

Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature

CHAIRPERSON: Representative Susan Concannon [2021], Senator Richard Hilderbrand [2022]

VICE-CHAIRPERSON: Senator Richard Hilderbrand [2021], Representative Susan Concannon [2022]

LEGISLATIVE MEMBERS: Senators Cindy Holscher and Kristen O'Shea; and Representatives Charlotte Esau and Jarrod Ousley

NON-LEGISLATIVE MEMBERS: Kendra Baldrige, Leanna Chaffee, Janis DeBoer [2021], Margaret Farley [2021], Kiley Floyd [2022], Jamie Gideon, Annette Graham, Lacey Hunter [2022], Jan Kimbrell, Ernest Kutzley, Deborah Merrill [2022], Linda MowBray, Mindy Nicholson [2021], Haely Ordoyne, Bill Persinger, Rachael Pirner, Camille Russell, Sarah Schlitter, and Debra Zehr

CHARGE

Study and Report on the Care Provided for Kansas Seniors

HB 2114 (2021) [KSA 2022 Supp. 39-7,163] directs the Task Force to study topics on the provision of care for Kansas seniors who suffer from Alzheimer's disease, dementia, or other age-related mental health conditions; administration of antipsychotic medication to adult care home residents; safeguards to prevent abuse, neglect, and exploitation of seniors in the state; adult care home surveys and fines; funding and implementation of the Kansas Senior Care Act; senior day care resources in the state; and rebalancing of home and community based services.

Kansas Senior Care Task Force

FINAL REPORT

Conclusions and Recommendations

The Kansas Senior Care Task Force (Task Force) makes the following recommendations, which are the Tier 1 Recommendations made by the Senior Care Task Force Working Groups, for action during the 2023 Legislative Session:

- The State of Kansas should 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 evidence-based practices, lessons learned, and national themes;
- The Kansas Department for Aging and Disability Services (KDADS), providers, the Promoting Excellent Alternatives in Kansas (PEAK) program, and managed care organizations (MCOs) should support provider training and frameworks for person-centered planning, especially for those with dementia, in which an individual's own wishes, strengths, and relationships are respected;
- KDADS, provider associations, and the Legislature should create a Rural Health Care Coalition for Aging Services;
- The Kansas Department of Health and Environment and the Legislature should better ensure geriatric psychiatric prescribers are accessible for consultation to complete medication evaluations for seniors receiving health services in all settings, utilizing telemedicine when applicable and available. Furthermore, the Legislature should ensure billing codes can cover a range of psychiatric services such as medication management, consultation, care coordination, and telemedicine for older adults when applicable and available;
- KDADS, the Kansas Department for Children and Families (DCF), the Kansas Bureau of Investigation (KBI), and the Legislature should establish a workforce clearinghouse, including direct care worker registries, and a position to coordinate among DCF, KDADS, and 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 hiring arise;
- The State of Kansas should add non-nursing professionals to the survey teams for adult care homes and consider models of mixed professionals for regional teams;
- KDADS should reactivate the State Aging Advisory Council, which includes representatives of supportive services and provider organizations. The Task Force strongly recommends the Council mirror the composition of the federal Area Agencies on Aging (AAA) Advisory Council defined in the Older Americans Act, with membership composed of more than 50 percent older adults with populations of focus who are participants or who are eligible to participate in programs under this section of the Act; representatives of AAAs; representatives of health care provider organizations, including

- providers of veterans' health care; representatives of supportive services provider organizations; persons with leadership experience in the private and voluntary sectors; elected officials; a representative from the Alzheimer's Association; and the public;
- KDADS should establish a permanent, full-time dementia and Alzheimer's disease coordinator position within its organization;
 - The Legislature and the Kansas Housing Resources Corporation should encourage collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults;
 - The State of Kansas should promote increasing access to the Program of All-Inclusive Care for the Elderly (PACE) in underserved areas of Kansas 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 the eligibility criteria for the program area. The State should expand the reach of the current PACE program, and other providers, to transport services and workers to those being served in-home, utilizing general transportation systems already in the area to get those skilled people and their equipment out to the homes, when necessary, to minimize costs and expand accessibility;
 - The State of Kansas with the Kansas Association of Area Agencies on Aging and Disabilities should expand flexibility to incentivize providers via raising reimbursement rates to use the Senior Care Act program for services that promote choice, increase independence, and assist with overcoming unique challenges in rural, frontier, and urban areas;
 - The Legislature and KDADS should increase the caps for one-time-only services with an annual review that ties the rate to the Consumer Price Index and create an exemption process, to allow adequate funding for items such as durable medical equipment and technology to address social isolation and home modification;
 - KDADS and the Legislature should seek funding and develop partnerships for the development and distribution of a new, publicly available Kansas Elder Count Book that provides the same demographic and detailed types of data as the original Elder Count Book. This information would provide detailed and robust data to help consumers, local and state policymakers, and other decision-makers plan for current and future needs of older Kansans;
 - The State of Kansas should provide appropriations to increase rates of service providers to increase worker pay, support safe staffing standards, and ensure a stable workforce, minimizing waitlists; and
 - The Legislature should provide ongoing government incentives with additional funding to increase the number of health care worker faculty and trainers.

Proposed Legislation: None.

BACKGROUND

The Kansas Senior Care Task Force (Task Force) was created by 2021 HB 2114, with a sunset date of June 30, 2023. KSA 39-7,163 directs the Task Force to study the provision of care for Kansas seniors who suffer from Alzheimer's disease, dementia, or other age-related mental health conditions; the administration of antipsychotic medications to adult care home residents; safeguards to prevent abuse, neglect, and exploitation of seniors in the state; adult care home surveys and fines; the funding and implementation of the Kansas Senior Care Act (SCA); senior day care resources in the state; and rebalancing of home and community-based services (HCBS).

Organization

The Task Force is composed of 22 members, whose first members were required to be appointed on or before August 1, 2021. The appointing authorities were required to provide notice of appointments to the Secretary for Aging and Disability Services. Vacancies on the Task Force are to be filled by appointment and accompanied by notice to the Secretary for Aging and Disability Services in the manner provided for the original appointment.

The Task Force is composed of the following members:

- The chairperson of the Senate Committee on Public Health and Welfare;
- A member of the Senate Committee on Public Health and Welfare, appointed by the President of the Senate;
- A member of the Senate Committee on Public Health and Welfare, appointed by the Minority Leader of the Senate;
- The chairperson of the House Committee on Children and Seniors;
- The ranking minority member of the House Committee on Children and Seniors;
- A member of the House Committee on Children and Seniors, appointed by the Speaker of the House;
- One representative of the Kansas Department for Aging and Disability Services (KDADS), appointed by the Secretary for Aging and Disability Services;
- One representative of the Kansas Department of Health and Environment (KDHE), appointed by the Secretary of Health and Environment;
- The State Long-term Care Ombudsman or the State Long-term Care Ombudsman's designee;
- An elder law attorney, appointed by the Governor;
- One representative of the Area Agencies on Aging (AAAs), appointed by the Secretary for Aging and Disability Services;
- One representative of the Kansas Adult Care Executives Association, appointed by the Governor;
- One representative of LeadingAge Kansas, appointed by LeadingAge Kansas;
- One representative of the Kansas Health Care Association, appointed by the Kansas Health Care Association;
- One representative of Kansas Advocates for Better Care, appointed by the Kansas Advocates for Better Care;
- One representative of the Kansas Hospital Association, appointed by the Kansas Hospital Association;
- One representative of community mental health centers, appointed by the

Association of Community Mental Health Centers of Kansas;

- One representative of an adult care home, appointed by the Secretary for Aging and Disability Services;
- One representative of the AARP, appointed by the AARP;
- One representative from the HCBS community, appointed by InterHab;
- One representative of the Alzheimer’s Association, appointed by the Alzheimer’s Association; and
- A consumer of Kansas senior services, appointed by the Speaker of the Silver Haired Legislature.

The first chairperson of the Task Force was the chairperson of the House Committee on Children and Seniors, and the first vice-chairperson was the chairperson of the Senate Committee on Public Health and Welfare. The positions of chairperson and vice-chairperson annually alternated on the first meeting of the Task Force each calendar year.

During the 2021 Interim, the Legislative Coordinating Council (LCC) approved four meeting days for the Task Force, which met September 9, November 11, December 6, and December 7, 2021.

In accordance with statute, the 2021 Senior Care Task Force submitted a preliminary progress report of the Task Force’s study to the 2022 Legislature. The contents of that report may be found in the Committee Reports to the 2022 Kansas Legislature supplement.

Working Groups

After presentation by a representative of the Kansas Health Institute (KHI) of the working group concept at the September 9, 2021, meeting, the Task Force approved KDADS’ offer to coordinate a contract directly with KHI to establish working groups for the Task Force, with KHI facilitating the working groups. The Task

Force sought and received LCC approval to create working groups to assist the Task Force in studying and making recommendations on the assigned topics. At the December 7, 2021, Task Force meeting, the final working groups charter was presented by KHI, including the purpose, product, and scope of the work of the working groups.

Two working groups and one subgroup were formed. The two working groups were Quality of Care and Protective Services (Working Group A) and Access to Services (Working Group B). The subgroup was formed to study the workforce issue and make recommendations that cross several topic areas.

The primary areas of focus for each of the working groups were:

- **Quality of Care and Protective Services.** Administration of antipsychotic medications to adult care home residents; safeguards to prevent abuse, neglect, and exploitation of seniors in the state; and adult care home surveys and fines;
- **Access to Services.** Provision of care for seniors in the state who suffer from Alzheimer’s disease, dementia, or other age-related mental health conditions; the funding and implementation of the Kansas SCA, KSA 75-5926 through KSA 75-5936; senior day care resources in the state; and rebalancing of HCBS; and
- **Workforce Subgroup.** Issues that crosscut topics studied by the two working groups, including the needs of the informal and formal workforce serving seniors in the state of Kansas.

The working groups and subgroup consisted of a Task Force non-legislative member serving as chairperson, a legislative member serving as vice-chairperson, Task Force members volunteering by topic preference, and other relevant subject matter experts.

KHI began facilitating working group and subgroup meetings on and after December 14, 2021. Working group meetings continued virtually

through the 2022 Legislative Session, twice per month (once per month for the subgroup), for 90 minutes per meeting. The working groups and the subgroup met until July 2022. The working groups and subgroup finalized and ratified their report in July 2022 and presented the report to the Task Force during its August 24, 2022, meeting.

The complete working groups report, with updates adopted by the Task Force during its October 25, 2022, meeting, is attached following this report to the 2023 Legislature.

TASK FORCE MEETINGS

On June 16, 2022, the LCC approved two meeting days for the Task Force, which were held on August 24 and 25, 2022. After the August 25 meeting, a request for an additional meeting day was made, and the LCC approved the October 25, 2022, meeting of the Task Force pursuant to LCC Policy 20.

August 24, 2022, Meeting

Follow-up to December 2021 Meetings

Kansas Legislative Research Department (KLRD) staff provided the Task Force with follow-up information requested during the December 2021 meetings, including a KLRD memorandum on funding for broadband internet development in Kansas and the *Senior Report 2022* from the United Health Foundation. The KLRD research analyst provided an overview of the December 2021 meetings, including the recommendations made that guided the working groups and subgroup. Topics included mapping of senior services across Kansas, use of temporary aides in long-term care, analysis of broadband funding, and development of a new Kansas Elder Count Book.

Working Groups

A representative of KHI introduced the Working Groups Report and explained the processes for group organization, creation of the vision statement, prioritization of recommendations, and the working group meetings. Working groups adopted the recommendation characterization rubric to prioritize recommendations into three tiers, with

Tier 1 being of the most urgent importance. The working groups also scored each recommendation on a scale of 1 to 10 on ease of implementation (with 10 being very easy) and potential for high impact (with 10 being highly impactful).

Review of Workforce Subgroup Recommendations

Members of the Workforce Subgroup introduced and explained the recommendations developed by their group, including:

- Recommendation 9.1: Raising reimbursement rates for service providers to increase worker pay, support safe staffing standards, and ensure a stable workforce;
- Recommendation 9.2: Contracting with ADvancing States, an organization representing state and territorial agencies on aging and disabilities, to implement the ConnectToCareJobs platform, a worker matching and placement tool;
- Recommendation 9.3: Developing incentives or additional benefits for direct care workers, such as respite services and child care assistance;
- Recommendation 9.4: Creating a workforce tax credit for the aging services direct care workforce;
- Recommendation 9.5: Creating a caregiver tax credit to help persons caring for their loved ones;
- Recommendation 9.6: Exploring cross-sector partnerships or models to align systems and share staffing resources;
- Recommendation 9.7: Providing ongoing government incentives with additional funding to increase the number of health care worker faculty and trainers;
- Recommendation 9.8: Establishing a five-year plan of state funding for direct career-path training of potential health professionals, such as certified nurse aides (CNAs) and home care aides;

- Recommendation 9.9: Developing models for volunteer programs for aging services to identify future workforce; and
- Recommendation 9.10: Eliminating barriers for entering the field of aging services and mitigating challenges for those already in the field.

Review of Cross-cutting Recommendations

Each working group had cross-cutting recommendations that went beyond the boundaries of its stated task and were thought to be of importance to improve senior care generally. Working group members reviewed these recommendations, including:

- Recommendation 1.1: Reinstating the Governor’s Conference on Aging;
- Recommendation 1.2: Instituting provider training and a framework for person-centered care planning;
- Recommendation 1.3: Providing additional educational training credits on dementia care and geriatric mental health for aging services staff;
- Recommendation 1.4: Supporting family caregiver services that can delay or decrease the likelihood of requiring care in a nursing facility; and
- Recommendation 1.5: Instituting a Rural Health Care Coalition for Aging Services with statewide leadership to support senior care in rural and frontier areas of Kansas.

Quality of Care and Protective Services Working Group Recommendations

The Quality of Care and Protective Services Working Group focused primarily on the topics of administration of antipsychotic medication; Adult Abuse, Neglect, and Exploitation (ANE); and adult care home surveys and fines. Working group members discussed each of the group’s recommendations with the Task Force, including:

- Recommendation 2.1: Ensuring geriatric psychiatric medication prescribers are accessible for consultation in all settings, including telemedicine;
- Recommendation 2.2: Improving existing standard training and implementing targeted education for surveyors, direct care workers, providers, prescribers, long-term care providers, and caregivers on the use of psychotropic medications for older adults with dementia or mental health conditions;
- Recommendation 3.1: Establishing a workforce clearinghouse, including direct care worker registries, and a coordinator to create a more accessible process for background checks of guardians, conservators, and caregivers that is available to individuals and facilities;
- Recommendation 3.2: Increasing funding to the Kansas Bureau of Investigation (KBI) to perform and provide background checks that go beyond criminal convictions and final judgment or adjudications for employers in a more timely manner;
- Recommendation 3.3: Further developing and promoting ANE training for person-centered practices to the public and groups such as law enforcement officers and first responders;
- Recommendation 3.4: Initiating a targeted prevention campaign about financial crime for older adults, ages 60 and older;
- Recommendation 3.5: Ensuring the rights of residents and their representatives to appeal involuntary transfers, discharges, or evictions from assisted living facilities with the use of research conducted by the Kansas Judicial Council to ensure a process is put in place;
- Recommendation 3.6: Providing a statutory framework for adults who want decision-making assistance;

- Recommendation 3.7: Amending KSA 39-1431 to add CNAs, certified medication aides, and home health aides as mandated reporters to align with the federal mandate;
- Recommendation 3.8: Increasing funding for community mental health centers for expansion across the state in urban, rural, and frontier areas for in-home (non-facility) services;
- Recommendation 4.1: Adding non-nursing professionals to survey teams for adult care homes and considering models of mixed professionals for regional teams;
- Recommendation 4.2: Creating and funding a technical assistance department or position, renewing a historical position that assists adult care homes with regulatory compliance, quality improvement, and plans of correction, among other things;
- Recommendation 4.3: Using directed plans of correction and education as a remedy for infractions to allow system-level implementation to help adult care homes achieve compliance;
- Recommendation 4.4: Developing a publicly accessible state website of adult care home survey results, updated semi-annually, providing information on survey frequency, levels of harm, and quality measures, among other things; and
- Recommendation 3.9: Conducting a statewide ANE needs assessment of older adults in Kansas.

*Access to Services Working Group
Recommendations*

The Access to Services Working Group focused on issues of Alzheimer’s disease, dementia, and age-related mental health conditions; HCBS; senior day care resources; and implementation of the SCA. Members of the

working group presented each of the group’s recommendations to the Task Force, including:

- Recommendation 5.1: Reinstating the State Aging Advisory Council;
- Recommendation 5.2: Establishing a permanent full-time Dementia and Alzheimer’s Disease Coordinator position at KDADS;
- Recommendation 5.3: Acting upon the work of both the Alzheimer’s Association State Plan and the Alzheimer’s Disease Task Force recommendations;
- Recommendation 6.1: Ensuring services such as home-delivered meals, case management, increased access to technology, and training on how to use technology as an managed care organization (MCO) member benefit are available to individuals aged 65 and older on all Medicaid HCBS waivers;
- Recommendation 6.2: Promoting awareness of HCBS options available for older Kansans by educating staff of private and public services of such programs;
- Recommendation 6.3: Developing options to optimize transitions for elders, including the federally funded Money Follows the Person (MFP) program and adding case management through the Aging and Disability Resource Center;
- Recommendation 6.4: Increasing the availability of accessible, affordable housing options for older persons;
- Recommendation 6.5: Utilizing the Functional Assessment Instrument to create tiered levels of services for those in assisted living and Home Plus facilities;
- Recommendation 7.1: Increasing funding and reimbursement rates from the State of Kansas to providers of adult day care

services and intellectual and developmental disability day services;

- Recommendation 7.2: Expanding the Program of All-Inclusive Care for the Elderly (PACE) to underserved areas of Kansas as a hub to administer social models of adult day services;
- Recommendation 7.3: Providing grants for senior centers, housing providers, and assisted living providers to retrofit or establish space appropriate for adult day centers;
- Recommendation 7.4: Creating a pilot program to encourage senior centers to collaborate with community partners;
- Recommendation 7.5: Encouraging collaboration among organizations and senior centers to access resources, training, and technical assistance for adult day service training and volunteer engagement;
- Recommendation 8.1: Raising reimbursement rates to use the SCA program for services that promote choice, increase independence, and assist with overcoming challenges in all areas of the state;
- Recommendation 8.2: Increasing one-time-service caps with an annual review that ties the rate to the Consumer Price Index (CPI), creating an exemption process, and allowing adequate funding for items such as durable medical equipment and technology to address isolation and increase mobility;
- Recommendation 8.3: Securing funding and partnerships for the development and distribution of a new, publicly available Kansas Elder Count Book;
- Recommendation 8.4: Increasing SCA funding to be used for start-up costs for AAAs to invest in technology and adding it as an allowable service under the SCA;

- Recommendation 8.5: Ensuring the SCA program is evaluated every three to five years by an objective, independent evaluator; and
- Recommendation 8.6: Improving KDADS data systems for multi-directional use under the SCA and providing regular reports on service utilization and client needs.

August 25, 2022, Meeting

Presentations on the Senior Workforce

Two representatives of ADvancing States gave a presentation on the topic of the senior workforce. ADvancing States networks nationally to introduce improvements in services for older adults.

One ADvancing States presenter noted a turnover rate of up to 50.0 percent for senior care direct service workers, with an increase in the past two years of up to 80.0 percent. The representative said this staffing crisis directly impacts the ability to provide care and will only continue as the need for senior care continues to increase, and low pay for direct care workers is a key factor. Other states have attempted to address this workforce shortage through training, certification programs, career ladders, bonuses, salary increases, and grant programs to support employee-owned co-operatives.

A representative of ADvancing States discussed Indiana's Direct Services Worker Advisory Board, made up of members actively working in senior care. The Board has provided advice to the state regarding recruitment and retainment efforts such as a public awareness campaign, peer recruitment and mentoring, increased wages, increased support from supervisors, and transportation or mileage reimbursement for home health care workers.

Presentation on iLink Technologies

A representative of GoodLife Innovations provided a presentation on iLink Technologies, a form of in-home, remote support that is being used to deliver care to disabled and senior individuals in their homes. The presenter explained that iLink,

which is typically deployed in a common neighborhood setting, can connect seniors with support staff and resources and can create attractive work schedules for its full-time, tenured employees. The presenter demonstrated the technology for the Task Force and explained how iLink can help provide the least intrusive approach with the highest possible support for its clients.

There was discussion among Task Force members and the presenter regarding how iLink might work in smaller communities and rural areas, how the billing works, and how the “neighborhoods” are implemented. GoodLife Innovations is currently working with MCOs to determine how they can approach waivers and billing appropriately and differently than other assisted living options.

Review and Revision of Working Group Recommendations

A representative of KLRD and a representative of KHI facilitated a discussion of the individual recommendations in the Senior Care Task Force Working Group Report presented in detail during the August 24 meeting.

A detailed account of all changes made to the recommendations can be found in the minutes for the August 24-25 meeting. Key changes made by the Task Force include:

- Adding the Legislature as an action lead or moving the Legislature from key collaborator to action lead on Recommendations 1.1, 1.3, 1.4, 1.5, 2.1, 3.1, 3.2, 3.4, 3.5, 3.6, 3.8, 4.3, 4.4, 6.1, 6.3, 7.3, 8.2, 9.2, 9.3, and 9.8;
- For Recommendation 2.1, changing the Ease of Implementation score from a 6 to a 3 to reflect the Task Force’s belief that the recommendation would be more difficult to implement;
- Removing the Legislature as a key collaborator for Recommendation 4.1 because it would be the responsibility of KDADS to request additional full-time-equivalent employees;

- Adding KDHE as an action lead for Recommendations 6.5 and 9.3;
- Moving Recommendation 7.2 from Tier 3 to Tier 1 to reflect its higher importance; and
- Adding KDADS as an action lead for Recommendations 7.4 and 9.6.

October 25, 2022, Meeting

Updated Working Groups Report

A KLRD analyst provided an overview of the updates made to the Working Groups Report during the August 2022 meetings. The Report was provided to the Task Force with changes presented in red.

Discussion of Recommendations and Tier Levels

The Task Force considered and made additional changes to the recommendations in the Working Groups Report. A detailed account of all changes made to the recommendations can be found in the minutes for the October 25, 2022, meeting. Key changes included:

- Combining Recommendations 7.5 and 9.9 under 9.9, with a new title: “Identify Future Workforce of Direct Care Workers and Volunteers”;
- Moving Recommendation 6.4 from Tier 2 to Tier 1 (increasing importance);
- Adding Habitat for Humanity and similar organizations, AARP, Kansas Real Estate Commission, and Kansas Association of Realtors to the list of key collaborators for Recommendation 6.4;
- Adding the Legislature to the list of action leads for Recommendation 6.4;
- Adding a note to the Working Groups Report specifying key collaborators are not limited to those included in each recommendation’s list;

- Moving Recommendation 9.7 from Tier 2 to Tier 1 (increasing importance); and
- Including a note in the report specifying Recommendation 9.1, regarding increasing reimbursement rates to service providers, must be implemented before Recommendation 9.7, regarding instructor pay and benefits.

Final Consideration of Working Group Recommendations

Before acting on the Working Groups Report approval and inclusion with the Task Force's Report to the 2023 Legislature, the Acting Chairperson asked for any additional feedback.

Members discussed awareness and marketing of the Aging and Disability Resource Center toll free number (1-855-200-2372), which provides statewide information about aging and long-term-care issues and local resources; this resource is included in Recommendation 6.2. The Task Force agreed to add the Legislature to the recommendation as an action lead.

The Task Force agreed to remove from the Working Groups Report Recommendation 3.5, regarding appeals of involuntary removal from adult residential care facilities. The Acting Chairperson stated a report summarizing the study done by the Kansas Judicial Council was pending, so action on the issue should hold until the report was available. The Task Force agreed to retain the recommendation in Appendix D.

The Task Force adopted the Working Groups Report as revised for inclusion in the Kansas Senior Care Task Force Report to the 2023 Legislature.

CONCLUSIONS AND RECOMMENDATIONS

The Task Force adopted the Tier 1 recommendations from the Working Groups Report to the Senior Care Task Force for action during the 2023 Legislative Session, as revised:

- The State of Kansas should create a statewide conference or reinstate the Governor's Conference on Aging to

provide networking opportunities and foster relationships among professionals to create opportunities to share evidence-based practices, lessons learned, and national themes;

- KDADS, providers, the Promoting Excellent Alternatives in Kansas (PEAK) program, and MCOs should support provider training and frameworks for person-centered planning, especially for those with dementia, in which an individual's own wishes, strengths, and relationships are respected;
- KDADS, provider associations, and the Legislature should create a Rural Health Health Care Coalition for Aging Services;
- KDHE and the Legislature should ensure geriatric prescribers are accessible for consultation to complete medication evaluations for seniors receiving health services in all settings, utilizing telemedicine when applicable and available. The Legislature should ensure billing codes can cover a range of psychiatric services such as medication management consultation, care coordination, and telemedicine for older adults when applicable and available;
- KDADS, Kansas Department for Children and Families (DCF), KBI, and the Legislature should establish a workforce clearinghouse, including direct care worker registries, and a position to coordinate among DCF, KDADS, and 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 hiring may be in question;
- The State of Kansas should add non-nursing professionals to the survey teams for adult care homes and consider models of mixed professionals for regional teams;

- KDADS should reinstate the State Aging Advisory Council, which includes representatives of supportive services and provider organizations. The Task Force strongly recommends this mirror the composition of the federal AAA Advisory Council defined in the Older Americans Act, with membership composed of more than 50 percent older adults, including populations of focus who are participants or who are eligible to participate in programs under this section of the Act; representatives of AAAs; representatives of supportive service provider organizations; persons with leadership experience in the private and voluntary sectors; elected officials; a representative from the Alzheimer's Association; and the public;
- KDADS should establish a permanent, full-time Dementia and Alzheimer's Disease Coordinator position within its organization;
- The Legislature and the Kansas Housing Resources Corporation should encourage collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults;
- The State of Kansas should promote the expansion of the PACE Program in underserved areas of Kansas 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 area. The State should expand reach of the current PACE Program, and other providers, to transport services and workers to those being served in-home, utilizing general transportation systems already in the area to get those skilled people and their equipment out to the homes, when necessary, to minimize costs and expand accessibility;
- The State of Kansas with the Kansas Association of Area Agencies on Aging and Disabilities should expand flexibility to incentivize providers via raising reimbursement rates to use the SCA program for services that promote choice, increase independence, and assist with overcoming unique challenges in rural, frontier, and urban areas;
- The Legislature and KDADS should increase the caps for one-time-only services with an annual review that ties the rate to the CPI and create an exemption process, to allow adequate funding for items such as durable medical equipment and technology to address social isolation and home modifications;
- The Legislature and KDADS should seek funding and develop partnerships for the development and distribution of a new Elder Count Book that provides the same demographic and detailed types of data as the original Elder Count Book. This information would provide detailed and robust data to help consumers, local and state policymakers, and other decision-makers plan for current and future needs of older Kansans;
- The State of Kansas should provide appropriations to increase rates for service providers to increase worker pay, support safe staffing standards, and ensure a stable workforce, minimizing waitlists; and
- The Legislature should provide ongoing government incentives with additional funding to increase the number of health care worker faculty and trainers.

Senior Care Task Force

Working Groups Report to the Senior Care Task Force

August 1, 2022

Updated November 2022

Table of Contents

Acknowledgements.....	ii
Report Overview	iii
Vision Statements by Working Groups.....	v
Working Group Recommendations	vi
Introduction	1
Working Group Process	2
Cross-Cutting Recommendations	5
Quality of Care and Protective Services Working Group (WGA)	10
Administration of Antipsychotics	10
Safeguards to Prevent Abuse, Neglect, and Exploitation (ANE)	14
Adult Care Home Surveys and Fines	23
Access to Services Working Group (WGB)	28
Recommendations.....	28
Provision of Care for Seniors in Kansas Who Suffer From Alzheimer’s Disease, Dementia, or Age-Related Mental Health Conditions	28
Rebalancing of Home and Community-Based Services.....	32
Senior Daycare Resources in the State of Kansas	38
Funding and Implementation of the Senior Care Act (SCA).....	44
Workforce Subgroup	50
Appendix A. Task Force Recommendation Crosswalk	A-1
Appendix B: Characterization Rubrics.....	B-1
Appendix C. Topic Lists by Tier.....	C-1
Appendix D: Other Recommendations	D-1
Appendix E: Task Force and Working Group Membership.....	E-1
Appendix F. References.....	F-1

Acknowledgements

The working groups (*Appendix E*, page E-1) would like to thank the following individuals who provided topic-specific expertise: Brad Ridley, Colene Marshall, Dan Goodman, Debra Bengston, Eileen Doran, Gina Ervay, Heather Thies, Jennifer Prunte, Jessica Dragoo, Julie Govert Walter, Julie Menghini, Kim Reynolds, Lane Williams, Leslie Anderson, Linda Davies, Linda Farrar, Linda Oldham Burns, Melody Dowling, Michelle Morgan, Nanette Perrin, Nathan Kessler, Pearl Barnett, Scott Brunner, Shelly May, Sheree Utash, Stephanie Volle, Steve Anderson and Vera Brown.

Additionally, the working groups would like to thank the following staff of the Kansas Legislative Research Department: Connor Stangler, Harris Sheikh, Leighann Thone and Sean Marshall. The working groups also would like to thank the staff of the Kansas Legislative Office of Information Services (KLOIS) for WebEx support.

Lastly, the working groups extend special thanks to the staff of the Kansas Health Institute: Hina Shah, Emma Uridge, and Michele Sumpter for providing process facilitation, research support and report preparation under the direction of the working groups and the Senior Care Task Force.

Report Overview

The Senior Care Task Force (SCTF; “Task Force”) was formed under 2021 House Bill (HB) 2114 to make recommendations on steps needed to address barriers and create solutions to protect and provide services to seniors residing in the state.

To achieve this directive, the SCTF convened two working groups and one subgroup to utilize a roundtable format and engage professionals to identify and address core issues affecting seniors and senior care delivery systems in Kansas. The groups established by the Task Force included the Working Group on Quality of Care and Protective Services (WGA), the Working Group on Access to Services (WGB) and a subgroup on the cross-cutting issue of Workforce. The three groups reviewed recommendations proposed by the Task Force (*Appendix A*, page A-1) and developed new recommendations **around the seven topic areas specified in the statute (KSA 39-7,163)**.

The senior care service capacity is expected to not be able to meet the needs of the growing population of older adults by 2030.¹ In preparation, Kansas will need to (1) ensure payment and insurance systems for long-term care are efficient and tailored for complex care needs, (2) monitor and prevent negative behavioral health outcomes (e.g. social isolation) to keep older adults happy, and in their communities, (3) change the way community services are available so more in-home care is accessible, and (4) ensure a stable workforce with a focus on retaining current workforce and recruiting future generations of direct care workers.

This report summarizes the efforts of the three groups to put forward recommendations to the Task Force. It is expected that this report will provide strategic direction to improve the well-being of seniors in the state of Kansas. This final product also has to support the implementation of recommendations.

Topics around which the three groups were asked to study and make recommendations included the provision of care for seniors in the state of Kansas who suffer from Alzheimer's disease, dementia or age-related mental health conditions; the administration of antipsychotic

medications to adult care home residents; the safeguards to prevent abuse, neglect and exploitation of seniors in Kansas; adult care home surveys and fines; the funding and implementation of the Kansas Senior Care Act, K.S.A. 75-5926 through 75-5936, and amendments thereto; senior daycare resources in the state of Kansas; rebalancing of home and community based services; and making recommendations to strengthen the senior care service workforce to make Kansas a nationwide leader on senior care service delivery.

Recommendations in this report collectively form a strategic framework that can be considered a living document to support ongoing collaboration between the many contributing partners in the senior care system, government agencies and state Legislature.

Navigating this Report: Recommendations may have multiple action steps to guide recommendation planning and implementation. The recommendation, and at least one or more action steps, may be designated as either:

- **Immediate Action** are those that the working groups believe can be completed in the next two years. Those recommendations also could leverage or build upon existing infrastructure.
- **Strategic Importance** are those that should be initiated in the near term but will be completed in the longer term. Those recommendations could have significant downstream effects on other recommendations.

Recommendations also were prioritized into tiers, or level of priority: **Tier 1** is high; **Tier 2** is moderate; **Tier 3** is low.

Throughout this report, please see the following definition utilized under Key Collaborators:

- “Providers” means any physician, hospital or other person which is licensed or otherwise authorized in this state to furnish healthcare and social services.

Note: Key collaborators listed in this report are not intended to be exhaustive and represent a starting point for implementing each recommendation successfully.

Vision Statements by Working Groups

Between September and December 2021, the Task Force and working group chairpersons discussed each of the assigned working group topics to articulate vision statements for each working group. At the first working group meetings, members finalized their vision statements. The following statements were developed to ensure that the working group's vision was reflected in each recommendation:

- **Quality of Care and Protective Services (WGA).** Older Kansans will have access and the ability to choose and receive high-quality, person-centered services² wherever they reside.
- **Access to Services (WGB).** Establish and expand a clear path with public policy recommendations for Kansas older adults and caregivers to access services.
- **Workforce Subgroup.** To utilize a systematic approach to understand the needs of the formal and informal workforce serving seniors in the state of Kansas; while discovering these needs, creating a long-term approach with public policy recommendations to entice a workforce to return to and be retained in the senior services industry, to enable seniors and their families to have supports to make choices for their best lives, in their preferred environment.

Working Group Recommendations

The two working groups and subgroup prioritized recommendations by tier for the SCTF to consider (Figure 1). The full text for each recommendation, including action steps and rationale, is available in the body of the report (beginning page 5).

Figure 1. **Recommendations for Task Force Consideration by Tier**

TIER 1
<p><u>Recommendation 1.1 Statewide Aging Conference.</u> 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 evidence-based practices, lessons learned and national themes. (WGA, Immediate Action)</p>
<p><u>Recommendation 1.2 Person-Centered Practices.</u> 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. (WGA, Immediate Action)</p>
<p><u>Recommendation 1.5 Rural Healthcare Coalition.</u> Create a Rural Healthcare Coalition for Aging Services. (Workforce, Immediate Action)</p>
<p><u>Recommendation 2.1 Geriatric Psychiatric Prescribers.</u> Better ensure geriatric psychiatric prescribers are accessible for consultation to complete medication evaluations for seniors receiving health services in all settings, utilizing telemedicine when applicable and available. Ensure billing codes can cover a range of psychiatric services such as medication management, consultation, care coordination and telemedicine for older adults when applicable and available. (WGA, Immediate Action)</p>
<p><u>Recommendation 3.1 Workforce Clearinghouse.</u> Establish a workforce clearinghouse, including direct care worker registries, and a Coordinator position between Kansas 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. (WGA, Strategic Importance)</p>
<p><u>Recommendation 4.1 Multidisciplinary Surveyors.</u> Kansas will add non-nursing professionals to the survey teams for adult care homes and consider models of mixed professionals for regional teams. (WGA, Immediate Action)</p>
<p><u>Recommendation 5.1 State Advisory Council.</u> Reinstate Reactivate the State Aging Advisory Council, which includes representatives of supportive services and provider organizations. Strongly recommend it mirror the federal composition of the Area Agencies on Aging (AAA) advisory council defined in the Older Americans Act, with membership composed of more than 50 percent older adults, including populations of focus who are participants or who are eligible to participate in programs under this section of the Act; representatives of AAAs, representatives of healthcare provider organizations, including providers of veterans’ healthcare; representatives of supportive services provider</p>

<p>organizations; persons with leadership experience in the private and voluntary sectors; elected officials; representative from Alzheimer’s Association; and the public. (WGB, Immediate Action)</p>
<p><u>Recommendation 5.2 Dementia and Alzheimer’s Disease Coordinator.</u> Establish a permanent, full-time Dementia and Alzheimer’s Disease Coordinator position at Kansas Department for Aging and Disability Services (KDADS). (WGB, Immediate Action)</p>
<p><u>Recommendation 6.4 Affordable Housing.</u> Encourage collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults. (WGB, Immediate Action) <i>(Note: Recommendation moved to Tier 1 from Tier 2.)</i></p>
<p><u>Recommendation 7.2 Promote PACE Program.</u> Promote the expansion of Expand the Program of All-Inclusive Care for the Elderly (PACE) Program in underserved areas of Kansas 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 the eligibility criteria for the program area. Expand reach of the current PACE program, and other providers, to transport services and workers to those being served in-home, utilizing general transportation systems already in the area to get those skilled people and their equipment out to the homes, when necessary, to minimize costs and expand accessibility. (WGB, Strategic Importance) <i>(Note: Recommendation moved to Tier 1 from Tier 3.)</i></p>
<p><u>Recommendation 8.1 Incentivize Providers.</u> The State of Kansas with the Kansas Association of Area Agencies on Aging (k4ad) will expand flexibility to incentivize providers via raising reimbursement rates to use the Senior Care Act program for services that promote choice, increased independence, and assist with overcoming unique challenges in rural, frontier, and urban areas. (WGB, Immediate Action)</p>
<p><u>Recommendation 8.2 One-Time-Only Service Caps.</u> Increase the one-time-only service caps with an annual review that ties the rate to the Consumer Price Index (CPI) and create an exemption process, to allow adequate funding for items such as durable medical equipment and technology to address social isolation and home modifications. (WGB, Immediate Action)</p>
<p><u>Recommendation 8.3 Elder Count Book.</u> Seek funding and develop partnerships for the development and distribution of a new, publicly available Kansas Elder Count book that provides the same demographic and detailed data as the original Elder Count book. This information would provide detailed and robust data to help consumers, local and state policymakers and other decision makers plan for current and future needs of older Kansans. (WGB, Strategic Importance)</p>
<p><u>Recommendation 9.1 Reimbursement Rates.</u> The State of Kansas should provide appropriations to increase rates for service providers to increase worker pay, support safe staffing standards, and ensure a stable workforce, minimizing wait lists. (Workforce, Strategic Importance) <i>(Note: The Task Force indicates that Recommendation 9.1 must be implemented before Recommendation 9.7 in order to ensure success. Both Recommendations are listed in Tier 1 due to their importance to the support and improvement of senior care in Kansas.)</i></p>
<p><u>Recommendation 9.7 Instructor Pay and Benefits.</u> Provide ongoing government incentives with additional funding to increase the number of healthcare worker faculty and</p>

trainers. **(Workforce, Immediate Action)** *(Note: Recommendation moved to Tier 1 from Tier 2.)*

TIER 2

Recommendation 1.3 Education Training Credits. Require Provide standardized training for aging services as follows: dementia training, geriatric mental health training, up to three hours of continuing education about Medicaid Home and Community-Based Services (HCBS) and other community-based options, and training for community mental health centers (CMHCs) and community-based service providers. **(WGB, Immediate Action)**

Recommendation 1.4. Caregiver Services. The State of Kansas should support family caregiver services that can delay or decrease the likelihood of needing to enter a nursing facility. These can include, but should not be limited to, education and training, counseling, legal consultations and respite care. Efforts should be made to provide these caregivers with at least paid or unpaid leave. **(WGB, Strategic Importance)**

Recommendation 2.2 Psychotropic Medication Education. Improve upon existing standard training and education by providing targeted education for surveyors, direct care workers, providers, prescribers, long-term care providers and caregivers on the use of prescribed psychotropic medications for older adults with dementia or geriatric behavioral health conditions, the potential appropriate indications for, and potential risks of, psychotropic use, as well as effective intervention and use of non-pharmacological approaches. **(WGA, Strategic Importance)**

Recommendation 3.2 Background Checks. The State of Kansas shall increase funding to the Kansas Bureau of Investigation (KBI) to perform and provide background checks that go beyond criminal convictions and final judgment or adjudications for employers in a more timely manner. **(WGA, Immediate Action)**

Recommendation 3.3 Abuse, Neglect, and Exploitation Training. The State of Kansas should further develop and promote abuse, neglect, and exploitation (ANE) training for person-centered practices. **(WGA, Immediate Action)**

Recommendation 3.4 Financial Crime Campaign. Initiate a targeted prevention campaign about financial crime for older adults age 60+. **(WGA, Immediate Action)**

Recommendation 3.5 Appeals of Involuntary Removal. Ensure the rights of residents and their representatives to appeal involuntary transfers and discharges or evictions from assisted living facilities and review research conducted by the Judicial Council to ensure a process is put in place. **(WGA, Strategic Importance)**

Recommendation 3.6 Decision-Making Assistance. Pass legislation based on 2021 House Bill (HB) 2122, enacting the supported decision-making agreements act to provide a

statutory framework for adults who want decision-making assistance. **(WGA, Immediate Action)**

Recommendation 3.7 Mandated Reporters. Amend K.S.A. 39-1431 to add Certified Nurse Aides (CNAs), Certified Medication Aides (CMAs) and Home Health Aides as mandated reporters to align with federal mandate. **(WGA, Immediate Action)**

Recommendation 4.2 Technical Assistance. Kansas Department for Aging and Disability Services (KDADS) will create and fund a technical assistance department or technical assistance position that adult care homes can access to help with regulatory compliance, develop quality improvement, implement person-centered care practices, and write sustainable plans of correction. **(WGA, Immediate Action)**

Recommendation 4.3 Corrective Plans. Kansas Department for Aging and Disability Services (KDADS) will use directed plans of correction and education as remedy for infractions to allow system-level implementation that is meaningful and sustainable. **(WGA, Strategic Importance)**

Recommendation 4.4 Adult Care Home Survey Website. 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 Managed Care Organization (MCO) health plans accepted at ~~federally licensed facilities~~ **adult care homes**. The website shall be updated semi-annually. **(WGA, Strategic Importance)**

Recommendation 6.1 Modify Medicaid Waivers. The Legislature should explore the modification of all Medicaid waivers as applicable to those age 60 and older to provide more aging services such as home-delivered meals, case management, and access to technology and training. In addition, ensure those on the I/DD waiver age 65 and older are also offered services available to those on the Frail Elderly (FE) waiver. **(WGB, Strategic Importance)**

Recommendation 6.2 Promote Home and Community-Based Services. Promote awareness of home and community-based services available now for older Kansans. **(WGB, Immediate Action)**

Recommendation 6.3 Transition Services. Develop an array of options to provide transition-related aging services. **(WGB, Strategic Importance)**

Recommendation 7.1 Adult Daycare Reimbursement Rates. The State of Kansas should increase funding and reimbursement rates to adult day care services and Intellectual/Developmental Disabilities (I/DD) day services providers to increase staffing and provide more opportunities to serve people aged 60 and older in their homes during the day in lieu of going to a facility. **(WGB, Immediate Action)**

Recommendation 8.4 Technology Investment. Kansas Department for Aging and Disability Services (KDADS) in collaboration with the Legislature will allow for and increase

Senior Care Act (SCA) funding to be used for start-up costs to allow Area Agencies on Aging (AAAs) to invest in technology and add as an allowable service under the SCA. **(WGB, Strategic Importance)**

Recommendation 8.5 SCA Program Evaluation. Kansas Department for Aging and Disability Services (KDADS) in collaboration with the Kansas Association of Area Agencies on Aging (k4ad) will ensure that the SCA program is evaluated every 3-5 years by an objective, independent evaluator using research methodologies that ensure comprehensive input from caregivers, Area Agencies on Aging (AAAs), participants, service providers, and other stakeholders. **(WGB, Strategic Importance)**

Recommendation 8.6 SCA Data Systems. Kansas Department for Aging and Disability Services (KDADS) will improve the data systems for multi-directional use under the Senior Care Act program and provide regular reports on service utilization and client needs. **(WGB, Strategic Importance)**

Recommendation 9.2 ConnectToCareJobs Platform. Kansas Department for Aging and Disability Services (KDADS) will lead the effort to enlist the State of Kansas to contract with ADvancing States and implement its worker matching and placement tool, “ConnectToCareJobs.com”. **(Workforce, Immediate Action)**

Recommendation 9.3 Workforce Incentives and Benefits. The State of Kansas, in collaboration with Department for Children and Families (DCF), Kansas Department for Aging and Disability Services (KDADS), and Kansas Department of Health and Environment (KDHE), shall develop incentives or additional benefits for the direct care workforce, such as respite services and childcare assistance. **(Workforce, Immediate Action)**

Recommendation 9.4 Workforce Tax Credit. The State of Kansas will create a workforce tax credit for the aging services direct care workforce. **(Workforce, Immediate Action)**

Recommendation 9.5 Caregiver Tax Credit. The State of Kansas will create a caregiver tax credit to help care for loved ones. **(Workforce, Immediate Action)**

Recommendation 9.6 Cross-sector Partnerships. Explore cross-sector partnerships or models to align systems and share staffing resources, specifically those that are difficult to recruit for/retain, where appropriate. **(Workforce, Strategic Importance)**

TIER 3

Recommendation 3.8 Funding CMHCs. The Kansas Legislature, in collaboration with the Kansas Department for Aging and Disability Services (KDADS), should 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. **(WGA, Strategic Importance)**

Recommendation 3.9 Statewide Needs. Conduct a statewide abuse, neglect and exploitation (ANE) 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 Disability Services (KDADS), hospitals, and the Ombudsman's Office. **(WGA, Strategic Importance)**

Recommendation 5.3 Alzheimer's-State Plan and Task Force. Implement the Alzheimer's Association State Plan and Alzheimer's Disease Task Force recommendations and join in support of other organizations and agencies also concerned with increasing demands for services to conduct data analysis on the service system for capacity, staffing, and funding to meet the increasing demands for services as the population ages. The Alzheimer's Association shall present to the Legislature once each legislative session. **(WGB, Immediate Action)**

Recommendation 6.5 Tiered Levels of Services. Utilize the Functional Assessment Instrument (FAI) to create tiered level of services for clients in assisted living and Home Plus. **(WGB, Strategic Importance)**

Recommendation 7.3 Adult Daycare Locations. The State of Kansas will provide grants for senior centers, housing providers and assisted living providers to retrofit or establish space appropriate for adult day centers. **(WGB, Strategic Importance)**

Recommendation 7.4 Community Partners Pilot. Senior Centers will collaborate with community partners who also provide day services (e.g., childcare) and involve non-traditional stakeholders such as business leaders to develop pilot programs for service recipients that address health, oral health, technology use, and other topics. A planned timeline from development shall be five years from onset of fact-finding studies to full implementation of the improvements offered. Official reports will be made to the state every two years to measure progress. **(WGB, Strategic Importance)**

Recommendation 9.8 Five-Year Career-Path Plan. Establish a five-year plan of state funding for direct career-path training of potential health professionals, including Certified Nurse Aides (CNAs), Certified Medical Aides (CMAs), Rehabilitation Aides, and Home Care Aides, as well as potential Licensed Practical Nurses (LPNs) and Registered Nurses (RNs), in cooperation with facilities and agencies providing direct care services, with renewal options of funding after the first five years of the plan. **(Workforce, Strategic Importance)**

Recommendation 9.9 Identify Future Workforce of Direct Care Workers and Volunteers. The State of Kansas will develop models of programs for **both direct care workers and volunteers** for aging services to identify future workforce. **(Workforce, Immediate Action)** **(Note: Recommendation 7.5: Adult Daycare Volunteers was combined with this recommendation.)**

Recommendation 9.10 Eliminate Barriers to Workforce Entry. The State of Kansas will compile, utilize, and act upon research on how to eliminate barriers for entering the field of aging services and obstacles once in the field. (***Workforce, Immediate Action***)

Introduction

2021 House Bill (HB) 2114 directs the Senior Care Task Force (SCTF) to establish two working groups and one subgroup related to the cross-cutting topic of workforce focused on retention, recruitment, and training. The Quality of Care and Protective Services Working Group (WGA) was assigned to focus on the administration of antipsychotic medications to adult care home residents; the safeguards to prevent abuse, neglect, and exploitation of seniors in Kansas; and adult care home surveys and fines. The Access to Services Working Group (WGB) was assigned the provision of care for seniors in the state of Kansas who suffer from Alzheimer's disease, dementia, and/or age-related mental health conditions; rebalancing home and community-based services; senior daycare resources in Kansas; and the funding and implementation of the Kansas Senior Care Act, K.S.A. 75-5926 through 75-5936, and amendments thereto. Each group heard from experts, discussed issues and solutions for each topic area and developed recommendations for the Task Force to consider.

To achieve this directive, the Task Force allocated experts and senior care and aging service professionals to serve as working group members to study topics related to Workforce, Quality of Care and Protective Services, and Access to Services in the state of Kansas. The working groups utilized a roundtable format to engage a wide range of professionals and individuals with expertise in their respective fields in each discussion meeting (see working group process meeting schedule, *Figure 2*, page 4). The Kansas Health Institute (KHI) provided administrative and process facilitation services. Six members from the Task Force volunteered to be chair or vice chair of each group to assist in logistics, development of recommendations, and additional consultation with KHI in between meetings when needed. This report summarizes the work of the Senior Care Task Force working groups.

Throughout this report, recommendations have been prioritized into three tiers. Collectively these recommendations form a strategic framework that should be considered a living document to support ongoing collaboration between the many contributing partners in the delivery of senior care services, government agencies and the state Legislature.

Working Group Process

Each working group began its effort by developing a vision statement to ensure that the group's vision was reflected in each recommendation (see page v). The working groups each conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis to systematically capture the senior care experience and continuum of care and to identify common themes. Utilizing the results from a SWOT Analysis, the working groups developed strategies to begin the process of developing recommendations. Once strategies were developed, the working groups provided initial sets of recommendations around the seven topic areas under 2021 HB 2114 as well as workforce, and those recommendations were further grouped by themes. Throughout the process, individuals with supplemental expertise were invited to attend the working group meetings to provide information on specific topics that were requested.

To guide discussions and ensure consistency across working groups, each of the three working groups adopted the Recommendation Characterization Rubric (*Appendix B*, page B-1) as a tool to assist in prioritizing those recommendations and actions steps when provided. Using the rubric, working groups were able to assign numeric values to recommendations using a 10-point Likert scale for both ease of implementation and potential for high impact. Recommendations that were not scored during working group meetings were scored by a Qualtrics survey. Average scores and discussion items were reviewed at the next meeting to reach consensus.

Working groups utilized those scores and other metrics to further prioritize the final list of recommendations into three tiers. Each working group was guided by its vision statement and potential to address core issues for its topic areas.

- **The Quality of Care and Protective Services Working Group** prioritized recommendations by reviewing their potential to ensure older adults have positive control over their own lives – ensuring safety, autonomy and quality care – in all settings as well as focusing on what can be done now, even as initial steps.
- **Access to Services Working Group** prioritized recommendations by reviewing their potential to empower older adults who prefer to remain in their homes and communities.
- **The Workforce Subgroup** prioritized recommendations by reviewing their potential to address retention of current workforce, recruitment of direct-care workers and course instructors, and training the current and future workforce.

Figure 2, page 4 illustrates the structure of the working group process, including a list of meetings held by each group, as well as the topics addressed. The working groups met virtually with varying times depending on progress and topic area from December 2021 to July 2022 from 9:00 a.m. to 10:30 a.m., unless noted. All the working groups' decisions were reached based on group consensus gathered during meetings or via survey. The working groups adopted the following meeting commitments: to come ready to discuss and compromise, keep remarks succinct and on topic, not to hesitate to ask clarifying questions, and to start and end meetings on time. As members discussed each topic and recommendation, decisions were made based on proposals offered by the members and adopted by verbal agreement or absence of objections.

Figure 2. Working Group Process

Senior Care Task Force		
Working Group A Quality of Care and Protective Services	Working Group B Access to Services	Workforce Subgroup
<ul style="list-style-type: none"> • Meeting #1, Dec. 14, 2021 Introductory Meeting • Meeting #2, Jan. 11, 2022 Topic Discussion on administration of antipsychotic medications to adult care home residents • Meeting #3, Jan. 25, 2022 Recommendations on administration of antipsychotic medications to adult care home residents • Meeting #4, Feb. 8, 2022 Topic Discussion on safeguards to prevent abuse, neglect and exploitation of seniors in the state of Kansas • Meeting #5, Feb. 22, 2022 Recommendations on safeguards to prevent abuse, neglect and exploitation of seniors in the state of Kansas • Meeting #6, March 8, 2022 Topic Discussion on adult care home surveys and fines • Meeting #7, March 22, 2022 Recommendations on adult care home surveys and fines • Meeting #8, April 12, 2022 Refine and characterize recommendations • Meeting #9, April 26, 2022 Refine and characterize recommendations • Meeting #10, May 10, 2022 Finalize recommendation language • Meeting #11, May 24, 2022 Finalize recommendation language • Meeting #12, June 14, 2022, 9-11:30a.m. Finalize recommendation list • Meeting #13, June 20, 2022 Tier recommendations • Meeting #14, July 26, 2022 Ratify report 	<ul style="list-style-type: none"> • Meeting #1, Dec. 17, 2021 Introductory Meeting • Meeting #2, Jan. 21, 2022 Topic Discussion on the provision of care for seniors in the state of Kansas who suffer from Alzheimer's disease, dementia or age-related mental health conditions • Meeting #3, Jan. 28, 2022 Recommendations on the provision of care for seniors in the state of Kansas who suffer from Alzheimer's disease, dementia or age-related mental health conditions • Meeting #4, Feb. 11, 2022 Topic Discussion on rebalancing of home and community-based services • Meeting #5, Feb. 25, 2022 Recommendations on home and community based services • Meeting #6, March 11, 2022 Topic Discussion on senior daycare resources • Meeting #7, March 25, 2022 Recommendations on senior daycare resources • Meeting #8, April 15, 2022 Recommendations on funding and implementation of the Kansas Senior Care Act • Meeting #9, April 29, 2022 Refine and characterize recommendations (2 topics) • Meeting #10, May 6, 2022 Refine and characterize recommendations (2 topics) • Meeting #11, May 20, 2022 Finalize recommendation language • Meeting #12, June 3, 2022, 9-11:30a.m. Finalize recommendation list • Meeting #13, June 17, 2022 Tier recommendations • Meeting #14, July 15, 2022 Ratify report 	<ul style="list-style-type: none"> • Meeting #1, Dec. 16, 2021 Introductory Meeting • Meeting #2, Jan. 20, 2022 Topic Discussion and Review of recommendations from task force and other groups • Meeting #3, Feb. 17, 2022 Refine recommendations • Meeting #4, March 17, 2022 Characterize recommendations • Meeting #5, April 21, 2022 Characterize recommendations • Meeting #6, May 5, 2022 Finalize recommendation language • Meeting #7 May 12, 2022 Finalize recommendation list • Meeting #8 June 9, 2022, 9-11:30a.m. Tier recommendations • Meeting #9 July 14, 2022 Ratify report

Cross-Cutting Recommendations

Each working group had one or more recommendations that crossed several topic areas as well as spanned across both working groups and the workforce subgroup. There are five cross-cutting recommendations for consideration.

Cross-Cutting Recommendation 1.1: Statewide Aging Conference. [Immediate Action, Tier I]

<p>WGA 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 evidence-based practices, lessons learned and national themes.</p>	
<p>Rationale: The Quality of Care and Protective Services Working Group discussed the importance of reinstating a statewide conference for aging that would facilitate networking, education, and action planning opportunities, which may lead to work groups and legislative involvement to ensure the well-being of older adults in Kansas. A conference also may bring new opportunities and more innovative approaches to barriers affecting all stakeholders and facilitate collaborative efforts.</p>	
<p>Ease of Implementation (Score 1-10): 7</p> <ul style="list-style-type: none"> • Re-instating the concept and adding the latest advances in videoconferencing should make this a viable and low-cost way to bring people together and work for solutions to common problems between agencies and seniors. • Broadband connectivity issues may prevent stakeholders in rural and frontier areas from attending. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Conference will allow stakeholders and professionals across the state to gather and exchange ideas, lessons learned, and bring awareness to arising issues in the aging field. • Event must facilitate information gathering to analyze and act upon to highly impact aging services.
<p>Action Lead: KDADS and the Kansas Executive Branch; Legislature</p>	<p>Key Collaborators: Stakeholders in the aging and senior care community across Kansas; DCF; Office of the Attorney General; state and local policymakers; Legislature</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Conference is held annually • Attendance (in-person and virtual) • Membership 	

Return to [Figure 1](#) or [Appendix C](#).

Cross-Cutting Recommendation 1.2: Person-Centered Practices. [Immediate Action, Tier I]

<p>WGA Recommendation: 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.</p> <ul style="list-style-type: none"> • Recognize each person’s strengths, abilities and choices related to using technology or accessing community-based and other formal or informal support. • Ensure trauma-informed, person-centered care policies for older adults who have experienced abuse, neglect and exploitation are being followed. • See related recommendation around Money Follows the Person program, Recommendation 6.3: Transition Services 	
<p>Rationale: The Quality of Care and Protective Services Working Group indicated this recommendation is a regulatory requirement. The National Center on Advancing Person Centered Practices and Systems (NCAPPS) outlines an individual’s rights are not just the creation of the care plan, but everything within their choice and control.^{3,4} For nearly 20 years, KDADS has been recognizing adult care homes for successfully implementing person-centered care, commonly known as Promoting Excellent Alternatives in Kansas (PEAK).⁵ The working group suggests leveraging this existing infrastructure to lead this effort and also promote benefits to providers and community members.</p>	
<p>Ease of Implementation (Score 1-10): 8</p>	<p>Potential for High Impact (Score 1-10): 10</p>
<ul style="list-style-type: none"> • Workforce shortage is a barrier to training due to lack of time. • Historically, Money Follows the Person (MFP) has provided training support. 	<ul style="list-style-type: none"> • Aligns with vision statement. • Recognizes the complexity of trauma which needs to be considered for person-centered care planning and practices.
<p>Action Lead: PEAK; KDADS and providers; MCOs</p>	<p>Key Collaborators: Associations; survey agencies; providers; LTC Ombudsman; residents; individuals; families; caregivers; DCF; Office of the Attorney General; AAAs; MCOs</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Stakeholder satisfaction • Increase participation in PEAK program • Specialized geriatric behavioral health supports 	

Return to [Figure 1](#) or [Appendix C](#).

Cross-Cutting Recommendation 1.3: Education Training Credits. [Immediate Action, Tier II]

<p>WGB Recommendation: Provide standardized training for aging services as follows.</p> <ul style="list-style-type: none"> • Provide standardized training for dementia training annually for all long-term care employees and those from staffing agencies with a minimum of four (4) hours of training within first 90 days of employment and two (2) hours continuing education (CE) annually after that. Two (2) hours of continuing education (CE) for physicians, nurses, social workers, and licensed mental health professionals through respective boards. • Provide standardized training for geriatric mental health training annually for all long-term care employees and those from staffing agencies with a minimum of three (3) initial hours each year. Three (3) hours of continuing education (CE) for social workers, and licensed mental health professionals through respective boards. • Provide standardized training, up to three (3) hours of continuing education annually for healthcare professionals and providers about Medicaid Home and Community-Based Services (HCBS) and other community-based options, including wellness monitoring, for older adults. • Provide standardized training for community mental health centers (CMHCs) and community-based service providers including senior centers, home health agencies and AAAs. Collaborate with older adult mental health and dementia experts to provide training for caregivers and other designated locations (i.e., senior centers; area agencies on aging) and collaborate with those with expertise on geriatric mental health and administer dementia training targeted at caregivers. 	
<p>Rationale: The Access to Services Working Group recommends requiring training credits to enhance service provision, quality of care and overall knowledge of staff and professionals who work with older adults. A well-trained workforce may lead to reduction in the number of low acuity – those with less severe illnesses – nursing facility residents by increasing awareness of community-based service options, having a greater impact on care, and improving the quality of life for people receiving services.</p>	
<p>Ease of Implementation (Score 1-10): 6</p> <ul style="list-style-type: none"> • CE requirement may be a barrier. • Funding may be a barrier. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Will benefit all seniors living in Kansas. • May provide cost savings in other areas.
<p>Action Lead: KDADS; Legislature</p>	<p>Key Collaborators:–Legislature; Kansas Board of Nursing (KSNB); Kansas Board of Healing Arts (BOHA); Kansas Behavioral Sciences Regulatory Board (BSRB); KDHE; Kansas Hospital Association (KHA); Kansas Health Care Association (KHCA); LeadingAge Kansas; Kansas Advocates for Better Care (KABC); Kansas Adult Care Executives (KACE); Kansas Health Care Association (KHCA)/Kansas Center for Assisted Living (KCAL); Kansas Alzheimer’s Association; AAAs</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Number of healthcare professionals that receive training 	

- Number of those who can access HCBS waiver services
- Adult care home utilization
- Number of diversions
- Reduction in abuse, neglect, and exploitation (ANE) cases and related injuries

Return to [Figure 1](#) or [Appendix C](#).

Cross-Cutting Recommendation 1.4. Caregiver Services. [Strategic Importance, Tier II]

WGB Recommendation: The State of Kansas should support family caregiver services that can delay or decrease the likelihood of needing to enter a nursing facility. These can include, but should not be limited to, education and training, counseling, legal consultations and respite care. Efforts should be made to provide these caregivers with at least paid or unpaid leave.

- Promote awareness of organizations such as the Alzheimer’s Association, Area Agencies on Aging (AAAs) and other entities that identify family caregivers in need of assistance to address burnout to enable them to continue to provide in home care.
- Provide information on community resources such as CMHC resources, in-home services and respite care options.

Rationale: This is a task force recommendation adopted by the Access to Services Working Group to address the ever-changing landscape in which family members serving as older adult caregivers is becoming increasingly common. The financial and emotional toll that full-time caregiving inflicts on both paid and unpaid caregivers may require caregivers to place older adults into higher acuity care facilities. This recommendation includes both Medicaid HCBS waiver services and general home and community-based services.

Ease of Implementation (Score 1-10): 4	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> • Will be costly to establish, market and maintain services. • Will require multidisciplinary staff to provide full breadth of services. 	<ul style="list-style-type: none"> • Assisting family caregivers with burnout and providing resources will allow older adults to remain in their homes and communities longer.
Action Lead: KDADS: Legislature	Key Collaborators: Alzheimer’s Association; AAAs

Key Performance Indicators:

- Service utilization
- Number of older adults in home and community-based services
- Number of older adults who utilize a family caregiver

Return to [Figure 1](#) or [Appendix C](#).

Cross-Cutting Recommendation 1.5. Rural Healthcare Coalition. [Immediate Action, Tier I]

Workforce Recommendation: Create a Rural Healthcare Coalition for Aging Services.	
Rationale: The Workforce Subgroup recommends formation of a coalition at the regional level with statewide leadership. This would require one or two dedicated full-time employees (FTEs) for rural health services to develop a framework for senior service providers. There are existing federal grants for rural hospital technical support and community program accessibility through the Health Resources and Services Administration (HRSA). ⁶	
Ease of Implementation (Score 1-10): 7	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> • Funding from Legislature or federal HRSA grant to form coalition and 1-2 FTEs to facilitate coalition activities. • Rural providers are interested but require support because of workforce shortage. • Broadband connectivity issues may prevent effective communication for providers in rural and frontier areas. 	<ul style="list-style-type: none"> • Recruitment, Retention and Training • Will represent providers operating in rural and frontier areas of the state that have previously not been given resources to make a coalition feasible.
Action Lead: KDADS and provider associations, Legislature (legislation and appropriations)	Key Collaborators: Providers; critical access hospitals; KHA; AAAs; PEAK
Key Performance Indicators:	
<ul style="list-style-type: none"> • Providers involved in coalition • Ongoing staffing to establish and maintain coalition activities and membership 	

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Working Group (WGA)

Ensuring quality care and prioritizing the safety of older Kansans in care facilities, community-based services, and their homes requires adequate staffing, resources, and well-trained staff to provide person-centered care. The group met to discuss and collaborate on recommendations regarding the topics of administration of antipsychotic medication, safeguards to protect from abuse, neglect, and exploitation (ANE), and adult care home surveys and fines.

An underlying theme for developing the Working Group's vision statement and developing recommendation was the concept and application of scalability of services. It was emphasized that services must be scaled and tailored for the unique needs of rural, frontier, and urban areas of Kansas while also remaining person-centered.

The group discussed and made recommendations recognizing the need to expand upon and provide timely criminal background checks for direct-care workers, employers, and families; educate and train on abuse, neglect, and exploitation; increase funding and expand scope and capacity of Community Mental Health Centers (CMHCs); and improve upon state-licensed care home surveys by providing technical assistance for sustainable solutions.

The recommendations are prioritized into three tiers under each topic area. The Quality of Care and Protective Services working group prioritized recommendations by reviewing their potential to keep older adults safe in all settings. There are 13 recommendations for consideration.

Administration of Antipsychotics

Note that the working group uses the term psychotropic medications to include the following types of medications: antipsychotics, antidepressants, anti-anxiety medications, stimulants and mood stabilizers. Studies have shown the administration of psychotropic medications to treat a wide range of behavioral health conditions causing emotional and mental distress has adverse effects on older adults, leading to serious and sometimes fatal consequences.⁷ The working group discussed methods and strategies to address inappropriate use, such as leveraging technology to consult with providers and prescribers who are equipped and qualified to treat conditions with psychotropic medications as well as education improvements. There are two recommendations for consideration.

Quality of Care and Protective Services Recommendation 2.1: Geriatric Psychiatric Prescribers. [Immediate Action, Tier I]

<p>Recommendation: Better ensure geriatric psychiatric prescribers are accessible for consultation to complete medication evaluations for seniors receiving health services in all settings, utilizing telemedicine when applicable and available. Ensure billing codes can cover a range of psychiatric services such as medication management, consultation, care coordination and telemedicine for older adults when applicable and available.</p> <ul style="list-style-type: none"> • Develop an awareness campaign for older adults about the benefits of telehealth. • Require appropriate reimbursement codes that allow for complex care scenarios. 	
<p>Rationale: Medication evaluations are completed in adult care home settings. However, as more older adults opt to remain at home, there is a need for community-based medication management, which can be reimbursed under Medicare. The working group recommends leveraging technology to connect highly specialized geriatric psychiatric prescribers across the state for consultation. However, the state and providers will need to address uncertainties around telemedicine use among older adults while also addressing inequities for those who cannot access those services due to broadband issues. The state also will need to explore the availability of reimbursement codes under both Medicaid and Medicare to ensure accessibility for those consultation services.</p>	
<p>Ease of Implementation (Score 1-10): 3 Potential for High Impact (Score 1-10): 8</p>	
<ul style="list-style-type: none"> • Changing reimbursement is a multilayered process involving many entities. • May not require new reimbursement codes, rather modifying existing codes. • Broadband access is a barrier. 	<ul style="list-style-type: none"> • Telemedicine for older adults is cost effective and attainable.
<p>Action Lead: KDHE; Legislature (appropriation)</p>	<p>Key Collaborators: KDADS; DCF; Office of the Attorney General; community and mental health advocates; MCOs; Kansas Medical Society; BOHA; BSRB; KSBN; Board of Pharmacy; Kansas Insurance Commissioner; Association of CMHCs of Kansas; Physician-Focused Payment Model Technical Advisory Committee; Medicare Payment Advisory Commission; Relative Value Update Committee; Area Agencies on Aging; senior resource centers; consumers; American Association for Geriatric Psychiatry; Council on Geriatric Psychiatry; Pharmacists</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Number of medication evaluations 	

- Increase in reimbursement rates
- Number of providers using billing codes
- Reduction in inappropriate psychotropic medication use (regulation)

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 2.2: Psychotropic Medication Education. [Strategic Importance, Tier II]

Recommendation: Improve upon existing standard training and education by providing targeted education for surveyors, direct care workers, providers, prescribers, long-term care providers and caregivers on the use of prescribed psychotropic medications for older adults with dementia or geriatric behavioral health conditions, the potential appropriate indications for, and potential risks of psychotropic use, as well as effective intervention and use of non-pharmacological approaches.

- Facilities that implement training will be referred to dementia certificate programs and resources for long-term care providers and prescribers.
- Offer in-home training to caregivers in dementia care.
- Ensure effective education outreach services to Kansas veterans and their caregivers.

Rationale: Awareness, education and communication are impactful and affect not only the one receiving the care but the others around them, builds confidence and trust, and supports the entire “team” of caregivers whether professionally paid or not. The working group aims to expand opportunities for targeted education for those listed and getting entities to commit to provide this type of education. The working group also recommends leveraging existing training programs such as the TeamSTEPPS® Teamwork and Communication Skills for Antipsychotic Reduction, which trained 154 Kansas long-term care workers as TeamSTEPPS® Master Trainers, and those individuals reached an additional 1,695 long-term care workers under a two-year grant. The program was developed by AHRQ and has proven effective across healthcare settings. It is a research-based program to enhance performance and resident safety using clear, consistent communication, teamwork and leadership tools and strategies.

Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 7
<ul style="list-style-type: none"> • CMHCs could have a role in facilitating and referring providers and caregivers to training and education. • Consult regulatory authority on the use of technology to administer training. 	<ul style="list-style-type: none"> • Effective training will address misuse of psychotropic medications and reduce adverse events among older adults.
Action Lead: KDADS	Key Collaborators: Office of the Attorney General; Office of Judicial Administration (OJA); Kansas Supreme Court; BSRB; KSBN; BOHA; university partners; providers; LeadingAge Kansas; KABC; KACE; KHCA/KCAL

Key Performance Indicators:

- Trends in number of emergency department (ED) visits related to use of psychotropic medication
- Trends in referrals to geriatric psychiatric units
- Trends in care and treatment legal proceedings for older adults
- Trends in requests for guardianship

Baseline Data Needed:

Number of geriatric psychiatric beds remaining across the state

Return to [Figure 1](#) or [Appendix C](#).

Safeguards to Prevent Abuse, Neglect, and Exploitation (ANE)

Protecting older adults in Kansas starts with emphasizing the importance and goal of keeping older adults safe while under the care of themselves and for those caring for them. The working group discussed several mechanisms to prevent ANE including expanding upon a basic criminal background check; tailoring and administering ANE training to stakeholders outside of direct care; and preventing financial crimes from occurring while also addressing the potential for shame and embarrassment experienced by older adults when experiencing financial exploitation. Per K.S.A. 39-1401, please see the following statutory definitions for abuse, neglect and exploitation.

- “Abuse” means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to a resident, including: (1) infliction of physical or mental injury; (2) any sexual act with a resident when the resident does not consent or when the other person knows or should know that the resident is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship; (3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm a resident; (4) unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician’s orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the resident or another resident; (5) a threat or menacing conduct directed toward a resident that results or might reasonably be expected to result in fear or emotional or mental distress to a resident; (6) fiduciary abuse; or (7) omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.
- Neglect” “means the failure or omission by one’s self, caretaker or another person with a duty to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.
- “Exploitation” means misappropriation of resident property or intentionally taking unfair advantage of an adult’s physical or financial resources for another individual’s personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

There are nine recommendations for consideration.

Quality of Care and Protective Services Recommendation 3.1: Workforce Clearinghouse. [Strategic Importance, Tier I]

<p>Recommendation: Establish a workforce clearinghouse, including direct care worker registries, and a Coordinator position between Kansas 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.</p> <ul style="list-style-type: none"> Utilize the alert system at KDADS for when infractions occur during survey and update the clearinghouse in a timely manner. 	
<p>Rationale: Access to critical information in a timely manner around hiring direct care workers has the potential to reduce exposure to ANE risk. The working group recommends establishing a workforce clearinghouse 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. The recommendation would be an overhaul of current systems to consolidate data into one central location for state agencies, employers, and consumers to access. Interoperability has historically been an issue.</p> <p>Recently, Alabama passed House Bill 105, known as “Shirley’s Law,” during their 2022 legislative session, which created the state’s first adult abuse registry.⁸</p>	
<p>Ease of Implementation (Score 1-10): 3</p> <ul style="list-style-type: none"> Cost to develop an integrated and centralized system may be a barrier. Requires a legislative change to open database to the public. 	<p>Potential for High Impact (Score 1-10): 9</p> <ul style="list-style-type: none"> Older adults who need a qualified certified or licensed caregiver will be impacted by this recommendation. High potential to reduce exposure to ANE risk.
<p>Action Lead: KDADS, DCF, and KBI, and Legislature</p>	<p>Key Collaborators: Legislature; Office of the Attorney General; city/county/district attorneys; Office of Judicial Administration (OJA); BSRB; KSBN; BOHA</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> 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 older adults in Kansas Reduction in need of prosecution Diversity of users (e.g., adult care home, citizens, caregivers) 	

Return to [Figure 1](#) or [Appendix C](#).

*Quality of Care and Protective Services Recommendation 3.2: **Background Checks.**
[Immediate Action, Tier II]*

<p>Recommendation: The State of Kansas shall increase funding to the Kansas Bureau of Investigation (KBI) to perform and provide background checks that go beyond criminal convictions and final judgment or adjudications for employers in a more timely manner while prohibiting direct resident care until background check results are available.</p>	
<p>Rationale: The working group recommends setting a baseline for quality and timely background checks to protect older adults from ANE. In response to the workforce shortage, the group reached consensus that until the background check is complete, employees with pending background checks could work in other areas besides direct care. The group also recommends the State assume the cost of the background check. In addition, background check results would be uploaded to Recommendation 3.1 Workforce Clearinghouse for employer and public access.</p>	
<p>Ease of Implementation (Score 1-10): 5</p> <ul style="list-style-type: none"> • Cost could be barrier because background checks would become more comprehensive. • Need to increase collaboration and allocate staff and funds for this effort. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Low-income workforce populations who cannot afford to pay the cost of a background check.
<p>Action Lead: KBI and Legislature</p>	<p>Key Collaborators: Legislature; BOHA; KSBN; KDADS; DCF; city/county/district attorneys; Office of the Attorney General</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Fewer adverse events (risk management) 	

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 3.3 Abuse, Neglect, and Exploitation Training. [Immediate Action, Tier II]

<p>Recommendation: The State of Kansas should further develop and promote abuse, neglect, and exploitation (ANE) training for person-centered practices:</p> <ul style="list-style-type: none"> • Provide ANE education for the public, first responders (such as law enforcement and fire personnel), and mandatory reporters. Education also will cover person-centered practices to prevent and identify ANE and ensure human rights. • Communicate the dementia certificate programs and resources to long-term care providers and prescribers. • Provide standardized training on ANE for direct care staff. utilizing technology and other innovative approaches to administer CE training when applicable. 	
<p>Rationale: The working group discussed expansion of training to first responders and the public to build awareness and reporting of ANE as more older adults choose to remain in community settings. The recommendation also increases the total hours of required training to underscore the importance of ANE training in preventing and identifying elder abuse. Members also discussed administration of curriculum and trainings via interactive delivery with dialogue and discussion to increase retention and to make training person-centered to the trainee’s needs. Also leveraging existing training frameworks by associations such as LeadingAge Kansas and Kansas Health Care Association (KHCA).</p>	
<p>Ease of Implementation (Score 1-10): 5</p> <ul style="list-style-type: none"> • Training time may be limited due to workforce shortages. • Cost of developing curriculum and testing. • Streamline personnel at KDADS and DCF to have training teams to train staff. • Will require modification to the regulatory process to require education to facilities. 	<p>Potential for High Impact (Score 1-10): 9</p> <ul style="list-style-type: none"> • Individuals with Alzheimer’s and dementia; rural, urban, and frontier communities; and low-income individuals will be significantly impacted. • Further educate and promote person-centered practices.
<p>Action Lead: KDADS, DCF, and KDHE</p>	<p>Key Collaborators: Mandated reporters; financial institutions; first responders; providers; Office of the Attorney General; DCF; Adult Protective Services (APS); long-term care providers and prescribers; LTC Ombudsman; KHA; KHCA; LeadingAge Kansas; KABC; KACE; KHCA/KCAL; VA Hospitals and Veterans Affairs Centers; Kansas Insurance Commission and Securities Commission; KSBN; BOHA; BSRB; city/county/district attorneys; AAAs; MCOs; Kansas Bar Association</p>

Key Performance Indicators:

- Increase in intakes
- Timeliness of reports (e.g., staff in adult care homes mandated to report within 24 hours)

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 3.4: Financial Crime Campaign. [Immediate Action, Tier II]

Recommendation: Initiate a targeted prevention campaign about financial crime for older adults age 60+.

Rationale: Knowing the signs of financial exploitation is important for caregivers, older adults and those who interact with older adults to understand and recognize signs of ANE. Being a victim of ANE, particularly financial exploitation, increases the likelihood for loneliness and isolation that stem from feelings of shame and embarrassment.

Ease of Implementation (Score 1-10): 8

- Builds upon current program at KDADS and DCF.

Potential for High Impact (Score 1-10): 8

- The impact will come from the knowledge being shared between seniors, families, caregivers, and care professionals.

Action Lead: DCF and KDADS, **Legislature (appropriations)**

Key Collaborators: Kansas Bankers Association (KBA); Kansas Securities Commissioner; Kansas Attorney General's Office; Kansas County District Attorney Association (KCDAA); Kansas Bar Association Trust and Probate section; AARP; private practices, brokers, and trustees; first responders; senior centers/AAAs; KHA; faith-based organizations; community-based organizations; KS Legal Services; other financial institutions; LeadingAge Kansas; **KABC; KACE; KHCA/KCAL**

Key Performance Indicators:

- Trends in intakes
- Number and types of media campaigns and numbers reached
- Reduction in stigma

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 3.6: Decision-Making Assistance. [Immediate Action, Tier II]

<p>Recommendation: Pass legislation enacting the supported decision-making agreements act to provide a statutory framework for adults who want decision-making assistance and to accomplish the following:</p> <ul style="list-style-type: none"> • Provide definitions for key terms; • Provide requirements, guidelines, and prohibitions for supporters; • Define the requirements and characteristics of valid supported decision-making agreements; • Establish processes for terminating agreements; and • Clarify the effect of agreements and the rights of those acting in good faith who comply or decline to comply with a supported decision-making agreement. 	
<p>Rationale: HB 2122 (2021) provides a legal option supporting the rights of older adults to make decisions based on input from trusted advisers and caregivers. The bill also provides support and direction for caregivers as they help older adults make decisions. Working group members also discussed the need for dependable resource and guidance to navigate the decision-making process.</p>	
<p>Ease of Implementation (Score 1-10): 5</p> <ul style="list-style-type: none"> • Asking for assistance is a major hurdle many must overcome. • Slow start at first that might catch momentum. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Understand usefulness of decision-making assistance and empower older adults to make decisions.
<p>Action Lead: Legislature (legislation) and KDADS</p>	<p>Key Collaborators: DCF; KCDD; Kansas Bar Association; Kansas Grantmakers in Health; Kansas Guardianship Program; Office of Judicial Administration (OJA); Kansas Supreme Court; Disability Rights Center of Kansas</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Number of older adults who opt for decision-making assistance • Utilization of program 	

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 3.7: Mandated Reporters. [Immediate Action, Tier II]

<p>Mandated Reporters. Amend K.S.A. 39-1431 to add Certified Nurse Aides (CNAs), Certified Medication Aides (CMAs) and Home Health Aides as mandated reporters to align with federal mandate.</p>
<p>Rationale: Under the Elder Justice Act, which passed in 2010 as part of the larger Patient Protection and Affordable Care Act, any “covered individual” in a long-term care facility that received at least \$10,000 in federal funds during the preceding year is required to report any reasonable suspicion of a crime against a resident or person receiving care in a federally funded long-term care facility. For the purposes of this law, “covered individuals” refers to the</p>

following: owners, operators, employees, managers, agents, and contractors of a long-term care facility. Recommendation would align with the federal mandate.	
Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 5
<ul style="list-style-type: none"> Will require a legislative action. 	<ul style="list-style-type: none"> Recommendation will encourage reporting of ANE. Provide legal protection and requirement for CNAs to safely report abuse, neglect, and exploitation (ANE) as mandated reporters.
Action Lead: Legislature	Key Collaborators: KDADS; facility administrators and operators; DCF
Key Performance Indicators: <ul style="list-style-type: none"> Number of incidents reported Timeliness of incidents reported (i.e., serious bodily injury within 2 hours and all other crimes within 24 hours) 	

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 3.8: Funding CMHCs. [Strategic Importance, Tier III]

<p>Recommendation: The Kansas Legislature, in collaboration with the Kansas Department for Aging and Disability Services (KDADS), should 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.</p> <ul style="list-style-type: none"> CMHCs should ensure an adequate number of reimbursed community mental health workers and therapists skilled in geriatric behavioral healthcare are available to meet the needs of the population and offer community psychiatric supportive treatment (CPST) and other wraparound services, and assist with accessing community support services (CSS) in all settings outlined under KSA 39-923. 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. CMHCs should integrate with long-term care (LTC) partners to increase access to services in urban, rural and frontier areas. CMHCs should provide direct consultation services for older adults using telemedicine when applicable and available. Enhance capacity of CMHCs to deliver services for older adults in all settings. Promote and utilize Medicare/Medicaid billing codes at CMHCs.
<p>Rationale: Under K.S.A. 19-4001 et. Seq., and K.S.A. 65-211 et. Seq., there are 26 licensed CMHCs operating in the state. CMHCs are the local mental health authorities. With the increasing and more costly long-term treatment and care needed for older adults, working group members discussed the need to build capacity at CMHCs to address those needs. Working group members outlined the different in-home services that could be provided such</p>

as counseling, crisis intervention and more care coordination. However, reimbursement is currently a barrier to implementation and the state would have to offset with additional funding.

<p>Ease of Implementation (Score 1-10): 2</p>	<p>Potential for High Impact (Score 1-10): 9</p>
<ul style="list-style-type: none"> • Legislature needs to establish funding for full-time employee (FTE) for navigator position at CMHCs, which will need to be able to gather baseline data and retrieve ongoing data. Senior Care Navigator would be responsible for follow-up, and ensuring services are being provided and utilized. Navigators will need adequate training on the communities they will serve to administer training effectively to ensure continuity. • Grant funds may need to be utilized for travel and mileage cost to deliver services in rural and frontier areas within a territory. • The utilization of a tele-network consultation for people in rural and frontier Kansas is sometimes the only way to talk to mental health professionals and it may not be convenient. • The regulatory process will have to be updated to regulate in-home services. 	<ul style="list-style-type: none"> • Senior veterans, informal caregivers, professional caregivers, seniors who choose to receive care in their own home, and seniors living in areas historically underserved or lacking a CMHC will be most impacted. • Long-term cost savings by keeping seniors in their homes and out of higher acuity care settings. • Kansas may have over 340,000 unpaid caregivers at one time for seniors and loved ones that could be affected. • Campaign will be needed to reach out to caregivers for mental health services and education on these services and ANE.
<p>Action Lead: DCF, and KDADS, and Legislature</p>	<p>Key Collaborators: Legislature; CMHCs; LTC associations; Office of the Attorney General Multidisciplinary Teams (MDTs) at the Office of the Attorney General; Kansas universities; Association of Community Mental Health Centers of Kansas; First responders; city/county/district attorneys; AAAs; VA hospitals</p>
<p>Key Performance Indicators</p> <ul style="list-style-type: none"> • Number of CMHCs with navigators/staffing • Funding being allocated for senior navigators • Number of people served/utilization of services • Readmission to EDs • Recurrent maltreatment • Geographic distribution of the number of seniors served 	

- Reduction in hospitalizations
- Reduction in ANE
- Reduction in self neglect

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 3.9: Statewide Needs Assessment. [Strategic Importance, Tier III]

Recommendation: Conduct a statewide abuse, neglect and exploitation (ANE) 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 Disability Services (KDADS), hospitals, and the Ombudsman’s Office.	
Rationale: The working group discussed the need to identify the scope of the problems among older adults, where services are needed, how to address challenges and service gaps, and potential next steps.	
Ease of Implementation (Score 1-10): 3	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> • Assessment will require additional funding. • Data silos at agencies could be a barrier. 	<ul style="list-style-type: none"> • Provides a framework and consensus on how the state should move forward and assist with action planning. • Will identify subpopulations of seniors. • Will provide data on where services are needed and current service utilization.
Action Lead: KDADS, DCF, Office of the Attorney General	Key Collaborators: DCF; KHA ; LTC Ombudsman; Office of the Attorney General Multidisciplinary Teams; KDHE; MCOs; city/county/district attorneys; AAAs
Key Performance Indicators:	
<ul style="list-style-type: none"> • Complete needs assessment 	

Return to [Figure 1](#) or [Appendix C](#).

Adult Care Home Surveys and Fines

Adult care home surveys ensure the safety and well-being of older Kansans in both state and federal licensed homes throughout the state. The working group discussed improving upon current survey processes by creating a collaborative process where facility operators are aware and able to apply for facility improvements from Civil Monetary Funds (CMPs) that are paid for certain levels of deficiencies, establishing more technical assistance components into the survey process to assist smaller or privately owned homes, and reducing monetary penalties.

Working group members kept scalability front of mind for all sized facilities and recognized that staffing levels and limited resources need to be addressed to provide an adequate level of care. The working group also hopes to improve the culture of the industry to make it less adversarial and establish a feedback loop with surveyors.

There are four recommendations for consideration.

Quality of Care and Protective Services Recommendation 4.1: Multidisciplinary Surveyors. [Immediate Action, Tier I]

Recommendation: Kansas will add non-nursing professionals to the survey teams for adult care homes and consider models of mixed professionals for regional teams.	
Rationale: The Centers for Medicare & Medicaid Services (CMS) recommends having a survey team with diverse experience, which can result in more in-depth and quality surveys. KDADS currently mostly staffs RNs to conduct surveys as it is a federal regulatory requirement to have an RN on the team. The working group recommends adding social workers and other professionals to the teams as a less expensive resource that could potentially enhance quality of life focus for residents and address complaints of abuse, neglect, and exploitation.	
Ease of Implementation (Score 1-10): 8	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> Will require KDADS to individualize training based on background of surveyor during onboarding. 	<ul style="list-style-type: none"> Multidisciplinary Positions may include workers with experience in working in a LTC setting; social workers; environmental public health specialists; community health workers; and adult care home administrators and operators Indirectly, ANE and care quality issues have the potential to be improved when annual and complaint surveys can be conducted in a timely manner, adequate staffing is needed to accomplish this.

	<ul style="list-style-type: none"> • Employees are leaving the public sector in droves; costs are coming in higher to the state as private sector agencies take over supply and training for services needed and hold the state up to their fees and their numbers. • Having more staffing for surveyors will help with backlog. It will expand the profile of the teams and expand the number of possible surveyors.
Action Lead: KDADS	Key Collaborators: Legislature; Provider Representative Associations; LTC Ombudsman; Kansas Association of Social Workers (KASW); BSRB; Health Occupations Credentialing (HOC); KDADS
Key Performance Indicators: <ul style="list-style-type: none"> • Data analysis on the utilization of the resource, nature of the assistance requested, compliance survey changes of deficiencies, and increased consistency in surveyor determinations of compliance/noncompliance. • Client satisfaction, employee retention, client health outcomes. • Number of providers that engage with the new program. • Future follow-up summary reports on the cited facilities who participate. 	

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 4.2: Technical Assistance. [Immediate Action, Tier II]

<p>Recommendation: Kansas Department for Aging and Disability Services (KDADS) will create and fund a technical assistance department or technical assistance position that adult care homes can access to help with regulatory compliance, develop quality improvement, implement person-centered care practices, and write sustainable plans of correction.</p>	
<p>Rationale: The working group discussed the intent for the recommendation was to reinstate the historical technical assistance position that providers could call for assistance. The staff would not be part of the survey and certification team. This position would provide education/training focused assistance outside of survey practices to encourage the implementation of person-centered care practices and create an open dialogue with direct care workers and providers.</p>	
<p>Ease of Implementation (Score 1-10): 5</p> <ul style="list-style-type: none"> • Reinstate historical position at KDADS. • KDADS representative indicated 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Smaller nursing facilities will benefit from enhanced technical assistance to make meaningful plans of

<p>that technical assistance cannot be given for federally licensed facilities due to conflict of interest since surveyors determine compliance.</p> <ul style="list-style-type: none"> • KDADS would need to establish an FTE, which may be costly. 	<p>correction.</p> <ul style="list-style-type: none"> • This would be a significant help on many levels, including addressing the related recommendations (use of psychotropics, increasing pay for surveyors). If adult care homes have fewer deficient practices, care improves, surveys will take less time, and fewer resurveys will be needed. • Better facilities, better services provided, happier environments for residents, staffs and corporate officers
<p>Action Lead: KDADS (historical position exists)</p>	<p>Key Collaborators: Nursing facility administrators; MCO's; KHCA/KCAL; LeadingAge Kansas; LTC Ombudsman; Nursing Home Administration Association; KFMC; KACE; KABC</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Homes that receive assistance • Process (number of phone calls, emails, and trends; evaluation of improved surveys among those who have utilized this new resource) • Education around availability of resource for use by adult care homes • Hiring and sustaining position at KDADS • Improved surveys 	

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 4.3: Corrective Plans. [Strategic Importance, Tier II]

<p>Recommendation: Kansas Department for Aging and Disability Services (KDADS) will use directed plans of correction and education as remedy for infractions to allow system-level implementation that is meaningful and sustainable.</p>
<p>Rationale: The duration for how long a facility can submit a plan of correction for nursing facilities is set federally at 10 days to submit the plan and 30 days to implement the plan. A directed plan of correction is an enforcement remedy that identifies actions facilities must take in response to a deficiency. Directed plans of correction could harness a full spectrum of tools to assist adults care homes in achieving compliance. The working group members recommend KDADS expand their use of directed plans of correction, which are currently required for infection survey control violations. Members also discussed the potential for surveyors to administer the SMART (Specific, Measurable, Achievable, Relevant, Time Bound) framework for corrective plans and consider education in place of citations.</p>

Ease of Implementation (Score 1-10): 8	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> The mechanisms that may affect the achievability of the recommendation include administrative changes and agency budget development. Implement an FTE for each region 	<ul style="list-style-type: none"> Meaningful and sustainable plans of correction will be more likely to foster intended improvements in care and survey compliance. Giving the adult care home administrations reliable support could improve attitudes around the survey process and will work on making positive changes.
Action Lead: KDADS and Legislature (statute change)	Key Collaborators: Adult care home Administrators; CMS
Key Performance Indicators: <ul style="list-style-type: none"> How often plan of correction implemented Time between deficiency and compliance Which regulations require use of directed plans of correction 	

Return to [Figure 1](#) or [Appendix C](#).

Quality of Care and Protective Services Recommendation 4.4: Adult Care Home Survey Website. [Strategic Importance, Tier II]

<p>Recommendation: 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 adult care homes. The website shall be updated semi-annually.</p> <ul style="list-style-type: none"> KDADS will 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. KDADS shall include poor performing homes and homes experiencing financial hardship on the state website. KDADS will indicate any facility in state receivership and under the operation of the Secretary for Aging and Disability Services. KDADS will indicate ownership or recent changes in ownership. KDADS will link to current CMS Nursing Home Care Compare Public Website.
<p>Rationale: Individuals and families need accurate and reliable information when searching for an adult care home that best fits their needs. The working group recommends linking to existing information while also enhancing information on the state-based site such as exemplary facilities, accepted health plans, financial health and so forth. Members also</p>

discussed lags in the CMS website and the feasibility of more timely updates on a state-based site.	
Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 7
<ul style="list-style-type: none"> • May require regulatory changes. • Costs associated with staffing, collection of data, maintenance. • CMS already has a publicly accessible website (Care Compare) with the information noted in the recommendation, and framework could be used for state website. • Modernizing the program previously in place should save considerable set-up time and adding the technologic advances in reporting should help as well. 	<ul style="list-style-type: none"> • It is important that up-to-date information is provided for families making placements amidst a crisis-placement scenario. • Health safety citations quickly add up to bring down ratings, and rating results are not updated in a timely manner for consumers to make informed decisions online. • Reliable, one stop website to find the best fit for families and individuals.
Action Lead: KDADS and Legislature (appropriations)	Key Collaborators: MCOs (for state plan data that each facility accepts); LTC administrators; LTC associations
Key Performance Indicators: <ul style="list-style-type: none"> • Number of clicks • Number of unique users • Timeliness of information 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Working Group (WGB)

A robust network of direct-care and aging services is one where older Kansans, their families, and caregivers can access an array of services statewide. Establishing and promoting this network of services will involve collaboration between state and local entities, timely and consistent updating of current services and increased funding to provide the option for older adults to remain in their homes and community.

The working group discussed and made recommendations recognizing the ongoing importance of continuously improving service navigation and addressing gaps in services based on health coverage and Medicaid waiver eligibility, geographic location, and provider availability. Steps to develop, coordinate, and continuously improve the state's direct-care and aging services system include increasing reimbursement rates to providers, enacting plans and previous recommendations proposed by earlier groups, expanding the PACE program model to all areas of the state, and increasing funding for the Senior Care Act.

Recommendations

The recommendations are prioritized into three tiers under each assigned area of focus. Items highlighted for immediate action are recommendations that should be completed within the first two years of the strategic plan. Items of strategic importance are recommendations for which work should begin in the near-term but will take longer to implement. The group prioritized recommendations by reviewing their potential to assist seniors to remain in their homes and communities. The working group has a total of 19 recommendations for consideration.

Provision of Care for Seniors in Kansas Who Suffer From Alzheimer's Disease, Dementia, or Age-Related Mental Health Conditions

The access to services working group identified existing recommendations related to this topic area from the Alzheimer's Disease Task Force and State Plan. The working group emphasized the importance of preventing negative behavioral health outcomes that may result from Alzheimer's and dementia and other age-related mental health conditions which are not grouped with either disease and often result from existing conditions or acute conditions. Optimizing care for older adults with dementia across the state will result from equipping providers and direct-care staff with the tools they need to care for older adults in their community.

There are three recommendations for consideration for this topic.

Access to Services Recommendation 5.1: State Advisory Council. [Immediate Action, Tier I]

<p>Recommendation: Reactivate the State Aging Advisory Council, which includes representatives of supportive services and provider organizations. Strongly recommend it mirror the federal composition of the Area Agencies on Aging (AAA) advisory council defined in the Older Americans Act, with membership composed of more than 50 percent older adults, including populations of focus who are participants or who are eligible to participate in programs under this section of the Act; representatives of older adults; representatives of AAAs, representatives of healthcare provider organizations, including providers of veterans' healthcare; representatives of supportive services provider organizations; persons with leadership experience in the private and voluntary sectors; elected officials; representative from Alzheimer's Association; and the public.</p>	
<p>Rationale: The Older Americans Act was enacted by Congress in 1965 and requires the role of an Advisory Council. The role of the council is to advise and assist KDADS on all matters related to the special needs of older adults residing in Kansas while advising and advocating for the development and provision of effective programs and services to promote and maintain optimal independence. Kansas historically had a council, which has lapsed in recent years.</p>	
<p>Ease of Implementation (Score 1-10): 10</p>	<p>Potential for High Impact (Score 1-10): 9</p>
<ul style="list-style-type: none"> Ongoing meetings with the council will ensure issues are being recognized and addressed in a timely manner. 	<ul style="list-style-type: none"> Anytime the industry listens to those being served, it creates a high impact.
<p>Action Lead: KDADS</p>	<p>Key Collaborators: AAAs; providers</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> Establish council membership Holding regular meetings, and meeting attendance Annual or bi-annual report to Governor 	

Note: "Populations of Focus" are populations that are at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability. Populations may include racial and ethnic groups, including persons of Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races and persons of Hispanic ethnicity; rural/urban residents; children; pregnant women; persons who are LGBTQIA+; older adults; persons with chronic illnesses; persons with housing instability or who are homeless; immigrant populations; displaced persons; persons with limited English proficiency; persons with low literacy; persons with low income; persons with disabilities; and others.⁹
 Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 5.2: Dementia and Alzheimer’s Disease Coordinator. [Immediate Action, Tier I]

<p>Recommendation: 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:</p> <ul style="list-style-type: none"> • Serve as federal and state liaison and training administrator at KDADS. • Use Civil Monetary Penalty (CMP) funds to provide advanced dementia care training for all full-time and temporary staff in all facilities, including those not participating in the Title 18 and Title 19 program, and oversee the implementation and updating of the State Alzheimer’s Disease Plan. • Coordinate Alzheimer’s and dementia work groups and task forces to establish and maintain relationships with all relevant state agencies and community organizations to meet community needs and prevent duplication of services; evaluate existing Alzheimer’s and dementia programs and services; and identify service gaps within the state government. • Collaborate with Alzheimer’s Association. 	
<p>Rationale: Establishing an FTE to serve as the state Dementia and Alzheimer’s Disease Coordinator was a recommendation put forth by the Alzheimer’s Association State Plan and Alzheimer’s Disease Task Force.</p>	
<p>Ease of Implementation (Score 1-10): 2</p>	<p>Potential for High Impact (Score 1-10): 10</p>
<ul style="list-style-type: none"> • New position will be more difficult to establish. • Funding to implement position may be challenging and will require funds allocated from the KDADS budget. • Recruiting and onboarding an FTE will be difficult due to current workforce challenges. 	<ul style="list-style-type: none"> • Will benefit all seniors living in Kansas, especially those with Alzheimer’s and their caregivers.
<p>Action Lead: KDADS</p>	<p>Key Collaborators: Alzheimer’s Association; caregivers; community members</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Full implementation of programs under the coordinator’s responsibility • Establishment of the position, and ongoing staffing of the position 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 5.3: Alzheimer’s State Plan and Task Force. [Immediate Action, Tier III]

<p>Recommendation: Implement the Alzheimer’s Association State Plan and Alzheimer’s Disease Task Force recommendations and join in support of other organizations and</p>
--

<p>agencies also concerned with increasing demands for services to conduct data analysis on the service system for capacity, staffing, and funding to meet the increasing demands for services as the population ages. The Alzheimer’s Association shall present to the Legislature once each legislative session.</p>	
<p>Rationale: The working group discussed the Kansas Alzheimer’s State Plan and Task Force recommendations, which would be used as a framework to implement an action plan. In January, the Task Force outlined key facts on the prevalence and expected incidences of Alzheimer’s in Kansas. As of January 2020, there are 54,000 Kansans aged 65 years and older living with the disease, and 62,000 by the year 2025. According to the state plan, Kansas spent \$441 million in Medicaid on individuals with this disease in 2019 and these costs are expected to increase 21.7 percent from 2019 to 2025. See recommendations from the 2020 Kansas Alzheimer’s Disease Plan.¹⁰</p>	
<p>Ease of Implementation (Score 1-10): 4</p>	<p>Potential for High Impact (Score 1-10): 7</p>
<ul style="list-style-type: none"> • Hosting ongoing meetings will ensure continuity of the recommendation. 	<ul style="list-style-type: none"> • If implemented, older Kansans with Alzheimer’s will be better served and able to remain in community longer.
<p>Action Lead: KDADS</p>	<p>Key Collaborators: Alzheimer’s Association; state associations; caregivers; community members</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Number of recommendations implemented • Assessment of older adults who need more intensive supports • Ongoing data presented to Legislature 	

Return to [Figure 1](#) or [Appendix C](#).

Rebalancing of Home and Community-Based Services

Allowing older adults to age in place, meaning to remain in their homes and communities longer, is crucial for improved quality of life and will provide additional cost savings to the state. Older adults may be able to remain in their homes by utilizing home and community-based services through private pay or Medicaid waiver home and community based services (HCBS). Both options are designed to allow older adults to remain in their home or in communities to receive care instead of in an adult care home. (The Senior Care Act also provides support for in-home services; see page 47 or related recommendations.) Families of older adults also may prefer their loved ones to age in environments in which they are familiar and comfortable.

There are five recommendations for consideration.

Access to Services Recommendation 6.1: Modify Medicaid Waivers. [Strategic Importance, Tier II]

Recommendation: The Legislature should explore the modification of all Medicaid waivers as applicable to those age 60 and older to provide more aging services such as home-delivered meals, case management, access to technology and training. In addition, ensure those on the I/DD waiver age 65 and older also are offered services available to those on the Frail Elderly (FE) waiver.

- ~~Add home-delivered meals to the Frail Elderly (FE) Home and Community Based Services (HCBS) waiver for Kansans aged 65 and older and the Intellectual/Developmental Disabilities (I/DD) waiver for those age 60 and older.~~
- ~~Ensure services under the Frail Elderly (FE) waiver are structured to meet the needs of Kansans aged 65 and older who also are on the Intellectual/Developmental Disabilities (I/DD) waiver.~~
- ~~Add case management services to the HCBS Frail Elderly (FE) waiver for Kansans aged 65 and older, and the Physical Disability (PD) and Brain Injury (BI) waiver for those age 60 and older.~~
- ~~Include access to technology and training on how to use technology as an MCO member benefit for those receiving HCBS services.~~

Rationale: The aim of the recommendation is to add more Kansans who are KanCare eligible, but not currently utilizing services, and if waiver services are expanded, to improve system capacity. While this recommendation would require an amendment proposed by KDHE's Medicaid program to the Legislature, it would not be contingent on Medicaid expansion. Working group members also discussed and recommend expanding use of SMART home technology would be a large benefit to seniors who wish to remain in their homes and communities. Currently, there is no stipulation in waivers to pay for evaluation and technology assistance training for people to not be reliant on staff and to be more

independent. This effort would need to be conducted by MCOs who wish to implement this benefit for Medicaid waiver recipients.	
Ease of Implementation (Score 1-10): 2	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> Will require amendment to KanCare program. Will require increased funding to the KanCare program. 	<ul style="list-style-type: none"> Expanding these services and waivers have a high impact for quality and availability for services for those 60 and older. Waiver services may allow for seniors to remain in their homes and communities longer and out of facilities.
Action Lead: KDHE and KDADS; Legislature (statute change; state plan amendment)	Key Collaborators: k4ad; AARP; Kansas Hospital Association; Kansas Healthcare Association; MCOs; KABC; LeadingAge Kansas; KACE; KHCA/KCAL; InterHab; CDDOs
Key Performance Indicators: <ul style="list-style-type: none"> Changes in HCBS waivers to add additional services Increase in utilization of services (by those living in community versus facility; may receive information from case management component on where seniors are referred) 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 6.2: Promote Home and Community-Based Services. [Immediate Action, Tier II]

<p>Recommendation: Promote awareness of home and community-based services available now for older Kansans by,</p> <ul style="list-style-type: none"> Educating staff of private and public services about programs available to seniors to enable home-based care and services. Collaborating with MCOs to promote awareness of HCBS options including training of providers and community outreach. Improve marketing of 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. Kansas Department for Aging and Disability Services (KDADS) will reinstitute the Explore Your Options (EYO) resource guide and work with the AAAs to gather resource information in the 11 Planning and Services Areas that each AAA serves. EYO's will be published online, and printed copies will be provided to the AAA's for distribution for individuals who do not have internet access. Consider marketing at Recommendation 1.1: Statewide Aging Conference. Developing a web-based, interactive mapping tool showing providers and services available across the state.
--

<ul style="list-style-type: none"> • Providing a list to consumers and professionals of Kansas physicians, mental health professionals, telehealth and dental providers that provide aging services into an informational packet to be distributed across the state and online, with additional instruction for accessing services for adult care homes, caregivers and in-home residents. List shall be updated every 2-3 years. 	
<p>Rationale: Working group indicated it is a critical need for older adults and caregivers to know where to access service information and resources when the need for long-term supports and services arise. The lack of access to reliable, up-to-date, and accurate information between agencies and to consumers can be frustrating and may be harmful to seniors and their families. New or developing programs and services to the public and private entities must be offered and marketed effectively and in a timely manner.</p>	
<p>Ease of Implementation (Score 1-10): 7</p> <ul style="list-style-type: none"> • Cost to create, print, and maintain the EYO Resource Guide will be a barrier to implementation. • Includes strategies for continuity by providing an updated guide for service offerings in Kansas. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Caregivers and professionals who serve older adults will be impacted due to increased awareness of where services are offered.
<p>Action Lead: KDADS; Legislature (appropriations)</p>	<p>Key Collaborators: k4ad; AAAs; hospital discharge staff, nurses, and social workers; NH discharge planners, MCOs; KABC; LeadingAge Kansas; KACE; KHCA/KCAL; AARP Kansas</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Develop marketing campaign and assess its effectiveness • Increase calls to ADRC call center • Number of clicks or views on the EYO Resource Guide page. 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 6.3: Transition Services [Strategic Importance, Tier II]

<p>Recommendation: Develop an array of options to provide transition-related aging services.</p> <ul style="list-style-type: none"> • Kansas should apply for the federally funded, Money Follows the Person (MFP) Program to assist with transitions for individuals wanting to move back to the community. • PACE and other transitioning service models will be utilized for transitioning individuals with dementia and older adults between homes, private homes, community homes, assisted living, and adult care homes with skilled care 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, with consideration for rural parts of state where PACE model doesn't exist.
--

<ul style="list-style-type: none"> • Add transition case management services through the Aging and Disability Resource Center (ADRC) to assist caregivers and older adults who wish to live remain in their own homes and choose not to enter live in an adult care home or long-term care environment and for older adults who need assistance as they onboard or transition to higher acuity care, such as Home Plus or Assisted Living. 	
<p>Rationale: Transition services are necessary to safely assist older adults with transitions between homes. Working group members discussed historic programs and other efforts that could be leveraged to provide transition services. The Money Follows the Person is a federal Medicaid program designed to move elderly adult care home residents out of adult care homes and back into their own homes or community-based settings. Kansas no longer has funding from this federal program. The working group also discussed limitations for rural and frontier parts of the state where PACE centers are not available or are located too far for older adults to access services.</p>	
<p>Ease of Implementation (Score 1-10): 3</p>	<p>Potential for High Impact (Score 1-10): 10</p>
<ul style="list-style-type: none"> • Considered a program overhaul, where adding case management services would be a new addition for ADRCs. • Cost may be a barrier to implementation and staff would need to apply for the federal MFP Program. 	<ul style="list-style-type: none"> • Will impact individuals who seek community-based care and assist older adults and caregivers in rural and frontier parts of state lacking a PACE Center. • Will improve access to resources for older adults to remain in their home and community longer.
<p>Action Lead: KDADS and Legislature</p>	<p>Key Collaborators: Legislature; KDHE; ADRC; KHCA; Centers for Independent Living; LTC Ombudsman; MCOs; LeadingAge Kansas; KABC; KACE; KHCA/KCAL</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Service utilization • Calls to the ADRC 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 6.4: Affordable Housing [Immediate Action, Tier I]

<p>Recommendation: Encourage Recommend collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults.</p>	
<p>Rationale: Affordable housing is a challenge for older adults. The working group discussed models of collaboration that may be used to assist seniors transitioning from a facility or for seniors who may have to enter a facility due to rising costs of owning and renting a home.</p>	
<p>Ease of Implementation (Score 1-10): 8</p>	<p>Potential for High Impact (Score 1-10): 9</p>

<ul style="list-style-type: none"> • Would require a pilot program • Collaboration would be ongoing to address the rising price of rent and home ownership. 	<ul style="list-style-type: none"> • Will allow seniors to remain in their home and communities longer. Those with I/DD and physical disabilities will also benefit.
<p>Action Lead: Kansas Housing Resources Corporation; Legislature (statute or other change)</p>	<p>Key Collaborators: Financial institutions; bankers; Housing and Urban Development (HUD); Housing Commission; landlords with success in section 8; Kansas county and geographic-based landlord associations; community development; community planners; HOAs; neighborhood associations; Kansas Department of Commerce; local housing authorities; Habitat for Humanity and like organizations; Kansas Association of Realtors; Kansas Real Estate Commission; AARP Kansas</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Increase in affordable housing • Consumer Price Index (CPI) as baseline data • Increase in home and community-based service utilization • Landlords and associations participating in this initiative 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 6.5: Tiered Levels of Services [Strategic Importance, Tier III]

<p>Recommendation: Explore utilizing the Functional Assessment Instrument (FAI) to create tiered level of services for clients in assisted living and Home Plus.</p>	
<p>Rationale: The Kansas Health Care Association (KHCA) piloted the FAI and evaluated scores for those on Medicaid HCBS to determine allocations and create tiers. Providers that report to KHCA indicated that a tiered system would incentivize providers to participate in Home Plus and assisted living. KDHE would need to explore state plan amendment.</p>	
<p>Ease of Implementation (Score 1-10): 5</p>	<p>Potential for High Impact (Score 1-10): 8</p>
<ul style="list-style-type: none"> • Ease of implementation depends on MCO involvement • Cost will not be a barrier to implementation 	<ul style="list-style-type: none"> • Recommendation will impact low-income individuals and older adults that need more supervision and less hands-on physical care. • Recommendation would result in high impact for seniors seeking HCBS services.

Action Lead: KDADS; KDHE	Key Collaborators: MCO; Kansas Hospital Association (KHA); KHCA ; LeadingAge Kansas; KACE; KABC; KHCA/KCAL
Key Performance Indicators: <ul style="list-style-type: none"> • Increased number of HCBS providers and participants 	

Return to [Figure 1](#) or [Appendix C](#).

Senior Daycare Resources in the State of Kansas

In the last decade, the number of adult day service providers for older adults has decreased across the state due to inadequate funding, population density and the use of medical models of care where social models of care are needed to entice and retain older adults interested in this service (see *Figure 3*). In state fiscal year 2021, during the COVID-19 pandemic, four providers provided adult day care services to 13 unduplicated beneficiaries on the HCBS Frail Elderly Medicaid waiver: Catholic Charities Inc Day Care Services, Hmong Adult Day Care, Johnsonville Home LLC and Sunflower Adult Day Services Inc.

There are five recommendations for consideration.

Figure 3. Number of Senior Care Facilities Opened and Closed by Year and Types, 2012-2022

Facilities Opened by Year and Type

Count of Facility Name Row Labels	Column Labels											Grand Total	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
Adult Day Care ADC		1	2						1			4	
Assisted Living Facility ALF		3	5	4	2		5	1	1	2		23	
ALF/Home Plus/ADC											1	1	
ALF/RHCF				1	1	2					1	5	
Boarding Care Home BCH	1	1										2	
Home Plus	11	18	16	15	11	15	15	21	11	13	1	147	
Nursing Facility NF	2	2	3	2				1	2	1		13	
nf/ALF		1		1	4		2	1				9	
NF/RHCF/ALF			1									1	
Residential Health Care Facility RHCF	3	1	2		1	2	2	1	1			13	
RHCF/ADC											1	1	
Grand Total		21	30	26	21	17	24	21	27	15	16	1	219

Facilities Closed by Year and Type

Count of Facility Name Row Labels	Column Labels											Grand Total
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
ADC	1	2	3	1	3	1	1				1	13
ALF	1		1	1	1	1	1	2	1	1		10
BCH	3	4	1	1	1		1	1	1			12
Home Plus	9	8	6	16	5	9	9	5	9	5	3	84
NF	1	1	5	6	5	5	5	5	4	6		43
nf/alf					1							1
nf/RHCF	1				1							2
RHCF	1		4	2	3		2	1	1			14
Grand Total	17	15	19	27	20	16	19	14	16	13	3	179

Source: Kansas Department for Aging and Disability Services.

Access to Services Recommendation 7.1: Adult Daycare Reimbursement Rates. [Immediate Action, Tier II]

<p>Recommendation: The State of Kansas should increase funding and reimbursement rates to adult day care services and Intellectual/Developmental Disabilities (I/DD) day services providers to increase staffing and provide more opportunities to serve people aged 60 and older in their homes during the day in lieu of going to a facility.</p> <ul style="list-style-type: none"> • Increase awareness and education for I/DD day service providers who have an older adult program to also serve older adults from the general population to increase accessibility for seniors without I/DD. 	
<p>Rationale: It is challenging to integrate services for the older I/DD population because of different care needs and the resistance from older adults to be in a mixed care setting. Hence, innovative solutions to leverage existing resources may be needed to meet the growing aging population. In addition, the working group discussed in-home alternatives for day services that were offered during the pandemic and allowing those services to continue for those older adults who do not wish to or may not be able to leave their homes.</p>	
<p>Ease of Implementation (Score 1-10): 3</p>	<p>Potential for High Impact (Score 1-10): 6</p>
<ul style="list-style-type: none"> • I/DD senior day programs and PACE programs are already established but bringing the two types of programs together and finding the funding to increase reimbursement rates are challenges. • Providers will have to be trained on serving older sub-populations and their specific needs. • Getting state funding and increasing staff may be challenging. 	<ul style="list-style-type: none"> • For those who are considered private pay, it would be helpful to avoid LTC placement out of home. • Not all I/DD providers with day services have the capacity to implement a senior day program.
<p>Action Lead: KDADS</p>	<p>Key Collaborators: I/DD providers who support older adults; PACE providers; KDHE; Legislature; adult day service providers; AAAs; potential candidates for adult day services providers; religious and community-based organizations; veterans organizations and associations</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Number of people served • Number of new providers for this service as baseline data and corresponding reimbursement rates • Increase in budget • Utilization of outpatient and day services in communities • Reimbursement rates are increased 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 7.2: **Promote PACE Program Growth [Strategic Importance, Tier I]**

Recommendation: The State of Kansas should promote increasing access to PACE in rural parts of the state 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 the eligibility criteria for the program area.

- Provide financial incentives to rural hospital outpatient services to be PACE provider in smaller communities.

Expand the PACE program in underserved areas of Kansas 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 the eligibility criteria for the program area. Expand reach of the current PACE program, and other providers, to transport services and workers to those being served in-home, utilizing general transportation systems already in the area to get those skilled people and their equipment out to the homes, when necessary, to minimize costs and expand accessibility.

Rationale: The PACE program is designed to promote the provision of quality, comprehensive health services for older adults. Most services are provided in-home and at the PACE Center. Currently, 850-900 Kansans are served by a PACE program across 23 counties, with an increase of 150-200 participants in the last two years. However, service areas are limited and would need to be expanded to allow a PACE provider to be established in these areas, or to have existing PACE centers travel to administer services. PACE models are difficult to implement in rural and frontier areas due to low population density, coupled with workforce shortages and the costs of the service. For communities that are unaware of PACE or have never utilized services, existing transportation services could participate in helping implement and maintain a reliable service (e.g., Meals on Wheels, public transit, faith-based organizations).

Ease of Implementation (Score 1-10): 5

Potential for High Impact (Score 1-10): 9

- Requires communication and in-person visits to see what the situations in communities are to understand the obstacles to establishing PACE.
- Will require many partners and investment to increase the reach of the PACE model across the state.
- May utilize community transportation vans, senior center vehicles, and Red Cross transport programs for this effort.

- Expansion of the proven PACE program allows more seniors to have access to day services in rural and frontier areas of Kansas.
- Transportation is a huge barrier for many older adults, especially in rural or remote areas. This would help people remain in their preferred setting longer.

<ul style="list-style-type: none"> • Low population density increases costs, workforce shortages make it hard to staff services in the rural and frontier areas of Kansas 	
<p>Action Lead: KDADS, current PACE programs</p>	<p>Key Collaborators: U.S. Department of Health and Human Services (HHS); Alzheimer’s; charitable healthcare organizations; KDHE; home health agencies; county health departments; hospital outpatient professionals; technical or community colleges; home health agencies; local health departments; KDOT; Legislature; CMHCs; senior associations; gerontology experts; local health clubs; outpatient therapy clinics; AAAs</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Number of new programs • Number of counties served by PACE programs • Number of people served • Decrease in ED visits • Decrease in ANE reports due to improved care • More PACE programs that cover more geographical areas of the state • Improved health and happiness for seniors, families, and staff • Transportation data – (e.g., how many rides x specific time) 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 7.3: Adult Daycare Locations. [Strategic Importance, Tier III]

<p>Recommendation: The State of Kansas will provide grants for senior centers, housing providers and assisted living providers to retrofit or establish space appropriate for adult day centers. In addition, expand reach of the current PACE program, and other providers, to transport services and workers to those being served in-home, utilizing general transportation systems already in the area to get those skilled people and their equipment out to the homes, when necessary, to minimize costs and expand accessibility.</p>	
<p>Rationale The working group recommends collaboration across appropriate state agencies to improve cross-communication with one another and the public and private sectors. In addition, the aim would be to provide funding and oversight using state grants or other incentives.¹¹</p>	
<p>Ease of Implementation (Score 1-10): 3</p>	<p>Potential for High Impact (Score 1-10): 8</p>

<ul style="list-style-type: none"> • The continuity is dependent on the follow-through by the State. • Involves finding money via grants. • Many senior centers are managed by volunteers and may not have the capacity – both staffing and space –to become a day care. 	<ul style="list-style-type: none"> • In rural areas the low numbers of individuals who would be served would be a barrier for providers who would struggle to cover costs of service provision. • Will allow for seniors to remain in their home and communities.
<p>Action Lead: KDADS; Legislature (appropriations)</p>	<p>Key Collaborators: Legislature; KDHE; Governor;; service providers; charitable organizations that help with housing adaptabilities in communities; KAC; AAAs; k4ad; local councils on aging; I/DD providers</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Number of new day programs established • Number of older adults served • Reduction in adult care home utilization • Increased enrollments at day centers, independent resource centers, satisfaction survey utilization at sites • Increased attendance and use of adult daycare spaces. Increased number of adult daycare spaces 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 7.4: Community Partners Pilot. [Strategic Importance, Tier III]

<p>Recommendation: Encourage Senior Centers to collaborate with community partners who also provide day services (e.g., childcare) and involve non-traditional stakeholders such as business leaders to develop pilot programs for service recipients that address health, oral health, technology use, and other topics. A planned timeline from development shall be five years from onset of fact-finding studies to full implementation of the improvements offered. Official reports will be made to the State every two years to measure progress.</p>	
<p>Rationale: Local attention by investors and business leaders in communities may improve the quality of life for seniors in their communities and their families.</p>	
<p>Ease of Implementation (Score 1-10): 3</p>	<p>Potential for High Impact (Score 1-10): 8</p>
<ul style="list-style-type: none"> • Will require a pilot program to establish and recruit members of public and private sectors. • Innovation takes time and effort. • Will require funding. 	<ul style="list-style-type: none"> • Will benefit overall well-being, increase knowledge and awareness about health issues and available technology.

	<ul style="list-style-type: none"> • Will assist with low workforce numbers.
Action Lead: KDADS	Key Collaborators: Community healthcare centers; local chambers; KDHE; bankers; financial institutions; housing agencies; local health departments; technical schools; colleges; AAA; community businesses such as healthcare / technology; non-traditional stakeholders; and day providers; charitable and religious organizations; Senior centers; local community coalitions
Key Performance Indicators: <ul style="list-style-type: none"> • Official reports will be made to the state every two years to measure progress. • Decrease in LTC admissions for seniors • More opportunities for interaction with others • Caregiver supports • Programs are created 	

Return to [Figure 1](#) or [Appendix C](#).

~~Access to Services Recommendation 7.5: Adult Daycare Volunteers. [Immediate Action, Tier III]~~ (Recommendation combined with **Recommendation 9.9: Identify Future Workforce**)

Return to [Figure 1](#) or [Appendix C](#).

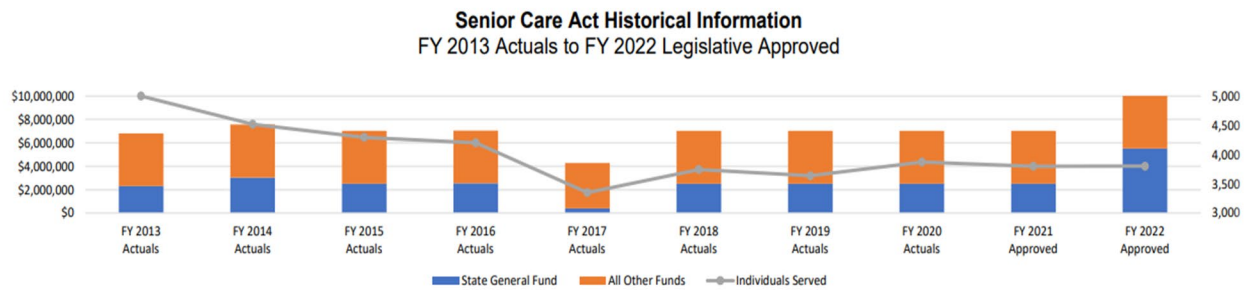
Funding and Implementation of the Senior Care Act (SCA)

The Senior Care Act (SCA) is a valuable funding source administered by the state Legislature and managed by the 11 Area Agencies on Aging (AAAs), serving 3,731 seniors in urban, rural, and frontier areas of the state. The SCA provides in-home services to persons who contribute to the cost of services based on their ability to pay. *Figure 4*, shown below, provides historical funding information for the SCA and individuals served. The 2022 Legislature approved an additional \$3.0 million State General Funds (SGF) in fiscal year (FY) 2022 to increase the funding for SCA services. This increases the funding for SCA services to \$10.0 million. The budget for FY 2023 remains the same as FY 2022 at 10.0 million.

Figure 4. Senior Care Act Historical Funding Information, FY 2013-2022

Funding for Senior Care Act

Individuals Served



	FY 2013 Actuals	FY 2014 Actuals	FY 2015 Actuals	FY 2016 Actuals	FY 2017 Actuals ¹	FY 2018 Actuals	FY 2019 Actuals	FY 2020 Actuals	FY 2021 Approved ²	FY 2022 Approved
Performance Measures										
Individuals Served	5,000	4,516	4,292	4,201	3,351	3,743	3,637	3,873	3,800	3,801 ³
Funding for the Senior Care Act										
State General Fund	\$2,309,565	\$3,026,799	\$2,517,872	\$2,547,848	\$415,000	\$2,515,000	\$2,515,000	\$2,515,000	\$2,515,000	\$5,515,000
Social Services Block Grant	4,500,000	4,542,935	4,500,000	4,500,000	3,857,980	4,500,000	4,500,000	4,499,999	4,499,999	4,499,999
Total Funding	\$6,809,565	\$7,569,734	\$7,017,872	\$7,047,848	\$4,272,980	\$7,015,000	\$7,015,000	\$7,014,999	\$7,014,999	\$10,014,999

¹ In May 2016, the Governor allotted \$250,000 from Senior Care Act services for FY 2017. During the next budget cycle (FY 2017, FY 2018, and FY 2019), the agency shifted \$1.8 million SGF from Senior Care Act services to other programs. The 2017 Legislature subsequently added \$2.1 million SGF for Senior Care Act services for FY 2018 and FY 2019.

² The 2020 Legislature added \$3.0 million SGF for Senior Care Act services for FY 2021. However, those funds were subsequently allotted due to low projected SGF balances by the Governor's June 25, 2020 Allotment Plan.

³ The number of individuals served for FY 2022 is an estimate the agency submitted in its budget submission for the 2021 Session. The number of individuals served is based off of the original request of \$2.5 million SGF, prior to the 2021 Legislature adding an additional \$3.0 million for Senior Care Act services.

Source: Kansas Department for Aging and Disability Services.

Themes that arose during recommendation development include the burden for long-term care facilities, insufficient SCA funding, and concern there would not be enough services for baby boomers relying on SCA funds by 2030. The working group identified a need for ongoing evaluation of the SCA program for service utilization; raising reimbursement rates for participating providers and recruiting more providers; increasing the one-time only service caps to coincide with the 2022 Governor's budget recommendation to increase the Medicaid lifetime

service cap for services; amending the act to allow for start-up costs for technology devices and enhancements; and publishing an Elder Count Book to reflect demographics of older adults and service offerings in Kansas.

There are six recommendations for consideration.

Access to Services Recommendation 8.1: Incentivize Providers. [Immediate Action, Tier I]

<p>Recommendation: The State of Kansas with the Kansas Association of Area Agencies on Aging and Disabilities (k4ad) will expand flexibility to incentivize providers via raising reimbursement rates to use the Senior Care Act program for services that promote choice, increased independence, and assist with overcoming unique challenges in rural and urban areas.</p> <ul style="list-style-type: none"> • Kansas Department for Aging and Disability Services (KDADS) will provide budget justification for increased plan of care costs due to raising reimbursement rates. • Require providers to pass on rate increases to workers to retain workforce. • KDADS will lead recruitment of providers to provide respite services; providers will develop respite services; AAAs will market those services. 	
<p>Rationale: The 2022 Legislature approved an additional \$3.0 million State General Funds (SGF) in fiscal year (FY) 2022 to increase the funding for SCA services. This recommendation would use existing Senior Care Act funds to implement using a stipulation in contracts about raising rates and designating rate passthrough. The working group also wanted to address existing challenges of inconsistent availability of respite services in some parts of the state.</p>	
<p>Ease of Implementation (Score 1-10): 8</p> <ul style="list-style-type: none"> • Currently no stipulations on how to use reimbursement rate increases. • A cost barrier may come from additional full-time employees (FTEs) having these services provided by KDADS and an increase in the plan of care cost associated with the client. • Travel and mileage reimbursement for providers would require some policy changes the state would enact via a regulatory process. 	<p>Potential for High Impact (Score 1-10): 10</p> <ul style="list-style-type: none"> • Will impact the local-level ability to hire, serve in centers, and centers are open because they have an employee that can make a living wage. • Will help counties subsidize wages.
<p>Action Lead: KDADS</p>	<p>Key Collaborators: k4ad; 11 AAAs</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • An increase in the number of providers • Increase in the number of plans being served in rural/frontier parts of the state. 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 8.2: One-Time-Only Service Caps. [Immediate Action, Tier I]

<p>Recommendation: Increase the one-time service caps with an annual review that ties the rate to the Consumer Price Index (CPI) and create an exemption process, to allow adequate funding for items such as durable medical equipment and technology to address social isolation and home modifications.</p>	
<p>Rationale: One-time-only services are funds intended for older adults to make one-time purchases necessary for their care or improving quality of life. The Senior Care Act Field Manual defines one-time services as, “an activity that is not intended to be ongoing (less than three months per 365 days) and has a unit of service of one dollar. The one-time-only cap has not been increased since 1996 (see Attachment 1).¹² Funds promote safety, security, personal choice, and emotional and physical health. Assistive services may include home modifications, vehicle modifications, and durable medical equipment.</p> <p>The Medicaid lifetime cap on assistive services is \$7,500, and the Aging and Disability Commission reports that the limit hasn’t been increased in two decades. During the 2022 legislative session, \$1.8 million, including \$716,495 SGF, was allotted to increase the lifetime limit on assistive services from \$7,500 to \$10,000 for FY 2023. The Governor recommends adoption of this request for FY 2023 and may support increasing the \$1,445 one time only service cap.¹³</p>	
<p>Ease of Implementation (Score 1-10): 10</p> <ul style="list-style-type: none"> Funds already allocated. 	<p>Potential for High Impact (Score 1-10): 10</p> <ul style="list-style-type: none"> Cost savings from this recommendation will result from seniors receiving assistive services, allowing them to remain in the home longer
<p>Action Lead: KDADS and Legislature</p>	<p>Key Collaborators: k4ad, 11 AAAs, Assisted Technology of Kansas (ATK); Legislature</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> Annual reviews completed. Number of people served through one time only service 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 8.3: Elder Count Book. [Strategic Importance, Tier I]

<p>Recommendation: Seek funding and develop partnerships for the development and distribution of a new, publicly available Kansas Elder Count book that provides the same demographic and detailed data as the original Elder Count book. Elder Count book should be published biannually in print and electronic formats. This information would provide detailed and robust data to help consumers, local and state policymakers and other decision makers plan for current and future needs of older Kansans.</p>
<p>Rationale: The Kansas Elder Count Book was last published in 2002 and utilized data from multiple sources to create a snapshot of the older adult population and subpopulations.¹⁴ The</p>

2002 edition was a one-time only project and proved to be an invaluable resource outside the federal census. The book provided data by county, income-level and SES status. The working group recommends an update.

KDHE and the Bureau of Oral Health's Elder Basic Screening Survey (BSS) is a statistically representative sample study of older adults living in long-term care facilities. Working group suggested collaborating with effort. **The Task Force also suggested exploring the annual KIDS COUNT Data Center as a model.**

Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> Established framework available. 	<ul style="list-style-type: none"> Will improve service delivery for seniors.
Action Lead: KDADS; Legislature	Key Collaborators: State associations; AARP; KABC; LeadingAge Kansas; KACE; KHCA/KCAL ; AAAs; foundations; academic institutions
Key Performance Indicators: <ul style="list-style-type: none"> Secure funding Publishing Elder Count Book Securing lead entity 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 8.4: Technology Investment. [Strategic Importance, Tier II]

<p>Recommendation: Kansas Department for Aging and Disability Services (KDADS) in collaboration with the Legislature will allow for and increase Senior Care Act (SCA) funding to be used for start-up costs to allow AAAs to invest in technology and add as an allowable service under the SCA.</p> <ul style="list-style-type: none"> Collaborate with initiatives expanding broadband services across the state and make it available in congregate settings (e.g., land lines). Seek Assisted Technology of Kansas (ATK) collaboration. Fund the purchase for devices, internet access, IT client support and bringing required technology to the person. 	
<p>Rationale: Lack of reliable broadband services and access in rural and frontier areas of Kansas is an ongoing challenge. The SCTF requested the Legislative Division of Post Audit to perform a limited scope audit (less than 100 hours) to determine where broadband funding, including federal funding, has been spent in the state on initiatives for expansion and to identify the broadband inequities between urban, rural and frontier parts of the state. Access to reliable internet will be necessary for older adults to access reliable internet and to receive technology-assisted services or telehealth.</p>	
Ease of Implementation (Score 1-10): 7	Potential for High Impact (Score 1-10): 9

<ul style="list-style-type: none"> Requires funding for new devices, providing internet access, hiring FTE for client support, and transporting services and devices to recipients. Will require Statute Amendment to allow for start-up costs 	<ul style="list-style-type: none"> Effort must be made to ensure all Kansans have access to internet and services. May identify older adults experiencing social isolation, identify health deterioration and health changes more quickly, increase access to services, connect older adults who need high acuity services, get information on health status, and increase ease of communication.
Action Lead: KDADS, Legislature	Key Collaborators: AAAs; MCOs; ATK – contracted for assisted devices to help people return or remain in the community; seniors to give input on tech; Office of Broadband Development
Key Performance Indicators: <ul style="list-style-type: none"> Equipment distribution Areas of distribution to those in need. 	

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 8.5: SCA Program Evaluation. [Strategic Importance, Tier II]

Recommendation: KDADS in collaboration with the Kansas Association of Area Agencies on Aging (k4ad) will ensure that the SCA program is evaluated every 3-5 years by an objective, independent evaluator using research methodologies that ensure comprehensive input from caregivers, AAAs, participants, service providers, and other stakeholders.	
Rationale: The SCA program has not been evaluated since 1996. ¹⁵ The working group discussed the importance of identifying service gaps, unmet needs and what services will have the most impact. While there is a quarterly review by all 11 AAAs, a SCA evaluation would provide a robust statewide assessment.	
Ease of Implementation (Score 1-10): 6	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> May be accomplished via legislative post audit. Methodology could be leveraged from the past and conducting research moving forward. 	<ul style="list-style-type: none"> It will ensure continuous updates of SCA programs.
Action Lead: KDADS	Key Collaborators: k4ad; Legislature; academic institutions; AAAs; clients; older adults; caregivers; Alzheimer’s Association
Key Performance Indicators:	

- Secure contract
- Service utilization
- Service gaps
- Evidentiary support and rationale for potential increased funding

Return to [Figure 1](#) or [Appendix C](#).

Access to Services Recommendation 8.6: SCA Data Systems. [Strategic Importance, Tier II]

Recommendation: Kansas Department for Aging and Disability Services (KDADS) will improve the data systems for multi-directional use under the Senior Care Act program and provide regular reports on service utilization and client needs.	
Rationale: Real-time data allows service providers to be nimble and address service gaps. KDADS uses the Kansas Aging Management Information System (KAMIS) to collect information from AAAs and other providers. However, multi-directional data sharing is currently not available for all users.	
Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> • Federal grants may assist to fund this effort. 	<ul style="list-style-type: none"> • Will have real-time data and breakdown of services used, client-specific, program-specific data on what services are being used and provided. • Data will be usable and applicable for users. • Will include all users of KAMIS; the list will include InterHab, CMHCs, and will require cross-collaboration
Action Lead: KDADS	Key Collaborators: KAMIS users; AAAs; LeadingAge Kansas; KABC ; KACE; KHCA/ KCAL ; LTC Ombudsman; KanCare Ombudsman; MCOs
Key Performance Indicators:	
<ul style="list-style-type: none"> • Will include funding when it is allocated and system design, piloting, and implementation. 	

Return to [Figure 1](#) or [Appendix C](#).

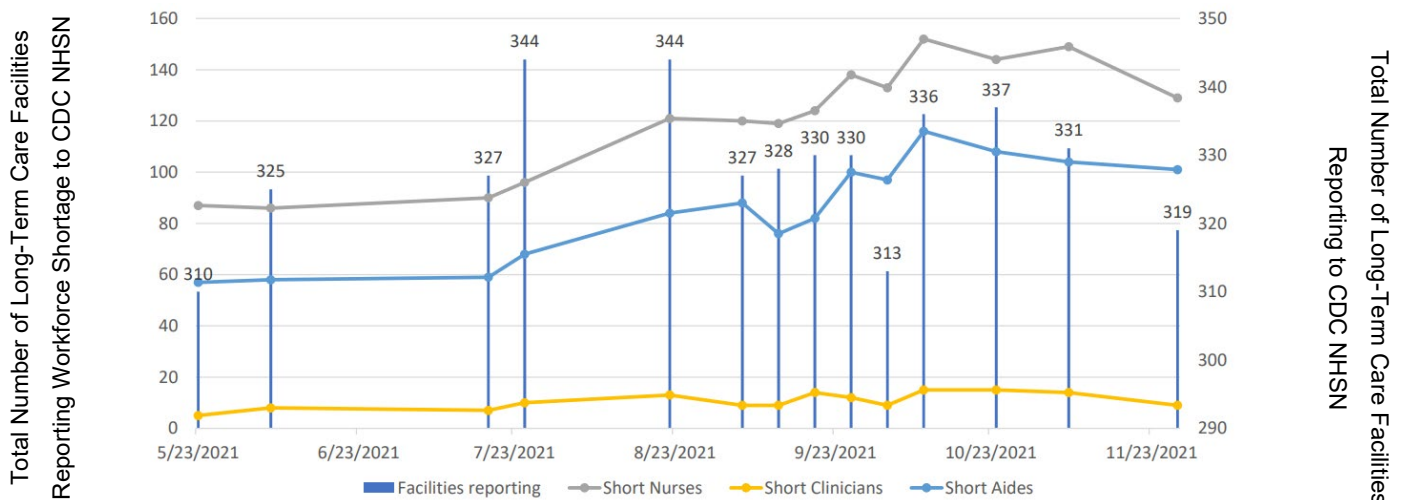
Workforce Subgroup

A well-trained workforce is one in which providers and their staff deliver direct-care and aging services with adequately trained staff and resources to meet needs across urban, rural and frontier parts of the state. Building a well-trained workforce will require recruiting, retaining, and training the workforce to meet the needs of older Kansans. The Workforce Subgroup was established by the SCTF to address the cross-cutting topic of workforce. KDADS provided data on the shortages of nurses, clinicians and aides in Kansas long-term care facilities from May to November 2021 as reported to the CDC National Healthcare Safety Network (NHSN; *Figure 5*).

Key themes from the group’s analysis of the Task Force’s recommendations included establishing a career ladder for new and current direct care workers, expanding the workforce and innovative ways to overcome workforce shortages, and expanding scope for licensing and increasing funding to recruit and retain more workers. The subgroup discussed and made recommendations recognizing the ongoing importance of investing in the workforce. The subgroup prioritized recommendations based on their capacity to retain current workforce, recruit future workforce and train current and future workforce.

There are 10 recommendations for consideration.

Figure 5. National Healthcare Safety Network (NHSN) Long-Term Care Facility Reported Staff Shortages, 2021



Note: Bars represent number of long-term care facilities reporting data to the CDC NHSN.

Source: Kansas Department for Aging and Disability Services.

Workforce Recommendation 9.1: Reimbursement Rates. [Strategic Importance, Tier I]

<p>Recommendation: The State of Kansas should provide appropriations to increase rates for service providers to increase worker pay, support safe staffing standards, and ensure a stable workforce, minimizing wait lists.</p> <p>Note: <i>The Task Force indicates that Recommendation 9.1 must be implemented before Recommendation 9.7 in order to ensure success. Both Recommendations are listed in Tier 1 due to their importance to the support and improvement of senior care in Kansas.</i></p>	
<p>Rationale: High direct care worker turnover rates lower the quality of care because consistency in direct care staff supports better healthcare outcomes. The subgroup discussed the main reason people are leaving the field is inadequate pay and the need for livable wages. Subgroup members discussed the state’s lag in acceptable wage packages for state employees across the board, leaving it unattractive for recruitment and difficult to retain quality trained employees needed in the diverse settings of today.</p> <p>This recommendation would apply to service providers meeting the definition of an adult care home and providers for HCBS services. Research would need to be conducted to review the rate calculation methodology to determine what the true costs of services are and what the market comparison rates are.</p>	
<p>Ease of Implementation (Score 1-10): 3</p> <ul style="list-style-type: none"> • An initial appropriation will be needed from the Legislature to raise rates. • Senior Care Act funds may not be available for this effort, so other funding sources will need to be explored. 	<p>Potential for High Impact (Score 1-10): 10</p> <ul style="list-style-type: none"> • Will impact worker retention and recruitment. • Will produce cost savings for facilities by reducing staff turnover.
<p>Action Lead: KDADS, Legislature, and providers</p>	<p>Key Collaborators: Advocacy groups focused on home and community-based services that are not Medicaid or Medicare funded; AARP; provider associations; direct care workforce associations (Kansas State Nurses Association [KSNA] and others)</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Change in number of clients, providers, and workers • Staffing increases and retention • Recruitment and retention numbers should increase with providers, unemployment claims should decrease in the industry • Measure number of providers able to meet any new evidence-based minimum staffing requirements. 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.2: ConnectToCareJobs Platform. [Immediate Action, Tier II]

<p>Recommendation: KDADS will lead the effort to enlist the State of Kansas to contract with ADvancing States and implement its worker matching and placement tool, “ConnectToCareJobs.com”.</p>	
<p>Rationale: ADvancing States, formerly the National Association of State Units of Aging (NASUA), has developed a matching and placement tool focused on community-based workers including all direct care workers and positions needed for operating care. “ConnectToCareJobs.com” is a state solution where state can see portal and real-time vacancies across the state. The initial investment is \$250,000 and then \$150,000 to maintain it. Seven states currently use the platform, including Colorado.</p>	
<p>Ease of Implementation (Score 1-10): 9</p>	<p>Potential for High Impact (Score 1-10): 9</p>
<ul style="list-style-type: none"> • Infrastructure for implementation is available. • ADvancing States has strategies built-in to the program for site monitorization and updates. • Ongoing funding would be required to maintain the program. 	<ul style="list-style-type: none"> • Will impact workforce recruitment. • Expanding the workforce would produce cost savings from decreasing turnover and easily identifying workers needing placement. • Higher quality of care and continuity of service delivery.
<p>Action Lead: KDADS Home and Community-Based Services Division; Legislature (appropriations)</p>	<p>Key Collaborators: Legislature; ADvancing States; KDOL; KansasWorks Jobs Fair; MCOs</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Hits on web tools and placement service. • Community worker hires indicating that this was a place they found out about a job. • Safe Staffing levels • Longitudinal monitoring with: <ul style="list-style-type: none"> • Unemployment • Provider recruitment • Retention rates 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.3: Workforce Incentives and Benefits. [Immediate Action, Tier II]

<p>Recommendation: The State of Kansas, in collaboration with Department for Children and Families (DCF), Kansas Department for Aging and Disability Services (KDADS), and the</p>

<p>Kansas Department of Health and Environment (KDHE), shall develop incentives or additional benefits for the direct care workforce, such as respite services and childcare assistance.</p> <ul style="list-style-type: none"> • The State of Kansas will establish funding to support community childcare centers for healthcare workers with broad hours of operation rather than traditional 8am-5pm. • Use grants to encourage on-site day care and programs where one kitchen can serve both children and seniors. 	
<p>Rationale: Respite care and childcare assistance are benefits that mitigate caregiver burnout and incentivize employees to remain at their jobs. The subgroup also suggested exploring innovative solutions such as a shared, communal kitchen.</p>	
<p>Ease of Implementation (Score 1-10): 4</p> <ul style="list-style-type: none"> • Will need to consult the regulatory process to see requirements for both childcare and senior care facilities. • Will require unique permits to allow for serving two high-risk populations. 	<p>Potential for High Impact (Score 1-10): 10</p> <ul style="list-style-type: none"> • Will impact workforce recruitment and retention. • Recommendation would produce high cost-savings related to onboarding and training new employees when current staff cannot be retained. • Recommendation will also increase the quality of life for residents in nursing facilities. • Facilities will also receive less citations and monetary fines related to care.
<p>Action Lead: DCF, KDADS, KDHE, Legislature (appropriations)</p>	<p>Key Collaborators: Legislature; KDHE; Host-site Providers</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Retention rate • Decrease of unemployment claims from this industry • Increase number of staff providing aging services (recruitment) • Utilization of benefit 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.4: Workforce Tax Credit. [Immediate Action, Tier II]

<p>Recommendation: The State of Kansas will explore the creation of a workforce tax credit for the aging services direct care workforce.</p>	
<p>Rationale: During the COVID-19 pandemic, the temporary Employee Retention tax credit and the ongoing Earned Income Tax Credit (EITC) were offered to retain employees. Implementing a specific tax credit for direct care workers also may assist with workforce recruitment in more rural and frontier parts of a state. The subgroup also discussed the tax credit as a short-term strategy during times of unequal or inadequate pay.</p>	
<p>Ease of Implementation (Score 1-10): 7</p>	<p>Potential for High Impact (Score 1-10): 9</p>

<ul style="list-style-type: none"> Legislative session, board approval, and agency budget development will be needed to establish tax credit. 	<ul style="list-style-type: none"> Will impact workforce recruitment and retention. Serve rural and frontier parts of the state.
Action Lead: Legislature	Key Collaborators: KDOR; KDADS
Key Performance Indicators: <ul style="list-style-type: none"> Number of those enrolled to receive tax credit 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.5: Caregiver Tax Credit. [Immediate Action, Tier II]

Recommendation: The State of Kansas will explore the creation of a caregiver tax credit to help care for loved ones.	
Rationale: More older adults will have to be cared for by family members than in a facility setting because the traditional workforce is shrinking. This recommendation addresses recruitment of future caregivers and retention of current caregivers. For 2021 only, the American Rescue Plan Act of 2021, enacted March 11, 2021, made the child and dependent tax credit substantially more generous (up to \$4,000 for one qualifying person and \$8,000 for two or more qualifying persons) and potentially refundable. Oklahoma and New Jersey have model bills that could be adapted by the Kansas Legislature. The working group also recommends using the federal tax benefit as a model for a caregiver tax credit that would assist unpaid family caregivers.	
Ease of Implementation (Score 1-10): 7	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> Legislative session and agency budget development will be needed to establish tax credit. Long-term strategy to address a shrinking traditional workforce. 	<ul style="list-style-type: none"> Will assist in recruiting an alternative workforce. Will impact the older adult to be cared for by a trusted family member or qualifying unrelated caregiver. The family member can stay home because of the tax credit and may not have to seek additional, full-time employment to take care of their loved ones.
Action Lead: Legislature	Key Collaborators: KDADS; KDOR
Key Performance Indicators: <ul style="list-style-type: none"> Collect baseline data to understand trends and demand for family members as caregivers Number of those enrolled to receive tax credit 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.6: Cross-Sector Partnerships. [Strategic Importance, Tier II]

Recommendation: Explore cross-sector partnerships or models to align systems and share staffing resources, specifically those that are difficult to recruit for/retain, where appropriate.	
Rationale: The subgroup discussed innovative solutions to address workforce shortage. Cross-sector partnerships would include strategies to share resources such as administrative staff, dietary managers and building operations staff.	
Ease of Implementation (Score 1-10): 6	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> • Sharing existing resources will require a pilot program. • Regulatory compliance of having full-time staff on-site may pose an issue. • Might require modification to regulation. 	<ul style="list-style-type: none"> • Will assist in workforce recruitment. • Will lessen financial burden on facilities and be applicable in rural and frontier communities where specialized, clinical and non-clinical staff are difficult to find.
Action Lead: Providers KDADS	Key Collaborators: KDOL; KDADS ; healthcare professionals; providers; provider associations; LTC Ombudsman
Key Performance Indicators:	
<ul style="list-style-type: none"> • How many employers and/or prospective workers use this new staffing resource sharing avenue? • Decrease in vacancy rates over time. • Less staff burnout. • Better staffing patterns 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.7: Instructor Pay and Benefits. [Immediate Action, Tier I]]

<p>Recommendation: Provide ongoing government incentives with additional funding to increase the number of healthcare worker faculty and trainers.</p> <ul style="list-style-type: none"> • Ensure adequate pay and benefits for faculty to teach the nursing direct care workforce, including but not limited to Certified Nurse Aides (CNAs), Certified Medication Aides (CMAs), and Home Health Aids (HHAs). • Revise state regulatory language to align with federal language for direct and general supervision. • Explore use of technology to assist with RN supervisory roles and responsibilities. <p>Note: <i>The Task Force indicates that Recommendation 9.1 must be implemented before Recommendation 9.7 to ensure success. Both Recommendations are listed in Tier 1 due to their importance to the support and improvement of senior care in Kansas.</i></p> <p>Rationale: During the 2022 legislative session, Senate Bill 453 passed expanding opportunities for LPNs to teach CNA courses under “general supervision,” by an RN, which under the Kansas Nurse Practice Act relates to supervision of delegated nursing procedures. Recommendation cites the need for stabilizing increase in pay and benefits which is currently identified as a barrier to recruiting LPNs and RNs for course instruction. The subgroup</p>

indicated there might be a need to define, and possibly modify the regulatory definition of direct and general supervision to align with federal regulations. The subgroup also discussed use of technology to facilitate course supervision and provide flexibility on how an RN may supervise a course being taught by an LPN.	
Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> • An amendment of regulation will be needed to align Kansas regulatory language to federal language. • Legal consultation will be needed on whether RNs remotely supervising courses will be feasible under current or future regulatory requirements. 	<ul style="list-style-type: none"> • Will impact workforce training.
Action Lead: KDADS, Legislature	Key Collaborators: Kansas Board of Regents; healthcare-related associations representing the spectrum of workforce need; KSBN; KDADS; education host programs
Key Performance Indicators: <ul style="list-style-type: none"> • Increase in number of faculty and other trainers • Increase in number of slots for students • Monitoring the number of instructors and participants/enrollees • Better staffing outcomes – increased number of certified healthcare workers 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.8: Five-Year Career-Path Plan. [Strategic Importance, Tier III]

<p>Recommendation: Establish a five-year plan of state funding for direct career-path training of potential health professionals, including Certified Nurse Aides (CNAs), Certified Medical Aides (CMAs), Rehabilitation Aides, and Home Care Aides, as well as potential Licensed Practical Nurses (LPNs) and Registered Nurses (RNs), in cooperation with facilities and agencies providing direct care services, with renewal options of funding after the first five years of the plan.</p> <p>Plan Lead and Key Collaborator(s)</p> <ul style="list-style-type: none"> • Assemble a group to create a multifaceted universal career ladder program for the state of Kansas, including the Kansas Board of Regents, Kansas universities, community and technical colleges, Adult Basic Education (ABE) programs as well as regulatory bodies such as the Kansas State Board of Nursing (KSBN). • Include regulatory agencies including the Kansas Department for Aging and Disability Services (KDADS) in staffing conversations facilitated by Kansas State Board of Nursing (KSBN) and direct care workers. • In collaboration with technical schools and Adult Basic Education (ABE) programs, KDADS, Kansas Department of Health and Environment (KDHE), and Kansas

Department of Labor (KDOL) will identify possible available workers and placement options through interagency collaboration.

Plan Promotion

- Partner with KansasWorks Job Fairs, university and college job fairs, and promotions for direct and non-direct care worker job placements.
- If [Recommendation 9.2](#) is implemented, ADvancing States' worker matching registry will be marketed at job fairs for direct care certified and licensed students.
- The State of Kansas will invest in promotion of ongoing nursing leadership education tracks across the state.
- Establish a collaborative with the Kansas Adult Care Executives (KACE), LeadingAge Kansas, Kansas Health Care Association (KHCA), Kansas State Nurses Association (KSNA), and Kansas Hospital Association (KHA) to create a public service marketing campaign about direct care workers, health, and nurses that highlights the career pathway potential, the nobility of the professions, and the impact they have on communities and those they serve.
- Provide education and marketing for the difference between Certified Nurse Aides (CNAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) for understanding their roles and what they provide to patient care.
- Market to students the existing tuition grant programs and/or loan repayment programs offered across the state.

Rationale: The subgroup discussed the lack of statewide, ongoing training for LPNs to be leaders and the need to invest in ongoing leadership courses for LPNs and RNs as well as instructors to teach those courses. This effort would provide quality staff to improve care for older adults. The subgroup discussed the existing leadership track for RN programs, but the greater need is for LPNs. As of 2020, LPN leadership courses have been added to the core curriculum.

Working group members discussed the importance of creating programs to increase diversity in the direct care workforce. Working group member shared improvements made at the Johnson County Community College (JCCC), which identified admission tests as a barrier to entry and developed predominantly for middle-class and White populations. Working group member stated the JCCC removed the admission testing requirement and saw the student population change from 90 percent White students to 48 percent. This recommendation can also leverage information found under [Workforce Recommendation 9.10: Eliminate Barriers to Workforce Entry](#) if implemented.

Ease of Implementation (Score 1-10): 3	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> • Recommendation requires state funding. 	<ul style="list-style-type: none"> • Will impact recruitment and training. • Providing a stable workforce will impact the quality and availability of care for seniors across the state.
Lead: KDADS and Legislature (appropriations)	Key Collaborators: Kansas Board of Regents; Kansas universities (University of Kansas, Kansas State University, etc.);

	community and vocational technology colleges; adult basic education (ABE) programs; KSBN; direct care workforce associations (KSNA, and others); KDHE; KDOL; KansasWorks; technical schools and adult basic education (ABE) programs; ADvancing States; KACE; LeadingAge Kansas; KHCA/KCAL; KABC; KHA
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Better healthcare in remote areas (lack of infection after discharge) • Increase in workforce staff • Increase in retention across all workforce certification and licenses • Kansas Department of Labor (KDOL) report on employment trends 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.9: Identify Future Workforce of Direct Care Workers and Volunteers. [Immediate Action, Tier III] ([Recommendation 7.5: Adult Daycare Volunteers](#) was combined with this Recommendation.)

<p>Recommendation: The State of Kansas will develop models of programs for both direct care workers and volunteers for aging services to identify future workforce.</p> <ul style="list-style-type: none"> • Empower high schools, community colleges, and technical schools to develop a volunteer training program to increase quality of life through non-nurse and nurse aide staff relieving hours of registered nurses who could be devoted more to care issues. • Implement a statewide reading program pairing school-aged children with older adults. Students from grades 3-4 would visit adult care homes once a week, where residents would volunteer to listen to them read. • Encourage high-school and college-age young people, including from clubs such as 4-H or scouting programs, to pursue volunteer positions or jobs in aging services. • Develop a strategic approach to building a more diverse workforce by engaging high school students directly to learn what would attract them to work in healthcare, such as partnering with KansasWorks Job Fairs to create a statewide program to go into high school settings to discuss funding opportunities and career advancements in the healthcare industry. • Provide non-degree-seeking course offerings at high schools or community colleges to educate and prepare people for caregiving. • Establish and nurture partnerships with universities and vocational technical and community colleges to encourage and support more opportunities for internships and engagement with geriatric and aging specialized service providers. • Provide ongoing funding to universities and community colleges to increase the programming and interest of students in professions that work with older adults, individuals with dementia and geriatric mental health issues.

<ul style="list-style-type: none"> • Increase community college and technical school funding for coursework directly related to geriatric or older adult health support services. • Develop a strategic approach to building a more diverse workforce by engaging high school students directly to learn what would attract them to work in healthcare. <p>Encourage Area Agencies for Aging (AAAs) and senior centers to partner with Kansas Alzheimer’s Association and AARP to access resources, training, and technical assistance for adult day service training and volunteer engagement.</p> <ul style="list-style-type: none"> • Younger volunteers from 4H, boy scouts, high school, or college. • Adult volunteers from the Retired and Senior Volunteer Program and Senior Companion programs (e.g., AmeriCorps). 	
<p>Rationale: Nurture partnerships with universities and vocational technical and community colleges to encourage and support more opportunities for internships and engagement with geriatric and aging specialized service providers. Facilities will monitor volunteers as they perform tasks related to socialization and quality of life.</p> <p>Interaction between generations can benefit everyone. The working group discussed the need to build upon existing programs to ensure volunteers are utilized statewide.</p>	
<p>Ease of Implementation (Score 1-10): 8</p> <ul style="list-style-type: none"> • Components have already been established. • Does not require budgetary approval or processes. • Recommendation is occurring but needs to be encouraged and promoted. • College students may act as staff under a college or university affiliation agreement of what is allowable care and interaction. • Initial collaboration to establish adult daycare volunteers will be difficult, but will become easier once access to resources, and training pathway is established. 	<p>Potential for High Impact (Score 1-10): 10</p> <ul style="list-style-type: none"> • Will impact recruitment and training. • Utilizing volunteers will produce a lot of cost savings if they do non-direct care that CNAs and nurses do not have time to do. • Quality of life in the facility will increase and will reduce citations. • Having adequately trained staff for all aspects of direct and non-direct care will improve retention and staff satisfaction. • Better trained staff and volunteers means better outcomes for people using those services. • Engages older adults and younger generations through volunteering. • Encourages recruitment into direct care workforce.
<p>Action Lead: Legislature, AAAs</p>	<p>Key Collaborators: Kansas Department of Education; Board of Regents; KSBN; long-term care administrators and owners; Service providers and groups at the local level; RSVP program managers; Alzheimer’s Association;</p>

	<p>AARP; 4H Club; AmeriCorps healthcare workers; local volunteer organizations; veterans associations; KanWork program; Older Kansans Employment Program (OKEP); faith-based organizations; existing and credible volunteer programs</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> • Ongoing funding • Improved quality of life indicators and outcomes • Increasing applications and enrollment for nursing and direct-care certification programs • Number of new volunteers and number of training sessions • Increased education on Alzheimer's • Satisfaction in daily living, improved mental health responses, decrease in stressors for families • New resources, programs, and training opportunities 	

Return to [Figure 1](#) or [Appendix C](#).

Workforce Recommendation 9.10: Eliminate Barriers to Workforce Entry. [Immediate Action, Tier III]

<p>Recommendation: The State of Kansas will compile, utilize, and act upon research on how to eliminate barriers for entering the field of aging services and obstacles once in the field.</p> <ul style="list-style-type: none"> • Provide the identifiers of urban, rural, and frontier demographics to the public. • Evaluate numbers of direct care workers who wish to provide home care as CNAs. • Require or encourage exit interviews for staff that left their places of employment to develop action items that can come from this shared information. • Encourage and educate about mental health support for those working in healthcare by researching needs and mental health related obstacles for remaining in the field via focus group questions. • Assess if there is an allowance for open communication support between employers and employees in all decision-making processes. • Collaborate with workforce and associations who provide a variety of backgrounds and experience that can contribute to healthcare trends and solutions. • Facilitate communication with nurses throughout the state who practice in a variety of areas for insight normally not heard by other associations. • Utilize workforce and associations for engagement with student nurses' association at the state and national level. • Share existing data. <p>(If implemented, Recommendation 1.5: Rural Healthcare Coalition could consider all or parts of this recommendation for its charge.)</p>

(If [Recommendation 9.2: ConnectToCare Jobs Platform](#) is implemented, direct care workgroup with ADvancing States should be referenced.)

Rationale: The subgroup discussed the need to act upon existing research identifying gaps and issues in the senior-care industry in Kansas and nationally.

Ease of Implementation (Score 1-10): 8	Potential for High Impact (Score 1-10): 9
---	--

- | | |
|--|---|
| <ul style="list-style-type: none"> • Leverage existing research to compile for state to use for acting on workforce issues. • Will either be a pilot program or entirely new program • Funds will need to pay contracted person or FTE to compile research. | <ul style="list-style-type: none"> • Gaining knowledge of service gaps. • Will assist with gathering recruitment, and retention data. |
|--|---|

Action Lead: KDADS and KDOL	Key Collaborators: Kansas universities; KDOL; aging organizations; Kansas chambers; Kansas Association of Counties; providers; healthcare professionals; provider associations; direct care workforce associations (KSNA, and others); Health Occupations Credentialing (HOC); KDADS; KSBN
------------------------------------	---

Key Performance Indicators:

- Quantitative data based on surveys across most of the objectives
- Better staffing outcomes
- Data collection of information from providers and healthcare professionals

Return to [Figure 1](#) or [Appendix C](#).

Appendix A. Task Force Recommendation Crosswalk

The table below includes a list of recommendations developed by the SCTF and assigned to the working groups (WG) for further study. The last column provides action taken by the working groups.

Task Force Recommendations	WG Assigned	WG Action
Potential Legislation		
Creating a separate Senior Care Act-like program to provide services to persons with younger-onset Alzheimer's disease with its own funding allocation that would go solely to that population and consider the specialized services needed that would be different for this population.	Not assigned	This recommendation was not included for final consideration because it is out of scope - "younger-onset" does not fit definition of the age under the SCA.
Adding regulations for assisted living centers and appeals protections for residents for involuntary or improper discharges.	WGA	Recommendation 3.5: Appeals of Involuntary Removal.
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.	WGA	Recommendation 3.5: Appeals of Involuntary Removal.
Pass HB 2004, "Charlie's Bill," creating the right to appeal an involuntary discharge or transfer from an adult residential care facility.	WGA	Recommendation 3.5: Appeals of Involuntary Removal.
Pass HB 2122, enacting the supported decision-making agreements act to provide a statutory framework for adults who want decision-making assistance.	WGA	Recommendation 3.6: Decision-Making Assistance.
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.	WGA	House Bill 2524 did not pass during the 2022 legislative session due to the wage cap for direct care workers. The Quality of Care and Protective Services working group did not include recommendation for re-consideration for the 2023 legislative session.

Task Force Recommendations	WG Assigned	WG Action
Temporary staffing agency - establish a registry, create basic regulatory framework, and set upper limits on charges.	Workforce	Provision was included in House Bill 2524 but did not pass due to the wage cap for direct care workers.
Examine and modify HCBS/FE rate-setting methodology (to promote further rebalancing, fairly reimburse providers, and offer more choices to KanCare members).	WGB; WGA	Recommendation 6.1: Modify Medicaid Waivers and Recommendation 8.1: Incentivize Providers.
Mapping Related		
Develop a map that shows where various senior service providers are throughout the state, e.g., nursing homes, state licensed only adult care homes, CMHCs with aging specialists, geropsychology units of hospitals, to help identify underserved areas and target development of services.	WGB	Recommendation 6.2: Promote Home and Community-Based Services.
Seek assistance from universities to help with mapping of services.	WGB	Recommendation 6.2: Promote Home and Community-Based Services.
Coordinate with a university to obtain mapping of services, service providers, waitlists, and bans on services due to lack of workforce.	WGB	Recommendation 6.2: Promote Home and Community-Based Services.
Coordinate with a university to obtain mapping of geriatric psychology services available in the state.	WGB	Recommendation 6.2: Promote Home and Community-Based Services.
The State identify geropsychology resources.	WGB	Recommendation 6.2: Promote Home and Community-Based Services.
Workforce Issues		
Expand funding for aging mental health specialists at all CMHCs.	WGA	Recommendation 3.8: Funding CMHCs.
Address barriers to those waiting to allow requests for eligibility determination to avoid those individuals having a 30-day wait when transitioning from a nursing home.	WGA	Recommendation 3.2: Background Checks.
Reauthorization of temporary nurse aides.	Workforce	This recommendation was not included for final consideration due to concern for the safety,

Task Force Recommendations	WG Assigned	WG Action
		quality, and efficacy of care when utilizing temporary nurse aides. The group instead encourage facilities to hire and designate a position (e.g., hospitality aides) to provide person-centered, non-direct care for residents.
Have MCOs explore alternate supports to address the workforce shortage, such as an individuals' strengths and abilities, supportive relationships/family caregivers, technology, shared living, and community supports.	Workforce, WGB	Recommendation 6.1: Modify Medicaid Waivers.
Better advertise the worker matching registry used by all three MCOs for services in the community.	Workforce	Recommendation 9.2: ConnectToCareJobs Platform.
Encourage career ladder - tuition grant program and/or loan repayment program.	Workforce	Recommendation 9.8: Five-Year Career-Path Plan.
KDADS should consider raising the rates for in-home providers for the FE, PD, and BI waivers and specifically require the providers to pass the rate increase on to the direct service staff.	WGB	Recommendation 8.1: Incentivize Providers.
The Legislature could remove restrictions on licensure of APRNs. Currently, APRNs in the state must work under the supervision of a physician in a “collaborative practice agreement,” often paying out-of-pocket fees to the doctor each year. Ending these limitations would improve healthcare access across the state especially in rural Kansas.	Workforce	Senate Bill 174 passed during the 2022 legislative session.
Community Services		
The State should support family caregiver services that can delay or decrease the likelihood of needing to enter a nursing facility. These can include education and training, counseling, legal consultations, and respite care. Efforts should be made to	WGB	Recommendation 1.4: Caregiver Services.

Task Force Recommendations	WG Assigned	WG Action
provide these caregivers at least unpaid leave and paid leave.		
The State should fund the services needed to meet individuals' long-term services and supports (LTSS) needs and allow them to remain in the community. Expand HCBS options to include a range of residential choices as well as home modifications and assistive technologies.	WGB	Recommendation 8.4: Technology Investment.
Look at a framework to support person-centered planning, where an individuals' own wishes, strengths, relationships, then technology, and community support we can all access are considered before we apply paid eligibility-based services.	WGA	Recommendation 1.2: Person-Centered Practices.
Broadband		
Need to address statewide broadband availability as a public safety issue.	WGB	Recommendation 8.4: Technology Investment.
Mental Health		
The State should establish mechanisms to ensure that LTSS agencies and mental health authorities address the mental health needs of individuals receiving LTSS.	WGA	Recommendation 2.2: Psychotropic Medication Education.
Require CMHCs to provide mental and health and aging training for clinical staff who provide services to older adults.	WGA	Recommendation 3.8: Funding CMHCs.
Funding for aging specialist at CHMCs.	WGA	Recommendation 3.8: Funding CMHCs.
Provide access for residents with a level two (mental health needs) be provided in the nursing home by a CMHC.	WGA	Recommendation 3.8: Funding CMHCs.
Other Recommendations		
Provide dementia training - Four hours of dementia training annually for direct	WGB	Recommendation 1.3: Education Training Credits.

Task Force Recommendations	WG Assigned	WG Action
care workers (e.g., nurse aide, medication aide), two hours of training for new employees within 90 days of employment.		
Seek funding and develop partnerships for the development and distribution of a new Kansas Elder Count book that provides the demographic and detailed data as the original Elder Count book. This information would provide detailed and robust data to help legislature and state staff plan for current and future needs of older Kansans.	WGB	Recommendation 8.3: Elder Count Book.
Research-state-licensed facilities providing HCBS care in 2018 vs 2021	WGB	This recommendation was not included for final consideration because the information can be obtained from KDADS under a data request.
Study HCBS rate setting in state-licensed facilities.	WGB	Recommendation 8.1: Incentivize Providers.

Appendix B: Characterization Rubrics

Figure B-1. Recommendation Characterization Rubric for Working Groups

Recommendation:	
Rationale:	
Ease of Implementation (Score 1-10):	Potential for High Impact (Score 1-10):
<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	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"/> Rural <input type="checkbox"/> Frontier <input type="checkbox"/> Urban <input type="checkbox"/> Workforce <input type="checkbox"/> Caregivers <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?
How does this recommendation contribute to the well-being of seniors living in Kansas?	
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>
Intensity of Consensus: <i>[Does it align with vision statement?]</i>	
Key Performance Indicators: <i>[How can the state assess progress when this recommendation is implemented?]</i>	

Figure B-2. Recommendation Characterization Rubric for Workforce Subgroup

Recommendation:	
Rationale:	
Ease of Implementation (Score 1-10):	Potential for High Impact (Score 1-10):
<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	Which area will the recommendation most impact? <input type="checkbox"/> Recruitment <input type="checkbox"/> Retention <input type="checkbox"/> Training Could the recommendation produce savings in other areas?
How does this recommendation contribute to the well-being of seniors living in Kansas?	
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>
Intensity of Consensus: <i>[Does it align with vision statement of “To utilize a systematic approach to understand the needs of the formal and informal workforce serving seniors in the state of Kansas; while discovering these needs, creating a long-term approach with public policy recommendations to entice a workforce to return to and be retained in the senior services industry, to enable seniors and their families to have supports to make choices for their best lives, in their preferred environment.” To be addressed during final review.]</i>	
Key Performance Indicators: <i>[How can the state assess progress when this recommendation is implemented?]</i>	

Appendix C. Topic Lists by Tier

The working groups designated 12 recommendations to Tier I (*Figure C-1*), 26 recommendations to Tier II (*Figure C-2*) and 11 recommendations to Tier III (*Figure C-3*). The full text for each recommendation and working group rationale is available in the body of the report (beginning on page 5).

Figure C-1. Tier I Recommendations by Topic Area

Antipsychotic Medications	Prevent ANE	Survey & Fines
<input type="checkbox"/> Recommendation 2.1 Geriatric Psychiatric Prescribers	<input type="checkbox"/> Recommendation 3.1 Workforce Clearinghouse	<input type="checkbox"/> Recommendation 4.1 Multidisciplinary Surveyors
Alzheimer's, Dementia, Mental Health	Rebalancing HCBS	Daycare Resources
<input type="checkbox"/> Recommendation 5.1 State Advisory Council <input type="checkbox"/> Recommendation 5.2 Dementia and Alzheimer's Disease Coordinator	<input type="checkbox"/> Recommendation 6.4 Affordable Housing	<input type="checkbox"/> Recommendation 7.2 Promote PACE Program Growth
Senior Care Act	Workforce	Cross-cutting
<input type="checkbox"/> Recommendation 8.1 Incentivize Providers <input type="checkbox"/> Recommendation 8.2 One-Time-Only Service Caps <input type="checkbox"/> Recommendation 8.3 Elder Count Book	<input type="checkbox"/> Recommendation 9.1 Reimbursement Rates <input type="checkbox"/> Recommendation 9.7 Instructor Pay and Benefits	<input type="checkbox"/> Recommendation 1.1 Statewide Aging Conference <input type="checkbox"/> Recommendation 1.2 Person-Centered Practices <input type="checkbox"/> Recommendation 1.5 Rural Health Coalition

Note: ANE stands for Abuse, Neglect and Exploitation

Figure C-2. Tier II Recommendations by Topic Area

Antipsychotic Medications	Prevent ANE	Survey & Fines
<input type="checkbox"/> Recommendation 2.2 Psychotropic Medication Education	<input type="checkbox"/> Recommendation 3.2 Background Checks <input type="checkbox"/> Recommendation 3.3 Abuse, Neglect, and Exploitation Training <input type="checkbox"/> Recommendation 3.4 Financial Crime Campaign <input type="checkbox"/> Recommendation 3.6 Decision-Making Assistance <input type="checkbox"/> Recommendation 3.7 Mandated Reporters	<input type="checkbox"/> Recommendation 4.2 Technical Assistance <input type="checkbox"/> Recommendation 4.3 Corrective Plans <input type="checkbox"/> Recommendation 4.4 Adult Care Home Survey Website
Alzheimer's, Dementia, Mental Health	Rebalancing HCBS	Daycare Resources
	<input type="checkbox"/> Recommendation 6.1 Modify Medicaid Waivers <input type="checkbox"/> Recommendation 6.2 Promote Home and Community-Based Services <input type="checkbox"/> Recommendation 6.3 Transition Services <input type="checkbox"/> Recommendation 6.4 Affordable Housing	<input type="checkbox"/> Recommendation 7.1 Adult Daycare Reimbursement Rates
Senior Care Act	Workforce	Cross-cutting
<input type="checkbox"/> Recommendation 8.4 Technology Investment <input type="checkbox"/> Recommendation 8.5 SCA Program Evaluation <input type="checkbox"/> Recommendation 8.6 SCA Data Systems	<input type="checkbox"/> Recommendation 9.2 ConnectToCareJobs Platform <input type="checkbox"/> Recommendation 9.3 Workforce Incentives and Benefits <input type="checkbox"/> Recommendation 9.4 Workforce Tax Credit <input type="checkbox"/> Recommendation 9.5 Caregiver Tax Credit <input type="checkbox"/> Recommendation 9.6 Cross-sector Partnerships	<input type="checkbox"/> Recommendation 1.3 Education Training Credits <input type="checkbox"/> Recommendation 1.4. Caregiver Services.

Figure C-3. Tier III Recommendations by Topic Area

Antipsychotic Medications	Prevent ANE	Survey & Fines
	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 3.8 Funding CMHCs <input type="checkbox"/> Recommendation 3.9 Statewide Needs Assessment 	
Alzheimer's, Dementia, Mental Health	Rebalancing HCBS	Daycare Resources
<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 5.3 Alzheimer's State Plan and Task Force 	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 6.5 Tiered Levels of Services 	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 7.2 Expand PACE Program <input type="checkbox"/> Recommendation 7.3 Adult Daycare Locations <input type="checkbox"/> Recommendation 7.4 Community Partners Pilot <input type="checkbox"/> Recommendation 7.5 Adult Daycare Volunteers
Senior Care Act	Workforce	Cross-cutting
	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 9.8 Five-year Career-Path Plan <input type="checkbox"/> Recommendation 9.9 Identify Future Workforce of Direct Care Workers and Volunteers <input type="checkbox"/> Recommendation 9.10 Eliminate Barriers to Workforce Entry 	

Appendix D: Other Recommendations

The table below provides recommendations proposed by the working groups but were not considered as a high priority at this time. The recommendations have been provided by topic area for future efforts.

Figure D-1. Other Recommendations

Topic Area	Recommendation
Administration of Antipsychotics	Implement a statewide caregiver hotline to address psychotropic medication questions that caregivers could call for an additional support when questions/challenges arose for staff to answer.
Administration of Antipsychotics	KanCare case management assistance for dementia and psychotropic medication use cases.
Administration of Antipsychotics	Summarize lessons learned and experiences from residents, providers, prescribers, caregivers, and family members throughout the pandemic regarding the use of antipsychotic medications.
Safeguards to Prevent Abuse, Neglect, and Exploitation (ANE)	Create an after-care policy that allows seniors to remain in the same environment and bring services to them instead of moving from one facility or room to another.
Safeguards to Prevent Abuse, Neglect, and Exploitation (ANE)	Fund research how other states use public registries for abuse, neglect, and exploitation
Safeguards to Prevent Abuse, Neglect, and Exploitation (ANE)	Improve opportunities for activities and systems of care delivery for elders in care settings to help reduce isolation and reactive behavioral changes.
Safeguards to Prevent Abuse, Neglect, and Exploitation (ANE)	Ensure the rights of residents and their representatives to appeal involuntary transfers and discharges or evictions from assisted living facilities and review research conducted by the Judicial Council to ensure a process is put into place. <i>(Note: This recommendation was previously included in the report as Recommendation 3.5: Appeals of Involuntary Removal. The Task Force agreed to remove this recommendation from the report, retaining it in Appendix D, because the Judicial Council's final report on the topic was not available at the time of the Task Force's final meeting.)</i>
Adult Care Home Surveys and Fines	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 for older adults.
Rebalancing of Home and Community Based Services	Leverage the increase in protected income level to mitigate any costs associated with coming into compliance with the CMS final settings rule.

Rebalancing of Home and Community-Based Services	Allow all waiver services to be provided to anyone receiving HCBS services, regardless of which waiver they are on.
Funding and Implementation of the Senior Care Act (SCA)	Develop a more stable funding base by recrafting the SCA funding formula using state census for seniors aged 75 and older to implement and expand/extend/ensure services that is dependable for implementation and continuity of services, such as travel time and mileage costs for providers and pay for family caregivers.
Funding and Implementation of the Senior Care Act (SCA)	Utilize existing programs to overcome SCA service shortages.

Appendix E: Task Force and Working Group Membership

2022 Senior Care Task Force

- Senator Richard Hilderbrand, Chairperson
- Representative Susan Concannon, Vice-Chairperson
- Senator Cindy Holscher
- Senator Kristen O’Shea
- Representative Charlotte Esau
- Representative Jarrod Ousley
- Kendra Baldrige, Kansas Department of Health and Environment
- Leanna Chaffee, Midland Care
- Jamie Gideon, Alzheimer’s Association
- Annette Graham, Central Plains Area Agency on Aging
- Lacey Hunter, Kansas Department for Aging and Disability Services
- Jan Kimbrell, Kansas Silver Haired Legislature
- Ernest Kutzley, AARP
- Linda MowBray, Kansas Health Care Association
- Haely Ordoyne, Kansas Adult Care Executives
- Bill Persinger, Valeo Behavioral Health
- Rachael Pirner, Elder Law Attorney
- Camille Russell, Kansas Long-Term Care Ombudsman
- Sarah Schlitter, Johnson County Developmental Supports
- Debra Zehr, LeadingAge Kansas

Quality of Care and Protective Services Working Group (WGA)

- Leanna Chaffee, Midland Care
- Tracy Davies, Washburn University
- Representative Charlotte Esau
- Lacey Hunter, Kansas Department for Aging and Disability Services
- Chrisy Khatib, Kansas Department for Children and Families
- Jan Kimbrell, Kansas Silver Haired Legislature
- Ernest Kutzley, AARP

- Carter Olson, Nicol Homes
- Bill Persinger, Valeo Behavioral Health
- Rachael K. Pirner, Elder Law Attorney
- Camille Russell, Kansas Long-Term Care Ombudsman
- Debra Zehr, LeadingAge Kansas

Access to Services Working Group (WGB)

- Kendra Baldrige, Kansas Department of Health and Environment
- Heather Brown, Johnson County Developmental Supports
- Staci Carson, Johnson County Developmental Supports
- Tanya Dorf-Brunner, Oral Health Kansas
- Jamie Gideon, Alzheimer's Association
- Annette Graham, Central Plains Area Agency on Aging
- Jan Kimbrell, Kansas Silver Haired Legislature
- Linda MowBray, Kansas Health Care Association
- Senator Kristen O'Shea
- Sarah Schlitter, Johnson County Developmental Supports
- Shawn Sullivan, Midland Care Connection

Workforce Subgroup

- Leanna Chaffee, Midland Care
- Jamie Gideon, Alzheimer's Association
- Senator Cindy Holscher
- Jan Kimbrell, Kansas Silver Haired Legislature
- Ernest Kutzley, AARP Kansas
- Haely Ordoyne, Kansas Adult Care Executives
- Christina Rudacille, Johnson County Community College
- Camille Russell, Kansas Long-Term Care Ombudsman
- Kelly Sommers, Kansas State Nurses Association
- Shawn Sullivan, Midland Care Connection
- Debra Zehr, LeadingAge Kansas

Appendix F. References

- ¹ Knickman, J. R., & Snell, E. K. (2002). *The 2030 Problem: Caring for Aging Baby Boomers*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1464018/>
- ² Gaugler, J., Fang, Y., Davila, H., Shippee, T. (2014). Alzheimer's Disease and Nursing Homes. *Health Affairs* 33(4):650-657. <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2013.1268>
- ³ National Center on Advancing Person-Centered Practices and Systems. (2019). *Person-Centered Thinking, Planning, and Practice: A National Environmental Scan of Definitions and Principles*. https://ncapps.acl.gov/docs/NCAPPS_Principles_NationalEnvironmentalScan%20191202.pdf
- ⁴ Jaffe S. (2022). Medicaid Weighs Changes to Nh Payments to Improve Patient Care. *Kaiser Health News*. <https://www.hmpgloballearningnetwork.com/site/altc/news/mcicaid-weighs-changes-nh-payments-improve-patient-care>
- ⁵ Kansas Department for Aging and Disability Services. PEAK: Quality Improvement Through Person-Centered Care. Accessed June 28, 2022. <https://kdads.ks.gov/kdads-commissions/long-term-services-supports/peak>
- ⁶ Health Resources & Services Administration. *Finding Funding*. Accessed June 28, 2022. <https://www.hrsa.gov/grants/find-funding>
- ⁷ Lindsey PL. Psychotropic Medication Use among Older Adults: What All Nurses Need to Know. *Journal of Gerontological Nursing*. 2009;35(9):28-38. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128509/>
- ⁸ American Bar Association. (2022). Examining “Shirley’s Law” and Adult Abuse Registries. Accessed July 26, 2022. https://www.americanbar.org/groups/law_aging/publications/bifocal/vol-43/vol43issue6/shirleys-law
- ⁹ Lin, T., & Beckman, W. (2020). HI-C: Health Impact Checklist. Kansas Health Institute. <https://www.khi.org/articles/2020-hi-c-health-impact-checklist/>
- ¹⁰ Kansas Department for Aging and Disability Services. (2020). *Kansas Alzheimer’s Disease Plan*. https://kdads.ks.gov/docs/librariesprovider17/commissions/alzheimer-s-disease-plan-working-group/alzheimer-s-disease-plan-final-report/2020-ks-alzheimer-s-disease-plan.pdf?sfvrsn=5d3f02ee_2&sfvrsn=5d3f02ee_2
- ¹¹ Kansas Legislative Research Department. (2022). *State Plan on Aging 2022 – 2025*. Accessed June 28, 2022. http://www.kslegresearch.org/KLRD-web/Publications/Resources/Documents/SeniorCare/KDADS_State-Plan-on-Aging-2022-2025-FINAL.pdf
- ¹² Kansas State University School of Family Studies and Human Services (1996). *Evaluation of the Senior Care Act: Fiscal Year 1996 Final Report*. (see Attachment 1)
- ¹³ Kansas Department for Aging and Disability Services. FY2021 – FY2023 Budget Analysis (pg.1112) http://www.kslegislature.org/li_2022/research/appropriations/agencies/agency_reports/budget_analysis/2022/aging_writeup.pdf
- ¹⁴ Kansas Department for Aging and Disability Services (previously referred to as Kansas Department on Aging) 2002 Elder Count Book. Accessed June 28, 2022.

<http://www.kslegresearch.org/KLRD-web/Publications/Resources/Documents/SeniorCare/ElderCount2002.pdf>

¹⁵ Kansas State University School of Family Studies and Human Services (1996). *Evaluation of the Senior Care Act: Fiscal Year 1996 Final Report*. (see Attachment 1)