

Senior Care Task Force: WGB – Access to Services

Provision Of Care for Seniors in The State of Kansas Who Suffer From Alzheimer's Disease, Dementia, Or Other Age-Related Mental Health Conditions

January 28, 2022

9:00am-10:30am

WebEx

Facilitator: Kari Bruffett - KHI

Note taker: KHI

Attendees: **Working Group Members:** Sarah Schlitter, JCDS; Senator Kristen O'Shea; Jamie Gideon, Alzheimer's Association; Annette Graham, Central Plains Area Agency on Aging; Linda MowBray, KHCA; Jan Kimbrell, Silver Haired Legislators; Dan Goodman, KDADS; Tanya Dorf Brunner, Oral Health Kansas; Shawn Sullivan, Midland Care Connection; Staci Carson, JCDS; Heather Brown, JCDS; Kim Reynolds, SAMSHA; Kendra Baldrige, KDHE
Other Attendees: Sean Marshall, KLRD
KHI Staff: Kari Bruffett, Michele Sumpter, Emma Uridge

Reviewed Documents

- Agenda
- SWOT Matrix (Strengths, Weaknesses, Opportunities, Threats), (Attached)

Agenda:

9:00am – Welcome and Introductions
9:10am – Recommendation Development
-Google Jamboard SWOT matrix
10:15am – Preview Next Topic
-Topic: Rebalancing of home and community-based services (HCBS)
-Identify supplemental experts, data, or information requests
10:25am – Administrative Updates
10:30am – Adjourn

Minutes

Agenda item: Introductions / Opening Remarks / Review Agenda / Working Group Process

Discussion:

- Kari Bruffett provided a review of the agenda
 - Ground Rules Reviewed
 - Come ready to discuss and compromise.
 - Keep remarks succinct and on topic.
 - Don't hesitate to ask clarifying questions.
 - Start and end on time.
- Vision Statement:
 - "Establish and expand a clear path with public policy recommendations for Kansas older adults and caregivers to access services."
- Sen. O'Shea provided overview of legislation that has been introduced:
 - SB 129: Providing for the licensure of dental therapists.
 - http://www.kslegislature.org/li/b2021_22/measures/sb129/
 - SB 174: Updating scope of practice requirements for advanced practice registered nurses without a supervising physician, imposing requirements therefore and updating certain licensure requirements.
 - http://www.kslegislature.org/li/b2021_22/measures/sb174/
 - SB 200: Expanding the pharmacist's scope of practice to include point-of-care testing for and treatment of certain health conditions.
 - http://www.kslegislature.org/li/b2021_22/measures/sb200/
 - SB 92: Creating the Kansas equal access act to authorize the use of medical marijuana.
 - http://www.kslegislature.org/li/b2021_22/measures/sb92/
 - All Senate Public Health & Welfare Bills
 - http://www.kslegislature.org/li/b2021_22/committees/ctte_s_phw_1/

Agenda item: Recommendation Development

Discussion: SWOT (Strengths, Weaknesses, Opportunities, Threats) Matrix Activity

- See SWOT Matrix Table (Attached)

Agenda item: Preview Next Topic

Discussion: Rebalancing of home and community-based services (HCBS)

- Identify supplemental experts, data, or information requests
- Gina Ervay: Direct Care Workforce, Cross cutting issue which will be sent to workforce subgroup
- Annette Graham: Rebalancing funding, presentation early on from KDADS to revisit
- Dan Goodman (KDADS): data on utilization of services in Kansas by geographic location (rural/urban); fastest growing population, 85+
 - Jan Kimbrell: criteria - HCBS Definitions, which can vary by geographic location

Agenda item: Administrative Updates and Adjourn

Discussion: Next Meeting: February 11, 2022

Next Topic: Rebalancing of home and community-based services (HCBS)

- Content Expert Presentations and Discussion

SWOT Matrix for Recommendation Development Meeting #3, January 28, 2022 Topic: Provision of care for seniors in the state of Kansas who suffer from Alzheimer's disease, dementia, or other age-related mental health conditions;	Strengths <ul style="list-style-type: none"> We have the Alzheimer's association to provide education, support, and other resources. National Task Group (NTG) - dementia specific training Senior Care Act serves age 60 and older- unique to Kansas Increased funding allocated to the senior care act program by legislators in the 2021 session Alzheimer's state task force 2020 Alzheimer's state plan 	Weaknesses <ul style="list-style-type: none"> No flexibility in services available <ul style="list-style-type: none"> Or continued flexibility post-pandemic Lack of caregiver knowledge for both Alzheimer's and mental health in older adults Decreased staffing resources Opportunities for them to be in their home Caregiver shortages for self-direct care services Workforce shortages Limited resources for in-home specialized services for individuals with dementia The workforce crisis creates a challenge for finding paid caregivers for those that can pay for it. Provision of care for older adults with dementia is available in facilities in some areas. Limited resources available for community-based care. Limited availability of mental health professionals with expertise in specialized needs of older adults Wage disparity between waivers
<ul style="list-style-type: none"> Working closer with community mental health centers Establishing a permanent dementia coordinator position Requiring dementia training in long-term care (LTC) Alzheimer's association in Kansas is visible and active in providing resource information and advocacy Transition planning from home to more intensive services when needed Home and community-based services (HCBS) program for age 65 and older Establish caregiver tax credits Mental health services not widely available for older adults in rural areas Require dementia training for caregivers in all settings where people with dementia are served Requiring dementia specific training for all caregivers; both initially and annually Lack of adequate training for professionals working with individuals with dementia Establish Alzheimer's Disease Council to renew/revisit state plan 	Opportunity-Strength (OS) Strategies: Use strengths to take advantage of opportunities <u>Recommendations:</u> <ol style="list-style-type: none"> Utilize existing programs such as PACE to model training for transitioning individuals with dementia successfully between home and day services. Identify standardized training for CMHC staff on Mental health and aging and provide training to CMHC staff who work with this population Establish and fund transition service for transitions from nursing facilities to the community Add home delivered meals to the FE HCBS waiver Require at least 4 hours annual dementia focused training for caregivers across all settings Add technology services as an allowable service under the SCA program establish a dementia coordinator position at KDADS Establish a permanent dementia coordinator position Create caregiver tax credits Integrate dementia training into what education is already required vs. requiring more. Identify funding source for these mandates. require dementia training for LTC staff at NF and ALF Provide dementia training program targeted at caregivers to Senior Centers Create caregiver tax credits Identify the connect ability issues to the resources that may become available for home-based care and more isolated LTCs Require 9 hours of Dementia training annually for all LTC employees Require at least 3 hours of Continuing Education for Dementia for professional positions such as Doctors, Social workers, Mental Health professionals Connect mental health centers more closely with Alzheimer's association. Use Senior care act funding to connect rural areas with community mental health centers or professionals 	Opportunity-Weakness (OW) Strategies: Overcome weaknesses by taking advantage of opportunities <u>Recommendations:</u> <ol style="list-style-type: none"> Develop and invest in a workforce plan to increase the availability of in home and facility staffing Increase the HCBS FE and PD provider rates Utilize agency presence already in some communities with expanding /adding more of these geriatric targeted services. Add Case management services to the HCBS FE and PD waiver Create a mechanism in statute to increase the PD and FE rates annually or every other year. Provide transition planning in LTC that includes nurses and direct care staff to make the adjustment safer and less stressful for all Increase community college and technical school funding for coursework directly related to geriatric health support services. Retention bonuses or pay-outs for workforce employees who stay on the job Workforce tax credits to help with workforce shortages. Partnerships with Universities to encourage and support more opportunities for internships and engagement with geriatric and aging specialized service providers to increase interest in working with this population Provide training for family caregivers Work closer with the state's education (K-State, KU, etc.) to increase the student's interest in this field. Develop career pathway initiatives to increase workforce for community based and self-direct care service arena Share staffing resources, specifically those that are difficult to recruit for/retain, where appropriate. Create a mechanism in statute to increase the PD and FE rates annually or every other year. Eliminate barriers to training for entry level staff as Senator O'Shea mentioned. Provide transition planning in LTC that includes nurses and direct care staff to make the adjustment safer and less stressful for all
Threats <ul style="list-style-type: none"> Caregiver burnout The Program of All-Inclusive Care for the Elderly (PACE) is a great resource for this area. However- is more targeted to dual eligible and not more widely available to those only with Medicare coverage. Workforce shortage Lack of healthcare providers specializing in these diagnosis Funding challenges Increased numbers in the future, are we prepared to handle that with service availability? 	Threat-Strength (TS) Strategies: Use strengths to avoid threats <u>Recommendations:</u> <ol style="list-style-type: none"> Provide funding to universities and community colleges to increase the programming and interest of students in professions that work with older adults, individuals with dementia and MH issues Incentivize specialization for students to specialize in geriatric MH Identify best practices, models and reimbursement that would increase availability of day center services. Educate the community about the Statewide ADRC Resource Center as a resource to learn about available resources for individuals needing assistance/information on long term supports and resources Use the Alzheimer's task force and state plan to craft strategies and recommendations to prepare for the growing demand for services. Use the Alzheimer's state plan and task force to develop recommendations to prepare the service system to meet the increasing demands for services as the population ages. Establish a mechanism for the Alzheimer's task force to present to the Legislature regularly. Support caregivers with these trainings annually not just those in clinical settings but home based. Using the burnout term may be seen negatively by some 	Threat-Weakness (TW) Strategies: Minimize weaknesses and avoid threats <u>Recommendations:</u> <ol style="list-style-type: none"> Increase provider rates Provide PACE in more areas of the state. flexibility in staffing requirements for staff serving older adults in the community- review established requirements to ensure that they are aligned with the tasks provided Regulatory flexibility regarding services and delivery of services More flexible services...less stringent regulations. Develop a program to attract providers who provide these services to areas with shortages It looks like there could be opportunities to expand PACE to other areas of the state and maybe eligibility for the program. Funding would need to be appropriated to support it. Non-degree-seeking course offerings at high schools or community colleges to educate and prepare people for caregiving positions. (Courses not tied to career paths such as cma, cna etc.) Adding more case managers for KanCare to enable actual visitation with residents/participants. Infrequent on-site visits allow for many issues to slip thru undetected or unstated Note: Clarify those different subspecialties of case managers; note different payer types Create incentives using CMP funds to provide advanced training for all levels of caregivers Add Case management services to the HCBS FE, PD and BI waiver

	<p>9. Recognition that the increased number in the future is now here. It is very much in the present and will only heighten in the next 15 years. Action is needed now.</p> <p>10. Increase access to respite and adult day services</p> <p>11. Through the Alzheimer's Assoc include/identify family caregivers on the brink of burnout to keep the individual in the home.</p> <p>12. Caregivers don't always realize they are caregivers and don't know who to ask for help...</p> <p>13. Utilize local Alzheimer's association chapters for caregiver burnout and self-care. Alzheimer's association to promote their resources and do outreach to local agencies, LTCs, CMHCs</p> <p>14. Include how to address burnout in State Alzheimer's plan. Caregiver burnout training annually</p>	<p>13. Universities to include dementia and mental health issues with older adults into curricula for social work, nursing, med school, and other healthcare or social careers</p>
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