matrix*
 - 10:25am** – Administrative Updates
 - 10:30am** – Adjourn

Minutes

Agenda item: Introductions / Opening Remarks / Review Agenda / Working Group Process

Discussion:

- Hina Shah provided a review of the agenda
 - Ground Rules Reviewed
 - Come ready to discuss and compromise.
 - Keep remarks succinct and on topic.
 - Don’t hesitate to ask clarifying questions.
 - Start and end on time.
- Vision Statement:
 - “Establish and expand a clear path with public policy recommendations for Kansas older adults and caregivers to access services.”
- Group introductions and prompt
 - “What is one word that comes to mind regarding rebalancing HCBS?”
 - Sarah Schlitter: Excited
 - Sen. Kristen O’Shea: Change
 - Jamie Gideon: Equity
 - Dan Goodman: Independence
 - Annette Graham: Choice
 - Jan Kimbrell: Coordination
 - Linda MowBray: Groundbreaking
 - Heather Brown: Workforce
 - Staci Carson: Technology
 - Tonya Dorf Brunner: Equity
 - Shawn Sullivan: Innovation
 - Nan Perrin: Excellence
 - Debra Bengston: Access
- Note: Start of meeting delayed due to not livestreaming on YouTube or Harmony

Agenda item: Subject Matter Experts

Discussion:

- Nanette Perrin, Sunflower Health Plan, Senior Director of Determinants of Health
- Hosts bi-weekly LTSS stakeholder meeting to discuss pandemic related issues
 - Stakeholder meetings include:
 - KDADS, MCOs, Nursing Facility Association, InterHab, I/DD Providers, Community Developmental Disability Organizations, HCBS providers, and member advocacy groups
 - Pilot Program with Uniper for online support for members on FE waiver dealing with social isolation
 - Chronic Disease Management: In-home telehealth for those with diabetes and heart failure
 - Assist members with food access, shelter, or health and social programs
 - Increasing Direct Care Workforce
 - Emergency Backup Pilot
 - Expanding Uses of Technology
 - Utilize Family as Caregivers

Q/A

- Annette Graham: What is the number of those living in Long-term care? Are they all nursing facility residents or all older adults?
 - Includes Nursing facility residents and those on the Frail Elderly (FE) and Physical Disability (PD) waivers
- Annette Graham: For the pilot program with Uniper for social engagement, does Sunflower cover the cost of internet?
 - Not currently.
 - For members who don’t have broadband, we do provide additional support.

- Community Health Worker team connect seniors to federal program Safelink, and other programs regarding broadband access.
- Annette Graham: What are the diseases addressed for Chronic Disease Management?
 - COPD and Congestive Heart Failure
- Debra Bengston: First time hearing this information. What methodology can you share with providers to meet needs of these issues?
 - LTSS stakeholder group, Sunflower urges providers to participate
 - Have provider engagement group share information with providers interested in joining grou
- Shawn Sullivan: What is the largest one or two reasons for those with chronic diseases to not stay at home?
 - Some go to hospital and care needs change, it's a quick solution to put that person in Nursing Facility
 - Workforce is the other issue, difficult to get supports and services at the right time and place
- Heather Brown: Has there been discussion about additional technology worsening social isolation?
 - Yes, Sunflower continues to have conversations on other strategies and partnerships to address workforce and social isolation for individuals in aging population
- Shawn Sullivan: Regarding HCBS reimbursement rates, if a MCO pay higher HCBS rate, we can provide housing and have a less restrictive, lower cost environment?
 - Depending on need, we look at ways to keep that individual in a less restrictive environment.
 - Handled on individual basis
- Shawn Sullivan: Do you have separate case rates to incentivize HCBS services?
 - Kansas has unique funding mechanism that is not the same as other states (ex: Florida receives daily per diem)
 - Continue to be one-on-one, but want to look at other ways to provide support to other levels of care

Debra Bengston: Owner of Accessible Home Care

- Providers are based in Salina and serve 31 counties in rural Kansas
 - Includes those on the Frail Elderly (FE), Physical Disability (PD), and Brain Injury (BI) waiver for home health care
 - Medicare certified for skilled therapy visits for elderly population
 - Providing Home Health in Rural Kansas Barriers
 - Direct workforce hiring
 - Hiring new aides has increased this past month
 - Hourly Cost
 - Has worked with all 3 MCOs and negotiated hourly rate to keep those services
 - Travel time, and mileage.
 - Currently no reimbursement for travel.
 - Effects of pandemic for providing care
 - Attendants did not have medical experience and were not comfortable with PPE equipment
 - Competition with nursing homes where CNAs may be paid \$25 from supplemental nursing agencies
- Concerns for MCOs
 - Lack of wellness monitoring in FE and PD waiver populations
 - Wellness Monitoring: Eating regularly, watching for weight gain or loss, taking medications, etc.,
 - Many home health attendants don't know what this is
 - Not being utilized at the same level it was prior to switching to KanCare system
 - Misuse of Self-Direct programs
 - Many seniors don't have the capacity to self-direct care due to dementia, confusion, and/or lack of family support
 - Home health provides additional supports to meet needs versus self-direct care

Agenda item: Recommendation Development

Discussion: SWOT Matrix (Strengths, Weaknesses, Opportunities, Threats)

Opportunity – Strength	
1	Market the Statewide ADRC Resource Center phone number to access information on HCBS, PACE and other options for LTC across the state
2	Fund the Money Follows the Person program to assist with transitions for individuals wanting to move back to the community
3	Establish rural PACE programs in closer proximity to the actual population of those needing home based services
4	Training provided to recipients in use of the technology in a user-friendly manner
5	Accept the notion that a majority of seniors wish to stay in-home, in community and not desirous of LTC nursing facilities readily.
6	Establish a Referral service for family caregivers for services available to help their family members in their home communities and what services must be sought in larger metro areas. Give them contact numbers and addresses to study for themselves
7	Provide funding for coordination of services for the home-based seniors in a community (not already in a LTC environment)
8	Collaboration between HCBS programs to increase accessibility and share resources
9	Explore options to create more flexibility in eligibility for PACE and HCBS to serve people in the community and to expand to PACE into more areas.
10	Explore technology to assist people to maintain or expand independence
11	utilize CARE score to create tiered level of services for HBCS clients in assisted living and Home Plus instead of per unit fees that are difficult for providers to budget for.
12	Include technology access as an MCO member benefit for those receiving HCBS services
13	Expand upon the services offered by ADRC to assist those needing assistance as they on-board programs. Like administrative case management. Short-term case management to address functional needs during transition.
14	allow seniors with IDD to utilize PACE program
15	Include access to technology as an MCO member benefit for those receiving HCBS services.
16	Utilize ty the 11 Area Agencies on Aging in Kansas to provide information and referral services, services and coordination of services for older adults aged 60 and older and caregivers.
Opportunity – Weakness	
17	Provide an up-to-date directory of services available regionally and more specifically for support services available to seniors
18	Expand funding for internet access for older adults on HCBS waivers to enable access to socialization and technology to assist them to return and remain in the community
19	Provide Targeted Case management services for individuals 60 and older on the FE and PD waivers
20	Grants for senior centers, housing providers, assisted living providers, etc. to retrofit or establish space appropriate for adult day centers.
21	Increase rates for personal care services that can increase pay in expensive urban areas and mileage pay in rural areas.
22	Continue flexibility shown during COVID, in service delivery, specifically for those with IDD but for others as well.
23	Allow services to be provided to ANYONE receiving HCBS services, regardless of which waiver. May help rural areas who have limited resources
Threat – Strength	
24	Educating local staff of private as well as public services to programs available to seniors to enable home-based care and services.
25	Expansion of PACE could address many of the threats
26	Utilize increased funding to minimize wait list. Expand service options and flexibility in service delivery.
27	leverage the increase in protected income level to mitigate any costs associated with coming into compliance with the final settings rule.
Threat – Weakness	
28	Add rural PACE program availability to more localized settings and not just in the metro areas

29	Provide financial incentives to rural hospital outpatient services in the smaller communities to be PACE provider resource utilizing their staffs
30	Ensure that services under the FE waiver are structured to meet the needs of IDD population age 60 and older.
31	Require providers to pass on rate increase to workers to impact workforce availability.
32	Balance the rates among the waivers
33	Increase service flexibility
34	Increased reimbursement rates to HCBS waivers serving older adults may help increase worker pay and help the workforce issue
Other Recommendations	
35	Increased collaboration between waivers and programs. This would increase accessibility to services and share resources.
36	Promote the new directions for senior opportunities for living within all communities across the state or through medical clinics and health departments where seniors would see and learn about their options. And take home a flyer to learn more about it - numbers or addresses for more info
37	Invest in housing options to increase the availability of accessible, affordable housing options for older adults.
38	Educate health care professionals about options for older adults so that the first option is not nursing home referral.
39	advocate for mileage reimbursement to make driving long distances between patients in rural areas feasible
40	education to providers on wellness monitoring to increase its use as low cost medical care
41	Ensure services that are available under the FE waiver are also available to people on the IDD waiver
42	Educate members through the ADRCs about HCBS AL and HP options in their area.
43	Educate landlords on section 8 to increase accessible and affordable housing options

Agenda item: Administrative Updates and Adjourn

Discussion:

Next Meeting Topic: Discussion on Adult Daycare Services

Next Meeting Date: March 11, 2022

Data Requests to KDADS and/or MCOs

- How are adult day services being utilized?
- How many providers are accepting new clients for adult day services?
- What is the cost for an individual's 'plan of care' and the cost of waivers?
- How many seniors transitioned into community from a facility during the pandemic?
- How many senior day programs are available specifically for IDD population?
- What is the service model post-pandemic?

Potential Supplemental Experts

- Adult Day Services Providers
- Representatives from MCOs

Next Steps

- Begin brainstorming recommendations for Adult Daycare Services

Later Meeting Topic: Funding and Implementation of the Senior Care Act

Meeting Date: March 25, 2022

Data Request:

- What are the rebalancing savings we have seen, and how much would be able to be funneled back into the Senior Care Act?

Potential Supplemental Expert:

- Representative from KLRD and the Office of the Revisor of Statutes
- Leslie Anderson, K4AD
- Ernie Kutzley, discuss AARP scorecard on older adults

Administrative Updates

- Scheduling conflict with May 6 Meeting