

Senior Care Task Force
Working Group B – Access to Services
Recommendation Characterization

May 6, 2022
9:00-10:30am

Meeting Notes

Meeting Materials:

Preliminary 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:

Jamie Gideon, Alzheimer's Association; Annette Graham, Central Plains Area Agency on Aging; Heather Brown, JCDS; Kendra Baldrige, KDHE; Lacy Hunter, KDADS; Tanya Dorf Brunner, Oral Health Kansas

KHI Staff

Hina Shah, Emma Uridge

Other Attendees

Connor Stangler, KLRD; Joseph Lemery, KLOIS

Welcome and Introductions

"What is one thing you want to keep top of mind when thinking about your recommendations today?"

- Heather Brown: Just trying to stay focused on things that are actionable and obtainable.
- Jamie Gideon: I just want to make sure that we are addressing the needs of older Kansas across the state.
- Tanya Dorf Brunner: It's getting to an exciting point, because we're getting closer on these goals, and I just feel like the group needs to continue to work together well to see this big picture together.
- Kendra Baldrige: Looking forward to the conversation.
- Lacey Hunter: Here to answer any questions as we work through recommendations this morning.

Recommendation Discussion

Working group members reviewed the list of recommendations for the first 30 minutes of the meeting to clarify language and submit changes before using the characterization rubric. Recommendations discussed are below; not every recommendation required changes to language. After the list was reviewed, the group characterized recommendations under WGB's assigned areas of focus. The group discussed recommendations listed below; **changes and discussion from current and previous meetings are reflected in purple.**

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 4 initial hours each year within first 90 days of employment: minimum of 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 3 initial hours each year.*
 - i. *3 hours of continuing education (CE) for social workers, and licensed mental health professionals through respective boards.*
 - KDADS representative asked to include staffing agencies providing temporary staff to elder care facilities for P3 and P6 recommendation.
 - Staffing agencies could also serve as a key collaborator for this recommendation.
- 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.*

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

- 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.*
 - KDADS representative noted that facilities participating in the Title 18 and Title 19 program, who contribute to the CMP fund, are able to use those funds for

facility improvements. KDADS representative will provide a definitive list of those facilities for the report.

c. Provide standardized training for Community Mental Health Centers (CMHC) and other designated locations e.g., senior centers, AAAs collaborate with those with expertise on geriatric mental health and administer dementia training targeted at caregivers.

- Working group members revised language to include “and other” designated locations.

d. Have Alzheimer’s Association, or AAAs, to focus on identifying 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).

R. Rebalancing Home and Community Based Services

R1 Modify Medicaid waivers to provide more aging services:

a. Add home delivered meals to the Frail Elderly (FE) aged 65 and older Home and Community Based Services (HCBS) waiver and Intellectual Developmental Disability (IDD) waiver aged 60 and older.

- Working group member indicated the FE and HCBS waiver are considered the same thing. KDADS representative recommended to take out FE, since it is one of the waivers under HCBS.
- However, another working group member noted the reason for specifying the FE waiver is because “home delivered meals” is a service only offered to those on the PD waiver and not the FE waiver. Member modified recommendation to include the IDD waiver and added age specification of 60 and older to meet the designated age requirement set by the Senior Care Task Force. Consensus reached.

b. Include access to technology and training on how to use technology as an MCO member benefit for those receiving HCBS services.

c. Add case management services to the HCBS Frail Elderly (FE) for those age 65 and older, and the Physical Disability (PD) and Brain Injury (BI) waiver for those aged 60 and older.

- Working group identified different age criteria for each recommendation.

d. Ensure services under the Frail Elderly (FE) waiver are structured to meet the needs of those 65 and older with IDD.

B1 Allow all waiver services to be provided to anyone 65 and older receiving HCBS Medicaid services, regardless of which waiver they are on.

- Working group member discussed that B1 would be difficult to accomplish based on CMS guidelines. KDADS representative indicated that while CMS provides guidelines, the state has the authority to individualize the Medicaid program to state needs. The state plan can make amendments to the program to accomplish

this recommendation with minor interactions with CMS. State would need to submit to CMS or do a state plan to add more, or different services.

- Group member asked for recommendation to clarify that the group is not talking about all the waivers here (e.g., Technology Assisted (TA), Autism waiver). The group will need to specify the waivers for seniors to be included in this recommendation.
- Working group member asked if there would be a significant cost associated with a one waiver approach, citing there are opponents to this approach.

R2 Promote awareness of home and community-based services for older Kansans.

a. Educate staff of private and public services to programs available to seniors to enable home-based care and services.

b. Educate landlords on section 8 to increase accessible and affordable housing options.

- Working group members did not come to consensus on actionability of this sub-recommendation.

c. Market 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.

d. Revitalize and modernize the “Explore Your Options” book to compile individualized materials for each AAA for aging services.

- Working group member modified to remove “Medicaid & non-Medicaid”, the book is intended for all seniors and all services.

R4 Utilize the Functional Assessment Instrument (FAI) to create a tiered level of services for HBCS clients in assisted living and Home Plus.

- Working group members suggested revision to remove care score card assessment because seniors will only get that assessment when they are seeking placement in a nursing home or a similar level of care. Revision made.
- Member suggested additional language for seniors seeking assisted living or Home Plus, utilizing the Functional Assessment Instrument (FAI). Revision made.

F1 The state of Kansas with Area Agencies on Aging 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.

- Working group member added the state of Kansas as an action lead and/or key collaborator.

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.

R8 *Require providers to pass on rate increase to workers to impact workforce availability.*

R9 *Provide financial incentives to rural hospital outpatient services to be PACE provider in smaller communities.*

A5 *KDADS will lead recruitment of providers to administer respite services; providers will develop respite services; AAAs will market those services.*

- Working group members removed payors from this recommendation.

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.*

- A working group member asked the group to consider removing the funding formula portion since the state already has a formula to determine how to allocate SCA funds for all areas of the state. Members noted that recrafting the funding allocation formula was added to help rural areas to add travel time and mileage cost as a reimbursable service.
- Group will revisit in the characterization rubric.

R7 *Create in statute a mechanism to increase provider rates for the Physical Disability (PD), and Frail Elderly (FE) waivers annually or every other year.*

R8 *Increase rates for personal care services and determine pay based on geographic location.*

Characterization Rubric

The working group began characterizing their list of recommendations using the rubric (see below) to further refine recommendations. All recommendations will be placed into rubric for scoring, Ease of Implementation: 1 being difficult to accomplish, 10 being the easiest to accomplish; Potential for High Impact: 1 being low impact, 10 being high impact; then tiered based on feasibility and prioritization. Any recommendations not completed will be sent via survey.

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)	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
Will cost be a barrier to implementation? Does the recommendation include strategies for continuity? (How does it consider	

<p>sustainability?)</p> <p>Which of the following mechanisms may affect the achievability of the recommendation?</p> <p><input type="checkbox"/> Legislative session</p> <p><input type="checkbox"/> Federal approval process</p> <p><input type="checkbox"/> Regulatory process</p> <p><input type="checkbox"/> Contracts</p> <p><input type="checkbox"/> Agency budget development</p> <p><input type="checkbox"/> Grant cycles</p> <p><input type="checkbox"/> Systems (e.g., IT)</p> <p><input type="checkbox"/> Technology/Infrastructure</p>	<p><input type="checkbox"/> Individuals with [Acute] Behavioral Healthcare Needs</p> <p><input type="checkbox"/> Individuals with I/DD or PD</p> <p><input type="checkbox"/> Limited English Proficient (LEP) persons</p> <p><input type="checkbox"/> Others? (<i>List here</i>)</p> <p>Does it serve those who have been disproportionately impacted by the issue? (<i>Does it address inequities?</i>)</p> <p>Could the recommendation produce savings in other areas?</p>
<p>Action Lead: [Who will take the lead to accomplish this recommendation?]</p>	<p>Key Collaborators: [Who should be included as decisions are made about how to implement this recommendation?]</p>
<p>Intensity of Consensus: [Does it align with vision statement of “Older Kansans will have access and the ability to choose and receive high-quality, person-centered services wherever they reside.” To be addressed during final review.]</p>	
<p>Key Performance Indicators: [How can the state assess progress when this recommendation is implemented?]</p>	

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.

- The working group identified the recommendation will require an overhaul of the outdated data systems currently in place. The original system is 20+ years old and was originally designed just for the aging services side of KDADS.
- 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 inputted or exported from system. It would significantly impact everybody about who is being served, and where service gaps are in rural and frontier areas of the state.
- Mechanisms to achieve this recommendation includes:
 - Legislative session
 - Contracts
 - Agency budget development
 - IT System Development
- The action lead for this recommendation will be KDADS, with various key collaborators across Kansas, including:
 - 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.

- KDADS representative will do research to see if there are federal grants to fund this effort.

F5 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.

- Recommendation will be authorized by KDADS in collaboration with K4ad to report to legislature. State agencies will need to alter budgets to fund evaluator to do this work.
- The Kansas Legislative Division of Post Audit and The University of Kansas can also serve as key collaborators since they have historical experience with this effort on identifying who is being served and outcomes.
- Group reached consensus that a legislative post audit will be costly, which may be a barrier to implementation.
- Group members indicated this 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.

F4 Ensure a stable funding base by using state census for seniors age 75+ to implement and 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 stated that rates for providers are not set by the legislature, they are set by AAAs depending on local community need.
- Sub-recommendations R7 and R8 were moved to F1.
- KDADS and the legislature were identified as the action leads, providing advocacy and support for continuity of services.
- Key collaborators include:
 - State associations
 - AARP
 - KABC
 - AAAs

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.

- Members indicated this recommendation would be an easy policy and regulation change.
- Cost savings from this recommendation will result from seniors receiving items, allowing them to remain in the home longer and not move to higher acuity care settings.
- A key performance indicator for this recommendation will be if the annual review gets completed.

F2 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. Seek Assisted Technology (AT) collaboration.

b. Fund the purchase of devices, internet access, IT client support, and bringing the required technology to the person.

c. Collaborate with initiatives expanding broadband services across the state.

- KDADS' representative will follow up with more information on the feasibility of this recommendation.
- The working group member noted recommendation is great for low-income individuals who cannot afford these services.
- Mechanisms to achieve this recommendation includes:
 - Legislative session
 - Agency budget development
 - Technology and Broadband Infrastructure
- Recommendation will also impact seniors with Alzheimer's in the nursing home, and those in their home experiencing social isolation without contact with the outside community.
- Members indicated there would be cost savings resulting from this recommendation, but those were not specified.
- Action leads for this recommendation will be KDADS and the legislature.
- Key indicators for this recommendation include equipment distribution, and areas of distribution to those in need.

F1 The State in collaboration with the Area Agencies on Aging 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.

R8 Require providers to pass on rate increases to workers to impact workforce availability.

R9 Provide financial incentives to rural hospital outpatient services to be PACE provider in smaller communities.

A5 KDADS will lead recruitment of providers to administer respite services; providers will develop respite services; AAAs will market those services.

- The action lead for this recommendation will be KDADS with collaboration from K4AD, and the state.
- Working group member asked If travel and mileage reimbursement for providers would require some policy changes the state would enact via a regulatory process.
- The group did not reach consensus if this recommendation would require a legislative process in statute or agency policy.
- KDADS representative noted the statute establishes the program in the act and KDADS provides the rest programmatically.

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

A6 AAAs and senior centers will partner with the Kansas Alzheimer's Association and AARP to access resources, training, and technical assistance for adult day service training and volunteer engagement.

- The group indicated recommendation would be an easy change, with regular training ensuring continuity of services.
- Group members noted that the Alzheimer's Association is currently providing resources for adult day service, but unsure if working with AAAs on that effort. AAA representative cited several training opportunities but was not sure if it is specific to adult day service training.
- The action lead for this recommendation will be the Alzheimer's Association.
- Key collaborators will include:
 - AARP
 - AAAs
 - Senior centers.

Administrative Updates

Working group members were asked to complete a recommendation characterization survey and provide additional insight on recommendations before the **next meeting on May 20.** This meeting will be used to score recommendations on ease of implementation and potential for high impact.

For those who cannot attend the May 20 meeting, a survey will be sent via email to score, and tier recommendations.