

# Senior Care Task Force: WGA – Quality of Care and Protective Services

Dec 14, 2021  
9:00am-10:30am  
WebEx

**Facilitator:** Hina Shah - KHI

**Note taker:** KHI

**Attendees:** **Working Group Members:** Bill Persinger, Valeo Behavioral Health; Representative Charlotte Esau; Leanna Chaffee, Kansas Adult Care Executives; Rachel Pirner, Triplett Woolf Garretson, LLC; Camille Russell, Long-Term Care Ombudsman; Ernest Kutzley, AARP; Debra Zehr, LeadingAge Kansas; Margaret Farley, Kansas Advocates for Better Care; Carter Olson, Long Term Care Administrator; Janis DeBoer, KDADS; Roger Barnhart, Barnhart Consulting; Tracy Davies, Washburn University; Chrisy Khatib, DCF; Jan Kimbrell, Silver Haired Legislature  
**Other Attendees:** Jessie Pringle, Office of the Revisor of Statues; Leighann Thone, KLRD  
**KHI Staff:** Hina Shah, Kari Bruffett, Miranda Steele, Michele Sumpter, Emma Uridge

**Reviewed Documents**

- Agenda
- Google Jamboard
  - SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)

**Agenda:**

- 9:00am – Welcome and Introductions
- 9:20am – KOMA/KORA (KS Open Meetings/Open Records Act) Jessie Pringle, Office of the Revisor of Statues
- 9:30am – Brainstorm Vision Statement for Working Group
- 9:45am – SWOT analysis (Successes, Weaknesses, Opportunities, Threats) for all three topic areas via Google Jamboard
- 10:15am – Administrative Updates
- 10:30am – Review schedule for 2022 and adjourn

## Minutes

**Agenda item:** Introductions / Opening Remarks / Review Agenda / Working Group Process

### Discussion:

- Hina Shah provided a review of the agenda
  - Ground Rules Reviewed and Adopted
    - Come ready to discuss and compromise.
    - Keep remarks succinct and on topic.
    - Don't hesitate to ask clarifying questions.
    - Start and end on time.
- Group introductions and List Individual Goals for Working Group
  - Key Themes from Introduction
    - Improved access to services and quality of services for older Kansans
    - Awareness that seniors can be in control of their lives and care
    - Seniors have their own voice and can make their own choices
    - Reduce exploitation of seniors
    - Offer more options to live at home or settings of their choice
    - Make favorable recommendations to help seniors age as they wish/choose
    - Improve quality of care and quality of life of seniors and caregivers
    - How might we improve practices, keep older adults in community, timely services, keep them safe

**Agenda item:** KOMA/KORA – Jessie Pringle – Office of the Revisor of Statues

### Discussion:

- Kansas Open Meetings Act (KOMA) -
  - No more than seven individuals should gather to discuss the business of the gathering body
  - Make reasonable efforts for public to attend meetings
  - When speaking: State name before making remarks
- Kansas Open Records Act (KORA) -
  - Any notes not subject to KORA unless they are presented during the meeting.
  - Violation: Civil fine for \$500+ and possibly complete training on KOMA/KORA.
  - Keep to the set meeting time
  - Questions for potential violations: Reach out to Jessie

**Agenda item:** Brainstorm Vision Statement for Working Group

### Discussion:

- Key themes
  - “Older Kansans will [have access to] and [the ability to choose] and receive high-quality, person-centered services wherever they reside”
    - Scalability, seamlessness, whole-person, integrated care, care regardless of ability to pay, care regardless of facility or place of residence (setting). Least restrictive environment to provide person-centered care
    - Emphasis on providing care regardless of setting
    - Vision Statement: needs to be simple, aspirational
  - “Older Kansans will [have access to] and [the ability to choose] and receive high-quality, person-centered services wherever they reside”
    - Consider the use of the information and shareability
    - Use of information – The National Healthcare Safety Network (NHSN) security network
  - “Initiate systems change in services, supports, and protective services, using a person-centered focus to give all people choice and control through the lifespan”
  - Rights people have should be honored – “assure civil rights”
  - Will finalize vision statement before, or at the next meeting

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**Agenda item:** SWOT Analysis

**Discussion:**

- Hina explained SWOT analysis will help with gathering input from the group
- Group used Jamboard to brainstorm Strengths, Weaknesses, Opportunities, and Threats for three topics of study

The Administration of Antipsychotics

- Key Themes
  - What are some strengths?
    - Existing programs: Promoting Excellent Alternatives in Kansas (PEAK) Nursing Homes
    - Culture of care
    - Community relationships
    - Resources for palliative care alternatives to anti-psychotics
  - What are some weaknesses?
    - Staffing requirements
    - Limited access to behavioral health services and community-based services
    - Lack of resources and education across system for providers/prescribers
      - Also includes mental health resources for older adults
  - Where are opportunities?
    - Untapped access to or use of existing data, e.g., MCO data
    - Nursing facility residents with low care needs
  - What barriers do we need to address?
    - Reliance on antipsychotic medications
    - Effect of pandemic

The safeguards to prevent abuse, neglect, and exploitation of seniors in Kansas

- Key Themes
  - What are some strengths?
    - State attention placed on Adult Protective Services
    - Regulations and penalties - esp. those related to financial abuse
    - Dedication of social workers to recognize and report abuse
    - Guardianship program - pointed out as a strength and then opportunity to expand
  - What are some weaknesses?
    - Lack of resources and coordination among sectors involved
    - Timeliness and availability of reports and survey findings (as well as timeliness of investigations)
    - Guardianship program - needs to be enhanced/expanded
  - Where are opportunities?
    - Community awareness
    - Guardianship program
    - Background checks
    - Improved dementia care training
    - Educational opportunities: staff in-service, law enforcement, banks, community, family caregivers
  - What barriers do we need to address?
    - Resources
    - Staff turnover
    - Unequal internet access
    - Social media
    - Unregulated providers
    - Adversarial systems
    - Belief systems/family relationships
    - Social isolation

Adult care home surveys and fines

- Key Themes
  - What are some strengths?
    - KDADS survey team - processes and department operations
    - Survey tools can lead to accountability and development/awareness of objectives
  - What are some weaknesses?
    - State is understaffed
    - Regulations not really helping residents, rather they are distracting from improving care and seniors' rights
    - Lack of state/local control; limitations with federal rules and fines
    - Lack of transparency and accountability
    - Need for a more modern, quality-based model
  - Where are opportunities?
    - Increase # of surveyors
    - Increased accountability
    - Use plans of correction to increase education/training
    - Career development/educational partnerships
    - Federal-level reform of oversight processes
    - Collaborative work on quality
    - Increase consistency of enforcement across regions/surveyors
  - What barriers do we need to address?
    - Requirements of federal survey process; cycle of fines/enforcement
    - Not enough surveyors
    - Staffing

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**Agenda item:** Administrative Updates and Next Steps

**Discussion:**

- Supplemental expert nominations for working group
  - Linda Farrar – administration of antipsychotics

- Johnson County and Sedgwick County Teams and Ellis County DA/AG's office – exploitation/investigations (TF testimony)

**SWOT Analysis**  
**Working Group A (WGA) - Quality and Protective Services**

WGA - Quality and Protective Services	Strengths	Weaknesses	Opportunities	Threats
<p><b>Topic:</b> Administration of Antipsychotics</p>	<ul style="list-style-type: none"> <li>Providers and families know each other, given that they often reside in the same town or region. Relationships are so important, and Kansans have a long history of that. Communication about meds can be strengthened by relationships.</li> <li>PEAK program</li> <li>Culture of care and kindness among Kansas citizens</li> <li>Rich resources on the problems of antipsychotics that have become public; more people know and want to know</li> <li>Many options are developing in how to provide palliative care for persons with dementia instead of anti-psychotics</li> <li>Medication review and QDR policies for care homes encourage pharmacist participation</li> <li>Federal regulations require informed consent. Federal regs provide guidance on this topic.</li> <li>Many opportunities for staff of adult care homes to receive continuing education on this topic</li> </ul>	<ul style="list-style-type: none"> <li>Consumers, payors, and policymakers often don't share the same priorities.</li> <li>More education to doctors who prescribe</li> <li>Limited mental health resources for older adults</li> <li>A large focus on adult care homes as being the main place where seniors live/receive care</li> <li>Oppressive regulations that have nothing to do with care for residents and distract from providing quality person-centered care</li> <li>Lack of provider training in understanding the regulatory impact of their prescribing habits or what is needed by nursing facilities to medically justify treatment with antipsychotics.</li> <li>Greater integration/access to mental health services – especially within rural areas. There are needs, but without proper support, the NF can be vulnerable to deficiency issues.</li> <li>Lack of community services-need to rebalance services</li> <li>Added diagnosis to resident files without proper diagnosis</li> <li>Staffing</li> <li>Restricting formularies that don't work for psychiatric patients where drugs may not work or work differently</li> <li>Staffing minimum staffing requirements</li> <li>Staff quantity and education</li> <li>Access to telehealth/telepsychiatry and policies that support that service.</li> <li>System of care delivery problems associated with behaviors that lead to antipsychotic use.</li> </ul>	<ul style="list-style-type: none"> <li>The population of Kansas, especially in our rural and in some urban counties like Shawnee, is aging rapidly, so our voices as seniors and family members of seniors have added strength. Voices raising concerns about medication access and related issues is a strength.</li> <li>Lack of aid and nurse training on communication with people who have dementia</li> <li>Reporting and addressing false documentation</li> <li>KanCare MCOs (Managed Care Organizations) can provide Geri-psych nurse practitioner consult to providers</li> <li>MCOs has data we can access</li> <li>Person centered thinking training for all staff</li> <li>Policies regarding step therapy and use of injections.</li> <li>Recommend development of mental health resources</li> <li>In dealing with dementia patients and a Durable Power of Attorney (DPOA), communications with the DPOA needs to be first</li> <li>Nursing home residents with low care needs</li> <li>Medications that have a secondary side effect benefit without being an antipsychotic medication can be explored first</li> </ul>	<ul style="list-style-type: none"> <li>Regulation to reduce antipsychotics when the need may only be increasing. Occasional difficulty getting proper diagnosis.</li> <li>More access to medical care including the use of APRNs.</li> <li>Communication process channels -&gt; physician responses can be untimely yet expose the care facility to penalties.</li> <li>Need written informed consent</li> <li>Ongoing pandemic and negative effect on those receiving and providing care</li> <li>Need for widespread education</li> <li>Consumer reliance on these medications. Seniors' own choice to take and receive antipsychotics</li> </ul>
<p><b>Key Themes -</b> Administration of Antipsychotics</p>	<ul style="list-style-type: none"> <li>Existing programs: Promoting Excellent</li> </ul>	<ul style="list-style-type: none"> <li>Staffing requirements</li> <li>Limited access to behavioral health services and community-based services</li> </ul>	<ul style="list-style-type: none"> <li>Untapped access to or use of existing data, e.g., MCO data</li> </ul>	<ul style="list-style-type: none"> <li>Reliance on antipsychotic medications</li> </ul>

WGA - Quality and Protective Services	Strengths	Weaknesses	Opportunities	Threats
	<ul style="list-style-type: none"> <li>Alternatives in Kansas (PEAK) nursing homes</li> <li>Culture of care; community relationships</li> <li>Resources for palliative care alternatives to anti-psychotics</li> </ul>	<ul style="list-style-type: none"> <li>Lack of resources and education across system providers/prescribers as well as mental health resources for older adults</li> </ul>	<ul style="list-style-type: none"> <li>Nursing facility residents with low care needs</li> </ul>	<ul style="list-style-type: none"> <li>Effect of pandemic</li> </ul>
<p><b>Topic:</b> The Safeguards to Prevent Abuse, Neglect, And Exploitation of Seniors in Kansas</p>	<ul style="list-style-type: none"> <li>State commitment and recent legislation increasing awareness and enforcement of financial abuse</li> <li>Dedication of Adult Protective Services (APS) social workers</li> <li>APS and Medicaid fraud control unit</li> <li>Reviews of deficiencies and applications provided by membership group listservs from individuals (i.e., Linda Farrar)</li> <li>Kansas Attorney General enhancements of abuse laws</li> <li>Bank reporting and care home reporting of financial exploitation</li> <li>Statutory increase in penalties for fiduciary abuse</li> <li>Kansas guardianship program</li> <li>Kansas law provides civil liability immunity to former employer who tells prospective employer that a person was being investigated for abuse, neglect, and exploitation.</li> <li>Conservators and payees are important to our seniors, especially those who have a mental</li> </ul>	<ul style="list-style-type: none"> <li>Lack of education and buy-in from some law enforcement</li> <li>Direct care staff involved in cases may skirt penalties by “job hopping”</li> <li>Lack of resources for investigation and prosecution, both monetary and substantive education</li> <li>Absence of coordination with enforcement agencies. E.g., state/federal, department of labor/securities</li> <li>Limited access to supportive services for persons who have been neglected or abused</li> <li>Lack of local prosecution of perpetrators by county/district attorneys</li> <li>Lack of timely publication of survey findings – or sometimes failure to place reports online.</li> <li>Guardianship and conservatorship education</li> <li>Can we expand the Kansas guardianship program?</li> <li>Background checks for LTSS workers</li> <li>Education</li> <li>Serious allegations and deficiencies not showing up on the CMS nursing home compare website.</li> <li>Issues with covid. There is a lot of trauma being experienced by seniors and caregivers.</li> <li>Lack of timely investigation in some instances</li> </ul>	<ul style="list-style-type: none"> <li>Awareness of community on senior’s rights to choose and rights to not incur abuse, neglect, or exploitation</li> <li>Law enforcement education</li> <li>Educational in-service opportunities throughout the year from senior care resources (ombudsman; survey team members, etc.)</li> <li>Support for family caregivers</li> <li>Lack of timely investigation in some instances</li> <li>Background checks before hire</li> <li>Improved dementia care training</li> <li>Education community, law, banks, seniors directly</li> <li>Homes should have more accountability for protection of resident property.</li> <li>The change in nursing staff so frequently is very unsettling in our dementia resident and the communications between staff re her care is not consistent</li> </ul>	<ul style="list-style-type: none"> <li>Greed</li> <li>Growing social media issues</li> <li>Lack of resources to help those truly in need.</li> <li>Lack of ability to regulate unlicensed home health and family caregivers</li> <li>Inability to connect to the internet in so many areas of the state reliably for the connections to out of area medical professionals and geriatric-psychiatry professionals</li> <li>Belief systems; inheritance as a right</li> <li>Isolation of potential victims and dependence of potential victims</li> <li>Insufficient numbers of APS staff and resources in each community, esp. Rural.</li> <li>Social isolation of elders in all settings can create more opportunities for those who would</li> </ul>

WGA - Quality and Protective Services	Strengths	Weaknesses	Opportunities	Threats
	<p>disability. We need more of these folks.</p>			<p>exploit neglect or abuse</p> <ul style="list-style-type: none"> <li>• Adversarial system</li> <li>• Older adults acquiesce to family “need” to financially exploit</li> </ul>
<p><b>Key Themes -</b> The Safeguards to Prevent Abuse, Neglect, And Exploitation of Seniors in Kansas</p>	<ul style="list-style-type: none"> <li>• State attention placed on adult protective services</li> <li>• Regulations and penalties - esp. those related to financial abuse</li> <li>• Dedication of social workers to recognize and report abuse</li> <li>• Guardianship program – pointed out as a strength and then opportunity to expand</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of resources and coordination among sectors involved</li> <li>• Timeliness and availability of reports and survey findings (as well as timeliness of investigations)</li> <li>• Guardianship program – needs to be enhanced/expanded</li> </ul>	<ul style="list-style-type: none"> <li>• Community awareness</li> <li>• Background checks</li> <li>• Improved dementia care training</li> <li>• Educational opportunities: staff in-service, law enforcement, banks, community, family caregivers</li> </ul>	<ul style="list-style-type: none"> <li>• Resources</li> <li>• Staff turnover</li> <li>• Unequal internet access</li> <li>• Social media</li> <li>• Unregulated providers</li> <li>• Adversarial systems</li> <li>• Belief systems/family relationships</li> <li>• Social isolation</li> </ul>
<p><b>Topic:</b> Adult Care Home Surveys and Fines</p>	<ul style="list-style-type: none"> <li>• KDADS survey team’s process/department</li> <li>• Surveys are the best way to have accountability and presence of objective</li> <li>• Availability of survey results to families of current residents timely and comments from the administration on those results in writing with opportunity to comment directly with administrative staff as to those results</li> <li>• Passion of long-term care workers (overall).</li> </ul>	<ul style="list-style-type: none"> <li>• The state is under-staffed and often cannot meet requirements for frequency of surveys</li> <li>• Reduce length of time between surveys.</li> <li>• Oppressive regulations that do not end up really helping residents distract from actual resident care/rights.</li> <li>• No power to change regulations/fines. These are set and enforced at the national level.</li> <li>• Lack of transparency</li> <li>• Greater public transparency of both federal and state results</li> <li>• The system is based on an antiquated adversarial, punitive model rather than a modern quality improvement collaborative model.</li> <li>• Admin jumps from one facility to another potentially after deficiencies noted at previous jobs. Exposing new facilities to risks.</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback line/technical assistance and guidance</li> <li>• National Academies of Science, Engineering and Medicine (NASEM) study that may provide recommendations for improvements in the LTC facility setting</li> <li>• Work together to ensure residents in adult care homes are receiving quality care</li> <li>• Increase number of surveyors</li> <li>• Increased accountability to plans of correction</li> <li>• Directed plans of correction to include required training and education for repeat infractions</li> <li>• Career development and partnerships with educators</li> <li>• Need more surveyors for nursing homes and state licensed only facilities</li> </ul>	<ul style="list-style-type: none"> <li>• The vicious cycle of enforcement, fines, ability of homes to improve and how that always impacts resident care. Focus on the negatives instead of rewarding and lifting resources for positive.</li> <li>• Federal survey process is required surveyors act upon required process</li> <li>• Lack of surveyor workforce available</li> <li>• Staffing</li> <li>• The lack of qualified surveyors and support staff to timely address family concerns of care at a facility. One surveyor covering more than</li> </ul>

WGA - Quality and Protective Services	Strengths	Weaknesses	Opportunities	Threats
		<ul style="list-style-type: none"> <li>• Use Civil Money Penalties (CMP) for resident benefits rather than supporting failing entities.</li> <li>• Accountability for bad actors to protect those doing their job well</li> <li>• CMP appeals process</li> </ul>	<ul style="list-style-type: none"> <li>• The window of time to correct deficiencies that are not related to actual harm seems short as many of these need to be addressed on system level.</li> <li>• Reform of nursing home oversight at federal level.</li> <li>• There is variability in the interpretation of deficiencies among regions.</li> <li>• Reviewer and review consistency</li> </ul>	<p>half the state geographically in person is impossible and having to rely on insurance case managers to supply that info needed seems not a good answer.</p> <ul style="list-style-type: none"> <li>• Lack of multidisciplinary survey teams</li> <li>• Encroachment of large multistate for-profit nursing home companies and private equity interests</li> </ul>
<b>Key Themes - Adult Care Home Surveys and Fines</b>	<ul style="list-style-type: none"> <li>• KDADS survey team – processes and department operations</li> <li>• Survey tools can lead to accountability and development/awareness of objectives</li> </ul>	<ul style="list-style-type: none"> <li>• State understaffing</li> <li>• Regulations not really helping residents, rather they are distracting from improving care and rights</li> <li>• Lack of state/local control; limitations with federal rules and fines</li> <li>• Lack of transparency and accountability</li> <li>• Need for a more modern, quality-based model</li> </ul>	<ul style="list-style-type: none"> <li>• Increase # of surveyors</li> <li>• Increased accountability</li> <li>• Use plans of correction to increase education/training</li> <li>• Career development/educational partnerships</li> <li>• Federal-level reform of oversight processes</li> <li>• Collaborative work on quality</li> <li>• Increase consistency of enforcement across regions/surveyors</li> </ul>	<ul style="list-style-type: none"> <li>• Requirements of federal survey process; cycle of fines/enforcement</li> <li>• Not enough surveyors</li> <li>• Staffing</li> </ul>