

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

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

Meeting Notes

Meeting Materials:

Preliminary Recommendation List

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; Ernie Kutzley, AARP; Lea Chaffee, Kansas Adult Care Executives; Camille Russel, Long Term Care Ombudsman; Lacey Hunter, KDADS; Tracy Davies, Washburn University

KHI Staff

Hina Shah, Emma Uridge

Other Staff

Leighann Thone, KLRD; Joseph Lemery, KLOIS

Welcome and Introductions

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

- Jan Kimbrell: I would like to keep in mind that services for the seniors are in a critical stage and only going to get worse with the increasing number of seniors aging into services. Their location should not have such an impact on their care, and we need to be more equitable.
- Camille Russel: I want to make sure that our decisions we make are looking to be person centered and impact the quality of life of an individual.
- Ernest Kutzley: When thinking about rebalancing mental health services and protections against abuse, neglect, and exploitation (ANE); rebalancing must be coordinated across

all appropriate long-term care networks and community settings to ensure there is choice in how people want to safely live as they age.

- Rachel Pirner: I want to see coordinated efforts across different domains to avoid exploitation and abuse of our elders.
- Lea Chaffee: Seniors have the right to choose the kind of care they receive. Kansas is the front runner in providing all different kinds of resources. If a senior does live in adult care home, they still have rights to choose what kind of care they get, because the adult care home really is their home.
- Chrisy Khatib: I'm very interested in any sort of prevention program for abuse of elders. We know older adults are often embarrassed or ashamed to come forward when then they have been a victim. How do we work through that stigma and then provide them with the supports that they need so they can choose where they want to live?

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.**

Characterization Rubric

The working group used the characterization rubric to further refine recommendations. This rubric will be utilized for future meetings to score and tier recommendations on feasibility and prioritization.

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) Will cost be a barrier to implementation? Does the recommendation include strategies for continuity? <i>(How does it consider sustainability?)</i> Which of the following mechanisms may affect the achievability of the recommendation? <input type="checkbox"/> Legislative session <input type="checkbox"/> Federal approval process <input type="checkbox"/> Regulatory process <input type="checkbox"/> Contracts <input type="checkbox"/> Agency budget development <input type="checkbox"/> Grant cycles <input type="checkbox"/> Systems (e.g., IT) <input type="checkbox"/> Technology/Infrastructure	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 <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> Does it serve those who have been disproportionately impacted by the issue? <i>(Does it address inequities?)</i> Could the recommendation produce savings in other areas?

Action Lead: <i>[Who takes point on this recommendation?]</i>	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>	
Intensity of Consensus: <i>[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.]</i>	

Cross-cutting recommendation:

*The State of Kansas will create a statewide conference or **reinstate 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.*

- Working group kept recommendation at the top of list due to it encompassing the underlying meaning of the recommendation list and the work needing to be done.
- Action leads for this recommendation will be Kansas Department of Aging and Disability Services (KDADS).
- Key Collaborators will include state organizations and the executive branch of the Kansas State Legislature.
- *Training and continuing education may be included at the Governor’s Conference on Aging on proper use of psychotropic medication, intervention, and appropriate/inappropriate use of non-pharmacological approaches.*

Topic: (A) Administration of Antipsychotics

A1 *Require geriatric psychiatric prescribers be reimbursed **[from whom]** to complete medication checks, or provide consultation services, for seniors receiving home health services, and utilizing telemedicine when applicable and available.*

- Members indicated there is already reviews done for medication checks in nursing home settings and recommendation may be duplicative of existing services.
- Recommendation is identifying community-based services that offer medication management.
- Recommendation needs to identify who would be reimbursing for this service, and what specifically is a reimbursable service.

A2 *The State of Kansas shall increase funding for Community Mental Health Centers (CMHCs) **for expansion across the state for in-home services:***

- a. *To have an adequate number of reimbursed community mental health workers and therapists skilled in senior behavioral health care to offer case management community psychiatric supportive treatment; CPST and other wraparound services and assist with accessing community support services (CSS) in all settings, such as adult care homes and community settings.*

- b. *To integrate with Long-term care (LTC) partners to increase access to services in urban, rural, and frontier areas.*
- c. *To establish a senior care navigator position at each CMHC across the state who will assist or refer with navigating mental health services, education and resources for family and caregivers to provide services, such as for veteran services.*
- d. *To provide direct consultation services for Kansans aged 65 and older, using telemedicine when applicable and available.*

Overview of Discussion

- Rationale for this recommendation would be to acquire and allow for more mental health clinicians with a specialty in working with older adults.
- Working group member added “expansion across the state”, citing instances of CMHCs closing and many communities still not having access to a CMHC.
- Working group members emphasized that services need to be in the community and for seniors be able to access CMHC services while in their home since many seniors cannot travel to a CMHC or do not want to travel to a CMHC.
- Members discussed how this recommendation fits more under abuse, neglect, and exploitation (ANE) topic area. When adults are victimized, services are needed to discuss ANE to overcome trauma and build resiliency, especially after falling victim to financial exploitation. Recommendation was moved to (ANE) topic area and will be reflected in the updated recommendation list.

Characterization Rubric:

Cost Barrier to Implementation

- Cost is not a preventing factor to implement (A2a-d) due to the long-term cost savings this recommendation would bring to the state by keeping seniors in their homes and out of higher acuity care settings.

Strategies For Continuity

- Recommendation allows seniors to stay in their homes.
- Senior Care Navigator would be responsible for follow-up, and ensuring services are being provided and utilized. Navigators will be considered a key component to accomplishing the recommendation and will need adequate training on the communities they will serve to administer training effectively to ensure continuity.

Mechanisms Affecting Achievability of This Recommendation

- Legislative start-up costs will be needed to hire full-time employees (FTEs), but there are ways to reimburse current providers through Medicaid and private insurance.
- The regulatory process will have to be updated to regulate in-home services.
- Working group member indicated that Kansas may have over 340,000 unpaid caregivers at one time for seniors and loved ones. Group must identify mechanism to reach out to caregivers for mental health services and education on these services and ANE.
- Proposed if CMHC could reach out to unpaid caregivers or implement a statewide campaign to address these caregivers to market services.

Action Lead

- This recommendation will be a collaborative effort between DCF and KDADS, since KDADS handle licenses and certify CMHCS.
- Adult Protective Services (APS) is working to strengthen and update training state-wide, and Department for Children and Families and KDADS will collaborate on this effort to ensure training is catered to paid and unpaid caregivers.

Key Collaborators Will Include

- Kansas State Legislature
- Newly established multidisciplinary teams (MDTs) at the Office of the Attorney General
- CMHCs
- Kansas Universities
- Association of Community Mental Health Centers of Kansas.

Seniors and Populations Impacted

- Includes seniors who choose to receive care in their own home. Recommendation is catered toward older adult and professional caregivers, as well as informal supports.
- Subpopulations will include veterans who fit the age criteria, and seniors living in areas historically underserved or lacking a CMHC.

Key Performance Indicators

- Funding being allocated for senior navigators
- Geographic distribution of the number of seniors served
- Reduction in hospitalizations
- Reduction in ANE,
- Reduction in self neglect.

A3 *Kansas Department of Aging and Disability Services (KDADS) will improve upon existing standard training and education by requiring continuing education requirements for surveyors, direct care workers, providers, prescribers, long-term care providers and family members on the interaction of prescribed psychotropic medications to treat dementia, depression management, geriatric behavioral health—including effective intervention and appropriate/inappropriate use of and non-pharmacological approaches.*

a. *Facilities that implement training will be referred to dementia certificate programs and resources for long-term care providers and prescribers.*

b. *In home training will be offered to caregivers who are providing dementia care.*

c. *Ensure effective education outreach services to Kansas veterans' populations and caregivers.*

Overview of Discussion

- Large scope for requiring continuing education (CE) requirements could be a barrier to implementing A3. Multiple agencies, licensure, and certification boards would need to be involved to change CE requirements.
- Group agreed to add Kansas veterans' populations and caregivers to A2 and A3.
- Violence de-escalation training component was removed from recommendation. Group discussed that if a caregiver is at that point, the intervention and reduction focused training was not effective.

- Training should assist in mitigating behavioral and psychiatric symptoms of dementia and the training should help training groups address that person with dementia. If an older adult is communicating through violence, it is not their intention to be violent; group must be careful labelling their communication as violent. Group removed violence de-escalation and replaced with effective intervention.

Characterization Rubric:

Cost Barrier to Implementation

- Recommendation would increase the likelihood seniors can remain in their home to receive care.

Strategies For Continuity

- Ensuring effective education outreach and following up with training participants

Mechanisms Affecting Achievability of This Recommendation

- Consulting the regulatory process to allow for recommendation and technology to administer training and for recipients to receive training.
- Navigators, who will be established, may have role in facilitating, and referring the training and education.
- Data tracking systems from KDHE for ER visits; MCO baseline data collected on antipsychotic use for Medicaid recipients in the community.
- Adult care homes have data and metrics of psychotropic medications and would need to be established at CMHCs.

Action Lead

- Kansas Department of Aging and Disability Services (KDADS)

Key Collaborators Will Include

- Office of the Attorney General
- Office of Judicial Administration (OJA)
- Kansas Supreme Court
- Regulatory Boards: Behavioral Sciences Regulatory Board (BSRB), Kansas State Board of Nursing (KSBN), Board of Healing Arts (BOHA)

Seniors and Populations Impacted by this Recommendation Will Include

- All seniors will benefit from this recommendation.
- Subpopulations of seniors includes veterans and their caregivers; and seniors experiencing acute or long-term behavioral and mental health issues.

Key Performance Indicators

- Reduction in number of ER visits related to use of psychotropic medication, tracked by Kansas Department of Health and Environment (KDHE)
- Reduction in number of referrals to geriatric psychiatric units
- Reduction in care and treatment legal proceedings (obtained from OJA and KS Supreme Court).

Baseline Data Needed

- Number of geriatric psychiatric beds across the state
- Caused in-part by the federal decrease in reimbursement for hospital admission for geriatric mental and behavioral health symptoms and crises.

- % Use of psychotropic medications in the community, Nursing homes, and LTC settings provided by MCOs

A4 Provide a list *that is updated every 2-3 years* of Kansas physicians, mental health professionals, and telehealth providers *into an informational packet to be distributed across the state and online*, with additional instruction for accessing services for care homes, *caregivers, and in home residents*.

Overview of Discussion

- Recommendation will concur with WGB’s recommendation for the AAA’s “Explore your Options” book, and workforce recommendation creating a research study.
- Recommendations will be linked together for final report. A4 stems from task force recommendation to coordinate with a university to obtain mapping of geriatric psychology services available in the state.

Characterization Rubric:

Cost Barrier to Implementation

- May be costly to print book

Strategies For Continuity

- Information packet will be updated every 2-3 years
- Packet will be a physical copy and a digital printed copy

Mechanisms Affecting Achievability of This Recommendation

- Online system to public packet
- FTE or contracted employee to update packet and provide mapping tool
- Agency budget development

Action Lead

- Kansas Department of Aging and Disability Services (KDADS)

Key Collaborators Will Include

- Area Agencies on Aging (AAAs) to collaborate with WGB recommendation
- Kansas Universities will create mapping tool

Seniors and Populations Impacted by this Recommendation

- Seniors who need services and their caregivers will be impacted.

Key Performance Indicators

- AAA annual survey on service utilization in the community
- If packet is centralized and web-based, number of clicks and increasing views will be evaluated

Baseline Data Needed

- Workforce research study will be used to gather baseline data on understanding of services in the community by seniors and their caregivers.

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

- E1 *Establish a clearinghouse, including direct care worker registries, and a Coordinator position between Department for Children and Families (DCF), Kansas Department for Aging and Disability Services (KDADS), and Kansas Bureau of Investigation (KBI) to increase accessibility and enhance safeguards and oversight of guardians, conservators, and caregivers that the facilities and individuals can refer to as a resource when questions about appropriate hire may be in question.*

Overview of Discussion

- Working group modified language and combined E1 and E9 to form one recommendation.
- Recommendation was discussed as being an overhaul of current systems to consolidate data into one central location for state agencies, employers, and consumers to access.

Characterization Rubric:

Cost Barrier to Implementation

- Integrating KDADS, DCF, and KBI systems into a centralized system

Strategies For Continuity

- Did not identify, will be asked via survey

Mechanisms Affecting Achievability of This Recommendation

- Legislative change to open database to the public
- Current silos of information from each state agency
- KDADS and DCF budget development and funding appropriations

Action Lead

- KDADS, DCF, and KBI

Key Collaborators Will Include

- Kansas State Legislature,
- Office of the Attorney General
- Office of Judicial Administration (OJA)
- Regulatory Boards: Behavioral Sciences Regulatory Board (BSRB), Kansas State Board of Nursing (KSBN), Board of Healing Arts (BOHA)

Seniors and Populations Impacted by this Recommendation

- All seniors needing a certified or licensed caregiver will be impacted by this recommendation

Key Performance Indicators

- Continuous and timely updates for inputting and exporting data
- Number of checks on the centralized registry
- Reduction in repeat offenders
- Trends of criminal prosecutions for exploitation of Kansans age 65+
- Reduction in need of prosecution.

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 24.**

