

**Robert G. (Bob) Bethell Joint Committee
on Home and Community Based Services and KanCare Oversight**

KLRD Crosswalk of Noted Issues and 2022 Senior Care Task Force (SCTF) Recommendations					
Bethell Issue (Q4 2022)	Issue Description	2022 SCTF Rec.	Recommendation	Action Leads	Key Collaborators
Person-Centered Practices and Support					
5	There is a need for some kind of small-caseload, person-centered support system that is tied to, and has a deep history with, local communities to realize the goals of person-centered philosophy of planning and service and support provision.	1.2	Support provider training and framework for person-centered planning, especially those with dementia, in which an individual's own wishes, strengths, and relationships are respected. This includes recognizing each person's strengths, abilities, and choices related to using technology or accessing community-based and other formal or informal support and ensuring trauma-informed, person-centered care policies for older adults who have experienced abuse, neglect, and exploitation are being followed.	Promoting Excellent Alternatives in Kansas (PEAK); Kansas Department for Aging and Disability Services (KDADS) and providers; MCOs	Associations; survey agencies; providers; Long Term Care Ombudsman; residents; individuals; families; caregivers; Department for Children and Families (DCF); Office of the Attorney General; Area Agencies on Aging (AAAs)
12	Concern was expressed that individuals will be removed from KanCare during redetermination at the end of the Public Health Emergency (PHE) for resolvable reasons due to the large number of renewals and documentation requirements the agency will face. The state agency will need to work with stakeholders and providers to make this a smoother transition. Managed care organizations (MCOs) need to make person-centered care coordination a priority as the PHE ends.				
Workforce Issues					
8	Information is requested on state agency workforce recruitment and retention efforts to attract direct service providers to allow evaluation of such efforts by the Bethell Joint Committee.	3.1	Establish a workforce clearinghouse, including direct care worker registries, and a Coordinator position between DCF, 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 an appropriate hire arise.	KDADS; DCF; KBI; and Legislature	Office of the Attorney General; city/county/district attorneys; Office of Judicial Administration; Behavioral Sciences Regulatory Board (BSRB); Board of Nursing (KSBN); State Board of Healing Arts (BOHA)

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Workforce Issues (continued)					
9	Need to address the lack of direct support workers (DSPs) and their benefits; struggles to find DSPs; lack of community-based service providers; need for rate parity across all Home and Community Based Services (HCBS) waivers; Parent Pay program.	8.1	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 and urban areas.	KDADS	k4ad; 11 AAAs
28	Adult care home reimbursement rates need to be increased. This could be accomplished with a full rebase with inflation to the midpoint, and overall rate percentage increase, or a review of the caps to the cost centers in the annual cost reports. Medicaid reimbursement rates need to be fully funded.	9.1	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. This would require an initial appropriation from the Legislature to raise rates.	KDADS; Legislature; and providers	Advocacy groups focused on HCBS that are not Medicaid or Medicare funded; American Association of Retired Persons (AARP); provider associations; direct care workforce associations (Kansas State Nurses Association [KSNA] and others)
30	Long-term care providers need the Legislature's help to invest in more workforce-friendly initiatives such as expansion of health care training programs, tuition assistance, child care assistance, and investment in rural communities and infrastructure, while also removing unnecessary regulatory barriers that may hinder the expansion of health care services, child care services and worker certification and licensure programs.	1.5	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).	KDADS and providers associations; Legislature	Providers; critical access hospitals; Kansas Hospital Association (KHA); AAAs; PEAK

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Affordable and Accessible Housing					
23	<p>Access to housing is pivotal to successfully keeping people in the community and/or transition them out of institutions. The Legislature should appropriate funds to support innovative programs to increase housing options, including additional assistance with home modifications, rental assistance, and transition assistance. Appropriations are needed to eliminate barriers to affordable, accessible housing. The MCOs should work with the Department of Commerce to find a way to create more housing options.</p>	6.4	<p>Recommend collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults. This would require a pilot program and ongoing collaboration.</p>	<p>Kansas Housing Resources Corporation; Legislature</p>	<p>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; Association for Kansas State Realtors; Kansas AARP</p>

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Dementia and Alzheimer's Disease Coordinator				
25	<p>More attention and focus is needed on how to improve and better coordinate long-term care for those suffering from dementia. Kansas Advocates for Better Care supports the Alzheimer's Association's request for a Dementia Services Coordinator within KDADS to address this need.</p>	5.2	<p>Establish a permanent, full-time Dementia and Alzheimer's Disease Coordinator position at KDADS with the following roles and responsibilities: 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 Title 18 and Title 19 programs; 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; evaluating existing programs and services; identify service gaps within the state government; and collaborate with the Alzheimer's Association.</p>	<p>KDADS</p> <p>Alzheimer's Association; caregivers; community members</p>