

Working Group B, Access to Services Recommendation List

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 and those from staffing agencies with a minimum of four (4) initial hours each year within first 90 days of employment: minimum of two (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 and those from staffing agencies with a minimum of three (3) initial hours each year.
 - i. Three (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.
- a. The Alzheimer's Disease Task Force shall present to the Legislature once each legislative session around changes from last report out, and actionable items for the session.
- P2 Reinstatement of the State Agency Advisory Council. If reinstated, strongly recommend it 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; representative from Alzheimer's Disease Task Force; and the general public;.
- 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 full-time and temporary staff in the facilities participating in the Title 18 and Title 19 program.
 - c. Provide standardized training for Community Mental Health Centers (CMHC) and other designated locations (i.e., senior centers; Area Agencies on Aging) and collaborate with those with expertise on geriatric mental health and administer dementia training targeted at caregivers.
 - d. The Alzheimer's Association, with Area Agencies on Aging (AAAs), will identify 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).

F. Funding and Implementation of the Senior Care Act

- F1 The State of Kansas, with the Kansas Association of Area Agencies on Aging (K4Ad), 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.
 - b. Require providers to pass on rate increase to workers to impact workforce availability.
 - c. Provide financial incentives to rural hospital outpatient services to be PACE provider in smaller communities.
 - d. KDADS will lead recruitment of providers to administer respite services; providers will develop respite services; Area Agencies on Aging will market those services.
- F2 The Kansas Department of Aging and Disability Services (KDADS), in collaboration with the Kansas Legislature, will allow for and increase funding under the Senior Care Act to be used for start-up costs and allow the Area Agencies on Aging (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 aged 75 and older 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.
- F5 The Kansas Department of Aging and Disability Services (KDADS), collaboration with Kansas Association of Area Agencies on Aging (K4AD), will authorize the evaluation the Senior Care Act program every 3-5 years by an objective, independent evaluator using research methodologies that will ensure comprehensive input from caregivers, Area Agencies on Aging, participants, service 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.