

## Working Group B, Access to Services Recommendation List

<b>Areas of Study</b>
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

## Cross-Cutting Recommendation

---

- 4.1 **Education Training Credits.** 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) hours of training within first 90 days of employment: two (2) hours continuing education (CE) annually after that. Two (2) hours of continuing education (CE) for physicians, nurses, 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. Three (3) hours of continuing education (CE) for social workers, and licensed mental health professionals through respective boards.
  - c. Require three (3) hours of continuing education annually for health care professionals and providers about **HCBS and other community-based options**, including wellness monitoring, for older adults so that the first option is not nursing home referral to increase its use as more cost-effective medical care.
  - d. Provide standardized **training for community mental health centers (CMHCs)** and community-based service providers including Senior Centers, Home Health Agencies and AAAs. Collaborate with Older Adult Mental Health and Dementia Experts to provide training for caregivers 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.

## **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**

---

**5.1 Alzheimer's-State Plan and Task Force.** Implement the Alzheimer's Association State Plan and Alzheimer's Disease Task Force recommendations and join in support of other organizations and agencies also concerned with increasing demands for services to conduct data analysis on the service system for capacity, staffing, and funding to meet the increasing demands for services as the population ages. The Alzheimer's Association shall present to the Legislature once each legislative session around changes from last report out, and actionable items for the session.

**5.2 State Aging Advisory Council.** Reinstate the State Aging Advisory Council, which includes representatives of supportive services and provider organizations. 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 Association; and the public.

**5.3 Dementia and Alzheimer's Disease Coordinator.** 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 and oversee the implementation and updating of the State Alzheimer's Disease Plan.
- c. Encourage Alzheimer's Association and the Area Agencies on Aging (AAA's) to identify family caregivers in need of assistance to address burnout to enable them to continue to provide in home care. Provide information on community resources including CMHC's, in home services and respite care options. (MOVE TO HCBS recs)
- d. Coordinate Alzheimer's and dementia work groups and task forces to establish and maintain relationships with all relevant state agencies and community organizations to meet community needs and prevent duplication of services; Evaluate existing Alzheimer's and dementia programs and services; and Identify service gaps within the state government.

## **R. Rebalancing Home and Community Based Services**

---

**6.1 Modify Medicaid Waivers.** The State of Kansas should modify Medicaid waivers to provide more aging services:

- a. Add home delivered meals to the Frail Elderly (FE) Home and Community Based Services (HCBS) waiver for Kansans age 65 and older and the Intellectual/Developmental Disabilities (I/DD) waiver for those age 60 and older.
- b. Ensure services under the Frail Elderly (FE) waiver are structured to meet the needs of Kansans age 65 and older on the Intellectual/Developmental Disabilities (I/DD) waiver for those age 65 and older.
- c. Add case management services to the HCBS Frail Elderly (FE) for Kansans age 65 and older, and the Physical Disability (PD) and Brain Injury (BI) waiver for those age 60 and older.
- d. Include access to technology and training on how to use technology as an MCO member benefit for those receiving HCBS services.

**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.

**6.3 Promote Home and Community-Based Services.** Promote awareness of home and community-based services available now for older Kansans by,

- a. Educating staff of private and public services about programs available to seniors to enable home-based care and services.
- b. Marketing 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.
- c. Kansas Department of Aging and Disability Services (KDADS) will reinstitute the Explore Your Options (EYO) resource guide and work with the AAAs to gather resource information in the 11 Planning and Services Areas that each AAA serves. EYO's will be published online, and printed copies will be provided to the AAA's for distribution for individuals who do not have internet access.

**6.4 Transition Services.** Develop an array of options to provide transition-related aging services.

- a. Kansas should apply for the federally funded, Money Follows the Person (MFP) Program to assist with transitions for individuals wanting to move back to the community.
- b. PACE and other transitioning service models will be utilized for transitioning individuals with dementia and older adults between homes, private homes, community homes, assisted living, and nursing homes 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 caregivers and older adults who wish to remain in their homes and choosing not to enter a nursing home or long-term care environment and for older adults who are needing assistance as they onboard or transition to higher acuity care, such as Home's Plus or Assisted Living.

**6.5 Tiered Levels of Services.** Utilize the Functional Assessment Instrument (FAI) to create tiered level of services for HBCS clients in assisted living and Home Plus.

**6.6 Affordable Housing.** Encourage collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults

## A. Adult Daycare Resources

---

**7.1 Adult Daycare Reimbursement Rates.** Increase funding, and in turn, reimbursement rates to adult daycare services and IDD day services providers to increase staffing and provide more opportunities to serve people 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.

**7.2 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.

**7.3 Community Partners Pilot.** Current senior centers will connect with community partners, who also provide day services (e.g., childcare) and involve non-traditional stakeholders (e.g., community members, business leaders) to develop pilot programs for community members to discuss health, oral health, using technology, etc.

**7.4 PACE Program.** 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.

**7.5 Adult Daycare Transportation.** Expand the 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.

**7.6 Adult Daycare Volunteers.** 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.

- 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.

## **F. Funding and Implementation of the Senior Care Act**

---

**8.1 Incentivize Providers.** 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; AAAs will market those services.

**8.2 Technology Investment.** 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 (AT) collaboration.
- c. Collaborate with initiatives expanding broadband services across the state.

**8.3 One-Time-Only Service Caps.** 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.

**8.4 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 providers and pay for family caregivers.

**8.5 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.

**8.6 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.



## Task Force Recommendations (WGB)

1. Examine and modify HCBS/FE rate-setting methodology (to promote further rebalancing, fairly reimburse providers, and offer more choices to KanCare members).
2. Develop a map that shows where various senior service providers are throughout the state, e.g., nursing homes, state licensed only adult care homes, CMHCs with aging specialists, geropsychology units of hospitals, to help identify underserved areas and target development of services.
3. Have MCOs explore alternate supports to address the workforce shortage, such as an individuals' strengths and abilities, supportive relationships/family caregivers, technology, shared living, and community supports.
4. KDADS should consider raising the rates for in-home providers for the FE, PD, and BI waivers and specifically require the providers to pass the rate increase on to the direct service staff.
5. The State should support family caregiver services that can delay or decrease the likelihood of needing to enter a nursing facility.
6. These can include education and training, counseling, legal consultations, and respite care. Efforts should be made to provide these caregivers at least unpaid leave and paid leave.
7. The State should fund the services needed to meet individuals' LTSS needs and allow them to remain in the community. We should expand HCBS options to include a range of residential choices as well as home modifications and assistive technologies.
8. Look at a framework to support person-centered planning, where an individuals' own wishes, strengths, relationships, then technology, and community support we can all access are considered before we apply paid eligibility-based services.
9. Need to address statewide broadband availability as a public safety issue.
10. Provide dementia training - Four hours of dementia training annually for direct care workers (e.g., nurse aide, medication aide), two hours of training for new employees within 90 days of employment.
11. 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.

12. Research state-licensed facilities providing HCBS care in 2018 vs 2021.

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