

Working Group A Quality of Care and Protective Services Recommendation List

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| Working Group A - Quality of Care and Protective Services |
| A. Administration of Antipsychotics |
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Cross-cutting Recommendation

1.0 Statewide Aging Conference. 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.

Administration of Antipsychotics

1.1 Geriatric Psychiatric Prescribers. Require geriatric psychiatric prescribers be reimbursed to complete medication checks, or provide consultation services, for seniors receiving home health services, and utilizing telemedicine when applicable and available.

1.2 Psychotropic Medication Education. Improve upon existing standard training and education by requiring continuing education for surveyors, direct care workers, providers, prescribers, long-term care providers and caregivers on the risks, inappropriate and appropriate use of prescribed psychotropic medications for older adults with dementia or geriatric behavioral health conditions, as well as effective intervention and use of 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. Offer in home training to caregivers in dementia care.
- c. Ensure effective education outreach services to Kansas veteran populations and their caregivers.

1.3 Aging Services Provider List. Provide a list of Kansas physicians, mental health professionals, and telehealth providers **that provide aging services** 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. List shall be updated every 2-3 years.

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

2.0 Workforce Clearinghouse. Establish a clearinghouse, including direct care worker registries, and a Coordinator position between DCF, KDADS, 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.

- a. Utilize the alert system at KDADS for when infractions occur during survey to conduct follow-up on cases.

2.1 Background Checks. The State of Kansas shall increase funding to the Kansas Bureau of Investigation (KBI) to perform background checks that go beyond criminal convictions and adjudications (e.g., civil hearings, licensure board hearings) for employers in a timely manner, while prohibiting direct resident care until background check results are available.

2.2 Abuse, Neglect & Exploitation Training. The State of Kansas should develop abuse, neglect, and exploitation (ANE) training for person-centered practices:

- a. Provide abuse, neglect, and exploitation (ANE) education for the public, law enforcement, and mandatory reporters. Education will also cover person-centered practices to prevent and identify abuse, neglect and exploitation and ensure human rights.
- ~~b. Support provider training and framework for person-centered planning, especially for those with dementia, in which an individual's own wishes, strengths and relationships are respected; technology; and community support we can all access are considered before we apply paid eligibility-based services. (see 2.3 Person-Center Planning)~~
- c. Communicate the dementia certificate programs and resources to long-term care providers and prescribers.
- d. Require facilities to administer three (3) hours of continuing education on ANE for nursing facility staff and the state increase total hours of required training from 12 to 15 hours.

2.3 Person-Centered Planning. Support provider training and framework for person-centered planning, especially for those with dementia, in which an individual's own wishes, strengths and relationships are respected.

- a. Ensure technology; and community support accessibility for the client are considered before applying for paid eligibility-based services.

2.4 Statewide Needs Assessment. Conduct a statewide needs assessment of older adults in the state of Kansas using data from multiple systems from Department for Children and Families (DCF), Kansas Department for Aging and Disabilities services (KDADS), Hospitals, and the Ombudsman's Office to include the prevention of ANE.

2.5 Financial Crime Campaign. Initiate an older adult's age 60+ targeted prevention campaign about financial crime.

2.6 Funding CMHCs. The Kansas Legislature, in collaboration with KDADS and DCF, shall increase funding for Community Mental Health Centers (CMHCs) for expansion across the state in urban, rural, and frontier areas for in home (non-facility) services.

- a. CMHCs should ensure an adequate number of reimbursed community mental health workers and therapists skilled in senior behavioral health care are available to meet the needs of the population to offer 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 (KSA 39-923) and community settings.
- b. CMHCs should integrate with Long-term care (LTC) partners to increase access to services in urban, rural, and frontier areas.
- c. CMHCs should establish a senior care navigator position at each CMHC across the state who will assist or refer to mental health services, education and resources for family and caregivers to provide services, such as for veteran services.
- d. CMHCs should provide direct consultation services for Kansans aged 65 and older, using telemedicine when applicable and available.
- e. Enhance capacity of CMHCs to deliver services for seniors in all settings.
- f. Promote and utilize Medicare/Medicaid billing codes.

2.7 Charlie's Bill. Pass legislation based on 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)

2.8 Decision-making Assistance. Pass legislation based on HB 2122, enacting the supported decision-making agreements act to provide a statutory framework for adults who want decision-making assistance. (TF)

S. Adult Care Home Surveys and Fines

3.0 Civil Monetary Penalties. Ensure facilities are aware of option to designate a percentage of Civil Monetary Penalties (CMPs) to be used for approved facility improvements to increase quality of life (QOL) for older adults.

3.1 Mandated Reporting. 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 a mandated reporting training component to CNA courses.

3.2 Multidisciplinary Surveyors. Fund and enhance pay and benefits for a multidisciplinary team of surveyors.

3.3 Technical Assistance. Create and fund a 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.

3.4 Corrective Plans. KDADS will use directed plans of correction and education as remedy for infractions to allow system level implementation that is meaningful and sustainable.

- a. Ensure trauma-informed, person-centered care policies for senior who have experienced ANE are being followed.

3.5 Adult Care Home Survey Website. KDADS should develop a publicly accessible state website with adult care home survey results, providing information including, but not limited to survey frequency, levels of harm, role of staffing and staff competence, quality measures, and MCO health plans accepted at federally licensed facilities. The website will be updated [frequency].

- a. 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 issue a publication recognizing high-performing facilities.
- b. 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. KDADS shall also include poor performing homes and homes experiencing financial hardship on the state website.

Task Force Recommendations – Working Group A

- T1 Adding regulations for assisted living centers and appeals protections for residents for involuntary or improper discharges. (Rec 2.7)
- T2 The Legislature pass HB 2004, providing the right of residents and their representatives to appeal involuntary transfers and discharges or evictions from assisted living facilities. (Rec 2.7)
- T3 Pass HB 2004, "Charlie's Bill," creating the right to appeal an involuntary discharge or transfer from an adult residential care facility. (Rec 2.7)
- T4 Pass HB 2122, enacting the supported decision-making agreements act to provide a statutory framework for adults who want decision-making assistance. (Rec 2.8)
- T5 Legislation to provide at least rudimentary regulatory oversight of temporary staffing agencies to address poor quality and unreliability of services by these agencies, exorbitant fees for long-term care providers and the State. Potential legislation should include establishing a state registry, creating a basic regulatory framework, and setting upper payment limit parameters. (moot)
- T6 Temporary staffing agency - establish a registry, create basic regulatory framework, and set upper limits on charges. (moot)
- T7 The State should establish mechanisms to ensure that LTSS agencies and mental health authorities address the mental health needs of individuals receiving LTSS. (Rec 1.2)
- T8 Require CMHCs to provide mental and health and aging training for clinical staff who provide services to older adults. (Rec 2.6)
- T9 Funding for aging specialist at CHMCs. (Rec 2.6)
- T10 Provide access for residents with a level two (mental health needs) be provided in the nursing home by a CMHC. (Rec 2.6)