

Theme-Sorted Recommendation List
Working Group B, Access to Services

Version: 4.12.22

Areas of Study
P. Provision of care for seniors in the state of Kansas who suffer from Alzheimer's disease, dementia, or other age-related mental health conditions
R. Rebalancing of Home and Community-Based Services
A. Adult Daycare Resources
F. Funding and Implementation of the Senior Care Act

P. Provision of care for seniors in the state of Kansas who suffer from Alzheimer's disease, dementia, or other age-related mental health conditions

Theme 1: Legislation and Policy

- 1.1 Have the Alzheimer's Disease Task Force present to the Legislature regularly.
- 1.2 Use the Alzheimer's Association State Plan and Alzheimer's Disease Task Force to develop recommendations to prepare the service system to meet the increasing demands for services as the population ages.
- 1.3 Reinstate State Agency Advisory Council. If reinstated, the State Aging Advisory Council must mirror 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. (k4ad)
- 1.4 Establish a permanent, full-time Dementia and Alzheimer's Disease Coordinator position at Kansas Department for Aging and Disability Services (KDADS) with the following roles and responsibilities.
 - a. Serve as federal and state liaison and training administrator at KDADS.
 - b. Use Civil Monetary Penalty (CMP) funds to provide advanced dementia care training for all care staff.
 - c. Provide standardized training for Community Mental Health Centers (CMHC) staff on geriatric mental health and provide senior centers with dementia training targeted at caregivers.
- 1.5 Have Alzheimer's Association, or AAAs, to focus on identifying family caregivers on the brink of burnout to keep the individual in the home, promote their resources, and do outreach to local agencies, LTCs, and Community Mental Health Centers (CMHCs).
- 1.6 [Establish a permanent, full-time HCBS Navigator position at Kansas Department for Aging and Disability Services (KDADS) with the following roles and responsibilities].
 - a. Educate local staff of private as well as public services to programs available to seniors to enable home-based care and services.
 - b. Educate landlords on section 8 to increase accessible and affordable housing options.
 - c. Market the Statewide Aging and Disability Resource Center (ADRC) phone number to access information on HCBS, PACE and other options for long-term care across the state.
- 1.7 Utilize Area Agencies on Aging (AAA) to provide information and referral services and coordination of services for older adults aged 60 and older and caregivers. [R3.1]
Establish a referral service for family caregivers to help determine what services must be sought for care recipient in larger metro areas. Give them contact numbers and addresses to study for themselves. [R3.2]

Theme 2 : Increase Collaboration for Improved Care Coordination

- 2.1 Fund the Money Follows the Person Program to assist with transitions for individuals wanting to move back to the community.
- 2.2 Utilize PACE training model for transitioning individuals with dementia between homes to provide transition planning for seniors, their family, and caregivers in long-term care, home health, and for seniors in general that will include nurses and direct care staff to make the adjustment safer and less stressful for all.
- 2.3 Change policy to allow shared resources, that may become available for home-based care and more isolated in long-term care.
If providers are collaborating to provide services to someone, both providers should be compensated.

Theme 3: Education and Training

- 3.1 Require continuing education training credits for dementia training annually for all long-term care employees, doctors, social workers, and mental health professionals.

R. Rebalancing Home and Community Based Services

Theme 1: Increase Rates and Service Offerings for Medicaid Waivers

- 1.1 Modify the HCBS Waiver to include the following services:
 - a. Home delivered meals to the Frail Elderly (FE) and Home and Community Based Services (HCBS) waiver.
 - b. Include access to technology as an MCO member benefit for those receiving HCBS services.
 - c. Add case management services to the HCBS, Frail Elderly (FE), Physical Disability (PD) and Brain Injury (BI) waiver for those 60+.
- 1.2 Create in statute to increase provider rates for the Physical Disability (PD), and Frail Elderly (FE) waivers annually or every other year.
- 1.3 Increase rates for personal care services and [determine pay based on geographic location].
- 1.4 Ensure services under the Frail Elderly (FE) waiver are structured to meet the needs of those 60+ with IDD.

Theme 2: Regulatory Enforcement, Legislation, and Policy

- 2.1 Leverage the increase in protected income level to mitigate any costs associated with coming into compliance with the final settings rule.
- 2.2 Require providers to pass on rate increase to workers to impact workforce availability.
- 2.3 Provide financial incentives to rural hospital outpatient services to be PACE provider in smaller communities.
- 2.4 Utilize the Continuity Assessment Record and Evaluation (CARE) score to create tiered level of services for HCBS clients in assisted living and Home Plus, instead of per unit fees that are difficult for providers to budget for.

Theme 4: Education and Training

- 4.1 Implement continuing education to health care professionals about HCBS options for older adults so that the first option is not nursing home referral and wellness monitoring to increase its use as low-cost medical care.

Theme 5: Case Management Services

- 5.1 Expand upon the case management services offered by Aging and Disability Resource Center (ADRC) to assist those needing assistance as they onboard or transition programs.

Theme 6: Increase Access to Affordable Housing

- 6.1 Invest in housing options to increase the availability of accessible, affordable housing options for older adults.

A. Adult Daycare Resources

Theme 1: Funding, Legislation, and Policy

- 1.1 Increase funding/reimbursement rates to Day Care and Day Service providers to increase staffing and more opportunities to serve people from their homes during the day vs. going to a facility.
- 1.2 Provide grants for senior centers, housing providers, and assisted living providers to retrofit or establish space appropriate for adult day centers.

Theme 2: Utilize Senior Centers to Administer Services

- 2.1 Expand the PACE Program to serve as a hub to administer social models of adult day services that focus on person-centered care for the needs of older adults and increase eligibility criteria for the program.
 - a. Current Senior Centers will connect with community partners, who also provide day services and involve non-traditional stakeholders (community members & business leaders) to develop pilot programs for community members to discuss health, oral health, using technology, etc.
 - b. Expand reach of the PACE program for transportation among providers to bring services to those being served in-home to minimize costs and expand accessibility.]
(Rationale: for those that may not be able to travel safely or may be disoriented by changing locations.)
- 2.2 Raise awareness to potential providers that they could become a licensed adult day care facility.
- 2.3 Develop respite services and market those services.

Theme 4: Utilize Volunteers

- 4.1 Partner with Kansas Alzheimer's Association and AARP to access resources, training, and technical assistance for adult day service training and volunteer engagement.
- 4.2 Get younger volunteers, such as those in 4H, boy scouts, high school, or college for adult day services.
- 4.3 Partner with Retired and Senior Volunteer Program and Senior Companion programs (through AmeriCorps) to utilize the volunteers in adult day service programs.

F. Funding and Implementation of the Senior Care Act

Theme 1: Adapt Services Based on Geographic Location

- 1.1 Expand flexibility to incentivize providers for services that promote choice, increased independence, and assist with overcoming unique challenges in rural, frontier, and urban areas.
- 1.2 Implement a pilot program to use the Senior Care Act model in rural, frontier, and urban areas for additional populations and using a wider range of services options.
- 1.3 Use a portion of new SCA funding to research raising reimbursement rates and revisit formula for funding allocation to address disparities between rural and urban areas.

Theme 2: Increase and Allow for Technology Utilization

- 2.1 Allow SCA funding to be used for start-up costs to allow AAAs to invest in technology and add as an allowable service under the Senior Care Act (SCA) program.
 - a. Seek Assisted Technology (AT) collaboration.
 - b. Fund the purchase for devices, internet access, IT client support, and bringing required technology to the person.
- 2.2 Increase the one time only service caps to allow adequate funding for items such as durable medical equipment and technology to address social isolation and home modifications.

(Rationale for 2.1 and 2.2: Capitalize on technology engagement gains seen with the older adults and their caregivers to address social isolation and increase efficiencies.)

Theme 3: Funding for Services – Wish list, but could brainstorm sustainable funding sources

- 3.1 Using the Senior Care Act model, the legislature should 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).

(K4AD)

Rationale: The fiscal note should be developed with the assistance from the Area Agencies on Aging. (K4AD rec language)
- 3.2 Develop a more stable funding base that is dependable for implementation and continuity of services.
- 3.3 Allow (SCA) funding to be used for travel time and mileage costs for providers.
- 3.4 Allow (SCA) funding to be used to pay for family caregivers.

Theme 4: Evaluate Existing Programs

- 4.1 To validate if the [SCA] program is a viable and cost-effective option, an annual evaluation by an objective, independent evaluator using research methodologies should be conducted to ensure comprehensive input from caregivers, [Managed Care Organization data], participants, providers, and other stakeholders.
- 4.2 Improve the data systems for the Senior Care Act program and provide regular reports on service utilization and client needs.

Working Group B – Other Recommendations

- B1 Allow services to be provided to anyone receiving HCBS services, regardless of which waiver they are on.
- B2 Identify best practices, models and reimbursement that would increase availability of day center services.
- B3 IDD Day Service Providers who have an older adult program to also serve older adults from the general population through PACE or other means to increase accessibility for seniors without IDD.
- B4 Allow crossover for [SCA] services for people to receive additional services they could benefit from.
- B5 Create and follow person-centered plans of care to account for limited [SCA] staffing resources to be maximized for efficient utilization.
- B6 Utilize existing programs to overcome [SCA] service shortages.