

Senior Care Task Force: WGB – Access to Services Discussion and Recommendation Development: Funding and Implementation of the Senior Care Act (SCA)

April 1, 2022
9:00am-10:30am
WebEx

Facilitator:	Hina Shah - KHI	Note taker:	KHI
Attendees:	Working Group Members: Sarah Schlitter, JCDS; Senator Kristen O’Shea; Jamie Gideon, Alzheimer’s Association; Annette Graham, Central Plains Area Agency on Aging; Linda MowBray, KHCA; Jan Kimbrell, Silver Haired Legislators; Tanya Dorf Brunner, Oral Health Kansas; Staci Carson, JCDS; Heather Brown, JCDS Subject Matter Experts: Jessie Pringle, Office of Revisor of Statutes; Connor Stangler, Kansas Legislative Research Department (KLRD); Leslie Anderson, Kansas Association of Area Agencies on Aging & Disabilities (K4AD) KHI Staff: Hina Shah, Emma Uridge		
Referenced Documents	<ul style="list-style-type: none">• Agenda• Kansas Office of Revisor of Statutes SCA Memo• KLRD SCA Memo• Kansas Department of Aging and Disability Services (KDADS) SCA Savings Information• Kansas Health Institute (KHI) 2002 SCA Policy Paper• K4AD Presentation• SWOT Matrix (Strengths, Weaknesses, Opportunities, Threats) via Google Jamboard		
Agenda:	9:00am – Welcome and Introductions 9:10am – Subject Matter Experts <i>Jessie Pringle, Kansas Office of Revisor of Statutes</i> <i>Connor Stangler, KLRD</i> <i>Leslie Anderson, K4AD</i> 10:15am – Recommendation Development <i>Topic: Funding and Implementation of the Senior Care Act</i> 10:25am – Administrative Updates 10:30am – Adjourn		

Minutes

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

Discussion:

Hina Shah provided a review of the agenda

- Ground Rules Reviewed
 - Come ready to discuss and compromise.
 - Keep remarks succinct and on topic.
 - Don’t hesitate to ask clarifying questions.
 - Start and end on time.
- Vision Statement:
 - “Establish and expand a clear path with public policy recommendations for Kansas older adults and caregivers to access services.”
- Group introductions and prompt: “What do you want the group to keep top of mind when developing recommendations regarding funding and implementation of the Senior Care Act (SCA)?”
 - Sarah Schlitter: Make sure we are thinking of those in rural and urban areas and what accessibility looks like in terms of service delivery.
 - Linda Mowbray: Make sure that seniors have options available to them, and that they are affordable, and staff is well-trained and invested in the work they do.
 - Jan Kimbrell: Remember that residents of Kansas are in all parts of the state, and that senior citizens are in many different situations. One-size-fits-all is not always the case. There is a need in rural and frontier areas for services.
 - Jamie Gideon: Be aware of the importance of the SCA, many people rely on it, and recognize those providing services.
 - Staci Carson: Keep in mind accessibility for rural Kansans.
 - Annette Graham: Keep in mind that looking forward as we continue to see more older adults needing services, we see people entering the system with complex needs with the point of contact.
 - Heather brown: For funding, we have rural areas, and we need to keep those in mind. We have existing resources that we can use to help our older adults in Kansas.
 - Tonya Dorf-Brunner: How do we meet people where they are and meet their needs in all aspects of their lives?

Agenda item: Subject Matter Experts

Discussion:

Jessie Pringle, Kansas Office of Revisor of Statutes

- Overview of Presentation
 - Presenter gave an overview on the statutory framework for the SCA. Framework overview included history, statute amendments, repeals, appropriated funding to the Area Agencies on Aging (AAA), and authorizations from the Kansas Department of Aging and Disabilities (KDADS) Secretary.

Connor Stangler, Kansas Legislative Research Department

- Overview of Presentation
 - Presenter gave working group a detailed history of the SCA, including amendments, repeals, legislative changes, and a note on recent fiscal changes and estimated savings provided by KDADS.
 - The 2022 Legislature approved an additional \$3.0 million State General Funds (SGF) in FY 2022 to increase the funding for SCA services. This change is in the agency’s base budget and is included in the Governor’s Recommendation for FY 2023. This increase brings the funding for SCA services to \$10.0 million, including \$5.5 million SGF, which is approximately half federal funds and half state funds.
 - 2002 amendment to the SCA was highlighted by presenter, which removes the Secretary’s authority to use SCA funds for services, start-up costs for providers, insufficiently provided services, and administering programs.

- KDADS provided cost comparison for Per Client/Per Year cost of SCA services versus cost of Medicaid home and community-based services to KLRD. KDADS estimates the average cost of SCA services is \$3,686 Per Client/Per Year, compared to those on Medicaid utilizing a nursing facility, which is \$7,513 Per Client/Per Year. Overall state savings from the SCA in FY 2021 was \$7.1 million.
- Presenter did research on the public perception of the SCA and referenced a KHI policy paper written in 2002. The paper discussed similar themes experienced in 2022, such as burden for long-term care facilities, worrisome fiscal estimations, and concern there would not be enough services for baby boomers by 2030.

Leslie Anderson, Kansas Association of Area Agencies on Aging & Disabilities (K4AD)

- Overview of Presentation
 - Presenter gave the fiscal history and role of the SCA, and the role of the AAAs under the SCA.
- Overview of Discussion
 - Working group member inquired about how the recent increase in funding will affect those served under the SCA and on service waiting lists. Presenter noted that the waiting list is designed to keep record of those waiting for services but may or may not affect number of appropriations, however, increased appropriations will help provide services for those who are underserved. Working group member inquired about Western and Central Kansas not being included in the SCA Pilot Program, and if service needs and utilization data can be provided. Presenter recommended reaching out to the AAAs in those areas for data.
 - Working group members discussed workforce shortage challenges, worker pay discrepancies in rural areas, and inflation affecting cost of service delivery. Presenter noted that the AAAs contract with services and negotiate the service rates for their respective areas. Enhanced Federal Medical Assistance Percentage (FMAP) funding will be used for workforce shortages for Medicaid enrollees only, not those served under the SCA. Presenter indicated that the AAAs can also provide information on contracts, invoicing, and payment systems for workers to be evaluated. SCA rates may be too low to incentivize providers to operate in rural and frontier areas, and transportation is not a covered service.
 - Working group member referenced \$10.4 million SCA funds in 2002 before funding received a 32% reduction. Reduction in services and those served have been happening since, and member noted that it has been a challenge since 2020 to get additional funding for personal care attendants.
- K4AD Provided Recommendations to the working group:
 1. Using the Senior Care Act model, we recommend the legislature authorize, fund, and evaluate a 3-year pilot program to test viability and cost-effectiveness specific to the specialized daily living needs of a specified number of other selected populations in diverse locations (rural, frontier, and urban). The fiscal note should be developed with the assistance from the Area Agencies on Aging.
 2. To validate if the program is a viable and cost-effective option, we recommend the legislature require an annual evaluation by an objective, independent evaluator using research methodologies to ensure comprehensive input from caregivers, participants, providers, and other stakeholders.
 3. We further recommend that the Statewide Advisory Council on Aging mirrors the federal composition of the Area Agencies on Aging advisory council defined in the Older Americans Act, including: More than 50 percent are older persons, including minority individuals who are participants or who are eligible to participate in programs under this part; Representatives of older persons; Representatives of health care provider organizations, including providers of veterans' health care (if appropriate); Representatives of supportive services providers organizations; Persons with leadership experience in the private and voluntary sectors; Elected officials; and the general public.

Agenda item: Recommendation Development for Funding and Implementation of the Senior Care Act

No.	Preliminary Recommendations
1.	Reinstitute the State Aging Advisory Council and ensure representation on the board includes older adults, caregivers, professionals who work in community-based care organizations
2.	Revitalize the State Advisory Council to include advocates for older Kansans and caregivers in ALL parts of the state including the frontier areas and rural area.
3.	If another pilot program is undertaken, using more frontier and rural areas in the pilot areas as one size does not fit all
4.	Create a more stable funding base that is dependable for implementation and continuity of services.
5.	I think the SCA included a provision that funding cannot be used for startup costs but using a portion of the new funding to allow AAAs to invest in technology would be wise.
6.	Expand services and access to services to include people otherwise excluded
7.	Expanding eligibility for services received under SCA
8.	Expand flexibility in services which promote choice, increased independence and assist with overcoming unique challenges (services in rural areas urban areas).
9.	Leverage technology and MCO involvement to create a data driven method of measuring outcomes.
10.	Improve the data systems for the SCA program and provide regular reports on utilization and the needs of the clients being served in the program
11.	Use SCA funds be used for technology- both for client support and bringing required technology to the person, including devices and internet access
12.	Capitalize on technology engagement gains seen with the older adults and their caregivers to address social isolation and increase efficiencies.
13.	The Plan of Care program cost cap has not been increased in many years. As the service provider rates increase, this needs to be increased.
14.	ensure the integrity of the SCA program which was designed and tailored to the specialized needs of adults age 60 and older
15.	Allow service funding to be used for mileage costs for providers.
16.	develop and fund pilot projects using the SCA model of services for the younger onset individuals with Alzheimer's
17.	Require an annual evaluation by an objective independent contractor on the effectiveness of the programs and its administration of services across the state not just a few selected ones.
18.	Allowing crossover for services - ability for people to receive additional services they could benefit from.
19.	Maintain the status minimum of 60 years of age to be included in the Senior Care Act.
20.	A pilot to use the SCA model in rural, frontier, and urban areas for additional populations and using a wider range of services options.
21.	Increase the one time only service caps to allow adequate funding for items such as Durable medical equipment, technology to address social isolation and home modifications.
22.	By creating and following more person-centered plans of care, limited staffing resources can be maximized for efficient utilization
23.	Use a portion of the new funding to look at reimbursement rates and address disparities between rural and urban areas. (There is not enough money to do this as robustly as necessary, though.)
24.	Utilize existing programs to overcome service shortages.
25.	Incentivize certain services, specifically those in remote areas when possible.
26.	incentivize rural service providers through funding allocations
27.	Revisit formula for funding allocation to ensure rural areas are getting needed funding
28.	Recognize the social needs of seniors to be able to assemble and conversate with others outside of their own homes and the availability of senior centers to provide not only nutritional services but socialization programming.
29.	Seek AT collaboration for unique needs of those 60 or older, especially in rural areas.
30.	Funding to existing providers to add to the services they can provide. Example- giving senior centers more funding to then provide respite, help with chores etc.
31.	Recognize that the shorter hours offered for staffing is not always an incentive to accept a job. Taking into consideration travel time-expenses to the jobs may be at or longer than the hours working with a client or group.
32.	Where have we been successful and expand those services, focusing on strengths vs barriers.

33.	Statewide Advisory Council on Aging mirrors the federal composition of the Area Agencies on Aging advisory council defined in the Older Americans Act (Leslie Anderson's recommendation)
34.	Family caregivers often must step away from their paid work to help older family members. Could they receive funding for providing care?
35.	Put a provision in the funding formula to increase the funding at regular intervals, but also get a larger initial appropriation to get the system closer to where it needs to be to ensure a stable workforce and no waiting lists.

- Overview of Discussion
 - Working group members reflected on recommendations developed via Google Jamboard. Prominent themes that arose from recommendation development include revitalizing the State Aging Advisory Council, adapting services based on geographic location, increasing technology utilization to fill service gaps, amending the SCA to allow funding for certain services, adapting to provider shortages, and establishing a method for evaluating existing SCA programs, funding, and effectiveness.

Agenda item: Administrative Updates and Adjourn

Discussion:

Next Meeting Topic: Refine and Characterize Recommendations

Next Meeting Date: April 15, 2022

Data Request for k4aD:

- Do the AAAs have data on the needs, availability of care, and service utilization for seniors in Western and Central Kansas since those areas were not included in SCA Pilot Program?