

Senior Care Task Force
Working Group A – Quality of Care and Protective Services
Recommendation Characterization and Scoring

May 24, 2022
9:00-10:30am

Meeting Notes

Meeting Materials:

Recommendation List
Characterization Rubric

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:

Rep. Charlotte Esau; Bill Persinger, Valeo Behavioral Health; Rachel Pirner, Triplett Woolf Garretson, LLC; Chrisy Khatib, DCF; Jan Kimbrell, Silver Haired Legislature; Ernie Kutzley, AARP; Lea Chaffee, Kansas Adult Care Executives; Camille Russel, Long Term Care Ombudsman; Tracy Davies, Washburn University; Carter Olson, Long Term Care Administrator

KHI Staff

Hina Shah, Emma Uridge

Other Staff

Leighann Thone, KLRD; Robin Crumpton, KLOIS

Welcome and Introductions

“What is one word you want to keep top of mind when thinking about your recommendations today?”

- Bill Persinger: Moving forward
- Rep. Charlotte Esau: Hopeful
- Tracy Davies: Hopeful
- Rachel Pirner: Prevention
- Lea Chaffee: Encouraged
- Ernie Kutzley: Grateful
- Chrisy Khatib: Opportunity
- Jan Kimbrell: Action
- Camille Russel: Collaborative
- Carter Olson: Halfway there

Recommendation Discussion

Working group members reviewed, characterized, and scored recommendations under WGA's assigned areas of focus. The group discussed and modified the recommendations listed below.

Characterization Rubric

The working group used the characterization rubric to further refine recommendations. This rubric will be utilized for future meetings to score and tier recommendations on feasibility and prioritization.

Recommendation:	
Rationale:	
Ease of Implementation (Score 1-10):	Potential for High Impact (Score 1-10):
Consider: <input type="checkbox"/> Change, (Easiest) <input type="checkbox"/> Pilot, <input type="checkbox"/> Overhaul, <input type="checkbox"/> New, (Most difficult) Will cost be a barrier to implementation? Does the recommendation include strategies for continuity? <i>(How does it consider sustainability?)</i> Which of the following mechanisms may affect the achievability of the recommendation? <input type="checkbox"/> Legislative session <input type="checkbox"/> Federal approval process <input type="checkbox"/> Regulatory process <input type="checkbox"/> Contracts <input type="checkbox"/> Agency budget development <input type="checkbox"/> Grant cycles <input type="checkbox"/> Systems (e.g., IT) <input type="checkbox"/> Technology/Infrastructure	Consider: Will it benefit seniors living in Kansas? <input type="checkbox"/> Yes <input type="checkbox"/> No Will it significantly impact subpopulations? <input type="checkbox"/> Individuals with Alzheimer's <input type="checkbox"/> Geography (urban, rural, frontier) <input type="checkbox"/> Low-income individuals <input type="checkbox"/> Uninsured or Underinsured individuals <input type="checkbox"/> Individuals with [Acute] Behavioral Healthcare Needs <input type="checkbox"/> Individuals with I/DD or PD <input type="checkbox"/> Limited English Proficient (LEP) persons <input type="checkbox"/> Others? <i>(List here)</i> Does it serve those who have been disproportionately impacted by the issue? <i>(Does it address inequities?)</i> Could the recommendation produce savings in other areas?
Action Lead: <i>[Who takes point on this recommendation?]</i>	Key Collaborators: <i>[Who should be included as decisions are made about how to implement this recommendation?]</i>
Key Performance Indicators: <i>[How can the state assess progress when this recommendation is implemented?]</i>	

E. Safeguards to Prevent from Abuse, Neglect, and Exploitation

Funding for Background Checks. The State of Kansas shall increase funding to the Kansas Bureau of Investigation (KBI) to perform background checks that go beyond criminal convictions and adjudications (e.g., civil hearings, licensure board hearings) for employers in a timely manner, while prohibiting direct resident care until background check results are available.

Working Group Discussion:

Working group indicated that KDADS may be a key collaborator due to the issues presented by group members regarding complaint and case processing, as well as follow-up with KDADS legal division. KDADS may advocate for increased collaboration with APS and DCF or ensure ongoing collaboration for current efforts. Interoperability has historically been an issue between agencies and may require increased costs and designated personnel to facilitate collaboration, so recommendation would be a change but not an easy fix. Working group member noted for the agencies involved, there is a level of risk management and due diligence for agencies to cover these bases and track this work.

Rationale:

Recommendation is regarding improved technology and increased access for all agencies and the public to set baseline for quality and timely background checks to protect older adults from ANE as well as getting staff onboarded quickly to not delay direct patient care.

Ease of Implementation (Score 1-10): 5

Potential for High Impact (Score 1-10): 8

Considerations:

- Will require a program or process change
- Nursing background checks currently cost \$48, if background checks become more comprehensive cost may rise.
- The mechanisms that may affect the achievability of the recommendation may include a Legislative session, regulatory process, Contracts, Agency budget development and budget hearing, systems (e.g., IT), and Technology/Infrastructure—which could be issue if agencies do not communicate. Effort must be expended to increase collaboration and allocate staff and funds for this effort.

Considerations:

- Recommendation will significantly impact subpopulations in urban, rural, and frontier areas as well as low-income workforce populations who cannot afford to pay the cost of a background check.
- Will allow for timely onboarding, and not delaying direct-care staff from working.
- The group reached consensus that until the check is complete, workers with pending background checks can work in other areas besides direct care.

Action Lead: KBI (currently only does criminal history)

Key Collaborators: State Legislature, KSBN, KDADS (regulate CNAs and CMAs), DCF, APS

Key Performance Indicators:

- Fewer adverse events (risk management)
- No. of users enrolled into system (100%)
- Diversity of users (e.g., nursing home, citizens, caregivers)

ANE Training. The State of Kansas should develop abuse, neglect, and exploitation (ANE) training, both virtual and in person formats, for person-centered practices:

- a. Provide abuse, neglect, and exploitation (ANE) education for the public, law enforcement, and mandatory reporters. Education will also cover person-centered practices to prevent and identify abuse, neglect and exploitation and ensure human rights.
- b. Support provider training and framework for person-centered planning, especially for those with dementia, in which an individual's own wishes, strengths and relationships are respected
- c. Ensure technology; and community support accessibility for the client are considered before applying for paid eligibility-based services.
- d. Communicate the dementia certificate programs and resources to long-term care providers and prescribers.
- e. Require facilities to administer three (3) hours of continuing education on ANE for nursing facility staff and the state increase total hours of required training from 12 to 15 hours; utilizing technology and other innovative approaches to administer CE training when applicable.

Working Group Discussion:

Working group members discussed current CE requirements are difficult for facilities to meet. The group indicated the most important task administrators are charged with is making sure older adults are safe. Group explained It is difficult to find the time for additional or required training when staff need to be providing care for older adults. Additional funding for floor staff so training can take place may be needed.

(b) and (c) will be removed from action steps to create a new recommendation dedicated to person-centered planning.

Working group members agreed that CE may not always be floor training, and it can take place online; curriculum can be created in ways to mitigate burden on staff and not limit necessary care to older adults.

Rationale:

It is critical direct-care staff receive training to do their jobs appropriately and effectively. The current 12-hour training requirement is a federal requirement, but regulation can extend past the federal hourly requirement. Kansas government can strengthen this effort for facilities and provide educators to administer training. Ensuring all employees receive training is an aspect of recruiting and retaining employees at the state-level.

Ease of Implementation (Score 1-10): 5

Considerations:

- Will require a program change
- Cost may be an issue; it is expensive for staff to work the floor when there is training, or work overtime to receive training. Cost of developing curriculum and measuring post-testing for state agencies may be costly.

Potential for High Impact (Score 1-10): 9

Considerations:

- Individuals with Alzheimer's and Dementia; rural, urban, and frontier communities; and low-income individuals will be significantly impacted.
- Curriculum and teachings could be administered via interactive delivery with dialogue and discussion to increase retention and to make training person-centered to the trainee's needs.

<ul style="list-style-type: none"> • Recommendation needs to think about personnel at KDADS and DCF to have training teams to train staff. • Mechanisms that may affect the achievability of the recommendation include systems (e.g., IT), community Support (b), technology/Infrastructure, Legislative session, regulatory process (to require education to facilities), and agency budget development 	
<p>Action Lead: KDADS</p>	<p>Key Collaborators: Mandated reporters; Financial Institutions (e.g., banks); Law enforcement agencies; Providers; AG Office; DCF; APS; Long-term care providers and prescribers; LTC Ombudsman; Associations may be able to provide training framework (KHA, KHCA, LeadingAge Kansas); VA Hospitals and Vet Centers (They report to APS); Kansas Insurance Commission and Securities Commission; and Regulatory agencies</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Increase in intakes • Timeliness of reports (need to determine how to measure) <ul style="list-style-type: none"> ◦ Staff in adult care homes are mandated to report within 24 hours. • Voracity 	

<p><u>Statewide Needs Assessment.</u> Conduct a statewide needs assessment of older adults in the state of Kansas using data from multiple systems from Department for Children and Families (DCF), Kansas Department for Aging and Disabilities services (KDADS), Hospitals, and the Ombudsman’s Office to include the prevention of ANE.</p>	
<p>Working Group Discussion: Working group added “to include prevention of ANE” to assure that language includes ANE when looking at financial crimes happening in the community. When assessing needs recommendation needs to look at the exploitation of older adults as well.</p>	
<p>Ease of Implementation (Score 1-10): 3</p>	<p>Potential for High Impact (Score 1-10): 8</p>
<p>Considerations:</p> <ul style="list-style-type: none"> • Needs assessment would be a program change. • Assessment will require funding for a staff and timeframe to do this work. • Mechanisms that may affect the achievability of the recommendation includes a Legislative session, regulatory process, contracts, and agency budget development. 	<p>Considerations:</p> <ul style="list-style-type: none"> • Will identify the scope of the problems seniors face, and this assessment would identify who older adults are, their needs, and potential next steps. • Provides a framework and consensus on how the state should move forward and assist with drafting plans for next steps. • Will identify subpopulations of seniors <ul style="list-style-type: none"> – Individuals with Alzheimer’s

	<ul style="list-style-type: none"> - Urban, Rural, and Frontier Populations - Low-income individuals - Uninsured or Underinsured individuals - Individuals with Acute Behavioral Healthcare Needs - Individuals with I/DD or PD - Limited English Proficient (LEP) persons <ul style="list-style-type: none"> • Will provide data on where services are needed and current service utilization
<p>Action Lead: Kansas Department for Aging and Disabilities services (KDADS)</p>	<p>Key Collaborators: Department for Children and Families (DCF), Hospitals, Long-term Care Ombudsman’s Office, Attorney General MDTs, KDHE/MCOs</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Complete Needs Assessment 	

<p>Financial Crime Campaign. Initiate an older adult’s age 60+ targeted prevention campaign about financial crime.</p>	
<p>Working Group Discussion: Working group members indicated the KBI and district attorneys that have abuse specialist teams would be on the frontlines of the campaign.</p> <p>Working group discussed the potential impact, and who the campaign is targeting. Being a victim of ANE, particularly financial exploitation, increases the likelihood for loneliness that comes from the shame and embarrassment. Older adults are less likely to come forward, and scam prevention may not be the first step to fix the lingering shame, embarrassment, isolation, and loneliness that results from financial exploitation.</p> <p>Rationale: Knowing the signs of financial exploitation is important for caregivers, seniors, and those who interact with senior populations to understand so they recognize signs of ANE for isolated seniors to act upon them.</p>	
<p>Ease of Implementation (Score 1-10): 8</p>	<p>Potential for High Impact (Score 1-10): 8</p>
<p>Considerations:</p> <ul style="list-style-type: none"> • New program is currently being worked on at KDADS and DCF and campaign would be an extension of that. • Mechanisms involved will include a Legislative session, regulatory process, contracts, agency budget development, systems (e.g., IT), and technology/Infrastructure. 	<p>Considerations:</p> <ul style="list-style-type: none"> • ANE increases the likelihood for loneliness that comes from the shame and embarrassment after falling victim to financial crimes. Adults are less likely to come forward. • The impact will come from the knowledge being shared between seniors, families, caregivers, and care professionals. • Scam prevention is not the first step to fix the shame, embarrassment, isolation, and loneliness. Campaign theme or main message may need to address those who

	have experiences ANE, and not scam prevention.
Action Lead: Department for Children and Families (DCF) and Kansas Department for Aging and Disability Services (KDADS)	Key Collaborators: <ul style="list-style-type: none"> • Power of Attorney (POA); Durable Power of Attorney (DPOA); Kansas Bankers Association (KBA); Kansas Securities Commissioner; Kansas Attorney General's Office; Kansas County District Attorney Association (KCDAA); American Bar Association (ABA); AARP; Private practices, brokers, and trustees; Law Enforcement; Senior Centers/AAAs; KHA, have opportunities to provide information when patients are discharged; Faith-based organizations; and Community-based Organizations

<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Trend in intakes • Novel Data (17 media campaigns, 15% of those interviewed reported seeing an ad, etc.) • Number and types of media campaigns and numbers reached • Reduction in stigma (focus groups, key informant interviews)
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<p>Funding CMHCS. The Kansas Legislature, in collaboration with KDADS and DCF, shall increase funding for Community Mental Health Centers (CMHCs) for expansion across the state in urban, rural, and frontier areas for in home (non-facility) services.</p> <ol style="list-style-type: none"> CMHCs should ensure an adequate number of reimbursed community mental health workers and therapists skilled in senior behavioral health care are available to meet the needs of the population to offer community psychiatric supportive treatment; CPST and other wraparound services and assist with accessing community support services (CSS) in all settings, such as adult care homes (KSA 39-923) and community settings. CMHCs should integrate with Long-term care (LTC) partners to increase access to services in urban, rural, and frontier areas. CMHCs should establish a senior care navigator position at each CMHC across the state who will assist or refer to mental health services, education and resources for family and caregivers to provide services, such as for veteran services. CMHCs should provide direct consultation services for Kansans aged 65 and older, using telemedicine when applicable and available. Enhance capacity of CMHCs to deliver services for seniors in all settings. Promote and utilize Medicare/Medicaid billing codes.
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<p>Working Group Discussion:</p> <p>Working group combined standalone recommendations (e) and (f) as action steps. Working group member noted the problem may be with a third-party payor and the capacity to bill those codes; as well as providing services in rural and frontier areas. It is difficult to cover the cost of dispatching a professional to 6 or 8 community locations every week. By the time the professional travels across towns and counties, it barely covers the cost of one hour of services. Grant support is important and may be needed to enhanced recommendation.</p>

Members noted that Medicare may be involved, but recommendation is mostly referring to Medicaid beneficiaries and Medicaid reimbursed services. Within the CMHC system, older adults who utilize services may be on an FE or BI waiver but there are few that visit CMHCS. A lot of patients are on Medicaid, Medicare, and are uninsured and recommendation should not focus on only one beneficiary group.

Working group outlined the different in-home services that can be provided, like counseling crisis intervention, and indicated a need for more care coordination. Member indicated that care coordination is not a billable code for case management, and it is called psychiatric supportive treatment, but it is also referred to as case management. Working group indicated that hiring is very difficult, especially for licensed mental health and clinical care professionals. When referring to case management, most professionals are not licensed.

Rationale: Working group discussed KSA statute definition of an adult care home, which may refer to a state licensed home.

Ease of Implementation (Score 1-10): 2	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> • New position and enhanced capacities. • Adult Protective Services (APS) is working to strengthen and update training state-wide with an existing KDADS collaboration. • Need to establish legislative funding for full time employee (FTE) for navigator position which will need to be able to gather baseline data and retrieve ongoing data. Senior Care Navigator would be responsible for follow-up, and ensuring services are being provided and utilized. Navigators will need adequate training on the communities they will serve to administer training effectively to ensure continuity. • Grant funds may need to be utilized for travel and mileage cost to deliver services in rural and frontier areas within a territory. • The utilization of a tele-network consultation for folks in rural and frontier Kansas is the only way to talk to mental health professionals and it may not be convenient. • There are ways to reimburse current providers through Medicaid and private insurance; billing codes do exist. • The regulatory process will have to be updated to regulate in-home services. • Group must identify mechanism to reach out to caregivers for mental health services and education on these services and ANE. • CMHC may be able to implement campaign to reach unpaid caregivers and address these caregivers to market services. 	<ul style="list-style-type: none"> • Senior Veterans, informal caregivers, professional caregivers, seniors who choose to receive care in their own home, and seniors living in areas historically underserved or lacking a CMHC will be impacted the most. • Long-term cost savings by keeping seniors in their homes and out of higher acuity care settings. • Kansas may have over 340,000 unpaid caregivers at one time for seniors and loved ones that could be affected.

Action Lead: KDADS and DCF Collaboration	Key Collaborators: Kansas Legislature; CMHCs; LTC Associations; Kansas Legislature; Newly established multidisciplinary teams (MDTs) at the Office of the Attorney General; Kansas Universities; Association of Community Mental Health Centers of Kansas.
Key Performance Indicators: <ul style="list-style-type: none"> • No. of CMHCs with navigators/staffing • No. of people served/utilization of services • Readmission to ERs • Recurrent maltreatment • Funding being allocated for senior navigators • Geographic distribution of the number of seniors served • Reduction in hospitalizations • Reduction in ANE • Reduction in self neglect 	

NEW Recommendation: Ensure trauma-informed, person-centered care policy for senior who have experienced ANE are being followed. Allows seniors to remain in the same environment and bring services to them instead of moving from one facility or room to another.

- **Working Group Discussion:** Working group member indicated this recommendation is a regulatory requirement. If an older adult has experienced trauma, there will be trauma informed, person-centered care. Recommendation will be moved under **3.4 Corrective Plans of Action** as an action step.

S. Adult Care Home Surveys and Fines

Civil Monetary Penalties. Ensure facilities are aware of option to designate a percentage of Civil Monetary Penalties (CMPs) to be used for approved facility improvements to increase quality of life (QOL) for older adults.	
Working Group Discussion Working group member indicated that CMP funds are already designated for facility improvements and the need is for more transparency on what funds can be used for and where they are currently being used.	
<i>KDADS CMP Fund Frequently Asked Questions:</i> https://kdads.ks.gov/docs/librariesprovider17/funding-opportunities/sccc/cmp-fund-faqs.pdf?sfvrsn=a3602ee_2	
<ul style="list-style-type: none"> • Recommendation language was changed, and group will need to score and tier at next meeting on June 13. 	<ul style="list-style-type: none"> • Facility improvements specifically to enhance Quality of Life (QOL) • Recommendation is to incite change, requiring CMP funds to be spent on item(s) to give a quality-of-care boost, as opposed to draining financial resources from smaller-scale homes from penalties.
Action Lead: KDADS, CMS (For federally licensed homes)	Key Collaborators: Facility Administrators and Operators

Mandated Reporters. S2 Amend K.S.A. 39-1431 to add certified nurse aides (CNAs), certified medication aides (CMAs) and home health aides as mandated reporters.

Working Group Discussion:

Working group members did not reach complete consensus if this recommendation would be necessary to implement. Kansas facilities must have policies that state how reporting will occur in the facilities, so certified direct-care staff must report internally first and be mandated reporters in statute. Working group members in favor of keeping recommendation provided anecdotal instances of certified direct-care staff being fearful of retaliation from peers and job loss when reporting suspected ANE.

Rationale

It is an existing federal mandate that all nursing home staff are required to report abuse. However, there are no legal protections that are afforded to mandated reporters for CNAs to safely report abuse, neglect, and exploitation (ANE). Recommendation would align with the federal mandate and be modeled after childcare facility laws requiring all personnel working with children to be mandated reporters and be afforded the protections given to mandated reporters.

Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 5
<ul style="list-style-type: none"> Will require a legislative session. 	<ul style="list-style-type: none"> Recommendation will encourage reporting of ANE. There is no legal protection or requirement for CNAs to safely report abuse, neglect, and exploitation (ANE) that are afforded to mandated reporters.
Action Lead: KDADS	Key Collaborators: Kansas Legislature
Key Performance Indicators: <ul style="list-style-type: none"> Evaluation 	

Administrative Updates

Working group members may provide additional input if needed on recommendations discussed during this meeting or submit proposed changes to the preliminary recommendation list before the **next meeting, on June 13.**