

**Senior Care Task Force**  
**Theme-Sorted Recommendation List**

<b>Working Group A - Quality of Care and Protective Services</b>
A. Administration of Antipsychotics
E. Safeguards to Prevent from Abuse, Neglect, and Exploitation
S. Adult Care Home Surveys and Fines

**A. Administration of Antipsychotics**

**Theme 1: Regulatory Enforcement, Legislation, and Policy**

- 1.1 Pass HB 2004, “Charlie’s Bill,” providing the right of residents and their representatives to appeal involuntary transfers and discharges or evictions from assisted living facilities. (TF)
- 1.2 Pass House Bill 2122, enacting the supported decision-making agreements act to provide a statutory framework for adults who want decision-making assistance. (TF)
- 1.3 Implement a statewide prescriber (or provider) hotline to address psychotropic medication questions, like the previous Kansas University Medical Center end-of-life hotline, that prescribers and providers could call for an additional support when questions/challenges arose.
- 1.4 Implement a safeguard system for home health care for the use of antipsychotic medication with similar standards in place for current providers [who intended for?].

**Theme 2: Adopt Person-Centered Model of Care**

- 2.1 Leverage Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK) program to communicate person-centered best practices to providers.
- 2.2 Look at options to support training and framework for person-centered planning, especially for those with dementia, where an individuals' own wishes, strengths, relationships, are respected, then technology, and community support we can all access are considered before we apply paid eligibility-based services. (TF)

**Theme 3: Improved Care Coordination/Integrated Care**

- 3.1 KanCare resource for case management assistance for dementia and psychotropic medication use cases needs to be strengthened and communicated.
- 3.2 Provide [to whom?] an updated list of Kansas physicians and mental health professionals, including telehealth providers, with additional instruction for accessing services for care homes and residents.

## A. Administration of Antipsychotics (continued)

### Theme 4. Education and Training

- 4.1 Improve upon existing training and education for surveyors, direct care workers, providers, prescribers, and family members on the interaction of prescribed medications to treat dementia, depression management, geriatric behavioral health—including violence de-escalation, psychotropic medications, and appropriate/inappropriate use and non-pharmacological approaches.
- 4.2 Summarize lessons learned and experiences from residents, providers, prescribers, caregivers, and family members throughout the pandemic regarding the use of antipsychotic medications. – parking lot
- 4.3 Fund standard informational material to educate public, providers, doctors on re-consent, regulatory guidance, and resident rights regarding antipsychotic medications
- 4.4 Communicate the dementia certificate programs and resources to long-term care providers and prescribers.

### Theme 5. Increase Mental Health Services/Screening

- 5.1 Utilization and reimbursement rates for Community Health Workers who can co-respond to older adults in crisis in the community by offering case-management and assisting with accessing home and community-based services.
- 5.2 Every Community Mental Health Center (CMHC) have appropriate number of licensed therapists/prescribers/case managers skilled in senior behavioral health care, integrating with Long-term care (LTC) partners to increase access in smaller communities.
- 5.3 [who?] Provide mental health services to family and caregivers and increase access for seniors and their caregivers to appropriate specialists such as neurologists or neuropsychologists in a timely manner to provide accurate identification of the type of dementia presenting in the patient, which is important to the development of an integrated treatment plan.

### Theme 6. Reevaluate Use of Psychotropic Medications

- 6.1 The 14-day limit for psychotropic medications from primary care providers should be reevaluated by [entity].
- 6.2 Create a standardized method to guide the clinical decision-making process necessary to describe the medical justification for prescribing and communicate the failure to respond to nonpharmacological interventions. Implement billing codes and appropriate time allowed to provide services to facilitate timely collaboration among providers, and a comprehensive treatment plan to reduce the need to reactively prescribe psychotropic medications. (6.2)
- 6.3 Increase minimum psychiatric prescriber staffing requirements for nursing facilities to avoid behavioral symptoms causing administering psychotropic medications. (1.5)
- 6.4 Have geriatric psychiatric prescribers complete medication checks for seniors receiving home health services. (5.1)
- 6.5 Provide nursing homes with recommendations for justifying/changing medical decisions made by providers regarding psychotropic medication use, rather than initiating regulatory process, and review progress within set timeframe for the home to demonstrate compliance. (6.3)

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

### Theme 1. Regulatory Enforcement, Legislation, and Policy

- 1.1 Prohibit direct resident care until background check results are available.
- 1.2 Provide adequate funding [sources and sustainability?] and resources to perform KBI background checks beyond the surface level for employers in a timely manner, and not pass on cost of background check for the prospective employee or potential employer.
- 1.3 Enhance safeguards and oversight of guardians, conservators, and paid family caregivers.

### Theme 2. Improved Care Coordination/Integrated Care

- 2.1 Improve opportunities for activities and systems of care delivery for elders in care settings to help reduce isolation and reactive behavioral changes.
- 2.2 Create a longer-term policy that allows person to remain in the same environment and bring services to them instead of moving from one facility or room to another to preserve social networks and lessen stress for those with dementia.
- 2.3 Implement billing codes [certain codes?] for in-home case-management and other supports for seniors.

### Theme 3. Education and Training

- 3.1 Increase Abuse, Neglect, and Exploitation (ANE) education for the general public, law enforcement, and all stakeholders. Education will cover Person Centered Practices to prevent and identify abuse neglect and exploitation and ensure human rights.
- 3.2 Fund research how other states use public registries for abuse, neglect, and exploitation (ANE).

### Theme 4. Funding

- 4.1 Support efforts to enhance internet availability. Make it be available in congregate settings.

### Theme 5. Multiagency Coordination

- 5.1 Integrate direct care worker registries for the consumer and courts, increase accessibility, and review and provide avenues for information sharing with public and agencies, and between agencies. Establish a Navigator/Coordinator position between the three agencies (DCF, KDADS, KBI) that the facilities can contact or the family when questions about appropriate hire may be in question.
- 5.2 Conduct a Statewide Assessment of Needs for Older Adults in the State of Kansas using data from multiple systems such as Department for Children and Families (DCF), Kansas Department for Aging and Disabilities services (KDADS), Hospitals, Ombudsman's Office.

### Theme 6. Collaboration with Financial Institutions

- 6.1 [who?] Initiate a 70+ targeted prevention campaign for older adults about financial crime that includes Power of Attorneys (POA), Durable Power of Attorneys (DPOA), and other relevant stakeholders in financial sector.
- 6.2 Assisting Durable Power of Attorney (DPOA) by primary care professionals being adequately trained on powers of agents under DPOA and legal guardians, and having conversations with older adults about DPOAs, and personal choices to prevent financial abuse.

## S. Adult Care Home Surveys and Fines

### Theme 1: Regulatory Enforcement, Legislation, Policy

- 1.1 Fund multidisciplinary team of surveyors and attract workforce by enhancing pay and benefits.
- 1.2 Have alert system in place to KDADS on individuals' licenses when infractions occur during survey.
- 1.3 Designate a percentage of Civil Monetary Penalties (CMPs) to be used for specific categories of facility improvement.
- 1.4 Modify Informal Dispute Resolution (IDR) process for adult care homes by using a directed plan of correction and education as remedy for infractions more often and increase the duration for plans of correction that do not involve actual harm to allow systems level implementation that is meaningful and sustainable. (Immediate Action, Procedural Change).
- 1.5 Add CNAs as mandated reporters.

### Theme 2: Education and Surveyor Technical Assistance

- 2.1 Have surveyors shift to being more education/training focused regarding person-centered care practices by creating open dialogue with direct care workers and providers.
- 2.2 Update current progress of facilities online for care management surveys within the past 18 months, and make survey results easier to access for consumers, families, and caregivers. Provide more consumer education on the state website on survey frequency, levels of harm, role of staffing and staff competence, quality measures, etc.
- 2.3 Create and fund technical assistance department or technical assistance position that long term care facilities can access to help with regulatory compliance, developing quality improvement, implementing person-centered care practices, and writing sustainable plans of correction.

### Theme 3. Positive Recognition and Incentives

- 3.1 Consider reviving the KDADS Exemplary Care Program to identify exemplary care systems in specific areas of quality of life and care to acknowledge excellence of facilities care and management, develop incentives or recognition for well performing facilities, and publish monthly publication of efforts and recent infraction details.
- 3.2 Create a statewide conference to create networking opportunities and foster relationships among professionals. Create opportunities to share what's working, evidence-based practices, and national themes.
- 3.3 Advertise and distribute information on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation deemed status for long-term care facilities.
- 3.4 National accreditation of nursing homes.