

Senior Care Task Force
Working Group A – Quality of Care and Protective Services
Recommendation Characterization

April 26, 2022
9:00-10:30am

Meeting Notes

Meeting Materials:

Preliminary Recommendation List
CMP Funding Data Sheet

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:

Rep. Charlotte Esau; Rachel Pirner, Triplett Woolf Garretson, LLC; Chrisy Khatib, DCF; Jan Kimbrell, Silver Haired Legislature; Deborah Merrill, Kansas Advocates for Better Care; Dana Weaver, Leading Age Kansas; Carter Olson, Long Term Care Administrator; Ernie Kutzley, AARP; Camille Russel, Long Term Care Ombudsman; Lacey Hunter, KDADS

KHI Staff

Hina Shah, Emma Uridge

Other Staff

Connor Stangler, KLRD; Adriona Pavlick, KLOIS

Welcome and Introductions

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

- Rep. Charlotte Esau: Excited to see what group comes up with.
- Jan Kimbrell: Focus on the importance of access to care across Kansas.
- Camille Russel: Focus on person-centered decisions.
- Carter Olson: Reiterate scalability and reflect on what is being asked of LTC providers for upholding standards and compliance on small budgets.

- Chrisy Khatib: How do we keep adults in the community and give them the protections they deserve and address financial exploitation. 22% of APS cases are financial cases, and we need to support adults, so they don't become victims of these crimes.
- Rachel Pirner: Echo what Chrisy just said.
- Deborah Merrill: Keep the idea of person-centered care for safety and personal care.
- Dana Weaver: Filling in for Debra Zehr, and excited to hear the group discussion.
- Ernie Kutzley: Look at rebalancing community living and safety, which takes a large workforce effort.

Recommendation Discussion

Working group members reviewed and characterized recommendations under WGA's assigned areas of focus. The group discussed and modified the recommendations listed below; **changes made during the meeting are highlighted in purple**. The topic discussed during the meeting was adult care home surveys and fines.

Topic: (S) Adult Care Home Surveys and Fines

Theme 1: Regulatory Enforcement, Legislation, Policy

1.1 *Utilize the alert system at KDADS for when infractions occur during survey to conduct follow-up on cases from the KDADS Legal Division.*

Rationale: address those individuals directly rather than cite the facility.

- Working group member indicated that there is an existing mechanism to identify individuals during regulatory process, but it is not being utilized. Recommendation was refined to include the need for utilization and more follow-up with cases from KDADS Legal Division.

1.2 *Designate a percentage of Civil Monetary Penalties (CMPs) to be used for approved facility improvement to enhance and improve the quality of life among residents.*

- The working group need more information on where CMP funds are being spent, and what is considered allowed expenses from CMP grants for Medicaid and Medicare homes. The group also need more descriptors of facility improvement that does not include the physical building.
- Working group member's thought process for developing this recommendation is to incite change, requiring CMP funds to be spent on item(s) to give a quality-of-care boost, as opposed to draining financial resources from homes from penalties.
- Member added "enhance and improve quality of life" to reflect working group's consensus to shift to more person-centered care that is directly related to the resident's quality of life.
- Member asked when CMP funds are returned to the facility if there is an application process for receiving facility improvement items. KDADS representative replied, stating that applying for and receiving a CMP grant requires a commitment of monthly reporting to Kansas Department of Aging and Disability Services (KDADS) and Centers for Medicare & Medicaid Services (CMS) to show progress of initiatives. All CMP grants afforded to states, and CMP reinvestment programs are on CMS's

website. Examples of CMP Reinvestment Programs are LeadingAge's program, STEPS.

- KDADS representative explained that agency is reserved for spending CMP grant funds, citing previous receivership of 15 facilities where CMP funds kept facilities open. KDADS now reserves \$5 million in CMP funds for emergency cases.
- KDADS CMP Fund Frequently Asked Questions:
https://kdads.ks.gov/docs/librariesprovider17/funding-opportunities/sccc/cmp-fund-faqs.pdf?sfvrsn=a3602ee_2

1.3 KDADS use directed plan of correction and education as remedy for infractions to allow systems level implementation that is meaningful and sustainable.

- Group did not reach consensus to continue working on this recommendation due to the set duration of correction plans being federal law, that portion of the recommendation has been removed. Group member advocated for recommendation to be continued and felt that homes do not have enough time to address system level issues to make sustainable plans of correction.
- KDADS representative clarified to the group that original recommendation is two separate items. Original recommendation addressed IDR process, which is not for corrective planning. IDR is a right afforded to the home when citation is imposed to appeal cited deficiencies. A directed plan of correction is an enforcement remedy issues by KDADS. If federally licensed homes are given a remedy, they are given an appeal right. If they are assigned a CMP, if they want to forgo appeal, it is 35% reduction in the monetary penalty.

1.4 Amend K.S.A. 39-1431 to add certified nurse aides (CNAs), certified medication aides (CMAs) and home health aides as mandated reporters, and add mandated reporting training component to CNA courses.

- Member indicated there is no legal protection or requirement for CNAs to safely report abuse, neglect, and exploitation (ANE) that are afforded to mandated reporters.
- Group discussed and agreed to add certified medication aides, and certified home health aides to the recommendation.
- Group member inquired about making all staff in nursing facilities mandated reporters, like most childcare facilities and schools. Group will revisit this recommendation to finalize who will be included.

1.5 Require facilities to administer [12 hours] of continuing education on ANE for nursing facility staff regardless of what's currently required.

- Group indicated a need for comprehensive plan of educating all nursing facility staff.
- There is a criminal penalty for staff who are aware of potential ANE and do not report. Working group member said that nursing homes are already required to educate on ANE for all staff but require no ongoing training.
- Group reached consensus on creating 1.5 recommendation for ANE continuing education requirements for all staff. Group still needs to reach consensus on the number of hours for the course.

Theme 2 Surveyor Technical Assistance

2.1 Fund and enhance pay and benefits for a multidisciplinary team of surveyors.

- Group decided to keep this recommendation.

A2 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.

Rationale: KDADS shall appoint position who will shift to education/training focused surveys to encourage the implementation of person-centered care practices to create an open dialogue with direct care workers and providers.

- KDADS representative stated that technical assistance cannot be given for federal or state surveys due to there being a conflict of interest since surveyors determine compliance.
- Other group members reached consensus to keep A1 recommendation that was previously moved to appendix, citing a historical position outside of surveys that can coordinate between surveyors and nursing facilities to provide technical assistance and accomplish this recommendation.

2.2 Update adult care home surveys within the past 18 months, and make survey results easier to access for consumers, families, and caregivers and provide a consumer information on the state website with information on survey frequency, levels of harm, role of staffing and staff competence, quality measures, and MCO health plans accepted at federally licensed facilities.

- Working group member indicated that survey results are displayed on an automated federal site that has comprehensive information for federally licensed nursing homes only. For state licensed homes, KDADS would need to develop their own site and differentiate it from the CMS rating site, so consumers do not confuse the two. KDADS representative and other members state that they cannot give recommendations for placement at one home over another.
- KDADS representative asked to include MCO insurance information for the site to alert consumers which plans facilities accept.

2.3 KDADS shall re-implement the Exemplary Care Program to identify exemplary care systems in specific areas of quality of life and care and acknowledge excellence of facilities' care and management, develop incentives or recognition for well performing facilities, and publish publication recognizing high-performing facilities. KDADS shall also include poor performing homes and financial hardship on the Exemplary Care Program site.

2.4 KDADS will review nursing facility's financial health during survey by collecting an overview of cost reports that are reported to CMS as part of the survey process.

- Group discussed adding online sticker to recognize facilities that are exemplary and poor performers. Members indicated it is important that up-to-date information is provided for families making placements amidst a crisis-placement scenario.
- Working group members discussed the value, limitations, and methodologies of the 5-star facility rating system. Member explained how health safety citations quickly add up to bring down ratings, and rating results are not timely enough for consumers to make informed decisions online. Working group discussed and reached agreement that the best way for consumers to see how a home operates is to show up unannounced.
- Working group discussed adding a component to survey site to indicate a home experiencing financial hardship and potential receivership. KDADS representative stated that reviewing a home's financial health is not part of the survey process, but group discussed adding a mechanism to collect an overview of cost reports that are reported to CMS as part of the survey process.

- Member stated it could be easier to lobby to CMS to gain access and control of the site so KDADS partners can update information via the website already in place, rather than create a new site. KDADS representative noted it would be helpful if states were allowed to have access to the survey site, but since it is automated from multiple databases the logistics are unknown.

Working Group A's Other Recommendations

The working group reviewed recommendations that working group chairs thought could be added to appendix or needed further clarification on. Group decided to table, keep, or delete recommendations from further consideration.

A1: Implement a statewide caregiver hotline to address psychotropic medication questions that caregivers could call for an additional support when questions/challenges arose for staff to answer. (Admin of Antipsychotics)

- Group decided to table recommendation.

A3. KanCare case management assistance for dementia and psychotropic medication uses cases. (Admin of Antipsychotics)

- Group member indicated this recommendation is already being done. Recommendation has been tabled.

A3 Will improve upon existing standard training and education by requiring continuing education requirements for surveyors, direct care workers, providers, prescribers, and family members on the interaction of prescribed psychotropic medications to treat dementia, depression management, geriatric behavioral health—including violence de-escalation, and appropriate/inappropriate use and non-pharmacological approaches. (Admin of Antipsychotics)

a. Facilities that implement training will be referred to dementia certificate programs and resources for long-term care providers and prescribers. (Admin of Antipsychotics)

- Group members discussed keeping this recommendation, but to add continuing education requirements to relevant care staff.

A4 Communicate the dementia certificate programs and resources to long-term care providers and prescribers. (Admin of Antipsychotics)

- Recommendation will be adding to training-related recommendations.

A5 Summarize lessons learned and experiences from residents, providers, prescribers, caregivers, and family members throughout the pandemic regarding the use of antipsychotic medications. (Admin of Antipsychotics)

- Group could not name entity to accomplish this recommendation and decided to table recommendation for future efforts.

A6 Provide an updated list of Kansas physicians, mental health professionals, and telehealth providers into an informational packet to be distributed across the state, with additional instruction for accessing services for care homes and residents. (Admin of Antipsychotics)

- Working group indicated there is an existing task force recommendation to create a mapping process for mental health providers across the state via a college/university partnership.
- Group chose to keep this recommendation but chose to provide list in an informational packet for providers to distribute throughout Kansas.

A7 Support efforts to enhance internet availability and make it be available in congregate settings (e.g., land lines). (Prevent ANE)

- Working group chose to move this recommendation to Working Group B who has recs for access to technology and increasing broadband availability.
- Group member who created recommendation defined congregate settings as communal settings where seniors gather, such as senior centers. Group member also noted that internet capability is important for protections and security for those in adult care homes.

A6: Fund research how other states use public registries for abuse, neglect, and exploitation (Prevent ANE).

- Group chose to keep this recommendation in the appendix.

A8: Improve opportunities for activities and systems of care delivery for elders in care settings to help reduce isolation and reactive behavioral changes. (Prevent ANE)

- Group chose to table this recommendation.

A9: 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. (Surveys and Fines)

- Group deleted this recommendation from the appendix since it would require federal change.

A10: National accreditation of nursing homes. (Surveys and Fines)

- Group deleted this recommendation from the appendix since it would require federal change.

A11 Will create a statewide conference or [reinstitute the Governor's Conference on Aging](#) to create networking opportunities and foster relationships among professionals to create opportunities to share what's working, evidence-based practices, and national themes. (Surveys and Fines)

- The group reached consensus to keep this recommendation and used recommendation as an example for filling out the characterization rubric used for recommendation scoring.

Characterization Rubric

The working group was introduced to the characterization rubric to further refine recommendations. This rubric will be utilized for future meetings to score and tier recommendations on feasibility and prioritization. The rubric shown below is incomplete and will be completed at the next meeting or via survey.

Recommendation: A1 Create a statewide conference to create networking opportunities and foster relationships among professionals to create opportunities to share what's working, evidence-based practices, and national themes.	
Rationale: The state previously held a Governor's Conference on Aging. Group chose to add a continuing education (CE) credit tied to licensure.	
Ease of Implementation (Score 1-10):	Potential for High Impact (Score 1-10):
<p>Consider:</p> <input type="checkbox"/> Change, (Easiest) <input type="checkbox"/> Pilot, <input type="checkbox"/> Overhaul, <input checked="" type="checkbox"/> New, (Most difficult) <p>Will cost be a barrier to implementation? consider in person/virtual options</p> <p>Does the recommendation include strategies for continuity? Annual conference</p> <p>Which of the following mechanisms may affect the achievability of the recommendation? <input checked="" type="checkbox"/> Legislative session <input type="checkbox"/> Federal approval process <input type="checkbox"/> Regulatory process <input checked="" type="checkbox"/> Contracts <input checked="" type="checkbox"/> Agency budget development <input type="checkbox"/> Grant cycles <input type="checkbox"/> Systems (e.g., IT) <input type="checkbox"/> Technology/Infrastructure</p>	<p>Consider:</p> <p>Will it benefit seniors living in Kansas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 <input type="checkbox"/> Individuals with [Acute] Behavioral Healthcare Needs <input type="checkbox"/> Individuals with I/DD or PD <input type="checkbox"/> Limited English Proficient (LEP) persons <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>
Action Lead: Governor's Office	Key Collaborators: <i>[Who should be included as decisions are made about how to implement this recommendation?]</i>
Key Performance Indicators: <i>[How can the state assess progress when this recommendation is implemented?]</i>	

Overview of Discussion

- Working group member asked if there is a national-type meeting that would encompass the goal of this recommendation.
- KABC representative indicated a state conference would be a great opportunity. Several organizations and entities that provide national conferences deal with in-home facility and access.
- Member said a combination of in-person and online format for attendance would allow facilities across the state to participate.
- Member asked group if they would consider adding a continuing education requirement like how the Kansas Bar Association annual meeting attendance goes toward CE credits.
- Recommendation may consider reimplementing the Governor's Conference on Aging to accomplish this recommendation and encompass multiple agencies across the state.

Administrative Updates

Working group members may provide additional input if needed on recommendations discussed during this meeting or submit proposed changes to the preliminary recommendation list before the next meeting, on May 10, 2022.