

March 15, 2023

# KHI Overview of the Kansas Senior Care Task Force

- Task Force established under 2021 HB 2114 with a sunset date of June 30, 2023.
- KSA 2022 Supp. 39-7,163 directs Task Force to study eight topics.
- The final report includes recommended improvements regarding the well-being of Kansas seniors, including recommended changes to state statutes, rules and regulations, policies and programs.

# KHI Summary of the Collaboration

## Senior Care Task Force

Mix of Legislative and Non-Legislative Members

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Quality of Care &  
Protective Services  
Workgroup

Access to Care Workgroup

Workforce Subgroup

# Charge of Senior Care Task Force

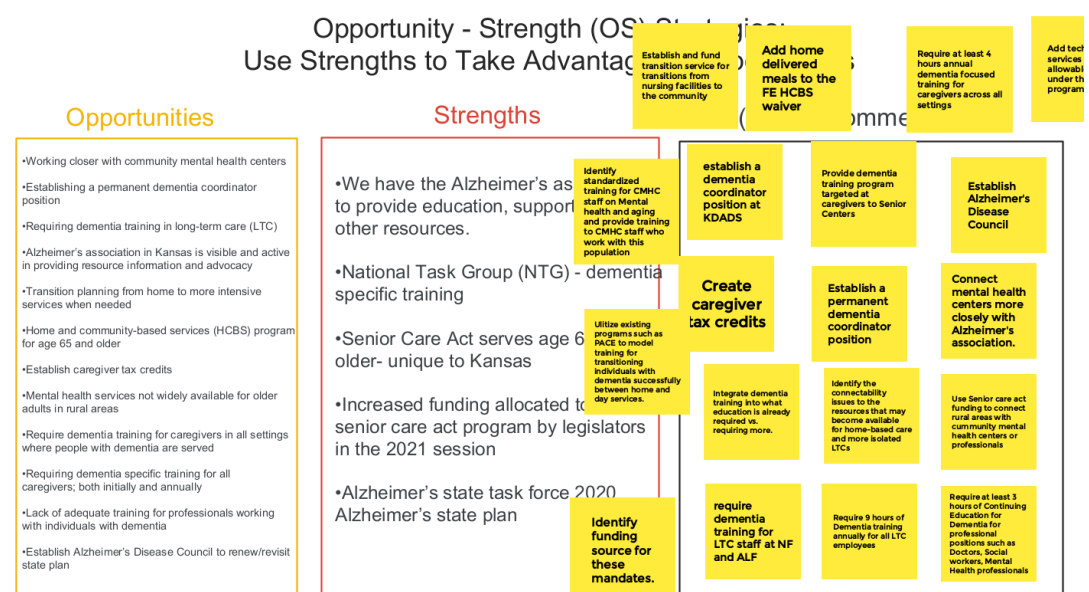
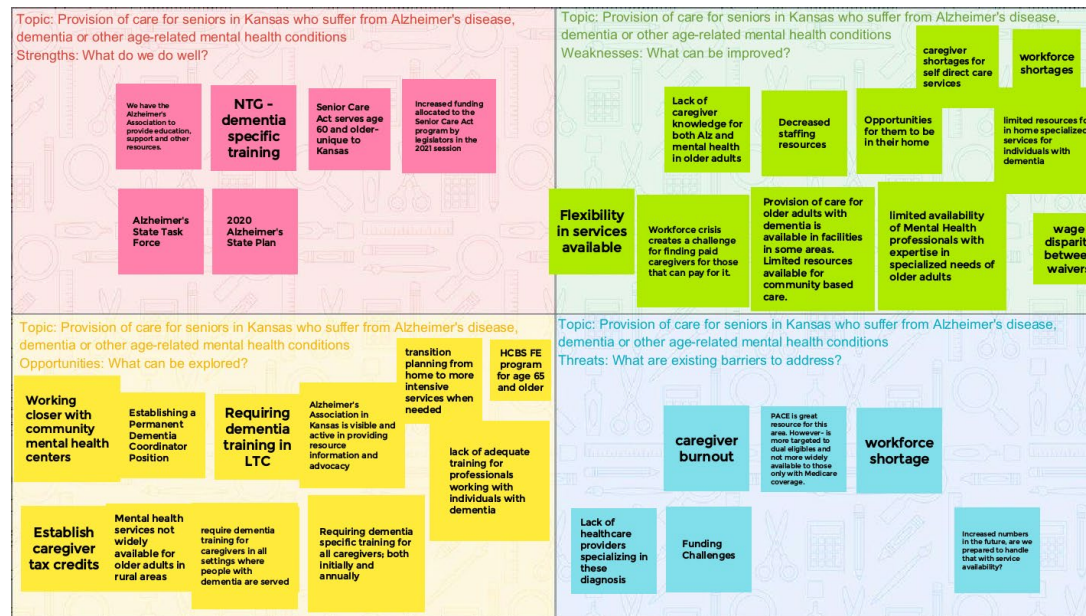
- 2021 HB 2114 [KSA 2022 Supp. 39-7,163] establishes the Kansas Senior Care Task Force to study workforce and the following topics:
  1. Administration of antipsychotic medication to adult care home residents;
  2. Safeguards to prevent abuse, neglect, and exploitation of seniors in the state;
  3. Adult care home surveys and fines;
  4. Provision of care for Kansas seniors who suffer from Alzheimer's disease, dementia, or other age-related mental health conditions;
  5. Funding and implementation of the Kansas Senior Care Act;
  6. Senior day care resources in the state; and
  7. Rebalancing of home and community-based services.

# KHI Summary of the Task Force Timeline



# KHI Recommendation Development Process

- Used Google Jamboard to conduct a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis.
- Sorted preliminary recommendations by theme to be consolidated.



# KHI Recommendation Characterization Rubric

<b>Recommendation:</b>	
<b>Rationale:</b>	
<b>Ease of Implementation (Score 1-10):</b>	<b>Potential for High Impact (Score 1-10):</b>
<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? (How does it consider sustainability?)  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? (List here)  Does it serve those who have been disproportionately impacted by the issue? (Does it address inequities?)  Could the recommendation produce savings in other areas?
<b>How does this recommendation contribute to the well-being of seniors living in Kansas?</b>	
<b>Action Lead:</b> <i>[Who takes point on this recommendation?]</i>	<b>Key Collaborators:</b> <i>[Who should be included as decisions are made about how to implement this recommendation?]</i>
<b>Intensity of Consensus:</b> <i>[Does it align with vision statement?]</i>	
<b>Key Performance Indicators:</b> <i>[How can the state assess progress when this recommendation is implemented?]</i>	

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

<p><b>Recommendation:</b> 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; <del>representatives of older adults</del>; 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><b>Rationale:</b> 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>	
<b>Ease of Implementation (Score 1-10):</b> 10	<b>Potential for High Impact (Score 1-10):</b> 9
<ul style="list-style-type: none"> <li>Ongoing meetings with the council will ensure issues are being recognized and addressed in a timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>Anytime the industry listens to those being served, it creates a high impact.</li> </ul>
<b>Action Lead:</b> KDADS	<b>Key Collaborators:</b> AAAs; providers
<p><b>Key Performance Indicators:</b></p> <ul style="list-style-type: none"> <li>Establish council membership</li> <li>Holding regular meetings, and meeting attendance</li> <li>Annual or bi-annual report to Governor</li> </ul>	

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.<sup>9</sup> Return to [Figure 1](#) or [Appendix C](#).

# KHI Analysis of Recommendation Prioritization

- Metric for Prioritizing Recommendations into Tiers
- **Quality of Care and Protective Services (WGA)**
- Ranked recommendations based on 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 (WGB)**
- Ranked recommendations based on their potential to empower older adults who prefer to remain in their homes and communities.
- **Workforce Subgroup.**
- Ranked recommendations based on their potential to address retention of current workforce, recruitment of direct-care workers and course instructors, and training the current and future workforce.



# Tier II Recommendations

- 1.3 Education Training Credits
- 1.4 Caregiver Services
- 2.2 Psychotropic Medication Education
- 3.2 Background Checks
- 3.3 Abuse, Neglect and Exploitation Training
- 3.4 Financial Crime Campaign
- 3.5 Appeals of Involuntary Removal
- 3.6 Decision-Making Assistance
- 3.7 Mandated Reporters
- 4.2 Technical Assistance
- 4.3 Corrective Plans
- 4.4 Adult Care Home Survey Website
- 6.1 Modify Medicaid Waivers
- 6.2 Promote Home and Community Based Services
- 6.3 Transition Services
- 7.1 Adult Daycare Reimbursement Rates
- 8.4 Technology Investment
- 8.5 SCA Program Evaluation
- 8.6 SCA Data Systems
- 9.2 ConnectToCareJobs Platform
- 9.3 Workforce Incentives and Benefits
- 9.4 Workforce Tax Credit
- 9.5 Caregiver Tax Credit
- 9.6 Cross-Sector Partnerships

# Tier III Recommendations

- 3.8 Funding CMHCs
- 3.9 Statewide Needs
- 5.3 Alzheimer's State Plan and Task Force
- 6.5 Tiered Levels of Services
- 7.3 Adult Daycare Locations
- 7.4 Community Partners Pilot
- 9.8 Five-Year Career Path Plan
- 9.9 Identify Future Workforce of Direct Care Workers and Volunteers
- 9.10 Eliminate Barriers to Workforce Entry

# Tier 1 Recommendations

## **No Legislative Action Required**

[1.1 Statewide Aging Conference](#)

[1.2 Person-Centered Practices](#)

[4.1 Multidisciplinary Surveyors](#)

[5.1 State Advisory Council](#)

[5.2 Dementia and Alzheimer's Disease Coordinator](#)

[7.2 Promote PACE Program Growth](#)

[8.1 Incentivize Providers](#)

- Requires Legislative Action
- [1.5 Rural Healthcare Coalition](#)
- [2.1 Geriatric Psychiatric Prescribers](#)
- [3.1 Workforce Clearinghouse](#)
- [6.4 Affordable Housing](#)
- [8.2 One-Time Only Service Caps](#)
- [8.3 Elder Count Book](#)
- [9.1 Reimbursement Rates](#)
- [9.7 Instructor Pay and Benefits](#)

NO LEGISLATIVE ACTION REQUIRED

# Rec 1.2 Person-Centered Practices

**Quality of Care and Protective Services 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.

- 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.

**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.<sup>3,4</sup> 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).<sup>5</sup> The working group suggests leveraging this existing infrastructure to lead this effort and also promote benefits to providers and community members.

*For details, see page 31 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 1.1 Statewide Aging Conference

**Cross-Cutting 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.

***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.

*For details, see page 30 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 4.1 Multidisciplinary Surveyors

**Quality of Care and Protective Services Recommendation 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.

*For details, see page 48 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 5.1 State Advisory Council

**Access to Services 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.

***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

*For details, see page 54 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*



# Rec 5.2 Dementia and Alzheimer's Disease Coordinator

**Access to Services 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:

- 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.

**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.

*For details, see page 55 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 7.2 Promote PACE Program Growth

**Access to Services 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**

**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)

*For details, see page 65 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 8.1 Incentivize Providers

**Access to Services 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.**

- **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.**

***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 pass-through. The working group also wanted to address existing challenges of inconsistent availability of respite services in some parts of the state.

*For details, see page 70 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

LEGISLATIVE ACTION REQUIRED

# Rec 1.5 Rural Healthcare Coalition

**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).

<sup>ii</sup> Health Resources & Services Administration. *Finding Funding*. Accessed June 28, 2022. <https://www.hrsa.gov/grants/find-funding?status=All&bureau=642>

*For details, see page 34 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 2.1 Geriatric Psychiatric Prescribers

**Quality of Care and Protective Services 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.**

***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.

*For details, see page 36 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 3.1 Workforce Clearinghouse

**Quality of Care and Protective Services 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.

**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. 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. The recommendation requires legislation to open the clearinghouse to the public.

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/#:~:text=In%20March%20of%202022%2C%20Alabama,caregiver%20\(Davis%2C%202022\).](https://www.americanbar.org/groups/law_aging/publications/bifocal/vol-43/vol43issue6/shirleys-law/#:~:text=In%20March%20of%202022%2C%20Alabama,caregiver%20(Davis%2C%202022).)

*For details, see page 40 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 6.4 Affordable Housing

**Access to Services Recommendation: Recommend collaboration to invest in housing options to increase the availability of accessible, affordable housing options for older adults.**

***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.

Statute or other change may be required to address the rising price of rent and home ownership.

*For details, see page 60 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*



# Rec 8.2 One-Time Only Service Caps

**Access to Services 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.**

***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*). Funds promote safety, security, personal choice, and emotional and physical health. Assistive services may include home modifications, vehicle modifications, and durable medical equipment.

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*)

*For details, see page 71 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 8.3 Elder Count Book

**Access to Services 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.**

***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. The 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.

*For details, see page 71 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 9.1 Reimbursement Rates

**Workforce 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.**

*Note: The Task Force indicates that Recommendation 9.1 must be implemented before Recommendation 9.7 in order to ensure success.*

***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.

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 the true costs of services and the market comparison rates.

*For details, see page 76 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# Rec 9.7 Instructor Pay and Benefits

**Workforce Recommendation:** Provide ongoing government incentives with additional funding to increase the number of healthcare worker faculty and trainers.

- **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.**

*Note: The Task Force indicates that Recommendation 9.1 must be implemented before Recommendation 9.7 to ensure success.*

**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 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.

*For details, see page 80 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature.*

# KHI 2023 Legislative Update (As of April xx)

Working Group Recommendation	Legislation or Budget Item
<p><b>Cross-Cutting Recommendation 1.2 (Tier I):</b> Person-Centered Practices. 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> <p>See Page 31 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature for more details.</p>	<p><b>HB 2161</b> - Enacting the patient right to visitation act to require patient care facilities to adopt visitation rules to allow certain relatives and other persons, including clergy, to visit terminally ill patients and other patients making major medical decisions.</p> <p><b>HB 2264</b> - Enacting the No Patient Left Alone Act to allow in-person visitation to certain patients at hospitals, adult care homes and hospice facilities.</p>
<p><b>Workforce Subgroup Recommendation 9.8 (Tier II):</b> 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</p> <p>See Page 81 of the Final Report of the Kansas Senior Care Task Force to the 2023 Kansas Legislature for more details.</p>	<p><b>HB 2049</b> - Changing the length of the certified nurse aide course required for unlicensed employees in adult care homes to 75 hours.</p>
<p><b>HB 2265</b> - Providing for the regulation of supplemental nursing services agencies by the Secretary of the Kansas Department for Aging and Disability Services.</p>	