Senior Care Task Force
Working Group B – Access to Services
Recommendation Scoring and Tiering
June 3, 2022
9:00-10:30am

Meeting Notes

Meeting Materials:
Recommendation List
Characterization Rubric

Agenda:
9:00AM   Welcome and Introductions
9:10AM   Recommendation Scoring and Tiering
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
<u>Working group members</u>:
Sen. O'Shea; Sarah Schlitter, JCDS; Jamie Gideon, Alzheimer's Association; Annette Graham, Central Plains Area Agency on Aging; Heather Brown, JCDS; Kendra Baldridge, KDHE; Lacy Hunter, KDADS; Tanya Dorf Brunner, Oral Health Kansas; Linda Mowbray, KHCA

<u>KHI Staff</u>
Hina Shah, Emma Uridge

<u>Other Attendees</u>
Connor Stangler, KLRD; Robin Crumpton, KLOIS

Welcome and Introductions
"What is one word describing how you feel today going through your recommendations?"

Characterization Rubric (Scoring and Tiering)

The working group began characterizing their list of recommendations using a rubric to further refine recommendations. All recommendations will be placed into rubric for scoring based on ease of implementation and potential for high impact; then tiered based on feasibility and prioritization. Tiers are I, II, and III; I being high priority, III being low priority.

Summary Of Discussed WGB Recommendations by Tier

Tier I	*Tier II*	*Tier III*
5.0 Alzheimer's-State Plan and Task Force.	1.2 Education Training Credits.	6.3 Tiered Levels of Services.
5.1 State Aging Advisory Council.	6.1 Promote Home and Community-Based Services.	7.1 Adult Daycare Locations.
5.2 Dementia and Alzheimer's Disease Coordinator.	6.2 Transition Services.	7.2 Community Partners Pilot.
6.0 Modify Medicaid Waivers.	6.6 Affordable Housing.	
7.3 Expand PACE Program.	7.0 Adult Daycare Reimbursement Rates.	
8.0 Incentivize Providers.	7.5 Adult Daycare Volunteers.	
8.2 One-Time-Only Service Caps.	8.1 Technology Investment.	
	8.3 Elder Count Book.	
	8.4 SCA Program Evaluation.	
	8.5 SCA Data Systems.	

Funding and Implementation of the Senior Care Act (Tiering and Scoring)

Working group members scored recommendations under SCA topic area, modified recommendation language, removed or added recommendations, and provided rationale for recommendations for the report. Above is the preliminary tier list to be finalized at the June 17 meeting.

[Immediate Action], Tier I

8.0 <u>Incentivize Providers.</u> 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 the reason for increased plan of care costs due to raising reimbursement rates.

   b. Require providers to pass on rate increases 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; AAAs will market those services.

   e. Study HCBS rate setting in state-licensed facilities.

Rationale: Develop respite services and market it with help from the AAAs Options Program and others who reimburse for those services and programs. Respite care services require licensure so it would have to be the providers, with KDADS maybe taking lead in getting more providers.

Challenge of inconsistent availability of respite services in some areas of the state. For example, respite services were only available when census was low at an assisted living facility.

Discussion

The working group clarified the intent of the recommendation would not be to request more funding but utilizing the funds that are currently available. If no additional funds are necessary, the ease of introducing at the next legislative session would be increased. Recommendation would be able to be implemented quickly since minimal legislative activity is needed, the work would fall more on KDADS working with new entities to support this effort and raise reimbursement rates, and effectively communicating the increase plan of care cost. Recommendation would not legislative or regulatory action to require a provider to pass on any additional funds to workers, it can be accomplished with the AAAs, who contract the providers, where a stipulation in the contract about raising rates and designating rate passthrough can be added.

Working group members indicate it is a problem on the local level with AAAs, food programs, and salaries. There needs to be follow-up to be sure that local workers on the ground are getting a raise since current rates are dismal. are dismal.

Ease of Implementation *(Score 1-10):* 8	**Potential for High Impact** *(Score 1-10):* 10
• Currently there are no stipulations on how to use reimbursement rate increases. • A cost barrier may come from additional full-time employees (FTEs) having these services provided by KDADS and an increase in the plan of care cost associated with the client. • Travel and mileage reimbursement for providers would require some policy	• Will impact the local level ability to hire, serve in centers, and centers are open because they have an employee that can make a living wage. • Will help the subsidies from the county levels to subsidize that wage and help the community.

changes the state would enact via a regulatory process.	
Action Lead: KDADS	**Key Collaborators:** K4AD, each of the 11 AAAs

Key Performance Indicators:
- An increase in the number of providers
- Increase in the number of plans being served in rural/frontier parts of the state.

[Strategic Importance], Tier II

8.1 <u>Technology Investment.</u> KDADS in collaboration with the legislature will 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. Fund the purchase for devices, internet access, IT client support, and bringing required technology to the person.
    b. Seek Assisted Technology of Kansas (ATK) collaboration.
    c. Collaborate with initiatives expanding broadband services across the state.

Working Group Discussion

Working group added under b, assisted technology of Kansas (ATK). Recommendation may take longer to accomplish since it may need legislative action to increase funding. Members noted that if money is removed or reallocated out of an existing budget, there is the potential risk of removing or reducing service availability. Therefore, the recommendation will require new funding, new partners, and a new program model. Members noted that if money is removed or reallocated out of an existing budget, there is the potential risk of removing or reducing service availability. Therefore, the recommendation will require new funding, new partners, and a new program model.

Working group members indicated that recommendation is more applicable and feasible in urban areas of the state, and more difficult in rural/frontier areas due to a lack of broadband availability. Consistency for service offerings must be similar in all areas of Kansas.

Ease of Implementation *(Score 1-10):* 7	**Potential for High Impact** *(Score 1-10):* 9
• Funding the purchase of new devices, providing internet access, hiring FTE for client support, transporting services and devices to the recipient. • Duplication of services will be identifiers; many Kansans are behind on the latest technology and need to all be on the same level. Without modern technology and everyone using the same technology, it slows down progress and decreases collaboration. • Will require Statute Amendment (to allow for start-up costs).	• Potential for high impact if developed and implemented correctly, and if efforts are made to ensure all Kansans have access to items and services. • May identify social isolation, identify health deterioration and health changes more quickly, get people access to services, connect seniors who need high acuity services, getting information on health status, and increase ease of communication.
Action Lead: KDADS, Legislature	**Key Collaborators:** AAAs, MCOs, ATK – contracted for assisted devices to help people return to or remain in the community; seniors to give input on tech

Key Performance Indicators:
- Equipment distribution
- Areas of distribution to those in need.

[Immediate Action], Tier I
8.2 <u>One-Time-Only Service Caps.</u> 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: One-time-only service caps are funds intended for older adults to make one-time purchases necessary for their care or improving quality of life (QOL). The one-time-only cap has not been increased in many years. Assistive services may include home modifications, vehicle modifications, and durable medical equipment.

Working Group Discussion: Working group members noted that if implemented, there would be no need to increase the budget. In future years, to ensure continuity of exemptions and to stay in tandem with a changing market, additional funding will be required. Each AAA can manage their budgets and implement them within their service areas.

Ease of Implementation *(Score 1-10):* 10	**Potential for High Impact** *(Score 1-10):* 10
• Will not require additional funding	• Cost savings from this recommendation will result from seniors receiving items, allowing them to remain in the home longer and not moving to higher acuity care settings.
Action Lead: KDADS	**Key Collaborators:** K4AD, 11 AAAs, ATK

Key Performance Indicators:
• Annual review is completed.

(Appendix Recommendation) SCA Funding. 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.

• Working group member indicated there is already a funding formula that has been established that looks at ages, demographics, and income; there is a base amount for those age 75+ once the state receives the census data and they look at the Older Americans Act funding formula.
• Recommendation removed from consideration for final recommendation list.

[Strategic Importance], Tier II
8.3 (New Recommendation) Elder Count Book. Seek funding and develop partnerships for the development and distribution of a new Kansas Elder Count book that provides the demographic and detailed data as the original Elder Count book. This information would provide detailed and robust data to help legislature and state staff plan for current and future needs of older Kansans.

Working Group Discussion: Working group was re-introduced to a task force recommendation (see above) and replaced previous recommendation language with task force recommendation.

Rationale: The Kansas Elder Count Book was published in 2002 and utilized data from multiple sources to create a snapshot of older adult populations and subpopulations. Data could be pulled from a variety of entities and services—including healthcare services. The 2002 Elder Count book is also on the KLRD website - under the Senior Care Task Force Committee page.

The book in 2002 was a one-time only project and was a valuable data resource outside the federal census. The book outlined data by county, income-level, and SES status.

Ease of Implementation *(Score 1-10):* 5	Potential for High Impact *(Score 1-10):* 9
• Book was already published and the framework for what is needed is already there.	• Will allow for seniors to stay in their home longer by having stakeholders aware of capacity needed to serve seniors.
Action Lead: KDADS; legislature	**Key Collaborators:** State associations; AARP; KABC; AAAs; MO Bank Memorial Fund and Foundation

Key Performance Indicators:
- Secure Funding
- Publishing Elder Count Book
- Securing lead at university

[Strategic Importance], Tier II
8.4 SCA Program Evaluation. KDADS in collaboration with Kansas Association of Area Agencies on Aging (K4AD) will 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, service providers, and other stakeholders.

Rationale: Recommendation will impact all seniors in Kansas by identifying who is being served and the outcomes. Data will be gathered on how the program is funded; several years have passed since the SCA was evaluated. Currently, there is a quarterly review by the state by all 11 AAAs. There is a process and review, but it is not the same level being referenced for recommendation. Ongoing evaluations will ensure continuous updates of our programs.

Working Group Discussion: Recommendation will help identify service gaps, unmet needs, and what services will have the most impact. Recommendation could identify needs for additional funding and the overall impact of the program and develop outcome measures and information to inform the legislature of potential needs for new funding.

Ease of Implementation *(Score 1-10):* 6	Potential for High Impact *(Score 1-10):* 8
• May be accomplished via legislative post audit. • Methodology could be leveraged from the past and conducting research moving forward.	• It will ensure continuous updates of our programs.
Action Lead: KDADS	**Key Collaborators:** K4AD, Legislature, The University of Kansas, AAAs, Consumers, Clients, Older Adults, Family Members, Alzheimer's Association

Key Performance Indicators:
- Secure Contract
- Service Utilization
- Service Gaps
- Evidentiary Support and Rationale for Potential Increased Funding

---

[Strategic Importance], Tier II
8.5 SCA Data Systems. 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.
Rationale: The new system would benefit KDADS, and the database will also benefit consumers. As new waivers, programs, and populations have been added, there has not been a lot of data exported from the system. It would significantly impact everybody who is being served, and where service gaps are in rural and frontier areas of the state. From the provider side (AAAs) We put a lot of data into the system, but it can't be exported. It's an old system that has been patched and propped up. There is an overload of data from old agencies being mixed with the waiver programs. It is difficult to export data. Improving upon the system will require a real-time data system with multi-directional data sharing among all users of KMIS. **Working Group Discussion:** Working group members discussed how to pinpoint where the problem is in the system and not wait to bring in the new systems. Providers who serve on the working group noted that a lot of data is inputted into the system, but it can't be exported. Data systems have a lot of issues, and this is well-known. There is an overload of data from old agencies being mixed with the waiver programs.

Ease of Implementation *(Score 1-10):* 5	**Potential for High Impact** *(Score 1-10):* 10
• Federal grants may assist to fund this effort.	• Will have real-time data and breakdown of services used, client-specific, program-specific data on what services are being sued and provided. • Data will be usable and applicable. It is collected but needs to be exported to those inputting data. • Will include all users of KMIS; the list will include Interhab, CMHCs, and will require cross-collaboration
Action Lead: KDADS	**Key Collaborators:** KMIS Users; Area Agencies on Aging (AAAs), LeadingAge Kansas, Kansas Adult Care Home Executives (KACE), Kansas Healthcare Association (KHCA), LTC Ombudsmen, KanCare Ombudsmen.
Key Performance Indicators: • Will include funding when it is allocated and system design, piloting, and implementation.	

Rebalancing Home and Community-Based Services

(Appendix Recommendation) 6.2 One-Medicaid Waiver for Older Adults. Allow all waiver services to be provided to all Kansans age 65 and older receiving   HCBS Medicaid services, regardless of which waiver they are on.
Working Group Discussion:
- Group reached consensus the one-waiver approach is not supported by some agencies and providers, and it would be difficult to accomplish. Those aging through their existing waiver will stay on their current waiver believe those aging into bracket will stay on their waiver. There are not value-added services to incentivize those to be part of the FE waiver.
- The working group decided to table recommendation for future consideration.

(New Cross-Cutting Recommendation)

1.2 Caregiver Services. 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 with at least unpaid leave and paid leave.		
Rationale: Senior care service delivery is an ever-changing landscape where family members serving as caregivers is becoming increasingly common. The financial and emotional toll that full-time caregiving inflicts on both paid and unpaid caregivers may require caregivers to place older adults into higher acuity care. **Working Group Discussion:** Recommendation was added as a cross-cutting recommendation due to it crossing over multiple topic areas—particularly between Medicaid HCBS waiver services, and general home and community-based services.		
Ease of Implementation (Score 1-10): 4		**Potential for High Impact** (Score 1-10): 8
• Will be costly to establish, market, and maintain services. • Will require multidisciplinary staff to provide full breadth of services.		• Assisting family caregivers with burnout and providing resources will allow older adults to remain in their homes and communities longer and delaying higher acuity care.
Action Lead: KDADS		**Key Collaborators:** Alzheimer's Association, AAAs
Key Performance Indicators: • Service utilization • Number of older adults in home and community-based services • Number of older adults who utilize a family caregiver		

Adult Daycare Services Characterization Rubrics, Scores, and Tier (From Survey)

Working group members revisited adult daycare service recommendations that were previously surveyed to reach consensus on language, score, and tiers.

[Immediate Action], Tier II **7.0 Adult Daycare Reimbursement Rates.** The state of Kansas shall increase funding and reimbursement rates to adult daycare services and IDD day services providers to increase staffing and provide more opportunities to serve people aged 60 and older in their homes during the day in lieu of going to a facility. a. 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.		
Working Group Discussion: Working group members indicated licensing agency could have resource of what existing adult day service providers could become a resource. Implementing a PACE-type programs in smaller rural and frontier areas, though there is a need for these services, will be a challenge and was removed from language. While it may pose a challenge to integrate serving older I/DD population and the general older adult population due to the different needs of the population and the resistance older adults being in a mixed setting; innovative solutions to leverage existing resources may be needed to meet the growing aging population.		
Ease of Implementation (Score 1-10): 3		**Potential for High Impact** (Score 1-10): 6
• I/DD senior day programs and PACE programs are already established but bringing the two types of programs		• For those who are considered private pay, it would be helpful to avoid LTC placement out of home.

together and finding the funding to increase reimbursement rates are the challenges here.	• Will only impact a percentage of older adults who are seeking adult daycare or I/DD day services.
• Providers will have to be trained on serving older population and their specific needs. • Service will have to be marketed to the public. • Getting funding out of the legislative bodies and increasing staff may be unrealistic in the current climate of worker shortage.	• Will allow Kansans living in rural and frontier areas to remain in their preferred setting. • Not all I/DD providers with day services have the capacity to implement a senior day program, thus limiting the impact of this recommendation.
Action Lead: KDADS	**Key Collaborators:** IDD providers who support older adults, PACE providers, KDHE, Legislature, Adult Day service providers, AAAs

Key Performance Indicators:
- Number of people served
- Number of new providers for this service
- Increase in budget
- Utilization of outpatient and day services in communities
- # of pace providers increase.
- Reimbursement rates are increased

[Strategic Importance]; Tier II
7.1 Adult Daycare Locations. 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.

Rationale: The State of Kansas will collaborate across appropriate state agencies to improve cross-communications with one another and the public and private sectors as well to better provide funding and oversight and provide state grants or other incentives for senior centers, and assisted living providers to retrofit or establish space appropriate for adult day centers.

Willingness or desire to collaborate between state agencies is a barrier that will have to be overcome to enhance services and provide the best outcomes for seniors. If agencies would work together, cooperate, and compromise for the good of projects, proposals, and the people; an understanding of the possible gains, benefits, and solutions to problems will be seen.

Working Group Discussion: Working group indicated this would be difficult to implement since KDADS does not have a funding or statutory relationship with senior centers. Senior centers are often at the county level. Members noted there is no statewide association for senior centers, it is hard to find a list of senior centers for providers and consumers. Centers vary in size and staffing; it would be to implement this recommendation since it is establishing a whole new relationship.

Member explained younger folks who qualify for senior centers are transitioning into the services and number of those served are rising but is not reflected in current or older data.

Ease of Implementation (Score 1-10): 3	Potential for High Impact (Score 1-10): 8
• The continuity is dependent on the follow-thru by the State and Governor. • Involves finding money via grants, determining who would apply for grants	• It would impact only those who are using senior centers, housing providers, and assisted living. • In rural areas the low numbers of individuals who would be served would be a barrier for

and who will carry them out. • Many senior centers are managed by volunteers, and they do not have the current capacity from staff or their spaces. • Major undertaking to develop the expertise and knowledge for current senior center and housing staff to implement adult day programs. • Difficult to maintain with current staffing shortages	providers who would struggle to cover costs of service provision. • Will allow for seniors to remain in their home. If implemented, this recommendation could impact seniors in communities of all sizes throughout the state of Kansas
Action Lead: KDADS, There will be challenges and KDADS does not have any regulatory or funding relationship with senior centers or housing providers.	**Key Collaborators:** KDHE, The State Governor and Legislature, service providers, HUD, OCCK or similar agencies, charitable organizations that help with housing adaptabilities in communities, councils on aging that assist operating senior centers, KHRC (for having housing providers, could add to that rec)

Key Performance Indicators:
- Number of new day programs established
- Number of older adults served
- Reduction in nursing home utilization
- Increased enrollments at day centers, independent resource centers, satisfaction survey utilization at sites
- Increased attendance and use of adult daycare spaces. Increased number of adult daycare spaces

---

[Strategic Importance]; Tier III

*7.2 **Community Partners Pilot.*** Current Senior Centers will collaborate with community partners, who also provide day services (e.g., childcare) and involve non-traditional stakeholders such as business leaders to develop pilot programs for service recipients that address health, oral health, technology use, and other topics.

    a. A planned timeline from development shall be five years from onset of fact-finding studies to full implementation of the improvements offered. Official reports will be made to the state every two years to measure progress.

Working Group Discussion: Local attention by investors and business heads in communities publicized to residents would be considered a win-win for all. Giving a hand up, not a hand-out will yield favorable responses and involvement; evening out the playing-field if it is a private and public collaboration.

Working group indicated the board members of Senior Centers will have to go directly to the local funding sources for conversations and explain the needs as well as the benefits of improving the quality of life for seniors in their communities and their families who are also customers.

Ease of Implementation (Score 1-10): 5 | **Potential for High Impact (Score 1-10): 6**

• Will require a pilot program to establish and recruit members of public and private sectors. • Entities need to get together and create something new. Creating takes time and a lot of effort.	• Will benefit overall well-being, increase knowledge and awareness about health issues and available technology. • Will impact people using senior centers in frontier communities, rural communities, urban communities, low-income individuals and older adult's families and caregivers. • Will assist with low workforce numbers.
Action Lead: Senior Centers, Local communities	**Key Collaborators:** Community Health Care Centers, Local Chambers, KDHE, KDADS, Bankers, financial institutions, housing agencies, local health departments, technical schools' colleges, AAA, Community businesses such as healthcare / technology, non-traditional stakeholders, and day providers

Key Performance Indicators:
- Official reports will be made to the state every two years to measure progress.
- Decrease in LTC admissions for seniors
- more opportunities for interaction with others
- Caregiver supports
- Programs are created

[Strategic Importance]; Tier I
7.3 PACE Program. Expand reach of the PACE program, and other providers, to transport services and workers to those being served in-home, utilizing general transportation systems already in the area to get those skilled people and their equipment out to the homes, when necessary, to minimize costs and expand accessibility.

Working Group Discussion: If those implementing the program would be open to tweaking with the original model to fit the other hub areas by learning what those needs are beforehand, they could save both time and dollars and have a more successful result. Make it fit, by learning what the needs are for each area, don't throw the whole idea out.

Working group has repeatedly discussed that PACE models are difficult to implement in rural and frontier areas due to low population density, workforce shortages, and costs of the service. Innovation will be needed to locate those services that are already nearby (e.g., general transportation services, charities) that could participate in helping implement and maintain a reliable service context will be needed.

Ease of Implementation (Score 1-10): 5	**Potential for High Impact** (Score 1-10): 6
• Requires communication and in-person visits to see what the situations in communities are to understand the obstacles and possible solutions. • PACE is a federal program with guidelines and structure. We need to see what would be involved if we expanded the service area. May not be feasible for in-home services. • PACE programs are already established and successful, but their service areas are limited, it would need to be expanded. Expansion of the proven	• Will impact caregivers, health care workers, low-income individuals, and Individuals with I/DD or PD • Expansion of the proven PACE program allows more seniors to have access to day services. • Expansion of the PACE program would be very beneficial to older Kansans living outside of urban areas. • This would be a new option for older adults in the rural and frontier areas of Kansas • To have safe, dependable support services for seniors within acceptable reasonable

	distances, at reasonable, affordable costs lessens the financial and emotional strains on all involved.
PACE program allows more seniors to have access to day services. • Some communities don't realize the services that are available or how simple the motions to get them are and some education will be needed to get all the principles on board, to not only serve small groups of older adults.	• If PACE could get to rural areas of the state, the impact could be quite significant. More providers in general would be a great thing.
Action Lead: KDADS, Current PACE programs	**Key Collaborators:** HHS; Alzheimer's Association; charitable health care organizations; KDHE; home health agencies; county health departments; hospital outpatient professionals; technical colleges; community colleges • This will require many partners and investment to increase the reach of the PACE model across the state

Key Performance Indicators:
- Number of new programs
- Number of Counties served by PACE programs
- Number of people served
- Decrease in ER visits with declining seniors
- Decrease in ANE reports due to improved care
- Number of service providers, number of people served
- Improved health and happiness for senior, for families, for staff
- Transportation data – (e.g., how many rides x specific time)

[Immediate Action] Tier II
7.5 Adult Daycare Volunteers. AAAs and senior centers and multi-level assisted living environments will partner with Kansas Alzheimer's Association and AARP to access resources, training, and technical assistance for adult day service training and volunteer engagement.

> a. 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.

Rationale: Interaction between generations can be so beneficial for everyone, though the initial trepidation from each could be an initial hurdle to get over. Celebrating the early successes and building on those could be key in encouraging staying with the program of volunteering in a positive and effective way and with a bit of a benefit for future career plan credits. Senior centers would have to be contacted at the local level in the 105 counties as there is no single contact for the centers, and will require partnering with existing, credible community groups.

Working Group Discussion: AAA's already have training and knowledge in these topic areas. AmeriCorps RSVP programs could be a potential for new service focuses on their individual grant programs if it fits in their established focus areas of their current grant. The initial expansion can certainly get started and should not be delayed. The framework is available, it's been the application of it evenly across the state that has been so poor and so very much needed.

Ease of Implementation (Score 1-10): 5	**Potential for High Impact** (Score 1-10): 6

• Because of the lack of a centralized statewide lead this would be time consuming and difficult to achieve and will require collaboration. • Cost will not be a barrier to implementation. • This would need to be done at the local level which would make it more difficult to do. • Getting younger volunteers is not simple. Could be additional incentive such as providing school credits for so many hours volunteered and to learn for themselves the satisfaction and even joy in working with others.	• Better trained staff and volunteers means better outcomes for people using those services. • Engages older adults and younger generations through volunteering.
Action Lead: AAAs	**Key Collaborators:** Service providers and groups at the local level, including RSVP program managers, Alzheimer's Association and AARP, 4H, AmeriCorps, boy scouts, current Health care workers, local volunteer organizations

Key Performance Indicators:
- number of new volunteers and number of training sessions
- increased education on Alzheimer's
- Satisfaction in daily living, improved mental health responses, decrease in stressors for families
- New resources, programs, and training opportunities

Administrative Updates

Working group members were asked to complete a recommendation characterization survey and provide additional insight on recommendations before the **next meeting on June 17.** This meeting will be used to finalize list of recommendations and tiering.