Senior Care Task Force
Working Group B – Access to Services
Recommendation Characterization
April 29, 2022
9:00-10:30am

Meeting Notes

Meeting Materials:
Preliminary Recommendation List

Agenda:
9:00AM Welcome and Introductions
9:10AM Recommendation Characterization
10:25AM Administrative Updates and Next Steps
10:30AM Adjourn

Meeting Commitments:
- Come ready to discuss and compromise
- Keep remarks succinct and on topic
- Don't hesitate to ask clarifying questions
- Start and end on time

Attendees
Working group members:
Sarah Schlitter, JCDS; Sen. O'Shea; Jamie Gideon, Alzheimer's Association; Annette Graham, Central Plains Area Agency on Aging; Jan Kimbrell, Silver Haired Legislators; Staci Carson, JCDS; Heather Brown, JCDS; Kendra Baldridge, KDHE; Linda MowBray, Kansas Healthcare Association; Lacey Hunter, KDADS

KHI Staff
Hina Shah, Emma Uridge

Other Attendees
Sean Marshall, KLRD

Welcome and Introductions
"What is one thing you want to keep top of mind when thinking about your recommendations today?"

- Sarah: I want to make sure we are really thinking through our recommendations and providing sufficient detail to accomplish these recommendations.

- Sen. O'Shea: I want us to think about how we can affect policy to change landscape to improve ease and efficiency for our work.

- Jan Kimbrell: I would like us to realize senior issues ae happening right now, and implementation is imperative.

- Kendra Baldridge: I appreciate this group and look forward to today's conversation

- Jamie Gideon: Keep in mind when making recommendations we need to strengthen SCA, not make things more difficult.

- Linda MowBray: Keep policies streamlined and succinct for any Kansan to access care quickly and easily in a system that is traditionally hard to navigate.

- Tanya Dorf Brunner: We need to think about whole person health, and everything involved in keeping someone healthy. I second also what Jan said.

- Annette Graham: Keep focused on services for those 60+ that are appropriate, accessible, right-time-right place, and achievable.

- Heather brown: focus on recommendations that have potential on the biggest senior population impact.

- Staci Carson: Important to look at recommendations that allow us to use the resources we have in place like PACE, senior centers, IDD day services, etc.

Recommendation Discussion

Working group members reviewed and characterized recommendations under WGB's assigned areas of focus. The group discussed recommendations listed below, which reflect the changes and discussion in purple. The areas of focus addressed in the meeting was the Funding and Implementation of the Senior Care Act (SCA).

Topic: F. Funding and Implementation of the Senior Care Act (SCA)

Theme 1: Adapt Services Based on Geographic Location

1.1 Area Agencies on Aging (AAAs) will expand flexibility to incentivize providers via raising reimbursement rates to use the Senior Care Act program for services that promote choice, increased independence, and assist with overcoming unique challenges in rural, frontier, and urban areas.

a. Kansas Department of Aging and Disability Services (KDADS) will educate and communicate reason for increased plan of care costs due to raising reimbursement rates.

- Working group member indicated increasing reimbursement rates will incentivize providers, and that Area Agencies on Aging (AAAs) have that ability with possible support being needed from Kansas Department of Aging and Disability Services (KDADS). If reimbursement rates increase, cost of care and care planning will increase. Currently, SCA does not cover travel time and mileage for providers and these items would not be incorporated into the rate increase.
- Working group discussed KDADS, Managed Care Organizations (MCOs) or another entity could incentivize for additional pay for additional supports. Group settled on KDADS since MCOs are not involved in SCA programming and funding allocation. KDADS can understand plan of care cost, and may need to administer education and communication to legislature to alert on increased plan of care costs

1.2 Implement a pilot program to use the Senior Care Act model in rural, frontier, and urban areas for additional populations and using a wider range of services options.

- Working group member raised concern about implementing a pilot program with information and resources already existing and asked question if this recommendation refers to those in Kansas not being served based in rural or frontier areas. Currently in statute, SCA's limited funding go to AAAs to serve every county and gets depleted annually.
- Working group decided to remove 1.2 to add "senior care act program" to 1.1.

1.3 Use a portion of new SCA funding to research raising reimbursement rates and revisit formula for funding allocation to address disparities between rural and urban areas.

- Working group discussed funding formula established by state that looks at population 65, 85, 75, average income, minority populations, etc. Formula is already tailored for rural and frontier areas.
- Working group decided to remove this recommendation from further consideration since funding from last year has already been allocated for specific needs across Kansas.

Theme 2: Increase and Allow for Technology Utilization

2.1 Allow for and increase SCA funding to be used for start-up costs to allow AAAs to invest in technology and add as an allowable service under the Senior Care Act (SCA) program.

a. Seek Assisted Technology (AT) collaboration.

b. Fund the purchase for devices, internet access, IT client support, and bringing required technology to the person.

c. Collaborate with initiatives expanding broadband services across the state.

- Working group discussed how funding allocation is never definitive since people come in and out of services
- Working group chose to include "increase", referring to SCA funding.
- Working group member asked to add "Collaborate with initiatives expanding broadband services across the state" so that seniors can utilize technology requiring internet accessibility and capability.

2.2 Increase the one time only service caps with an annual review that ties the rate to the Consumer Price Index (CPI) and create an exemption process, to allow adequate funding for items such as durable medical equipment and technology to address social isolation and home modifications.

Rationale for 2.1 and 2.2: Capitalize on technology engagement gains seen with the older adults and their caregivers to address social isolation and increase efficiencies.

- Working group member explained the $1,454 one-time only service cap has not increased in 10-15 years and is not based on critical data. Service cap may be used for expenses not covered under Medicare, like adult diapers, durable medical equipment, and home modifications.

- Working group member asked to add the Consumer Price Index (CPI) to account for inflation when setting rates for legislature to have funding predictability on whether to raise rate. Working group added, "With an annual review that ties rate to the Consumer Price Index (CPI)".
- Working group also added, "create exception process" for individuals utilizing one time service cap for flexibility or mechanism where they may apply for allowance for a second or extended cap.

Theme 3: Funding for Services

(New Recommendation Combining 3.2 – 3.4) Develop a more stable funding base by recrafting the SCA funding formula using state census for seniors age 75+] to implement and expand/extend/ensure services that is dependable for implementation and continuity of services, such as travel time and mileage costs for provides and pay for family caregivers.

- Working group discussed a mechanism similar to consensus caseload estimates.

3.1 Using the Senior Care Act model, the legislature should 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). (k4ad)

Rationale: The fiscal note should be developed with the assistance from the Area Agencies on Aging.

- Working group decided to remove this recommendation from further consideration.

3.2 Develop a more stable funding base that is dependable for implementation and continuity of services.

- Working group decided to use this recommendation for rationale for the importance of a fully funded SCA program.

3.3 Allow (SCA) funding to be used for travel time and mileage costs for providers.

- Working group reached consensus to ensure stable funding to meet growing needs and expand services that will allow the SCA to provide services that have not been used in the past, like travel time, and mileage for providers.

3.4 Allow (SCA) funding to be used to pay for family caregivers.

- Working group member indicated people are often over 65+ when they utilize program and ensuring availability of services is a growing gap, with less beds and staff in nursing homes. Because funding is 60% federal, 40% state funded; funding becomes questionable each year when there are budget cuts.
- Working group member asked if a census case load could be used to recraft the funding mechanism since the senior population is growing, and cost of services is growing. Since allocations are statewide, state census for those 75+ can be used to tie in the growth due to people needing services at this age.
- New recommendation formed from 3.2 – 3.4.

Theme 4: Evaluate Existing Programs

4.1 Evaluate the SCA program every 3-5 years by an objective, independent evaluator [LPA/KU - historically] using research methodologies should be conducted to ensure comprehensive input from caregivers, AAAs, participants, providers, and other stakeholders. (authorized by KDADS in collaboration with K4ad to report to legislature)

- Working group reached consensus that an annual evaluation may put SCA funding continuity in jeopardy and settled on an evaluation conducted every 3-5 years by an independent evaluator from LPA and/or KU Office of Aging and Long-Term Care.
- Working group member noted anecdotal stories of in-home services being cost effective, but there is a need of evidence-based supporting data.
- Key collaborators to accomplish this recommendation may include the AAAs since they administer program to participants, providers, caregivers.
- To stabilize funding, group added need for the legislature to have funding to do evaluation. Group added "authorized by KDADS in collaboration with K4AD to report to legislature".

4.2 Kansas Department for Aging and Disability Services (KDADS) will improve the data systems for the Senior Care Act program and provide regular reports on service utilization and client needs.

- Group member indicated this recommendation is referring to the KDADS data reporting system.

Working Group B – Other Recommendations

B1 Allow all waiver services to be provided to anyone 65+ receiving HCBS Medicaid services, regardless of which waiver they are on.

- Working group member clarified this recommendation should say "allow all waiver services to be provided to anyone". Each waiver has certain identified services, and recommendation would be expanding service availability under all waivers to those 65+.

B2 Allow crossover for SCA services for people to receive additional services they could benefit from.

- Working group decided to delete this recommendation. Group reached consensus that since the SCA is a last resort funding source, a statement could be included that HCBS Medicaid Waiver services are not able to be included when discussing SCA funding being used to expand services.

B2 Identify best practices, models and reimbursement that would increase availability of day center services.

- Working group members decided to remove this recommendation.

B3 Increased awareness and education for IDD Day Service Providers who have an older adult program to also serve older adults from the general population through PACE or other means to increase accessibility for seniors without IDD.

- The working group member who submitted recommendation indicated option for IDD providers to be PACE providers, and Kansas should be on board with that concept to increase accessibility.
- Recommendation B3 will be added to PACE-related recommendations.

B5 Create and follow person-centered plans of care to account for limited [SCA] staffing resources to be maximized for efficient utilization.

- Working group decided to delete this recommendation since the SCA is already developed to accomplish this recommendation.

B6 Utilize existing programs to overcome SCA service shortages.

- Working group members do not want to dilute importance that services exist and they are not being used. This recommendation was combined with marketing ADRC.

Characterization Rubric

The working group was introduced to the characterization rubric to further refine recommendations. All recommendations will be placed into rubric for scoring, and then tiered based on feasibility and prioritization.

Recommendations Discussed at April 15 Meeting

Clarification was needed on recommendations discussed at previous recommendation characterization meeting before being scored with the characterization rubric.

Topic: P. Provision of care for seniors in the state of Kansas who suffer from Alzheimer's disease, dementia, or other age-related mental health conditions

1.4 Promote awareness of home and community-based services

a. Educate staff of private and public services to programs available to seniors to enable home-based care and services.

b. Educate landlords on section 8 to increase accessible and affordable housing options.

c. Market the Statewide Aging and Disability Resource Center (ADRC) phone number to access information on HCBS, PACE and other options for long-term care across the state. (ads/media blast/flyers/promotion materials)

d. Revitalize “Explore Your Options” campaign, individualized for each AAA for HCBS general services not under Medicaid (e.g., hospital discharge, physicians, etc.)

- Working group member stated that hospitals my not be aware of any resources other than nursing homes after discharging senior patients and indicated a possible capacity for a marketing campaign to advertise community resources, accomplished by revitalization of the “Explore Your Options” campaign for hospital discharge planners, providers, and families; individualized by each AAA. This campaign would not include HCBS Medicaid Waiver services, only community-based services for in-home services.

Theme 3: Education and Training
Consider: Require education training credits for aging services as follows:

3.1 Require education training credits for dementia training annually for all long-term care employees with a minimum of 4 initial hours each year within first 90 days of employment: minimum of 2 continuing education (CE) credits after that.

> *a. 2 hours of continuing education (CE) for physicians, social workers, and licensed mental health professionals through respective boards.*

3.2 Require education training credits for geriatric mental health training annually for all long-term care employees with a minimum of 3 initial hours each year.

> *a. 3 hours of continuing education (CE) for social workers, and licensed mental health professionals through respective boards.*

R4.1 Require continuing education requirements annually to health care professionals and providers about HCBS and other options, including wellness monitoring, for older adults so that the first option is not nursing home referral to increase its use as low-cost medical care.

- Working group decided to combine 3.1 – R4.1 for continuing education requirements for aging services staff.

Administrative Updates

Working group members were asked to provide additional insight on recommendations discussed during this meeting, or to submit proposed changes to the preliminary recommendation list before the next meeting on May 6.

For those who cannot attend May 6 meeting, a survey will be sent via email to characterize recommendations.