

Working Group B, Access to Services Recommendation List

Changes made during meetings are noted in purple

Areas of Study
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
R. Rebalancing of Home and Community-Based Services
A. Adult Daycare Resources
F. Funding and Implementation of the Senior Care Act

WGB Cross-cutting Recommendations:

P6 Require education training credits for aging services as follows:

- a. 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.
 - i. Two (2) hours of continuing education (CE) for physicians, social workers, and licensed mental health professionals through respective boards.
- b. 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.
 - i. 3 hours of continuing education (CE) for social workers, and licensed mental health professionals through respective boards.
- c. 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.

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

- P1 Use the Alzheimer's Association State Plan and Alzheimer's Disease Task Force to develop recommendations to prepare the service system by looking at trends and numbers to ensure facilities are prepared for capacity; staffing; funding to meet the increasing demands for services as the population ages.

Action step: Have the Alzheimer's Disease Task Force present to the Legislature once each legislative session around changes from last report out, actionable items for this session.

- P2 Reinstate the State Agency Advisory Council. If reinstated, the State Aging Advisory Council **strongly recommended** to mirror 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; **representative from Alzheimer's Disease Task Force.** (Adapted from k4ad)

- P3 Establish a permanent, **full-time Dementia and Alzheimer's Disease Coordinator** position at Kansas Department for Aging and Disability Services (KDADS) with the following roles and responsibilities.
- a. Serve as federal and state liaison and training administrator at KDADS.
 - b. Use Civil Monetary Penalty (CMP) funds to provide advanced dementia care training for all care staff.
 - c. Provide standardized training for Community Mental Health Centers (CMHC) or other designated locations **e.g., senior centers, AAAs collaborate with those with expertise on geriatric mental health** and administer dementia training targeted at caregivers.
 - d. Have Alzheimer's Association, or AAAs, to focus on identifying family caregivers on the brink of burnout to keep the individual in the home, promote their resources, and do outreach to local agencies, LTCs, and Community Mental Health Centers (CMHCs).

R. Rebalancing Home and Community Based Services

- R1 Modify **Medicaid waivers** to provide more aging services:
- a. Add home delivered meals to the Frail Elderly (FE) and Home and Community Based Services (HCBS) waiver.
 - b. Include access to technology and **training on how to use technology** as an MCO member benefit for those receiving HCBS services.
 - c. Add case management services to the HCBS, Frail Elderly (FE), Physical Disability (PD) and Brain Injury (BI) waiver for those age 60 and older.
 - d. Ensure services under the Frail Elderly (FE) waiver are structured to meet the needs of those 60+ with IDD.
- B1 **Allow all waiver** services to be provided to anyone **65+** receiving HCBS **Medicaid** services, regardless of which waiver they are on.
- R2 **Promote awareness of home and community-based services for older Kansans.** (old P4)
- 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 and modernize the “Explore Your Options” campaign and provide individualized materials to each AAA for HCBS services not under Medicaid (e.g.
 - a. **Revitalize “Explore Your Options” campaign, individualized for each AAA for HCBS general services not under Medicaid (e.g., hospital discharge, physicians, etc.)**
- R3 **Develop an array of options to provide transition-related aging services.** (old P5)
- a. **Kansas should reenlist** in the Money Follows the Person Program to assist with transitions for individuals wanting to move back to the community.
 - b. PACE model training for transitioning individuals with dementia between homes **assisted living to Nursing Home with Skilled Care** to provide transition planning for seniors, their family, and caregivers in long-term care, home health, and for

seniors in general that will include nurses and direct care staff to make the adjustment safer and less stressful for all [with consideration for rural parts of state where PACE model doesn't exist.](#)

- c. [Add](#) case management services through the Aging and Disability Resource Center (ADRC) to assist those needing assistance as they onboard or transition programs.

R. Rebalancing Home and Community Based Services (continued)

- R4 Utilize the Client Assessment and Referral and Evaluation (CARE) score to create tiered level of services for HBCS clients in assisted living and Home Plus.
- R5 [Encourage collaboration](#) to invest in housing options to increase the availability of accessible, affordable housing options for older adults
- R6 Leverage the increase in protected income level to mitigate any costs associated with coming into compliance with the CMS final settings rule.

A. Adult Daycare Resources

- A1 Increase funding, and in turn, reimbursement rates to adult daycare services and IDD day service providers to increase staffing and provide more opportunities to serve people in their homes during the day in lieu of going to a facility.
- B2 **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.
- A2 **The State of Kansas will** provide grants for senior centers, housing providers, and assisted living providers to retrofit or establish space appropriate for adult day centers.
- A3 Expand the PACE Program across the state to serve as a hub to administer social models of adult day services that focus on person-centered care for the needs of older adults and increase the eligibility criteria for the program area.
- A4 Current Senior Centers will connect with community partners, who also provide day services and involve non-traditional stakeholders (community members & business leaders) to develop pilot programs for community members to discuss health, oral health, using technology, etc.
- A4 Expand reach of the PACE program for transportation, among other providers, to bring services to those being served in-home, to minimize costs and expand accessibility.
- A6 **AAAs and senior centers** will partner with Kansas Alzheimer's Association and AARP to access resources, training, and technical assistance for adult day service training and volunteer engagement.
- A7 Younger volunteers from 4H, boy scouts, high school, or college; and AAAs and senior centers can partner with Retired and Senior Volunteer Program and Senior Companion programs (through AmeriCorps) to utilize the volunteers in adult day service programs.

F. Funding and Implementation of the Senior Care Act

- F1 [Area Agencies on Aging 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.](#)
- R8 Require providers to pass on % rate increase to workers to impact workforce availability.
- R9 Provide financial incentives to rural hospital outpatient services to be PACE provider in smaller communities.
- A5 [KDADS will lead recruitment of providers to administer respite services; providers will develop respite services; AAAs and \[reimbursement entities/payers\] will market those services.](#)
- F2 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.](#)
- F3 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.
- F4 [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.](#)
- R7 Create in statute [a mechanism](#) to increase provider rates for the Physical Disability (PD), and Frail Elderly (FE) waivers annually or every other year.
- R8 Increase rates for personal care services and [determine pay based on geographic location.](#)

F. Funding and Implementation of the Senior Care Act (continued)

- F5 [Evaluate the SCA program every 3-5 years by an objective, independent evaluator](#) using research methodologies should be conducted to ensure comprehensive input from caregivers, [AAAs](#), participants, providers, and other stakeholders.
- F6 [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.