

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

May 20, 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:

Sen. O'Shea; Sarah Schlitter, JCDS; 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; Linda Mowbray, KHCA

KHI Staff

Hina Shah, Emma Uridge

Other Attendees

Sean Marshall, KLRD; Joseph Lemery, KLOIS

Welcome and Introductions

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

Sarah Schlitter: Ready for us to move forward and advocate for our recommendations.

Jan Kimbrell: Ready

Annette Graham: Hopeful

Heather Brown: Excited

Tonya Dorf Brunner: Hopeful

Linda Mowbray: Progress

Kendra Baldrige: Optimistic

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. Any recommendations not completed during meeting will be sent via survey.

Summary of discussed WGB recommendations by Tier

Tier I	Tier II	Tier III
P1. Implement the Alzheimer's Association State Plan and Alzheimer's Disease Task Force recommendation.	P6. Require education training credits for aging services as follows:	R4. Utilize the Functional Assessment Instrument (FAI) to create tiered levels of services for home and community-based services (HBCS) clients in assisted living and Home Plus.
P2 Reinstatement of the State Aging Advisory Council, which includes representatives of supportive services and provider organizations.	R2. Promote awareness of home and community-based services available now for older Kansans by.	
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.	R3. Develop an array of options to provide transition-related aging services.	
R1. Modify Medicaid waivers to provide more aging services.	R5. Encourage collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults.	

WGB Cross-cutting Recommendations:

Immediate Action, Tier II
<p>P6 Require education training credits for aging services as follows:</p> <ol style="list-style-type: none"> 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. Require 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. Require 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 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 (CMHC) 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.

Working Group Discussion:

Knowing this recommendation is targeting education specific to regulatory bodies, direct-care, and clinical professions; geriatric will be used to refer to seniors for the recommendation language. Other recommendations referring to caregivers and non-clinical care will use older Kansans or older adults to refer to the population.

There are varying hours for continuing education units (CEUs), which were a proposed language change in the survey sent prior to the meeting. Since CEUs vary across the healthcare professions, recommendation will refer to education as continuing education (CEs).

Ease of Implementation (Score 1-10): 6	Potential for High Impact (Score 1-10): 8
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- Would be a program or Policy Change.
- Cost may be a barrier to implementation.
- Does include strategies for continuity.
- Mechanisms that may affect the achievability of the recommendation may include a Legislative session, regulatory process, contracts, and agency budget development.

- Will benefit all seniors living in Kansas.
- May provide cost savings in other areas.

Action Lead: Kansas Department of Aging and Disability Services (KDADS)

Key Collaborators: Legislature, regulatory agencies (e.g., KSBN), Kansas Department of Health and Environment (KDHE), Kansas Hospital Association, Kansas Healthcare Association, Kansas Alzheimer’s Associations, AAAs

Key Performance Indicators:

- Number of healthcare professionals that receive training
- Number of those who can access HCBS waiver services (c)
- Nursing home utilization
- Number of Diversions – KDADS keeps track. These are individuals who did not go to the nursing home even though their care assessment score indicated they qualify for high acuity care, or they went to nursing facility for a short amount of time.
- Reduction in abuse, neglect, and exploitation (ANE) cases and related injuries

P. Provision of Care for Seniors with Dementia, Alzheimer’s, and other age-related mental health conditions

<p>Immediate Action, Tier 1</p> <p>P1 Implement the Alzheimer's Association State Plan and Alzheimer's Disease Task Force recommendation 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.</p> <p>a. 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.</p>	
<p>Working Group Discussion: Alzheimer’s Disease Task Force is no longer active, but their role was to develop recommendations. The Kansas Alzheimer’s State Plan and Task Force recommendations will be used as guidelines to implement an action plan, rather than develop more recommendations stemming from those reports. If existing recommendations are chosen to be implemented, ease of implementation score will become higher.</p> <p><i>Link to 2020 Kansas Alzheimer’s Disease Plan:</i> https://kdads.ks.gov/docs/librariesprovider17/commissions/alzheimer-s-disease-plan-working-group/alzheimer-s-disease-plan-final-report/2020-ks-alzheimer-s-disease-plan.pdf?sfvrsn=5d3f02ee_2&sfvrsn=5d3f02ee_2</p>	
<p>Ease of Implementation (Score 1-10): 4</p> <ul style="list-style-type: none"> • Would be a simple change. • Cost may be a barrier to implementation due to recruiting and hiring full-time employee (FTE) positions; required trainings. Working group discussed the associated costs with some of the recommendations in the state plan and task force report. • Hosting ongoing meetings will ensure continuity of the recommendation. • Mechanisms that may affect the achievability of the recommendation may include a Legislative session, regulatory process, and agency budget development. 	<p>Potential for High Impact (Score 1-10): 7</p> <p>Recommendation will significantly impact the following subpopulations:</p> <ul style="list-style-type: none"> • Individuals with Alzheimer’s • Urban • Rural • Frontier • Low-income • If implemented older Kansans with Alzheimer’s will be better served and able to remain in community longer.
<p>Action Lead: KDADS</p>	<p>Key Collaborators: Alzheimer’s Association, State Associations, Caregivers, Community members</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Number of recommendations implemented • Assessment of older adults who need more intensive supports • Data presented to legislature 	

Immediate Action, Tier 1

P2 Reinstate the State Aging Advisory Council, which includes representatives of supportive services and provider organizations.

Working Group Discussion: 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 general public.

Kansas used to have this council and it is a recommendation required by Older Americans Act which lapsed during transitions in administration and during the COVID-19 pandemic. Working group discussed how action can be taken very quickly as the framework is in place and this is a requirement under the Older Americans Act. Recommendation would bring together individuals with lived experience as well as professionals, with a diverse range of experiences across the state but with common concerns and goals and the focus on improving quality of life in all stages of life.

Ease of Implementation (Score 1-10): 10	Potential for High Impact (Score 1-10): 9
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- Recommendation would be a new program
- Cost will not be a barrier to implementation.
- Ongoing meetings with the council will ensure issues are being recognized and addressed in a timely fashion.
- Mechanisms that may affect the achievability of the recommendation may include a Legislative session, regulatory process, and agency budget development.

- Will benefit all seniors living in Kansas, group stated that anytime the industry listens to those being served, it creates a high impact.
- Would produce savings in other areas.

Will significantly impact the following subpopulations:

- Individuals with Alzheimer's
- Seniors in urban, rural, frontier areas
- Low-income individuals
- Uninsured or Underinsured individuals
- Caregivers
- Local government
- General population

Action Lead: The council was historically housed at KDADS.

- Key Collaborators:**
- 50 percent of council will qualify as older persons, including minority individuals who are participants or who are eligible to participate in programs.
 - Representatives of older persons (e.g., caregivers)
 - 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.
Key Performance Indicators: <ul style="list-style-type: none"> • Establish council membership • Holding regular meetings, and meeting attendance • Annual or bi-annual report to Governor 	

<p>Immediate Action, Tier 1</p> <p>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.</p> <ul style="list-style-type: none"> 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 (AAAs) 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: <ul style="list-style-type: none"> i. Establish and maintain relationships with all relevant state agencies and community organizations to meet community needs and prevent duplication of services ii. Evaluate existing Alzheimer’s and dementia programs and services iii. Identify service gaps within the state government

Working Group Discussion: The addition of a Dementia Coordinator within KDADS is one of the recommendations of the Alzheimer's Task Force and would position Kansas to prepare for the current and future needs of individuals with dementia. Position is a recommendation from the 2020 Alzheimer Disease State Plan, which will be moved to HCBS recommendations and linked to that task force recommendation.

Ease of Implementation (Score 1-10): 2	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> • Position will be new, and more difficult to add. • Funding to implement position may be challenging, as well as recruiting and onboarding a FTE will be difficult. • The mechanisms that may affect the achievability of the recommendation may include a legislative session, regulatory process, contracts, agency 	<ul style="list-style-type: none"> • Will benefit all seniors living in Kansas, especially those with Alzheimer’s and their caregivers.

budget development, and technology Infrastructure	
Action Lead: KDADS	Key Collaborators: Alzheimer’s Association, Caregivers, Community members
Key Performance Indicators: <ul style="list-style-type: none"> • Full implementation of programs under the coordinator’s responsibility • Establishment of the position, and ongoing staffing of the position 	

R. Rebalancing Home and Community-Based Services

<p>Strategic Importance, Tier I or II</p> <p>R1. Modify Medicaid waivers to provide more aging services:</p> <p>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.</p> <p>b. Ensure services under the Frail Elderly (FE) waiver are structured to meet the needs of Kansans age 65 and older and those on the Intellectual/Developmental Disabilities (I/DD) waiver.</p> <p>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.</p> <p>d. Include access to technology and training on how to use technology as an MCO member benefit for those receiving HCBS services.</p> <p>e. 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.</p>	
<p>Working Group Discussion: Recommendation would require a state plan amendment proposed by KDHE’s Medicaid Services Program to the Legislature and plan would not be contingent on Medicaid expansion. With the rollout of KanCare 3.0 and the RFP contracting process being delayed, it will take more time and potentially new MCOs to accomplish this recommendation. Recommendation will lay the groundwork for future contracting and may take a few years to implement.</p>	
<p>Ease of Implementation (Score 1-10): 2</p>	<p>Potential for High Impact (Score 1-10): 10</p>
<ul style="list-style-type: none"> • May be a change or overhaul of KanCare • Cost may be a barrier to implementation. • The mechanisms that may affect the achievability of the recommendation include a federal process, Legislative session, regulatory process, contracts, agency budget development, and technology/infrastructure. 	<ul style="list-style-type: none"> • Expanding these services and waivers have a high impact for quality and availability for services for those 60 and older. A lot of these services are critical to make sure seniors can remain in the community. • Recommendation will affect those not currently utilizing services. If waiver services are expanded, there will be improvement in the system capacity. • Waiver services may allow for seniors to

	remain in their homes and communities longer if services are available.
Action Lead: KDHE and KDADS <ul style="list-style-type: none"> Agencies that file state plan amendments 	Key Collaborators: K4AD, AARP, Kansas Hospital Association, Kansas Healthcare Association, Managed Care Organizations (MCOs)
Key Performance Indicators: <ul style="list-style-type: none"> Changes in HCBS waivers to add additional services Increase in utilization of services (by those living in community versus facility; may receive information from case management component on where seniors are referred) 	

Immediate Action, Tier II R2. Promote awareness of home and community-based services available now for older Kansans by....	
<p>a. Educating staff of private and public services about programs available to seniors to enable home-based care and services.</p> <p>c. 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.</p> <p>d. 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 AAAs for distribution for individuals who do not have internet access.</p>	
Working Group Discussion: Working group indicated it is a critical need for older adults and caregivers to know where to access service information and resources when the need for long term supports and services arise. The lack of reliable, up-to-date, and accurate information between agencies and to the consumers is frustrating and may be harmful to seniors and their families. New or developing programs and services to the public and private entities must be offered and marketed effectively and in a timely fashion.	
Ease of Implementation (Score 1-10): 7 <ul style="list-style-type: none"> Would be an easy change. Cost to create, print, and maintain the EYO Resource Guide will be a barrier to implementation. Includes strategies for continuity by providing an updated guide for service offerings in Kansas. The mechanisms that may affect the achievability of the recommendation include contracts, agency budget development, a regulatory process, and technology/Infrastructure. 	Potential for High Impact (Score 1-10): 8 <ul style="list-style-type: none"> Caregivers and professionals who serve older adults will be impacted due to increase awareness of where services are offered. Recommendation may produce cost savings in other areas.
Action Lead: KDADS	Key Collaborators: K4AD, AAAs

Key Performance Indicators:

- Develop marketing campaign and assess its effectiveness
- Increase calls to ADRC call center
- Number of clicks or views on the EYO Resource Guide page.

Strategic Importance, Tier II**R3. 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 seniors who wish to remain in their homes and choosing not to enter a nursing home or long-term care environment and for seniors who are needing assistance as they onboard or transition to higher acuity care, such as Home's Plus or Assisted Living.

Survey (for c): Include those senior individuals who are attempting to remain in their homes, in their town/community and choosing not to enter a nursing home or long-term care environment in case management services and information for themselves and their family members or unrelated caregivers.

Working Group Discussion

Working group discussed limitations for rural and frontier parts of Kansas where PACE centers are not available or located too far for seniors to travel to. Adding case management services to the ADRC may be a challenge for implementation due to it being a new service and may require additional FTE or funding to support those services. Recommendation will benefit seniors due to them being able to access resources to remain in their home and community longer.

Ease of Implementation (Score 1-10): 3

- Considered an overhaul, especially for c, where adding case management services would be a new addition for ADRCs.
- Cost be a barrier to implementation for action step a. where staff will be needed to apply for the federal MFP Program.
- Recommendation does include strategies for continuity.
- The mechanisms that may affect the achievability of the recommendation include a Legislative session, federal approval

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

- Will impact individuals who seek community-based care and assist older adults and caregivers in rural and frontier parts of state lacking a PACE Center.
- Recommendation may produce savings in other areas.

process, regulatory process, contracts, agency budget development, and systems (e.g., IT).	
Action Lead: KDADS must apply for MFP Program	Key Collaborators: For Money follows the Person: Legislature (Children and Seniors, Health and Human Services, Public Health, and Welfare); KDHE, ADRC
Key Performance Indicators:	
<ul style="list-style-type: none"> • Service Utilization • Calls to the ADRC 	

Strategic Importance, Tier II or III	
R4. Utilize the Functional Assessment Instrument (FAI) to create tiered levels of services for home and community-based services (HCBS) clients in assisted living and Home Plus.	
Working Group Discussion: Kansas Healthcare Association did a pilot using the FAI several years ago looking at scores for those on Medicaid HCBS and where units are being allocated for creating three different tiers. Providers that report to KHA indicated that if a tiered system was in place where they know what their income would be, then more providers would be interested in participating in home plus and assisted living. since units are subject to change that can change.	
Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> • Ease of implementation depends on MCO involvement, could be a simple change or a program overhaul • Cost will not be a barrier to implementation. • Recommendation does include strategies for continuity. • The mechanisms that may affect the achievability of the recommendation includes a Legislative session, regulatory process, agency budget development, systems (e.g., IT), and technology infrastructure. 	<ul style="list-style-type: none"> • Recommendation will impact low-income individuals, and older adults that need more supervision and less hands-on physical care. • Recommendation would result in a high impact for seniors seeking HCBS services.
Action Lead: KDADS	Key Collaborators: MCOs, KDHE, Kansas Hospital Association (KHA), Kansas Healthcare Association (KHCA)
Key Performance Indicators:	
<ul style="list-style-type: none"> • Increased number of HCBS providers and participants 	

Immediate Action, Tier II	
R5. Encourage collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults.	
Working Group Discussion: A large challenge in aging and for those with IDD or a physical disability is helping people remain in their home and community longer via accessible and affordable housing. Collaboration may be used for seniors transitioning from a facility, or for seniors who may have to enter facility due to rising costs of owning and renting a home.	
Ease of Implementation (Score 1-10): 8	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> • Would require a change or pilot program • Cost would not be a barrier for encouraging collaboration. • Does not have strategies for continuity. • Collaboration would be ongoing to address the rising price of rent and home ownership. • The following mechanisms that may affect the achievability of the recommendation include a Legislative session if federal grant funding is needed or wanting to be drawn from for this collaboration, legislative approval or endorsement will be helpful. Other mechanisms include a federal approval process, regulatory process, contracts, agency budget development, and technology infrastructure. 	<ul style="list-style-type: none"> • Will allow seniors to remain in their home and communities longer. Those with IDD and a physical disability will also benefit.
Action Lead: Kansas Housing Resources Corporation	Key Collaborators: Financial institutions; Bankers; HUD or Housing Commission; Landlords with success in section 8 to promote; Kansas county and geographic-based Landlord Associations; Community development; community planners; HOAs; neighborhood associations
Key Performance Indicators:	
<ul style="list-style-type: none"> • Increase in affordable housing • Consumer Price Index (CPI) as baseline data • Increase in home and community-based service utilization • Landlords and associations participating in this initiative 	

R6. Leverage the increase in protected income level to mitigate any costs associated with coming into compliance with the CMS final settings rule.

- Group had discussion around the intent of this recommendation and removed recommendation for further consideration for the report due to the legislation passing during the 2021 session reauthorizing the use of temporary nurse aides.

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 3**. This meeting will be used to score recommendations on ease of implementation and potential for high impact.