

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Kansas State Plan on Aging



Federal Fiscal Years 2014 - 2017

Table of Contents

Executive Summary.....	1
Verification of Intent.....	2
Overview of the Kansas Aging Network.....	3
Kansas Department for Aging and Disability Services (KDADS) Vision and Purpose.....	3
Organization of the Kansas Aging Services Network.....	3
Office of the Secretary.....	3
Silver Haired Legislature.....	4
State Advisory Council.....	4
Area Agencies on Aging.....	4-5
Kansas Long-Term Care Ombudsman.....	5
KanCare Ombudsman.....	5
Kansas Aging Demographics.....	6
Geographic Distribution.....	6-7
Housing / Living Arrangements.....	7
Racial and Ethnic Composition.....	7
Language Use and English-Speaking Ability.....	7-8
Disability and Activity Limitations.....	8
Poverty.....	8
Grandparents Raising Grandchildren.....	8-9
Unmet Needs.....	10
OAA Listening Tour 2013.....	10
Needs Assessments.....	10-12
KDADS Strategic Goals: 2010 - 2013.....	13
Priorities, Innovation, and Progress.....	19
OAA Title VI/III Coordination.....	19-20
OAA Title VII Vulnerable Elder Rights Protection Activities.....	18
Disaster Preparedness.....	20
KanCare (Medicaid).....	20-21
Program All Inclusive Care for the Elderly (PACE).....	21
Mental Health Information.....	21-22
Senior Health Insurance Counseling for Kansas (SHICK).....	22
SMP.....	22-23
Aging and Disability Resource Center (ADRC).....	23-24
Client Assessment, Referral, and Evaluation (CARE) Program.....	24
Money Follows the Person Proviso / Demonstration Grant.....	24
Culture Change in Long-Term Care.....	25
Looking Toward the Future.....	26

Appendices

- A. State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006
- B. Information Requirements
- C. Intrastate Funding Formula and Allocation of Funds
- D. KDADS Org Chart
- E. Listening Tour
- F. Local ADRC Locations
- G. ADRC Brochure
- H. KDADS Strategic Plan
- I. LTC Ombudsman Annual Report

Executive Summary

In accordance with the Older Americans Act of 1965, as amended, the Kansas Department for Aging and Disability Services (KDADS), as the designated State Unit on Aging, is mandated to submit a “State Plan on Aging” to the U.S. Administration on Aging. This plan describes the agency’s vision and purpose, including the goals and strategies to achieve this vision. Development of this plan was accomplished through continuous collaborative interaction with the state’s Aging Network, including the State Advisory Council, the Silver-Haired Legislature, the Area Agencies on Aging/Aging and Disability Resource Centers, the Kansas Long-Term Care Ombudsman, KanCare Ombudsman and other state divisions, and many of the seniors we represent.

KDADS staff continues to assess shifting demographics to evaluate the ever-changing number and percentage of Kansas seniors in an effort to determine current and future needs. According to the U.S. Census Bureau, the population of Kansans 65 years of age and older was 376,116 in 2010, representing 13.2% of Kansas’ total population, with many of these citizens residing in rural areas. Between 2000 and 2010, the Kansas population age 65 and older increased 5.6%; the state’s population age 85 and older increased 14.6%. In 2010, 89 (or 84.8%) of 105 Kansas counties exceeded the US percentage of the population age 65 and over and 92 (or 87.6%) counties exceeded the US percentage of the population age 85 and over.

The recognition of the growing needs of the aging population as well as other populations served with community options combined with efficiency evaluations prompted an executive reorganization of the former Kansas Department on Aging to become the Kansas Department for Aging and Disability Services. The Kansas Department for Aging and Disability Services is a cabinet level agency that promotes security, dignity and independence of Kansans by ensuring access to quality adult care homes and senior services, as well as person-centered mental health, addictions and disability services. The Department achieves this through licensing, certifying and evaluating adult care homes, and by overseeing community mental health programs and Home and Community Based Services for older adults and persons with disabilities.

KDADS’s mission has evolved to promote the security, dignity, and independence while providing the right care, at the right time, in a place called home and envisions communities that empower older adults and persons with disabilities to make choices about their lives. To foster this mission and vision for Kansas seniors the agency is committed to the established Administration on Aging goals. Utilizing demographic and service data, along with input from seniors and caregivers during a listening tour completed by KDADS staff, KDADS has been able to evaluate efficiencies and continue the following service goals to:

- Enhance Kansans’ expectations towards person-directed options in the community and adult care homes;
- Enable more seniors to remain in their homes by promoting an array of high quality community services and supports;
- Help Kansas Seniors achieve healthier, more active lives through prevention and intervention; and
- Enable more seniors to live a dignified existence by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.

KDADS will continue to pursue its mission by providing a variety of programs and services to meet the changing needs of Kansas seniors. KDADS, along with the Aging Network, will continue to advocate and educate, to provide services necessary to keep seniors in the environment of their choice, to provide oversight to maintain quality services and care, and to support promising innovative programs. The Kansas Department for Aging and Disability Services will continue to promote the right of each and every Kansas senior to follow their personal vision of a meaningful life.

Verification of Intent

The state plan on aging for the period October 1, 2013 through September 30, 2017 is hereby submitted for the state of Kansas by the Kansas Department for Aging and Disability Services. The state agency named above has been given the authority to develop and administer the state plan on aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all state activities related to the purpose of the Act.

This includes, but is not limited to, the development of comprehensive and coordinated systems for the delivery of supportive services using outreach efforts described in section 307(a)(16) of the Older Americans Act, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the state.

This plan is hereby approved by the Kansas Secretary on Aging and Disability Services, designee of the Governor, and constitutes authorization to proceed with activities under the plan upon approval of the U.S. Assistant Secretary for Aging. This plan assures that no individual is subject to a conflict of interest prohibited under the Older Americans Act.

The state plan hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

This plan is based upon projected receipts of federal, state and other funds and thus is subject to change depending upon actual receipts and/or changes in circumstances.

I hereby approve this state plan on aging and submit it to the Administrator for the Administration for Community Living/U.S. Assistant Secretary for Aging.

7/1/2013

Date



Shawn Sullivan, Secretary
Kansas Department for Aging and Disability Services

Overview of the Kansas Aging Network

Kansas Department for Aging and Disability Services Vision and Purpose

The Kansas Department on Aging (KDADS) was created in 1977 as the single state agency for receiving and disbursing federal funds made available under the Older Americans Act (OAA) and for other programs for the aging. During the summer of 2011 the Department developed a broad ranging strategic plan to ensure the agency fulfills its mission. This plan focuses on five critical areas: communications, community programs reform, regulatory reform, person-centered care and Medicaid reform.

On July 1, 2013 under Executive Reorganization Order number 41, the department assumed responsibilities for all Medicaid waiver programs, mental health, substance abuse, the five State-owned hospitals and institutions and Health Occupations Credentialing. The department was renamed the Kansas Department for Aging and Disability Services (KDADS).

KDADS continues a mission to foster an environment that promotes security, dignity and independence, while providing the right care at the right time in a place called home. KDADS envisions a community that empowers older adults and persons with disabilities in Kansas to make choices about their lives.

KDADS pursues its mission and vision by providing a variety of programs and services through multiple funding sources. OAA resources provide many of these services for elderly Kansans including access, in-home services, congregate and in-home nutrition, caregiver and legal assistance. Complementary programs expand the services available to many more elderly. For example, the Senior Care Act (SCA) program, a fee-for-service program funded by state general funds. This program provides services in the customer's home and is designed to prevent premature nursing home placement for persons who have not exhausted their financial resources and have slightly higher income than a Medicaid eligible person. The Home and Community-Based Services for Medicaid waiver programs, provides Medicaid-eligible customers the opportunity to receive cost-effective community-based services through managed care organizations as an alternative to nursing home care, thereby promoting independence in the community and encouraging residency in the most integrated setting.

Organization of the Kansas Aging Services Network

Office of the Secretary

The Kansas Department for Aging and Disability Services is a cabinet level agency administered by a Secretary who is appointed by, and serves at the pleasure of, the Governor. The Secretary, who serves as the chief executive officer, oversees all aspects of agency operations and has the authority to sign all documents, letters, contracts, and grants related to state and federal aging programs (See Appendix H for Secretary of KDADS Action Plan for 2012). Reporting directly to the Secretary are the Special Assistant to the Secretary, Director of Human Resources, Legislative/Policy Director, Communications Director, Chief Counsel, KanCare Ombudsman, State Hospital Superintendents (5 State Hospitals, 4 Superintendents as Osawatomie State Hospital and Rainbow Mental Health Facility share the same Superintendent) , Chief Financial Officer, Commissioner on Aging, Commissioner of Community Service & Programs, and Commissioner for Survey Certification and Credentialing. (See Appendix B for KDADS's Organization Chart.)

Silver Haired Legislature

The Kansas Silver Haired Legislature (SHL) is a body of individuals, age 60 and older, who are elected by their peers to develop bills and resolutions that are of interest to Kansas elders and their families. The SHL representatives then work with the Kansas Legislature to introduce their bills and resolutions into the regular legislative session. Their mission is to:

- 1) Educate the citizenry about the needs of the elderly and of the legislative process;
- 2) Communicate and serve as liaison for our constituents and legislators;
- 3) Participate and be involved as an advocate for senior citizen issues.

In October, 2012 the SHL had eleven bills and resolutions and had three introduced into the Kansas Legislature.

State Advisory Council

The State Advisory Council on Aging was established by K.S.A. 75-5911 to advise the Governor and the Secretary about the needs of older Kansans and to advocate on their behalf. The Council, which meets quarterly, is composed of 15 members, 11 of whom are appointed by the Governor. The remaining four are appointed, one each, by the majority and minority leaders of the State House of Representatives and the Senate.

The 15 members represent diverse geographical, social, and ethnic groups and at least half of the membership must be 60 years of age or older. In addition to serving in an advisory capacity to the Governor and the Secretary, members also advise other public and private, state and local agencies on issues affecting the elderly, and have the duty to review and comment on KDADS activities.

Currently, the Secretary is working on creating three subcommittees to focus on and address special interests and issues surrounding aging. The three subcommittees will consist of a subcommittee on Nursing Facilities, the Older Americans Act, and KanCare (KS Medicaid). Each subcommittee will include 10-15 members and will include members of the State Advisory Council, KDADS liaisons, and volunteers.

Area Agencies on Aging/Aging and Disability Resource Centers

Kansas's 105 counties are served by a division of 11 Area Agencies on Aging (AAAs) serving as Planning Service Areas (PSAs). Each AAA is either a unit of county government or private, not-for-profit corporation. AAAs use funds, made available by KDADS, to provide a continuum of choices in services and supports for the elderly through subgrants and contracts with local providers. The AAA's primary responsibilities include the following:

- Serve as a community planning agency to improve services to seniors;
- Act as an advocate for seniors;
- Purchase services which help seniors remain in the community and avoid unnecessary or premature moves from their homes;
- Develop coalitions and networks of support for seniors and their caregivers to avoid or reduce the need for publicly funded services; and
- Coordinate services in its geographic area and manage its service area effectively and efficiently.

As services have evolved to serve the needs of a growing population, the 11 AAA's have also taken on the role as the providers of the statewide Aging and Disability Resource Centers (ADRC). Kansas has contracted with the Southwest Kansas AAA and Southwest Kansas AAA subcontracts with the remaining 10 AAAs to provide the functions of the ADRC. The Aging and Disability Resource Centers in Kansas are "one stop shops" for any

person needing assistance regardless of age, income, or ability. ADRCs in Kansas are highlighted within the Priorities, Innovations, and Progress section of this State Plan.

Through the standardized Area Plan process, AAA's are required to provide assurance that preference is provided to older adults with the greatest social and economic needs, specify adequate proportion requirements for OAA Title IIIB, as well as how they coordinate with rural and frontier providers in their specified regions (See Appedix B for Information Requirements to speak more on Area Plan process). In carrying out its responsibilities, each AAA/ADRC exercises leadership by working with community agencies, service providers, and senior organizations to expand and improve services at the local level. (See Appendix F for a map and list of contact information for the 11 AAA/ADRCs.)

Kansas Long-Term Care Ombudsman

The Kansas Long-Term Care Ombudsman (KLTCO) Program protects the rights of individuals located in adult care homes throughout Kansas, including nursing homes, hospital-based long-term care facilities, assisted living facilities, residential health care facilities, homes plus, adult day care facilities, and boarding care homes. Long-Term Care Ombudsman advocate on behalf of individuals and groups of residents, provide information to residents and their families about long-term care services and supports, promote resident-directed policies, and provide other services to protect the health, safety, welfare and rights of residents. Presently, ombudsman services do not extend to nursing facilities for mental health, intermediate care facilities for the mentally retarded/developmentally disabled (MR/DD), or private homes and other non-licensed settings. The ombudsman program provides advocacy assistance to residents in accordance with section 712 of the OAA (See Appendix I for the LTC Ombudsman 2012 Annual Report).

The KLTCO Certified Volunteer Program meets OAA statutory requirements. Volunteers are trained and certified to respond to complaints made by or on behalf of residents. The KTCLC is currently working to enhance the number, expertise and retention of volunteers. This will be accomplished through improvement in the recruitment, screening, training and evaluation of the volunteers.

KanCare Ombudsman

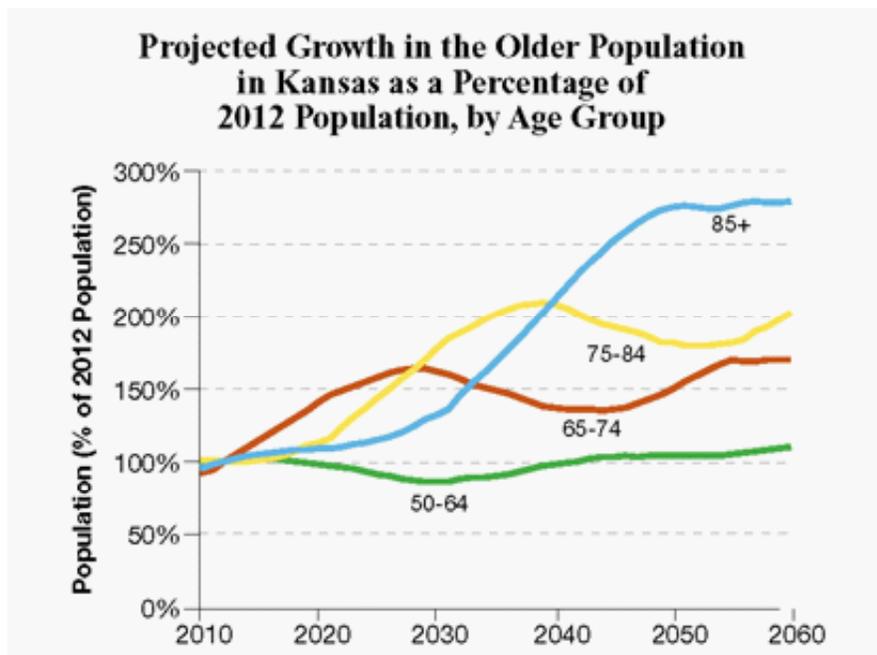
The Ombudsman helps Kansas consumers enrolled in a KanCare Plan. The Ombudsman also helps KanCare consumers with any problems dealing with their KanCare plan and focuses primarily on the consumers receiving long-term services and supports (LTSS). While the Ombudsman will help people with their rights to the grievance and appeals process, the Ombudsman is not expected to file or speak for the person in the grievance or appeal. The Ombudsman will help in those cases that cannot be handled by State case workers, hotline workers or the ADRC. The KanCare Ombudsman speaks for the Secretary of KDADS on consumer councils and KanCare focus groups. He also provides the Secretary assistance with any ideas to change rules and enhance opportunities for KanCare consumers. The Ombudsman meets with and reports to the Kansas Legislature every year in order to inform lawmakers about the work he has done as well as any major program issues.

Kansas Aging Demographics

According to the U.S. Census Bureau, the total population in the U.S. in 2010 was 308.7 million. Kansas had a population of 2.85 million at this time, representing 0.9% of the national population and ranked 33rd nationally in terms of population. Utilizing census data collected below, Kansas can provide assurance that preference will be given to older individuals with the greatest economic and social needs.

The population of Kansans 65 years of age and older was 376,116 in 2010, which represents 13.2% of Kansas' total population, compared to 13.0% nationally. Although the population of Kansas is aging, it is at a slower pace than the rest of the U.S. As of 2010, the median age was 36.0 years of age, compared to the national median age of 37.2 years.

By 2030, all of the baby boomers will have moved into the ranks of the older population. This will result in a shift in the age structure, from 13% of the US population aged 65 and older in 2010 to 19% in 2030. The majority of the country's older population is projected to be relatively young, aged 65-74, until around 2034, when all of the baby boomers will be over 70. As the baby boomers move into the oldest-old age category, the age composition of the older population shifts upward. In 2010, slightly more than 14% of the older population was 85 and older. By 2050, that proportion is expected to increase to more than 21%. These statistics show the critical nature of coordination of service needs for older Kansans receiving services under the Older Americans Act. In order to meet the needs of the growing population, it is essential to utilize resources efficiently to sustain all programs.



Source: *AARP Across the States: Profiles of Long-Term Care and Independent Living, 2012*

Geographic Distribution

In 2010, 31.8% of the total Kansas population lived in rural areas and cities with populations of less than 5,000. However, there has been a shift in the rural population to urban areas, which is expected to continue. With the expected shift in population, there continue to be assurances through the Area Plan and Intrastate Funding Formula processes that the special needs of older adults residing in rural area will be taken into consideration. Rural population is a factor for funding and Area Agencies on Aging serving rural communities work hard with local providers to ensure needs are met. From the 2000 Census to 2010, the Kansas population increased 6.1%;

however, 77 counties experienced a net loss in population and 23 of these counties declined by 10% or more over this period of time.

Between 2000 and 2010, the Kansas population age 65 and older increased 5.6%; the state's population age 85 and older increased 14.6%. In 2010, 89 (or 84.8%) of 105 Kansas counties exceeded the US percentage of the population age 65 and over and 92 (or 87.6%) counties exceeded the US percentage of the population age 85 and over – nationally the share of the total population in these age groups is 75.7% and 59.5%, respectively.

Housing/Living Arrangements

According to 2011 estimates, of all occupied housing units in the US, 17% are owned by people age 65 and older.

In 2011, 67.8% of the Kansas population age 65 and older owned their homes, which is slightly above the national average. According to a report published by AARP, 44% of Kansans age 65 and older lived in a non-metropolitan area in 2007/2008, ranking Kansas 12th in the nation for rural elders.

According to the U.S. Census Bureau, 46.8% of Kansans age 65 and older lived alone in 2011. In 2010, according to a report published by the AARP, Kansas ranked 17th in the nation for percentage of individuals age 75 and older living alone, with 35% compared to 34% nationally.

LIVING ARRANGEMENTS	KS	RANK	U.S.
Non-metropolitan population age 65+, 2007/2008	44%	12	20%
Persons age 75+ living alone, 2010	35%	17	34%

In 2010, Kansas also ranked 7th in the nation for the percent of residents age 65 and older living in nursing homes, despite a decline in nursing home residents from 20,685 in 2005 to 19,294 in 2010, a decline of 7%.

Racial and Ethnic Composition

According to the 2010 Census, the demographic makeup of Kansans by race and ethnicity was as follows. For race, 83.8% of the population self-identified as white alone; 5.9% self-identified as black alone in 2010; 2.4% self-identified as Asian alone; 1.0% as American Indian or Alaska Native alone; only 0.1% self-identified as Native Hawaiian or other Pacific Islander alone; and 3.0% self-identified as two or more races. For ethnicity, there were 300,042 Hispanic individuals in Kansas representing 10.5% of the total population in 2010, increasing from 8.8% of the total population in 2007.

Language Use and English-Speaking Ability

According to the U.S. Census Bureau's 2009 Report, 10.1% of Kansans speak a language other than English at home, compared to the 20% national average. According to the U.S. Census Bureau's 2011 report, 5.01% of Kansans age 60 and older speak a language other than English at home, compared to the 14.02% national average. Of Kansans who speak a language other than English, 44% speak English less than "very well," compared to 43% nationally.

Language use data specific to general population is important to be included due to outreach of assistance for older adults are reported as someone who is not the older adult. Each Area Agency on Aging assures that any customer seeking any service who speaks another language will be offered an interpreter. Through the "language line" offered through KDADS, all agencies have the ability to serve all older adults and their caregivers

and families. In areas that serve a predominant number of older individuals who are of limited English-speaking ability, AAAs employ staff who are fluent in that language to provide outreach to customers in the area.

Disability and Activity Limitations

Some form of disability (sensory, physical, or mental) was reported by 35% of men and 38% of women age 65 and older in 2011, according to “A Profile of Older Americans: 2012” published by the Administration on Aging. While some of these disabilities may be relatively minor, others cause people to require assistance to meet important personal needs. Twenty-eight percent (28%) of community-resident Medicare beneficiaries age 65+ reported difficulty in performing one or more activities of daily living (ADL) and an additional 12% reported difficulty with one or more instrumental activities of daily living (IADL). By contrast, 92% of institutionalized Medicare beneficiaries had difficulties with one or more ADLs and 76% of them had difficulty with three or more ADLs. Limitation in activities because of chronic conditions increases with age. Using an assessment tool that measures each of these aspects allows services to be provided based on specific customer need.

The following table compares Kansans age 65 and older with disabilities to the U.S.

DISABILITY – Persons age 65+, 2010	KS	RANK	U.S.
Self-care difficulty	8%	29	9%
Cognitive difficulty	9%	23	10%
Any disability	38%	14	37%

Poverty

According to a report entitled “A Profile of Older Americans: 2012” published by the Administration on Aging, Administration for Community Living, US Department of Health and Human Services, approximately 3.6 million elderly individuals (8.7%) were below the poverty level in 2011, with older women at a higher poverty rate (10.7%) compared to older men (6.2%). Older individuals living alone were much more likely to be poor (16.5%) than were older persons living with families (5%). The highest poverty rates were experienced among older Hispanic women (38.8%) who lived alone and older Black women (32.2%) living alone.

The Kansas Department of Labor reported 374,677 Kansans, or 13.5%, were estimated to be living below the poverty threshold in 2010 compared to 15.3% nationwide. According to AARP’s Public Policy Institute, 7.7% of Kansans age 65 and older were living at or below the poverty level in 2010, ranking Kansas 31st in the nation for this indicator. Not surprisingly, 10.3% of Kansas women age 75 and over were at or below the poverty threshold.

INCOME & POVERTY	KS	RANK	US
At/below poverty level age 65+, 2010	7.7%	31	9%
Women age 75+ at/below poverty level, 2010	10.3%	37	12.2%

Grandparents Raising Grandchildren

According to a 2007-2011 survey by the U.S. Census Bureau, of the 6.66 million grandparents living with grandchildren in the United States, 2.68 million grandparents live with and are responsible for grandchildren under 18 years of age, of which 895,939, or 33%, are 60 years of age and older. This survey also reported that in Kansas, of the 44,246 grandparents living with grandchildren, 20,048 grandparents live with and are responsible for grandchildren under 18 years of age, of which 6,421 (or 32%) are 60 years of age and older.

In 2011, about 497,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them, according to the Administration on Aging.

Using the standard assessment tools for all services received under the Older Americans Act allows agencies to collect data of individuals with the greatest social and economic needs and make services for those individuals a priority. Utilizing the data collected allows KDADS to review regions of where the greatest needs are and set a funding formula with expectations to serve those individuals. Each area plan submitted by the area agencies are aging are required to include outreach efforts to each of the population sets identified above and assurances of priority given to those customers

Unmet Needs - Today's Elderly Kansans

OAA Listening Tour 2013

KDADS staff conducted a Listening Tour between March 5th and 13th, 2013 to solicit input for the new state plan to provide assurance that the views of older individuals, area agencies on aging, and recipients of grants under Title VI under the OAA are included. The tour consisted of one-hour meetings in Dodge City, El Dorado, Topeka, Salina, and Kansas City in order to cover a wide range of regions and to include input from urban and rural areas of the state. The AAAs/ADRCs and local senior center staffs assisted with local arrangements; older Kansans, those representing older Kansans in each area, and local media (in some areas) participated.

The local AAA/ADRC and the Prairie Band Potawatomie Nation also coordinated arrangements for a meeting in Mayetta, Kansas on April 2nd, 2013 for tribal member's participation to discuss coordination of OAA Title III and Title VI services and unmet needs for the population. Meeting format included a short slide presentation and oral feedback on objectives for four focus areas (See meeting agenda with listed focus areas in appendix section D).

Needs Assessments

Needs assessment activities undertaken by KDADS included three key forms of soliciting input, as summarized here:

Oral and/or written comment. The Commissioner on Aging accepted public comment on the next state plan through April 15, 2013 –by mail, phone (toll-free line) or electronic mail (agency webmail address). Key findings are shown here, along with the corresponding focus area / objective(s):

<u>Focus Area</u>	<u>Objective</u>	<u>KDADS Needs Assessment Finding</u>
1	N/A	Use sliding-fee scale to make public transportation more affordable.
3	Support and provide participant directed care in all adult care homes and through community service providers.	Create a program to test if those who want to move out of nursing home can handle it (e.g., home on weekends), and help in the transition.

Listening Tour. For a description of the Tour, see previous section. Key findings are shown here, along with the corresponding focus area / objective(s):

<u>Focus Area</u>	<u>Objective</u>	<u>KDADS Needs Assessment Finding</u>
1	Empower Kansas nutrition programs to become more entrepreneurially focused.	Fund priority services, e.g., home delivered meals; show outcomes; adopt flexible meal standards; change business model (e.g. regional or statewide planning / purchasing); take nutrition beyond non-profits; develop innovative models (e.g., serving times); address liability / compensation for volunteers.
1	Refocus National Family Caregiver Program in Kansas to apply an increase in direct support of caregiver.	Provide Lifeline, dental care, hearing aids, and yard work; help tribes with caregiver and medical equipment needs; provide pre-paid meals for grandchild support; help young caregivers; issue statewide newsletter; address liability for companions.
2	Provide a trusted source of information where people of all ages, abilities and income levels -and their caregivers - can go to obtain assistance in planning for their future long-term service and support needs. (ADRC)	Educate public about toll-free line and how to get services for seniors – “no one wants to go to a nursing home”; keep seniors healthy and the best they can be; protect those who pay own bills (e.g., pensions do not grow, taxes and expenses do); create mental health service for untreated dementia; provide transportation for shopping and appointments (rural areas losing options).
2	Reduce Medicare & Medicaid fraud, waste and abuse through education, outreach, one-on-one assistance and problem resolution. (SMP)	Provide information on resources and Medicare, e.g., how to report suspected fraud.
2	Empower older Kansans, their families, and other consumers to make informed decisions about long term care options. (MFP)	Find money to help people age in place, modify homes.

3	Educate consumers about participant directed options.	Conduct a statewide advertising campaign on service options.
3	Support and provide participant directed care in all adult care homes and through community service providers.	Adopt culture change tenets for Title-IIIC(2) to give people what they want.
4	Educate Kansans to be aware of the signs of senior abuse, neglect, and exploitation and will take corrective action.	Work with SHL to address elder justice and scam issues.
4	Kansas seniors will have effective advocates to protect and promote their rights.	Ensure easy access to and robust legal assistance (e.g., collections, estate planning, end of life, etc.).

Area Plans on Aging, 2010-2013. Each area agency on aging submits a summary of Unmet Needs for their area, citing local /regional surveys, public hearings, staff or provider feedback, and unfulfilled requests for services. Three prominent themes in 2013 are shown, along with the corresponding focus area /objective(s):

<u>Focus Area</u>	<u>Objective</u>	<u>KDADS Needs Assessment Finding</u>
2	Provide a trusted source of information where people of all ages, abilities and income levels - and their caregivers - can go to obtain assistance in planning for their future long-term service and support needs. (ADRC)	More than half of the AAAs report unmet medical and non-medical transportation needs for seniors.
2	Reduce Medicare & Medicaid fraud, waste and abuse through education, outreach, one-on-one assistance and problem resolution. (SMP)	About half of the AAAs report unmet needs regarding senior prescription drug assistance, finding affordable medications and/or medication set-up
3	Support and provide participant directed care in all adult care homes and through community service providers.	Several of the AAAs report unmet needs regarding access to affordable, healthy foods, help with meal preparation, or gaps in home delivered service. More than half of the AAAs report unmet needs with in-home services (e.g., homemaker, attendant care and/or respite)

KDADS Strategic Goals: 2014 - 2017

Administration on Aging Strategic Goal #1:

Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options

KDADS GOAL:

Enhance Kansans' expectations towards person-directed options in the community and adult care homes.

OBJECTIVE: Consumers are educated about person-directed options.	
STRATEGIES:	Provide on-going education and services, with emphasis on person-centered education, to consumers and providers
	Promote quality of life and quality of care, which includes choice
	Provide human interest stories to the media that reflect real life examples of person-centered care
Measures:	
<input type="checkbox"/> Number of direct care staff attending training sessions on person-centered care <input type="checkbox"/> Number of Joint Provider training sessions which include resident-centered care <input type="checkbox"/> Number and percentage of community-based services customers who report providing instruction to people paid to assist them <input type="checkbox"/> Number of PEAK 2.0 awards presented for implementation of culture change <input type="checkbox"/> Number of press releases featuring PEAK 2.0 award recipients and stories supporting person-centered care <input type="checkbox"/> Number of KDADS staff presentations promoting person-centered care <input type="checkbox"/> Number of KanCare Ombudsman education sessions	
OBJECTIVE: Adult care homes and community service providers all support and provide person-directed care.	
STRATEGIES:	Person-directed care is included in the educational curriculum of all levels of provider staff
	Promote quality of life and quality of care, which includes choice
	Help providers operationalize culture change, provide quality care, and build or adapt their physical plants to create a home environment
	Utilize financial incentives through KanCare to increase the number of PEAK recognized nursing homes.
Measures:	
<input type="checkbox"/> Number of direct care staff attending person-directed care training <input type="checkbox"/> Number and percentage of community-based services customers with current Customer Choice form documented in file <input type="checkbox"/> Number and percentage of providers supporting person-directed care <input type="checkbox"/> Percentage of community-based consumers self-directing care <input type="checkbox"/> Percentage of culture change assessment tools completed by adult care home providers <input type="checkbox"/> Percentage of staff turnover and retention in Kansas nursing homes <input type="checkbox"/> Number of facilities creating long-term care household model <input type="checkbox"/> Number of ADRC counseling sessions completed with emphasis on person-centered education and customer choice <input type="checkbox"/> Number of participants of disease management incorporating self-management through OAA IIID service providers. <input type="checkbox"/> Number of nursing homes achieving a higher level of PEAK recognition.	
<u>PERFORMANCE OUTCOME: More Kansans will expect and receive person-directed options in the community and in adult care homes.</u>	

Administration on Aging Strategic Goal #2:

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

KDADS GOAL:

Enable more seniors to remain in their homes by promoting an array of high quality community services and supports.

OBJECTIVE: The array of services provided meet seniors' expectations for quality and standards of care.	
STRATEGIES:	Promote resident safety, program improvements, and delivery of appropriate community-based services
	Survey seniors and monitor providers to ensure customers receive appropriate, high quality care
	Empower Kansas Older Americans Act (Ex. Nutrition, Transportation, Homemaker, etc) Programs to become more entrepreneurially focused.
	Utilize financial incentives through KanCare to reduce unnecessary nursing home placement.
Measures:	
<input type="checkbox"/> Number of customers receiving community-based services in their residence of choice <input type="checkbox"/> Number to evidence based programs used for OAA Title IIIB, IIIC, IIID, and IIIE and coordination between each service to ensure efficient use of funding. <input type="checkbox"/> Number of customers receiving services with the greatest social and economic needs. <input type="checkbox"/> Number and percentage of adult care home deficiencies <input type="checkbox"/> Number and amount of civil money penalties assessed to adult care homes <input type="checkbox"/> Community-based services customer ratings of providers/attendants/worker/staff completed through quality review and surveys <input type="checkbox"/> Percent of community-based services customers who would recommend provider to others <input type="checkbox"/> Number of customers utilizing innovative nutrition programs to enhance choice and quality for community nutrition options <input type="checkbox"/> Number of senior centers to enhance efforts of sustainability through efforts outside of federally funding for meal service. Kansas does not intend to implement cost sharing during the plan period; consumer contributions remain voluntary, but are encouraged for program sustainability. <input type="checkbox"/> Percentage of customers receiving Home and Community Based Services through funding sources outside of federally funded programs to maximize federal funding <input type="checkbox"/> Percentage of customers who report increased quality in their meal provided <input type="checkbox"/> Percentage of nursing facility utilization for eligible beneficiaries. <input type="checkbox"/> Number of hospital admissions after a nursing facility discharge into the community	
OBJECTIVE: The percentage of seniors seeking nursing home placement decreases.	
STRATEGIES:	Provide information, assistance, and counseling to the public to increase awareness and access to available community services
	Assist providers in building and remodeling adult care homes that provide alternatives to nursing homes
	Increase direct support of family and informal caregivers through the National Family Caregiver Program

Measures:

- Number of CARE assessments
- Number of ADRC Counseling Sessions completed
- Percentage of Nursing Facility diversions to community options
- Number of Medicaid-qualified hospital patients who are able to return to the community through provision of discharge assistance and community services
- Number of PACE participants and PACE providers during PACE expansion project
- Number of community-based services customers
- Number of customers receiving services through the ADRC
- Number of nursing home residents
- Percentage of Kansas seniors living in nursing homes
- Number of customers receiving respite, in home support, or support group services through the National Family Caregiver Program
- Number of identified informal caregivers through assessments completed for in home services

OBJECTIVE: Seniors will reside in the community later into the life cycle, thereby enhancing their quality of life.

STRATEGIES:

- Build capacity for long term supports in the community
- Purchase services for eligible seniors through a network of providers
- Provide the assistance and community services necessary to enable seniors to live in the community

Measures:

- Percentage of customers receiving community-based services according to Plan of Care
- Number of customers served through managed care options
- Average length of time community-based services are provided to customers
- Number of Unmet Needs reported at time of CARE assessment
- Average age of residents admitted to nursing homes
- Average length of stay for residents living in nursing homes
- Number of nursing home residents transitioned to the community by means of the “Money Follows the Person” program

PERFORMANCE OUTCOME: More seniors remain in their homes and receive an array of high quality community services and supports.

Administration on Aging Strategic Goal #3:

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare

KDADS GOAL:

Help Kansas seniors achieve healthier, more active lives through education, prevention and intervention.

OBJECTIVE: Kansas seniors will have access to a greater array of health-based services.	
STRATEGIES:	Increase senior awareness of and participation in available preventive services
	Improve information flow to seniors about mental health services
	Provide “Best Practices” and technical support to long-term care providers
	Ensure access to services by requiring robust provider networks
Measures:	
<input type="checkbox"/> Number of customers receiving counseling on Medicare Preventive Services from SHICK volunteers <input type="checkbox"/> Number and percentage of Kansas seniors receiving immunizations (influenza and pneumonia) <input type="checkbox"/> Number of KDADS Mental Health Guides distributed <input type="checkbox"/> Number of KDADS referrals for gambling and substance use disorder support <input type="checkbox"/> Number of customer referrals to Community Mental Health Centers <input type="checkbox"/> Number of exemplary awards given to adult care home providers <input type="checkbox"/> Number of KDADS staff presentations to adult care home providers <input type="checkbox"/> Consumer response to measuring beneficiary satisfaction with access. <input type="checkbox"/> Consumer participation in prevention services such as smoking cessation, obesity screenings, SUD treatment program, diabetic and cholesterol management.	
STRATEGIES:	Advocate for seniors’ needs within statewide health planning initiatives
	Improve nutrition options and educational opportunities
	Increase opportunities for physical activities
	Provide Value–Added Services through KanCare.
Measures:	
<input type="checkbox"/> Number of health planning initiatives in which KDADS is represented <input type="checkbox"/> Number of seniors receiving meals funded by nutrition programs <input type="checkbox"/> Number of meals provided to seniors through nutrition programs <input type="checkbox"/> Number of participants in programs such as Walk with Ease through OAA IIID <input type="checkbox"/> Number of participants of the challenges presented through the Governor’s Council on Fitness <input type="checkbox"/> Number of customers ages 60 plus receiving vouchers for the Farmer’s Market Nutrition Program (partnership with KDHE and AAA) <input type="checkbox"/> Percentage of KanCare participants utilizing preventative services under managed care options <input type="checkbox"/> Number of consumers who utilize services including but not limited to heart-lung transplants for adults, weight-loss surgery, and preventative dental care	
OBJECTIVE: Kansas seniors maintain their health and delay the need for support services.	
STRATEGIES:	Increase awareness among Kansans about long-term care risks, costs and payment options, and the importance of planning for future long-term care needs
	Provide medication management education and services to reduce medication errors
	Provide home telehealth to enable elderly that are chronically ill to manage their health conditions

Measures:

- Percentage of long-term care paid for by Medicaid (KanCare)
- Number of customers receiving information and assistance services for OAA IIIB and IIIE
- Average age of customers receiving community-based services
- Number of community-based services customers receiving Medication Management services
- Number and percentage of hospitalizations
- Number and percentage of nursing home placements
- Number of customers using telehealth services under KanCare program

PERFORMANCE OUTCOME: Kansas seniors are healthier and lead more active lifestyles as a result of prevention and intervention.

Administration on Aging Strategic Goal #4:

Ensure the rights of older people and prevent their abuse, neglect and exploitation

KDADS GOAL:

Enable more seniors to live a dignified existence by promoting senior rights and reducing the incidence of abuse, neglect, and exploitation.

OBJECTIVE: Kansas seniors will have effective advocates to protect and promote their rights.

STRATEGIES:	Monitor legislative activity for bills that will impact seniors and provide testimony when warranted
	Represent senior interests in public and private venues
	Provide senior “Rights and Responsibilities” information to providers and other organizations serving seniors

Measures:

- Number of bills that KDADS staff testify on behalf of Kansas seniors during legislative session
- Number of presentations given by KDADS staff
- Number of Senior Medicare Patrol (SMP) reports of Medicare fraud.
- Number of scams reported by SMP staff through press releases
- Number of workgroups in which KDADS staff actively participate
- Number of case managers receiving training on senior “Rights and Responsibilities”
- Number of “Explore Your Options” publications distributed

OBJECTIVE: More Kansas seniors will be aware of their right to a secure living environment with caregivers who are respectful of their needs and preferences.

STRATEGIES:	Inform seniors of their rights during Quality Review and ensure this information was received during their assessments
	Increase consumer and staff awareness regarding Resident Rights in adult care homes
	Coordinate activities designed to educate seniors about their rights and steps to take to prevent abuse, neglect, and exploitation.

Measures:

- Number and percentage of community-based customers reporting awareness of their rights and responsibilities
- Number and percentage of adult care homes providing Resident Rights to each new resident
- Number of customer complaints received and resolved by Long Term Care Ombudsman
- Number and percentage of community-based services customers responding that attendants/workers have not asked for anything, or taken anything from the customer without their permission
- Number and percentage of community-based services customers with health or welfare concerns observed or identified by quality review staff

OBJECTIVE: More Kansans will be aware of the signs of senior abuse, neglect, and exploitation and will take corrective action.

STRATEGIES:	Promote awareness of senior abuse, neglect, and exploitation by funding education and training programs on this topic
	Train assessors and case managers to identify signs of abuse, neglect, and exploitation
	Promote awareness of senior abuse, neglect, and exploitation by collaborating with other state agencies and stakeholders to promote public awareness and implement preventive measures
	Enforce statutory and regulatory requirements, including the reporting, investigation, and prosecution of ANE

Measures:

- Number of PEANE Workshops and participants
- Number of case managers and assessors attending KDADS training sessions which contain ANE training
- Number of referrals by Quality Review staff to KDADS Complaint Hotline and DCF Adult Protective Services
- Number of complaints and complaints resolved to resident satisfaction by Long Term Care Ombudsman
- Percentage of adult care homes meeting regulatory requirements for reporting and investigating ANE and taking appropriate action

PERFORMANCE OUTCOME: More Kansas seniors live a dignified existence, are aware of their rights, and live a life free of abuse, neglect, and exploitation.

KDADS continues to revise and refine its Output and Outcome Measures as part of the state’s annual budgeting process. Performance measures applicable to OAA and state-funded programs will be developed based on national and state benchmarks and data available through the Kansas Aging Management Information System (KAMIS), the Medicaid Management Information System (MMIS), the Center for Medicare and Medicaid Services’ (CMS) Automated Survey Processing Environment (ASPEN), and customer surveys.

Priorities, Innovation and Progress

OAA Title VI/III Coordination

KDADS and the Aging Network strive to coordinate OAA Title VI and Title III services to avoid duplication of services and maximize available resources. Kansas has four federally recognized Indian tribes: Kickapoo Tribe of Indians in Kansas; Iowa Tribe of Kansas and Nebraska; Prairie Band Potawatomi Nation; and Sac and Fox Nation. All four tribes are located in PSA 09 in northeastern Kansas, served by the Northeast Kansas Area Agency on Aging (NEK-AAA), and each tribe has a seat on NEK-AAA's Advisory Council. Native Americans also serve as representatives in the Kansas Silver Haired Legislature.

NEK-AAA staff takes pride in the many ways they collaborate with the tribes to provide senior services and respond to the broad array of issues and concerns impacting seniors and their families. NEK-AAA provides each tribe with copies of its quarterly newsletter, funded by OAA Title III-B, for their senior centers, which includes publicity for its annual Medicare enrollment assistance program (SHICK). NEK-AAA also provides Explore Your Options (EYOs) and program-specific brochures to the tribal senior centers, and makes presentations on specific senior programs and services upon request. KDADS ensures that efforts of coordination are made with Indian tribes through the Area Plan process.

Both KDADS staff and NEK-AAA staff participates in the tribes' annual tribal health fairs, where they provide various presentations and screenings, and distribute information on NEK-AAA services. KDADS staff has worked hard to ensure knowledge of the SMP program and volunteer recruitment for both the SMP program and state SHICK programs. OAA Title VI nutrition services are provided to members of all four tribes; however, some Native Americans regularly participate in NEK-AAA's OAA Title III-C(1) and C(2) programs. Native Americans also receive services funded by the Senior Care Act both on and off the reservations, which are not separately funded for Native Americans.

OAA Title VII Vulnerable Elder Rights Protection Activities

Legal Assistance Services are provided throughout the state to Kansans 60 years of age and older in an endeavor to protect and promote elder rights. These services are provided by Kansas Legal Services, which maintains contracts with each of the state's 11 AAAs. Legal services are provided to the elderly under the following categories: health; protective arrangement; income preservation; public benefits; housing/real estate; consumer/financial; and individual rights. Services are prioritized based on the needs of each PSA's target population. Policy has been updated to reflect priorities reported by each PSA. The most prevalent needs provided are financial/tax consultation; wills/estate planning; powers of attorney; and collections.

KDADS's Legal Assistance Developer (LAD) provides guidance to, and coordinates services among, the various state and regional agencies and organizations through a close partnership with Kansas Legal Services. In addition, training is provided through workshops and community education programs. Current coordination efforts for the Kansas LAD include initiatives for grants to enhance the Elder Law Hotline, web based legal access to expand OAA Title IIIB service dollars, and enhanced training for legal service staff.

KDADS is also actively involved in the protection of elderly Kansans from abuse, neglect and exploitation (ANE). KDADS provides ANE education and resources to customers, families, and professionals involved in the aging network through the agency's Prevention of Elder Abuse, Neglect, and Exploitation (PEANE) grant program. These special project grants, awarded to a variety of agencies and organizations, are designed to provide education, training, and research for the prevention of elder abuse, neglect, and exploitation.

KDADS and the Aging Network seek to identify and report instances of ANE of the customers they serve. The Uniform Assessment Instrument (UAI), completed for individuals seeking assistance from an AAA for Older Americans Act and Senior Care Act services, assesses a variety of environmental and behavioral factors that might put customers at risk, including abuse, neglect, and exploitation. All trainings offered by KDADS to service providers include an objective to discuss ANE definitions, issues, and reporting requirements. KDADS staff and providers work closely with the Department of Children and Families (DCF) Adult Protective Services (APS) to address issues and to report situations of concern. Whenever staff encounters a customer with an identifiable health and/or welfare issue, a referral is made to KDADS's Complaint Hotline or DCF APS, or concerns are reported to the case management entity, depending on the severity of the situation.

Disaster Preparedness

KDADS coordinates activities and has developed long-range emergency preparedness plans with the 11 AAAs, other state agencies, local governments, local emergency response agencies, relief organizations, and other institutions that have responsibility for disaster relief service delivery. AAAs and licensed adult care homes are required to establish an emergency response plan, including procedures to follow in the event of a disaster.

KDADS has a memorandum of understanding with each of the 11 AAAs to provide emergency services to older Kansans. KDADS assists the AAAs by applying for federal disaster funding, if needed when a disaster occurs. KDADS is the lead and coordinating agency for the Kansas Emergency Support Function 6 (ESF-6). Following a state or federally declared disaster, ESF-6 partners and collaborates with multiple agencies and organizations to assist disaster survivors in obtaining mass care resources such as: sheltering; meals; emergency first aid; bulk distribution of emergency relief items; emergency food assistance; support and services for functional needs populations; emotional Support; housing; pet sheltering and disaster wellbeing inquiry.

KanCare (Medicaid)

The KanCare program is the State of Kansas' Medicaid program. KanCare delivers whole-person, integrated care for the more than 360,000 consumers receiving services. Kansas has contracted with three new health plans, or managed care organizations (MCOs), to coordinate health care for nearly all Medicaid beneficiaries. The KanCare program began in January 2013. The KanCare health plans are Amerigroup of Kansas, Inc. (Amerigroup), Sunflower State Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United).

The administration of KanCare within the State of Kansas is carried out by the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS). KDHE maintains financial management and contract oversight of the KanCare program while KDADS administers the Medicaid waiver programs for Disability Services, Mental Health and Substance Abuse, and State Hospitals and Institutions.

Each Medicaid consumer is assigned to one of the KanCare health plans. Consumers in KanCare will receive all the same services provided under the previous Medicaid delivery system, plus additional services. However, services provided through the Home and Community Based Services waiver for consumers with intellectual or developmental disabilities (I/DD) will be delayed for one year and will become part of KanCare in January 2014. In addition to the services that were available to Medicaid consumers prior to 2013, the three health plans offer new services to their members, such as preventative dental care for adults, heart/lung transplants and bariatric surgery.

All pre-2013 Medicaid services are provided through the KanCare health plans. These include physical health services such as doctor's appointments and hospital visits, behavioral health services, dental and vision care, pharmacy, transportation, and nursing facility care. All the services offered through the State's Home and Community Based Services waivers will also be in KanCare (with the exception of the waiver services for people with I/DD, which will be in KanCare in 2014). Kansas ADRC's are responsible for completing waiver eligibility assessments. The HealthWave and HealthConnect Kansas programs have ended, and all of those services are now provided through the KanCare health plans.

The KanCare health plans are required to coordinate all of the care a consumer receives. The goals of the KanCare program are to improve overall health outcomes while slowing the rate of cost growth over time. This will be accomplished by providing the right care, in the right amount, in the right setting, at the right time. The health plans focus on ensuring consumers receive the preventive services and screenings they need, helping consumers manage their chronic conditions, and reducing unnecessary and duplicative services.

Program of All-Inclusive Care for the Elderly (PACE)

PACE is a Medicare program and Medicaid state option that provides community based care and services to people age 55 or older who otherwise would need a nursing home level of care. PACE was created as a way to provide consumers, their families, caregivers and professional health care provider's flexibility to meet health care needs and to help consumers to continue living in the community. It covers all medical and social services for older adults who qualify for nursing home care. PACE uses Medicare and Medicaid funds to cover all medically-necessary care and services. Consumers can have either Medicare or Medicaid, or both, to join PACE. They can also pay for PACE privately, if they do not have Medicare/Medicaid.

Every PACE organization is focused on helping older adults live in the community for as long as possible. To meet this goal, PACE organizations focus on preventative care. An interdisciplinary team, consisting of professional and paraprofessional staff assess the person's needs and will help residents make decisions to ensure a good quality of life. The consumer and their family will play an active role as the team develops and updates plan of care and goals in the program. PACE provides care giving training, support groups and respite care to help families keep their loved ones in the community.

The Kansas Department for Aging and Disability Services is working to expand the state's current PACE program, which now includes two markets covering eight counties and involving 300 participants. KDADS hopes to expand the program to include an additional 50 counties bringing the PACE program to a total of 58 counties. Procurement for this expansion is currently underway.

Mental Health Information

Although mental disorders are not part of normal aging, circumstances can contribute to the development of mental health disorders in older adults including social isolation, stressful living conditions, bereavement, acute and chronic health conditions and the burden of having to take care of a seriously impaired family member. Many older people develop mental health problems for the first time when they are in their later years. It is important to remember that these problems are treatable. A small number of older adults have a history of serious and persistent mental health problems that began in younger years and continue to require treatment as they become older. Our vision is that Kansans with mental illness will experience recovery and live safe, healthy, successful, self-determined lives in their homes and communities.

Under executive reorder, KDADS now includes Mental Health Services and is responsible for, services and resources, reporting, planning and training, and policies, such as Adverse Incident Reporting. In coordination with providers, all adverse incidents involving individuals receiving services by agencies licensed or funded by KDADS shall be reported online through the Adverse Incident Report (AIR) web application, which is located in the KDADS Web Applications, within 24 hours of becoming aware of the incident. The adverse incident reporting and review process is designed to facilitate ongoing quality improvement to ensure the health and safety of individuals receiving services by agencies licensed or funded by KDADS. It is intended to provide information to improve policies, procedures, and practices.

KDADS is also partnering with the Department for Children and Families (DCF) and Kansas State University (KSU) to update and re-publish the “Mental Health Guide for Older Kansans and Their Families,” which is distributed throughout the state and also available on KDADS’s website. In addition, KDADS staff actively participates on the Governor’s Mental Health Services Planning Council (GMHSPC), including sub-committees addressing mental health and aging, suicide prevention, and traumatic brain injury (TBI), which often occurs in the elderly as the result of a fall. The GMHSPC is actively involved in planning, implementing, monitoring, evaluating, and advising state government regarding Kansas’ mental health services.

Senior Health Insurance Counseling for Kansas (SHICK)

CMS funds a nationwide network of State Health Insurance Assistance Programs (SHIPs). In Kansas, the SHIP is known as Senior Health Insurance Counseling for Kansas (SHICK). This counseling program helps all Medicare beneficiaries, their families, friends, and caregivers navigate their way through the health insurance and Medicare systems. The SHICK program is free and provides a reliable, confidential, and unbiased source of information.

SHICK uses a statewide network of sponsoring organizations, call centers, and trained volunteers to provide information, assistance, and counseling to Medicare beneficiaries in their communities. The SHICK team has also established partnerships with many community-based organizations and other agencies that provide services to people with Medicare and Medicaid in Kansas. SHICK counselors and partners across Kansas spent over 19,000 hours helping more than 27,000 Medicare beneficiaries in the grant year ending March 2013.

SHICK has been at the forefront of efforts to educate Medicare beneficiaries in Kansas about their Medicare options, including Part D prescription drug coverage, Medicare Advantage plans, Medicare Supplement policies, and more. Medicare Prescription Drug Coverage (Medicare Part D) continues to be a complex program with more than 30 insurance plans to choose from in 2013. In addition to helping beneficiaries understand their options and select plans of their choice, SHICK staff has taken a lead role in helping beneficiaries resolve problems with their Part D coverage. They also continue to provide education and counseling about Part D; the new preventive benefits available under Medicare; the Low Income Subsidy that can help beneficiaries with prescription costs; and long-term care insurance options.

Senior Medicare Patrol (SMP)

KDADS has received a three year grant to continue educating Kansas Medicare and Medicaid beneficiaries about health care error, fraud, abuse and waste. As one of the Senior Medicare Patrol (SMP) projects funded by the Administration for Community Living (ACL), KDADS collaborates with community-based organizations across the state to recruit retired professionals and other interested individuals and train them as volunteer educators. Together with partner organizations, these volunteers create a statewide network of fraud experts who educate beneficiaries about preventing, identifying and reporting health care errors, fraud, waste, and abuse. The target populations are seniors and hard to reach populations including Spanish speaking, disabled, and/or rural populations.

SMP outreach efforts have helped numerous Medicare beneficiaries recognize and report everything from unethical selling practices to outright scams. SMP has worked with the Kansas Attorney General’s office, the Kansas Insurance Department, the Federal Bureau of Investigation, and the Office of Inspector General to process reports of fraud and abuse.

Aging and Disability Resource Center

The main objective of the statewide Aging and Disability Resource Center is to streamline eligibility determinations and improve access to State, Federal and local programs by serving as a single entry to all publicly funded long-term supports, including those funded by Medicaid, Medicare, the Older Americans Act, and other state and federal programs and services. Each ADRC shall have a “No Wrong Door” philosophy to assist consumers of all ages, income and disabilities through services such as Information & Referral, Options Counseling or assessing consumers for publicly funded programs (See Appendix G for the ADRC Consumer Brochure). KDADS currently holds a one year contract, with 2 options for renewals with the Southwest Kansas Area Agency on Aging, who subcontracts with the other 10 Area Agencies on Aging across the state to provide statewide coverage of ADRC services.

1. Projected Objectives:

Some of the goals of the statewide Aging and Disability Resource Center (ADRC) include:

- Empowering individuals to make informed choices about services and supports;
- Assist consumers in helping to conserve their personal resources to delay or prevent the need for potentially expensive long term care services;
- Assist Medicaid eligible individuals to choose their KanCare or PACE provider
- Streamline access to long-term services and supports;
- Refer to the wide array of in-home, community-based, and institutional services and programs designed to assist older individuals, and individuals with disabilities, and their families;
- Disseminate timely and accurate information about the availability and quality of services supporting older individuals and individuals with disabilities;
- Facilitate the intake, assessment, and functional eligibility determination for long-term supports and services;
- Follow up with consumers to ensure appropriate linkages have been made and needed services are being provided;
- Identify any gaps in services;
- Establish effective partnerships with the health care community to ensure individuals have access to the appropriate services for better health outcomes;
- Coordinate and provide all required data and reports for an analysis of ADRC program effectiveness; and
- Provide the State with formal monitoring reports in a manner and at intervals required by the contract.

2. Partners:

KDADS has compiled an Advisory Committee with representatives from other State agencies, the State Long-Term Care and KanCare Ombudsman, nursing facilities, the mental health community, ADRCs, hospitals, consumers, and advocates from the brain injury and developmental disability populations. In addition to the State partnerships, the local ADRC sites have reached out to their local partners and stakeholders to receive input and increase awareness about the services they provide.

3. Budget:

The Older Americans Act, Senior Care Act, Medicaid and Federal Rehabilitation Act all provide funding for services that are integral to ADRC functions. In addition, Kansas ADRC has partnered with several other federal grants that provide services in local communities, including Money Follows the Person and Community Transition Opportunities; the State Health Insurance Assistance Program; Senior Medicare Patrol; and some State General Funds will be committed to the statewide ADRC. As the ADRC assists consumers in searching for appropriate services, the goal of helping people conserve their personal resources is projected to have an impact in rebalancing publicly funded programs.

Client Assessment, Referral, and Evaluation (CARE) Program

The CARE Program's primary responsibility is to manage the statewide PASRR screening of applicants for nursing home services. Hospitals and ADRCs employ a network of CARE assessors to conduct nursing home pre-admission assessments to screen for appropriate nursing home placement. In addition to the assessment service, the ADRC can also provide the service of Options Counseling to empower individuals in making an informed choice about their placement options. The program has expanded its objectives to include assisting customers in returning to the community whenever possible. Often a person who is admitted to a nursing facility is able to recover and could return home with supportive services. In accordance with the OAA, the ADRCs/AAAs coordinate efforts to facilitate a return to the community when possible for the customer.

The federal requirement for Pre-Admission Screening and Resident Review (PASRR) is to ensure that persons with Mental Illness, Intellectual Disabilities and/or Developmental Disabilities do not move into a nursing home if they could be served in a less restrictive setting. In addition to compliance with the federal PASRR law, the CARE program works with individuals to discover their preferences, makes referrals to appropriate long-term care resources based on Options Counseling sessions conducted during an interview, evaluates data on unmet service needs, and recommends areas for expansion of services in Kansas based on these unmet needs.

Money Follows the Person State Program

KDADS and DCF implemented Money Follows the Person into law in 2008, allowing funding to follow individuals who wish to leave a nursing facility and move back into the community and receive services provided under a Home and Community-Based Services (HCBS) Waiver. These individuals are the frail elderly, persons with physical disabilities, persons with traumatic brain injury, and mental retardation/developmentally disabled populations qualifying for services through the Medicaid HCBS.

Kansas also implemented a federal Money Follows the Person (MFP) five-year rebalancing demonstration program that not only permits nursing facility funding to follow the person to the most appropriate Medicaid HCBS waiver, but includes assisting Kansans in making long-term care decisions by providing information and the opportunity to discuss their choices, and to learn how they can be served in the community as an alternative to nursing facility care. The MFP demonstration program provides services available to the individual applicable to the waiver, and also includes enhanced services called "Transition Services," allowing for the payment of utility deposits and other expenses to re-establish a residence.

This program is helping to shift Medicaid's traditional emphasis on institutional care to a system offering greater choices that include HCBS and is eliminating barriers that prevent residents from transitioning back into the community. This service remains an option for individuals wishing to return to a community setting under new KanCare operations with service coordination completed by Managed Care Organizations.

Culture Change in Long-Term Care

KDADS has been involved in numerous culture change activities and continues to seek opportunities to promote culture change. The Promoting Excellent Alternatives in Kansas (PEAK) Nursing Home program promotes and supports culture change in nursing homes as they pursue person-directed care in the areas of resident control, staff empowerment, home environment, and community involvement. KDADS has partnered with Kansas State University's Center on Aging to provide education, which includes developing resources and training nursing home staff in how to begin and sustain the culture change journey. PEAK recognition has evolved into a pay-for-performance model. Homes that actively participate in the PEAK program and demonstrate commitment to continuous improvement initiatives are recognized with an add-on to the reimbursement rate. The add-on formula also takes into account any significant deficiencies in survey findings.

Looking Toward the Future

As Kansas prepares for the advent of aging baby boomers and the average life span continues to increase, it faces many challenges including societal ageism, retirees with insufficient savings, and soaring health care costs. Older workers will be competing for jobs against an ever more technologically advanced generation. Retiree reliance on social security will likely continue to grow. It is critical for the Kansas Department for Aging and Disability Services to become an ambassador for skills of the aging population. The combination of poor nutrition and lack of physical activity could place an even heavier burden on an already over-taxed health care system. Coordination of core services and support of innovation is key to looking toward the future of services for Kansans.

The boomers represent a large pool of caregivers and volunteers, with many caring for aging family members. According to a recent AARP article, “more than 44 million Americans are involved in caring for an aging relative or friend, and about 29 million of them are employed . . . Among boomers, 35 percent say they are, or have been, responsible for their parents' care.” It is a priority of the Kansas Department for Aging and Disability Services to support this growing number of caregivers through programs such as the National Family Caregiver program as well as supporting original solutions for family caregivers.

These predictions challenge the imagination and illustrate the exciting changes many of us can expect to see during our lifetime. Although some may seem implausible, we need only think of the way technology has impacted our daily lives over the last 30 years. With the advent of the Internet, we now have computer connections that allow us to use the World Wide Web to send emails and look up information on just about any topic simply by typing a few key words into a search engine. We can now bank, shop, and plan our vacations on-line. It's almost impossible to stay current with changing technology, from mobile phones to iPods, and terminology, such as texting and twittering, is altering the way we communicate. As these changes continue to evolve daily, KDADS intends to effectively use the website and social media to engage Kansans in seniors' lives as well as utilize comprehensive online databases to provide resources for seniors and their families. With these changes have come innovations in services for the elderly. Home telemonitoring systems are already being utilized to provide in-home health monitoring, medication management, and safety and security for the elderly. Seniors of the future will have more options than ever before.

Aging Kansans will have the same desire to stay mentally astute and physically active as do today's seniors. They will want a secure, dignified, and independent existence and KDADS will continue to adapt to their changing needs. There is much work to be done and progress to be made. KDADS, along with the Aging Network, will continue to advocate and educate, to provide services necessary to keep seniors in the environment of their choice, to provide oversight to maintain quality services and care, to pilot innovative programs and analyze the results. KDADS will continue to provide a cohesive, interdependent system to serve aging Kansans.

Appendix A: State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will-

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will-

(1) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each

activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than

restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(II)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(II)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(II)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals; (B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will-

(A) identify individuals eligible for assistance under this Act, with special emphasis on (i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; (iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability;

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local

Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3-

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information; (ii) if the release of such information is to a law enforcement agency, public protective

service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3)

means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services; (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and (C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.



Signature and Title of Authorized Official

7/1/2013

Date

Appendix B: Information Requirements

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

KDADS requires a standard form of “Older Americans Act Assurances of Compliance” submitted with each original Area Plan in the planning cycle submitted. Within the form, the legally authorized official of the grantee which assures that the Area Agency on Aging will comply with, “any and all assurances and/or provisions provided in Sections 306 and 307 of the OAA.” With each original area plan submitted, Area Agencies on Aging are required to submit determination of needs, to describe and explain (1) how the area agency established its priorities, (2) why the agency selected these services, (3) the relationship between the needs identified and the services funded with particular attention to low income elderly, low-income minority elderly, older Native Americans, and older Kansans with limited English proficiency; and (4) how the area agency took into consideration the number of older individuals with the greatest social and economic need, with particular attention to low-income individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Section 306(a)(17)

Describe the mechanism(s)for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

KDADS requires a written assurance from each Area Agency through standard form of “Older Americans Act Assurances of Compliance” submitted with each original Area Plan in the planning cycle submitted. Within the form, the legally authorized official of the grantee which assures that the Area Agency on Aging will comply with, “any and all assurances and/or provisions provided in Sections 306 and 307 of the OAA.” An area plan is not considered complete until a signed assurance form is submitted.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.

Adequate proportion for OAA IIIB services have been modified to reflect the minimum percentage highlighted in the chart below for the fiscal years of this plan:

Service	Funding Source	Minimum Percentage
Access	OAA III B	9%
In-home	OAA III B	20%
Legal	OAA III B	5%
Any one or a combination of the service categories listed above	OAA III B	5%
Total	OAA III B	39%

Section (307(a)(3)

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

Assurance provided with signature included below.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

Rural population statewide for Kansas is 30% of all of the state. Total allocation for each service statewide, based on adequate proportion, projected costs of providing services to the rural population for each fiscal service years 2014-2017 are indicated below:

Access	In-Home	Legal	Total
\$87,354.60	\$194,121.30	\$48,530.40	\$330,006.30

Each PSA defines service needs specific to their assigned region and methods used to satisfy needs of all populations with special attention to older individuals residing in rural communities. To support the efforts of the Area Agencies providing services to rural areas, the intra-state funding formula for Kansas provides a base allocation of \$150,000 to each planning and service area (PSA) from the OAA III B social services allotment. This base allocation takes into consideration the special needs of the rural planning and service areas.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Assurance provided with signature included below. A base allocation of \$150,000 is allotted to each planning and service area (PSA) from the OAA III B social services allotment. This base allocation takes into consideration the special needs of the rural planning and service areas.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared-

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

Total statewide minority population considered for the preceding fiscal year plan was 33,457. This number is multiplied by 2 in the intrastate funding formula to account for low minority population and meet their service needs.

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Each PSA defines service needs specific to their assigned region and methods used to satisfy needs of all populations with special attention to low-income minority older individuals within each area plan submitted. The Intra-state funding formula is designed to support the needs of low-income minority older individuals across the state including components to account for the total population over the age of 60, low income, and minority for each service area.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (title III), if applicable, and specify the ways in which the State agency intends to implement the activities.

Assurance provided with signature below.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

This is addressed within the State Plan under “Disaster Preparedness” of State Plan narrative as well as in response found in following section.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

KDADS coordinates activities and has developed long-range emergency preparedness plans with the 11 AAAs, other state agencies, local governments, local emergency response agencies, relief organizations, and other institutions that have responsibility for disaster relief service delivery. AAAs and licensed adult care homes are required to establish an emergency response plan, including procedures to follow in the event of a disaster.

KDADS has a memorandum of understanding with each of the 11 AAAs to provide emergency services to older Kansans. These agreements require each AAA to prepare for an emergency or disaster by developing plans and procedures for responding to emergencies, and to involve local agencies and organizations that are part of the emergency response network. These emergency plans must include, among other requirements, the development of a communication system for staff, providers, the general public, and emergency management team; education and training of AAA and service program staff, including volunteers to fulfill designated responsibilities during an emergency; and conducting training events for seniors at congregate dining, senior centers, and other community events regarding emergency preparedness. KDADS assists the AAAs by applying for federal disaster funding, if needed when a disaster occurs.

KDADS is the lead and coordinating agency for the Kansas Emergency Support Function 6 (ESF-6). Following a state or federally declared disaster, ESF-6 partners and collaborates with multiple agencies and organizations to assist disaster survivors in obtaining mass care resources such as:

- 1. Sheltering*
- 2. Meals*
- 3. Emergency first aid*
- 4. Bulk distribution of emergency relief items*
- 5. Emergency food assistance*
- 6. Support and services for functional needs populations*
- 7. Emotional Support*
- 8. Housing*
- 9. Pet Sheltering and*
- 10. Disaster wellbeing inquiry*

KDADS Community Services and Programs Commission is the state agency responsible for oversight of the Kansas State Crisis Counseling Plan that provides crisis counseling in the event of a disaster. KDADS contracts with Kansas Health Solutions (KHS) to implement the All Hazard's Behavioral Health Plan and the Crisis Counseling Plan. KHS provides statewide disaster planning for the Community Mental Health Centers (CMH-Cs) in the form of technical assistance for writing disaster response plans, table top exercises, and FEMA Core Trainings.

KDADS and AAA Disaster and Emergency Plans are cross-walked with federal, state, and local emergency operation plans. The Kansas Division of Emergency Management (KDEM) is the state agency responsible for coordinating disaster response by all state agencies during a state or federally declared disaster. KDEM has developed the Kansas Emergency Operations Plan, which is implemented when a disaster is declared by the Governor of Kansas. This plan includes duties and responsibilities for all state agencies and works directly with the Federal Emergency Management Agency (FEMA). KDADS regularly participates in KDEM-directed planning meetings, graded and ungraded disaster drills and training exercises.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize state-wide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for: (i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

All assurances within the this information requirement are met under federal and state regulations of the Older Americans Act through the State Unit on Aging, Kansas Department for Aging and Disability Services.



Signature and Title of Authorized Official

7/1/2013

Date

Appendix C: Intrastate Funding Formula and Allocation of Funds

Intrastate Funding Formula

Base Allotment

A base allocation of \$150,000 is allotted to each planning and service area (PSA) from the OAA III B social services allotment. This base allocation takes into consideration the special needs of the rural PSAs and ensures viable funding across the entire state.

Remaining Allotment

The remaining OAA III B social service allotment, OAA III C nutrition services allotments, OAA III D health promotion and disease prevention allotment, OAA III E the National Family Caregiver Support Program allotment, and any future allotments under Title III shall be allotted using the following method:

Using best available data, each PSA shall be allotted an amount based on 40% of the population age 60 and older, plus 40% of the low-income population age 60 and older, plus 10% of the minority population age 60 and older, plus 10% of the population age 75 and older in the PSA.

OR

$$[(40\%A) + (40\%B) + (10\%C) + (10\%D)] / [(40\%E) + (40\%F) + (10\%G) + (10\%H)] = \text{PSA allocation percentage}$$

A = PSA's age 60 and older population

B = PSA's minority age 60 and older pop.

C = PSA's low-income population age 60 and older

D = PSA's age 75 and older population

E = State's age 60 and older population

F = State's minority age 60 and older population

G = State's low-income population age 60 and older

H = State's age 75 and older population

The low-income population consists of the number of persons with incomes at or below poverty level as established by the Census Bureau.

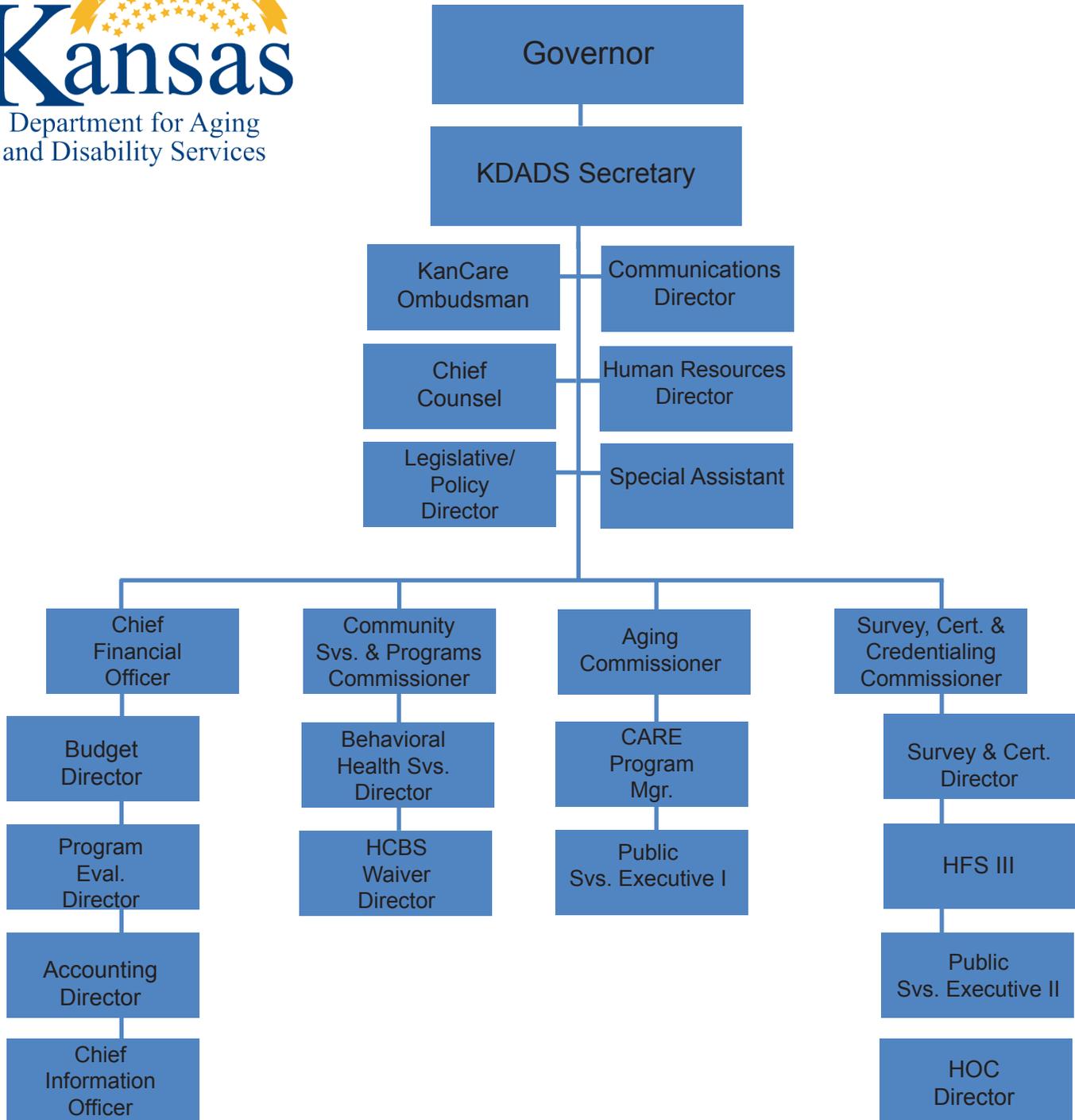
Allocation of Funds

PSA	Percent of Total
1	9.07%
2	20.08%
3	4.71%
4	10.03%
5	8.69%
6	7.98%
7	3.71%
8	11.12%
9	3.58%
10	8.08%
11	12.97%
	100.00%

Reallocation of Unearned Federal Funds (Carryover)

For each part or subpart under Title III, unearned federal funds (carryover) in excess of 5% of each AAA's previous year's award will be pooled, reduced by any amount designated for special or model projects, and (if a balance remains) allocated only to AAAs with carryover of 5% or less based upon their intrastate funding formula relative share.

Appendix D: KDADS Org Chart



Appendix E: Listening Tour

Listening Tour Agenda (City) – (Date)

Welcome & Introductions

Craig Kaberline
KDADS Commissioner of Aging
(Name)
AAA Director

Record of Attendance
Purpose of State Plan

Lacey Vaughan
KDADS SCA / OAA Program Manager

Overview of 2010-2013 State Plan Accomplishments
Overview of 2014-2017 State Plan Requirements
Unmet needs from KDADS MIS, AAAs Needs Assessment

Focus Area 1: Older Americans Act (OAA) Core Programs

PROPOSED OBJECTIVE 1: Empower Kansas nutrition programs to become more entrepreneurially focused.

PROPOSED OBJECTIVE 2: Refocus National Family Caregiver Program in Kansas to apply an increase in direct support of caregiver.

Focus Area 2: ACL/AOA Discretionary Grants

PROPOSED OBJECTIVE 1: Provide a trusted source of information where people of all ages, abilities and income levels - and their caregivers - can go to obtain assistance in planning for their future long-term service and support needs. (ADRC)

PROPOSED OBJECTIVE 2: Reduce Medicare & Medicaid fraud, waste and abuse through education, outreach, one-on-one assistance and problem resolution. (SMP)

PROPOSED OBJECTIVE 3: Empower older Kansans, their families, and other consumers to make informed decisions about long term care options. (MFP)

Focus Area 3: Participant Directed – Person Centered Planning

PROPOSED OBJECTIVE 1: Educate consumers about participant directed options.

PROPOSED OBJECTIVE 2: Support and provide participant directed care in all adult care homes and through community service providers.

Focus Area 4: Elder Justice

PROPOSED OBJECTIVE 1: Educate Kansans to be aware of the signs of senior abuse, neglect, and exploitation and will take corrective action.

PROPOSED OBJECTIVE 2: Kansas seniors will have effective advocates to protect and promote their rights.

Public Input -- Open Testimony & Comments
Closing

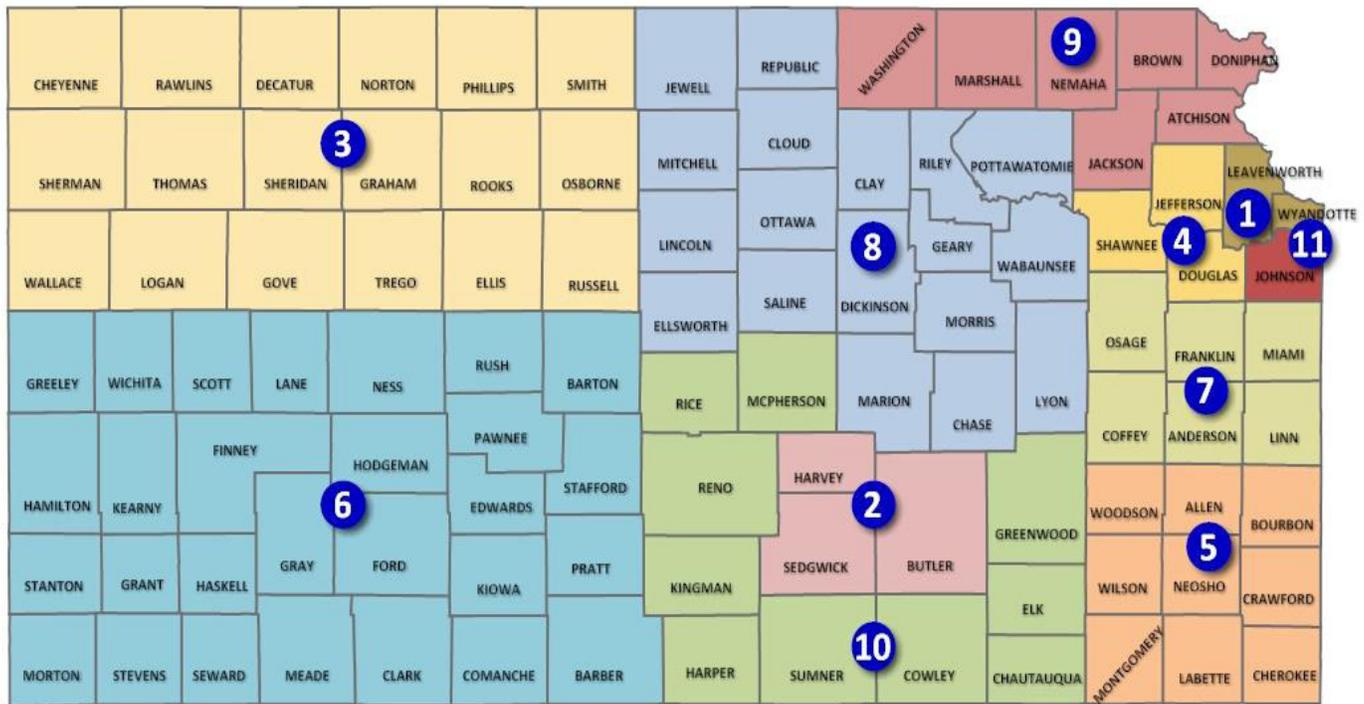
Craig Kaberline
KDADS Commissioner of Aging

KDADS recognizes and thanks (AAA / ADRC) for assistance with coordination, planning and participation today.

Send written comments or other appropriate input for the next State Plan on Aging by April 15, 2013 to Craig Kaberline:

By mail: See address listed above
By email: wwwmail@kdads.ks.gov
By phone: 1-800-432-3535

Appendix F: Local ADRC Locations



01 – Wyandotte-Leavenworth

Ruth Jones, Director

1300 North 78th Street, Suite #100
Kansas City, KS 66112-1540

913-573-8531 or 1-888-661-1444

02 – Central Plains

Annette Graham, Director

2622 W. Central, Suite 500
Wichita, KS 67203-3725

1-855-200-ADRC (2372)

03 – Northwest KS

Michelle Morgan, Director

510 W 29th Street, Suite B
Hays, KS 67601-3703

785-628-8204 or 1-800-432-7422

04 – Jayhawk

Jocelyn Lyons, Director

2910 SW Topeka Blvd.
Topeka, KS 66611

785-235-1367 or 1-800-798-1366

05 – Southeast KS

John Green, Director

1 West Ash
Chanute, KS 66720-1010

620-431-2980 or 1-800-794-2440

06 – Southwest KS

Dave Geist, Director

236 San Jose Avenue
Dodge City, KS 67801-1636

620-225-8230 or 1-800-742-9531

07 – East Central KS

Elizabeth Maxwell, Director

117 S. Main
Ottawa, KS 66067-2327

785-242-7200 or 1-800-633-5621

08 – North Central Flint Hills

Julie Govert-Walter, Director

401 Houston
Manhattan, KS 66502

785-776-9294 or 1-800-432-2703

09 – Northeast KS

Karen Wilson, Director

526 Oregon
Hiawatha, KS 66434-2222

785-742-7152 or 1-800-883-2549

10 – South Central KS

Jodi Abington, Director

304 S. Summit
Arkansas City, KS 67005

620-442-0268 or 1-800-362-0264

11 – Johnson County

Dan Goodman, Director

11811 S Sunset Drive, Ste # 1300
Olathe, KS 66061-7056

913-715-8861

Additional Information

www.ksadrc.org

- Learn about different services in the state of Kansas
- Search for services that meet your needs
- Contact information
- Ask a question about community resources, in-home services or long-term support services
- Helpful links

To find or speak to an Options Counselor in your area, call **1-855-200-ADRC (2372)** to learn about long term services and supports available to you.



KANSAS AGING & DISABILITY
Resource Center
1-855-200-ADRC (2372)

Visit our Website:
www.ksadrc.org



New England Building
503 S. Kansas Avenue
Topeka, KS 66603
1-800-432-3535
www.kdads.ks.gov

The Kansas Department for Aging and Disability Services (KDADS) does not discriminate on the basis of race, color, national origin, sex, age or disability. If you believe you have been discriminated against by either KDADS or a KDADS funded program, please contact KDADS to receive additional information on filing a complaint:

1-800-432-3535 (voice); 1-800-766-3777(TTY).
March 2013



KANSAS AGING & DISABILITY
Resource Center
1-855-200-ADRC (2372)

Aging and Disability Resource Centers



The ADRC is a trusted source of information where people of all ages, abilities and income levels, and their caregivers, can go to obtain assistance in planning for their future long-term service and support needs.

Aging and Disability Resource Center (ADRC)

The ADRC is a trusted source of information where people of all ages, abilities and income levels - and their caregivers - can go to obtain assistance in planning for their future long-term service and support needs.

The ADRC is designed to empower older adults and persons with disabilities to make informed choices about their services and supports. Staff at the ADRC provide objective information and assistance to help people access private or publicly funded service programs.

Options Counseling

Making decisions about long term care services can be difficult. An Options Counselor can help with this decision making process by providing unbiased information that is relevant to the individual's needs, preferences and goals. This person-centered service supports the individual in making informed choices about their long term care service options.

Information, Referrals and Assistance

The ADRC has a statewide call center that is operated by knowledgeable staff trained in community resource information. The call center is a wealth of resource information for community services (in-home services, transportation, home delivered meals, etc.). Call center staff can link individuals to a local Options Counselor or to appropriate services and supports (ex. PACE or KanCare providers, home health agencies, etc.).

The call center is answered Monday—Friday 8:00 AM– 5:00 PM and individuals can leave a message after hours. Each ADRC is open to the public for personalized information and assistance.

Assessments

For individuals who are interested in a Home and Community Based Services (HCBS) program (for the Frail and Elderly, Physically Disabled and Traumatic Brain Injury populations), or Money Follows the Person (MFP) the ADRC can conduct the functional assessment needed to determine eligibility for the appropriate HCBS program

For those interested in entering a nursing facility, the ADRC can inform individuals about their choices in long term care settings. The ADRC can complete a CARE assessment prior to nursing facility admission.

Local ADRC's 1-855-200-ADRC (2372)

Wyandotte/Leavenworth ADRC
1300 North 78th Street,
Ste #100, Kansas City

Central Plains ADRC
2622 W. Central Ste 500, Wichita

Northwest Kansas ADRC
510 West 29th, Ste B, P.O. Box 610, Hays

Jayhawk ADRC
2910 SW Topeka Boulevard, Topeka

Southeast Kansas ADRC
1 West Ash, P. O. Box J, Chanute

Southwest Kansas ADRC
236 San Jose Dr., P. O. Box 1636,
Dodge City

East Central Kansas ADRC
132 South Main, Ottawa

North Central Flint Hills ADRC
401 Houston, Manhattan

Northeast Kansas ADRC
526 Oregon, Hiawatha

South Central Kansas ADRC
P. O. Box 1122, 304 S Summit,
Arkansas City

Johnson County ADRC
11811 S Sunset, Ste 1300, Olathe

Appendix H: KDADS Strategic Plan



Action 2012:

KDOA's Priorities and Plan for 2011 – 2012

The Kansas Department on Aging's mission is to foster an environment which; promotes security, dignity and independence, while providing the right care, at the right time, in a place called home.

Purpose of Action 2012:

Action 2012 represents a significant commitment of Kansas Department on Aging staff and stakeholder time in establishing priorities and monitoring results through periodic program review. Action 2012 identifies strategies to meet core service responsibilities; it is intended to change over time according to available resources, experience, data analysis, and evolving needs. Action 2012 is not a contractual statement of guaranteed services, results, expenditures, or consumer rights.

Priorities:

1. Increase the amount of communication between the agency and its stakeholders and increase the quantity and quality of communications to seniors, providers and advocacy groups.
2. Improve the quality and performance of community programs. KDOA will continue to re-balance nursing home and community care to prevent premature placement in nursing homes through an effective and supportive community aging network.
3. Promote excellence in the health care and living conditions of Kansas nursing home residents through the application of federal and state regulatory standards in a consistent manner that encourages innovation and improves collaboration between KDOA, providers, and residents of adult care homes.
4. Making person-centered care, which is a movement to transform nursing homes from an institutional model of care to one where elders drive their own lives, to be the standard for nursing homes and the expectation for consumers.
5. Serve Kansans in need with a transformed, fiscally sustainable Medicaid program that provides high-quality, holistic care and promotes personal responsibility.

Priority 1: Communication Reform

KDOA seeks to significantly increase the amount of communication between the agency and its stakeholders and increase the quantity and quality of communications to seniors, providers and advocacy groups.

1. Create a culture of customer service, leadership development and information sharing within KDOA.
 - a. Create a leadership development program for KDOA staff.
 - b. Sustain a secondary leadership program with supervisors and directors throughout the year.
 - c. Provide customer service training to all employees who interact with providers and seniors.
2. Develop tools to assist seniors and their families make informed and educated choices about long-term care and supports options.
 - a. Develop, with input from a workgroup, a nursing home report card and satisfaction survey tool.
 - i. Group will consider adding specialty unity results for places like memory care centers.
 - b. Create comprehensive online database with up-to-date report card results, survey results, staffing levels and ownership of adult care homes.
 - c. Implementation of the Aging and Disability Resource Centers to serve as one-stop-shop for information, assistance and options counseling.
 - d. Create resources that are accessible to all Kansans that promote, explain and increase expectations of person-centered Care for all consumers.
 - e. Redesign website to provide better access to information for all Kansans.
3. Become the largest source for aging and related information in Kansas.
 - a. Create resources for a wide array of demographics, including baby boomers that are beginning to retire.
 - b. Increase communication with the public and incorporate preventative care and positive stories about aging.
 - c. Work with AAAs on a volunteer connection to connect the community to senior groups and increase involvement.
 - d. Effectively use the website and social media tools to engage Kansans in seniors' lives.
 - e. Become an ambassador for aging services careers and spread the message that older Kansans and aging services are critical contributors to our state and local economies.

Increase communication between KDOA and stakeholders and improve communication between stakeholders.

- a. Facilitate stakeholder coordination meetings to increase knowledge and partnerships between stakeholders.
 - b. Utilize the website, social media tools, meetings, conference calls and workgroups, when necessary, to increase the quality and timeliness of all KDOA information to stakeholders and the public.
 - c. Create a workgroup in 2012 to standardize language and eliminate antiquated, counterproductive terminology from aging services.
5. Improve communications with residents and providers of adult care homes in Kansas.
 - a. Improve collaboration between Survey and Certification Commission (SCC) and providers.
 - i. Hold occasional "open door forums" to share recent activity, and create opportunities to provide answers to provider and resident questions.
 - ii. Include providers as it reviews regulations for each licensure category.
 - iii. Participate in work groups to develop guidance around challenging regulatory compliance issues.
 - b. Improve communication between providers and surveyors.
 - i. Utilize a post-survey evaluation tool as baseline measurement. Improved communication will result in greater positive completion of tool.
 - ii. Conduct 2 statewide surveyor trainings on communication.
 - iii. Mandatory surveyor participation in 2 joint surveyor/provider trainings.
 - iv. Commissioner, Director, and Regional Managers of the survey and certification commission will be made available to participate with Regional Managers in provider sponsored "regional roundtable discussions."

- c. Improve communication with residents of adult care homes in Kansas.
 - i. When possible, meet with resident councils, residents and family members when making site visits.
 - ii. Include residents, family members and resident councils, when appropriate, in communications.
- d. Convene a memory care work group that will study the best practices of special care units in adult care homes and disseminate information.

Priority 2: Community Programs Reform

KDOA seeks to improve the quality and performance of community programs. KDOA will continue to re-balance nursing home and community care to prevent premature placement in nursing homes through an effective and supportive community aging network.

1. Rework nutrition programs to increase the nutritional, social, and healthy lifestyles of individuals within integrated settings.
 - a. Meet with Area Agency on Aging Directors in the fall of 2011 for planning.
 - b. Meet with other stakeholders in communities in October and November of 2011 for brainstorming.
 - c. Consider all alternatives for congregate sites and seek ideas from local communities.
 - d. Develop a workgroup to plan for and implement changes.
 - e. Establish a draft plan for review by January 2012.

2. Analyze all grant programs and follow through with their evidenced based goals and objectives.
 - a. Evaluate each grant and review for evidence based goals and objectives by October 1, 2011. Grants include ADRC, MFP, CTO, HDG, SMP, SHICK, LSR and any other grant awarded.
 - b. Meet with partners for each grant in August and September of 2011 to review timelines and objectives.
 - c. Contact partners by telephone or in person for monthly reports and updates.
 - d. Grant managers to provide a monthly report to grant partners.
 - e. Partner with stakeholders in the development of grants applications.

3. Ensure the CARE program serves as an assessment to provide customers individualized information on long-term care options, determine appropriate placements in long-term care communities and collect data regarding individuals being assessed for possible nursing facility placement.
 - a. Review current data and program.
 - b. Develop a workgroup of state, AAA and hospital staff in August of 2011 to determine changes needed in the CARE program.
 - c. Have a draft plan ready for review by the end of 2011.

4. Increase effectiveness of the Home and Community Based Services Frail Elderly Waiver.
 - a. Evaluate Case Management services and provide a report of findings.
 - b. Closely monitor and monitor effectiveness September and October 2011 HCBS/FE waiver changes.
 - c. Evaluate POC approvals done at field level with random reviews conducted by KDOA.
 - d. Review and evaluate effectiveness of tele-health services implemented in 2011.
 - e. Review and evaluate the effectiveness of the electronic visit verification system.
 - f. Review of monthly reports with AAA's and CME's.
 - g. Provide a report detailing services and satisfaction of services.
 - h. Review of diversion reports.
 - i. Work with SRS and KDHE on Veteran's benefits awareness.

4. Increase effectiveness of the Home and Community Based Services Frail Elderly Waiver.
 - a. Evaluate Case Management services and provide a report of findings.
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 - g. Provide a report detailing services and satisfaction of services.
 - h. Review of diversion reports.
 - i. Work with SRS and KDHE on Veteran's benefits awareness.

5. Integrate the PACE program with the aging network.
 - a. Provide education to Area Agencies on Aging case managers, nursing homes and other long term care partners to ensure they are familiar with and understand the PACE program.
 - b. Establish quarterly meetings with the PACE providers and partners to increase and enhance communication.
 - c. Develop a monthly report of referrals to the PACE program and the source of referrals Evaluate PACE and the need for potential expansion.
 - d. Discuss ideas and options for expansion of PACE in rural Kansas providing a recommendation by December of 2012.

6. Establish mechanism to address mental health services in the long term services and supports system.
 - a. Establish and develop a workgroup with Community Mental Health Centers and Area Agencies on Aging and other community partners to address unmet mental health needs.
 - b. Begin meeting in October of 2011.
 - c. Introduce mental health partners and services into the ADRC system.

7. Develop a system that will effectively integrate with law enforcement, ombudsmen, regulatory oversight systems and providers to prevent and successfully investigate and intervene in suspected cases of abuse, neglect and exploitation.
 - a. Develop APS workgroup in August 2011.
 - b. Consider expansion of ombudsmen program into community setting.

Priority 3: KDOA Survey and Certification Reform

KDOA will promote excellence in the health care and living conditions of Kansas nursing home residents through the application of federal and state regulatory standards in a consistent manner that encourages innovation and improves collaboration between KDOA, providers, and residents of adult care homes.

1. Partner with CMS to develop innovative approaches to regulatory oversight of adult care homes.
 - a. Submit a written proposal to CMS with initiatives for improving the QIS process, and the state's ability to meet current performance measures.
 - b. Will develop and pursue, in conjunction with CMS, alternative remedies for poor performing adult care homes.

2. Improve consistency in the execution of annual resurveys of adult care homes.
 - a. Develop concise quarterly report measuring consistency within and between regions.
 - b. Conduct 5 regional trainings on targeted areas.
 - c. SC Director will conduct developmental meetings in each of 5 survey regions.

3. Review and Revise IDR process to improve the efficacy of the process.
 - a. Encourage panel to provide summary explanation clarifying their reasons when deficiencies are upheld.
 - b. Direct providers toward resources available in correction of upheld deficiency.
4. Increase survey effectiveness in improving resident outcomes.
 - a. Focus training and remedies on systems improvement.
 - b. Utilize LTC Consulting Division to provide education on quality assurance and improvement practices.
 - c. Develop, or compile QI tools for frequently cited deficiencies.
 - d. Implement policies for heightened involvement between KDOA, BACHA, providers, board of directors, owners, with regard to non-compliant facilities.
5. Increase the effectiveness of the nursing home and abuse, neglect and exploitation hotline.
 - a. Develop training materials to comply with Elder Justice Act.
 - b. Conduct routine audit of caller wait times.
 - c. Develop measure to expand availability of ANE/Complaint Hotline.
6. Encourage development and construction of adult care homes designed on values of person centered care.
 - a. Promulgate a regulatory process that minimizes complexity and confusion in the development of adult care homes.
 - b. Identify and address regulatory barriers for nursing homes to convert to less restrictive and more cost effective service delivery settings.
 - c. Partner with the Kansas Veteran's Affairs director to enhance long-term care system improvements.
 - d. Convene a memory care work group that will study the best practices of special care units in adult care homes and disseminate information. This work group will also look at the regulations of special care units.

Priority 4: Person Centered Care

KDOA seeks for person-centered care, which is a movement to transform nursing homes from an institutional model of care to one where elders drive their own lives, to be the standard for nursing homes and the expectation for consumers.

1. Revise the PEAK program to create a continuum for providers that encourages constant self-evaluation, provides true incentives for continuous improvement, and objectively recognizes those homes that have achieved major milestones in the pursuit of person-centered care.
2. Elevate consumer awareness to a point that person-centered care is an expectation for most individuals seeking long-term care services and supports.

Priority 5: Re-shaping the Medicaid Program for Kansas Seniors

KDOA seeks to serve Kansans in need with a transformed, fiscally sustainable Medicaid program that provides high-quality, holistic care and promotes personal responsibility.

1. Improve quality care and services and achieve savings by integrating and coordinating chronic care through a holistic approach, across multiple settings, focused on outcomes.
2. Align financial incentives to focus on outcomes and prevent premature placement in nursing homes.
3. Utilize HCBS more effectively for seniors most at risk for premature nursing home placement by developing initiatives to expand network access, utilize technology and promote personal and community responsibility.

4. Improve Medicaid administrative efficiencies by developing initiatives related to Medicaid eligibility, administrative simplification and program integrity.
5. Develop initiatives for incentives to effectively lower nursing facility supply capacity to build community-based services capacity and lower the state's nursing home caseload.
6. Create systems to re-balance institutional and community care to prevent premature placement in nursing homes.
7. Create infrastructure for better long-term care and supports delivery in rural and frontier parts of Kansas.

(The Medicaid reform section of Action 2012 will be further developed following the conclusion of the Medicaid reform public stakeholder process.)



OFFICE OF THE STATE

Long-Term Care Ombudsman

2012

ANNUAL REPORT



*Reaching Out
for Quality Care*



Office of the State Long-Term Care
Ombudsman
900 S.W. Jackson St., Suite 1041
Topeka, KS 66612-1354



Phone: (785) 296-3017
Fax: (785) 296-3916
Barbara.Hickert@da.ks.gov
www.kansasombudsmans.gov

Barbara J. Hickert, State Ombudsman

Sam Brownback, Governor

December 2012

The Honorable Sam Brownback, Governor

Members of the Legislature and Fellow Kansans

The Office of the State Long-Term Care Ombudsman is pleased to submit the 2012 Annual Report.

This report provides a snapshot of the Kansas Long-Term Care Ombudsman program. It contains not only the statistics gathered by the Ombudsman, but it also contains information about the program, and its purpose. The Kansas Long-Term Care Ombudsman is part of a national program, funded by state and federal funds, which works toward ensuring that long-term care residents are afforded their rights and that their quality of life is the best it can be.

The Office of the State Long-Term Care Ombudsman Program performs a vital resident advocacy and empowerment role. Speaking out for resident rights, forming partnerships, and our grassroots reliance on volunteers assures our program a unique niche among government agencies. This past year, our staff and our over one hundred volunteers in the program have answered thousands of questions, provided consultations to hundreds of people and made a difference in the lives of countless residents.

We hope this report will be informative and helpful to you as we work together to improve the quality of life for our fellow Kansans. I look forward to our future service and your support.

Respectfully submitted,

Barbara J. Hickert

State Long-Term Care Ombudsman

Purpose & Organization

Program Overview

The Mission of the Long-Term Care Ombudsman Program is to advocate for the well-being, safety and rights of residents of Kansas long-term care facilities, by assisting them in attaining the highest possible quality of life

Kansas's Long-Term Care Ombudsman Program is a volunteer-based organization seeking to improve the quality of life of vulnerable elders who live in long-term care facilities, including nursing homes, assisted living facilities, adult day care, boarding care homes, residential care homes and long term-care units of hospitals.

The primary purpose of the program is to investigate and resolve complaints on behalf of residents of long-term care facilities. Certified ombudsman staff and volunteers investigate and work to resolve complaints made by or on behalf of residents. Ombudsmen regularly visit long-term care facilities to be accessible to residents and monitor conditions.

In addition, ombudsmen provide education regarding long-term care issues, for residents, facility staff and the community; identify long-term care concerns, and advocate for needed change.

Program History

The Long-Term Care Ombudsman Program is authorized by the federal Older American's Act and the Kansas Long-Term Care Ombudsman statute 75-7301 through 75-7314.

Long-Term Care Ombudsman programs were created in the mid-1970's to advocate for the rights and needs of the Long Term Care Residents. The program operates in all fifty states and two U.S. territories as required by the Older Americans Act. Every state has a Long-Term Care Ombudsman Office which guides efforts to improve the lives of residents in Long-Term Care Facilities.

The Kansas Long-Term Care Ombudsman Program was implemented in 1975 upon receiving federal grant funding from the Administration on Aging. The program was located within the Division of Aging. The Certified Volunteer Ombudsman program was created in August of 1996, The volunteer program started as a pilot program in Shawnee and Johnson Counties.

Legislation in 1998 moved the Ombudsman program out of the Department of Aging and made it an independent agency attached to the Department of Administration.

What is an Ombudsman?

The word "ombudsman" is Swedish and means "one who speaks on behalf of another. The Ombudsman is an advocate for resident of long-term care facilities

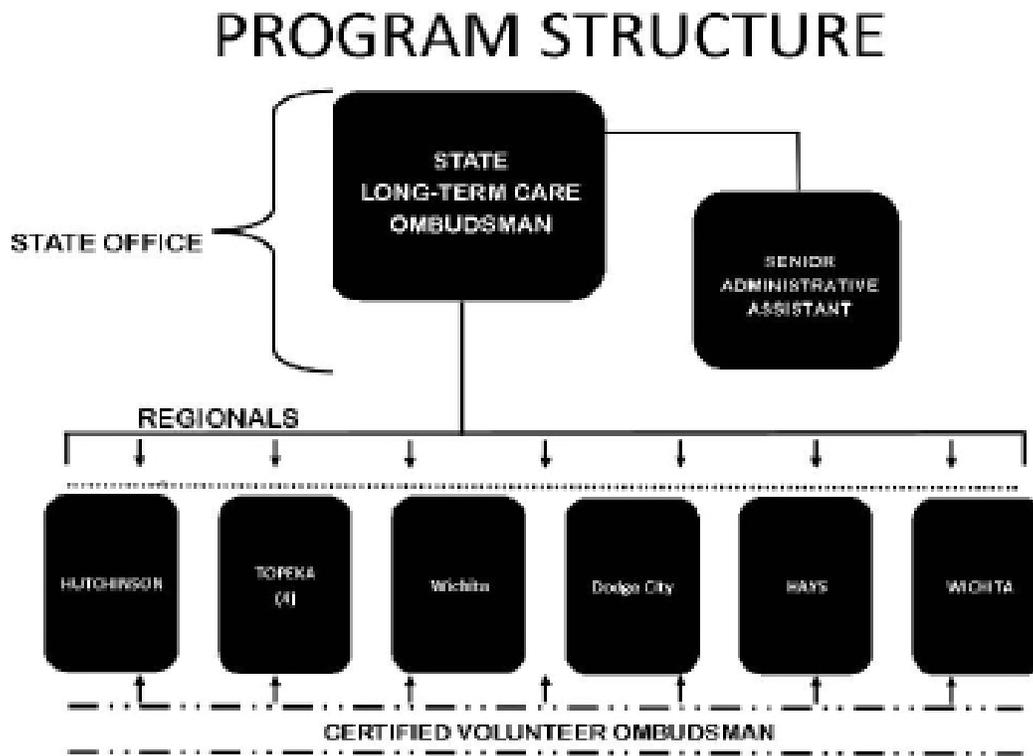
The Office of the State long-term Care Ombudsman operates as a separate agency within Kansas Department of Administration. The State Ombudsman is appointed by the governor and confirmed by the Senate. The program is supported by a Senior Administrative Assistant. Additionally there are 9 Regional Long-Term Care Ombudsman in offices across the state, in Wichita, South Hutchinson, Topeka, Hays, and Dodge City. From these locations, the regional ombudsman investigate, handle complaints and visit all long-term care facilities in Kansas. In addition, the staff also provides support and guidance to certified volunteer ombudsman, consult with facility staff, and conduct in-service training. One of the programs most valued resource is the 112 Certified Volunteer ombudsman throughout the state. During this reporting period, volunteers provided 7,164 hours of services to our program.

Certified Volunteer Ombudsman

Volunteer ombudsmen are the heart of our program. We believe every Kansas long-term care resident deserves to have access to the services of a volunteer ombudsman. With 660 long-term care facilities and 112 volunteers, we see plenty of opportunity for growth of our volunteer corps.

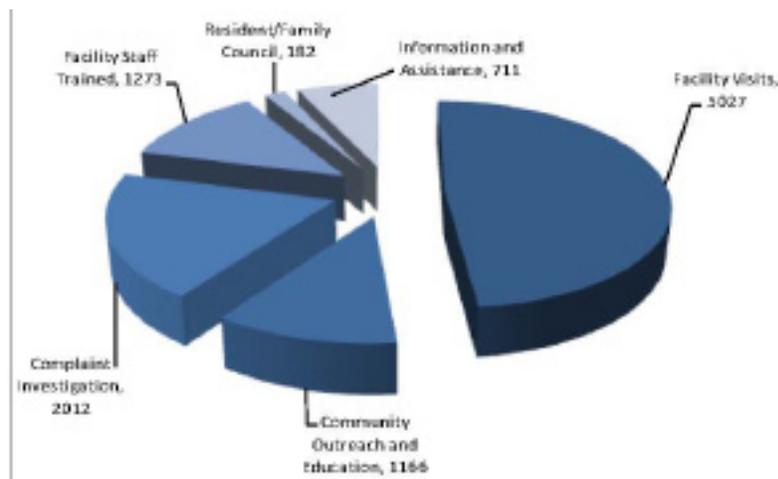
Each volunteer ombudsman is assigned to one facility near his or her home. We ask that volunteers visit the facility once a week with the purpose of meeting with residents. Every Volunteer encourages self-advocacy and interaction among residents, staff and community. The volunteer ensures that the legal rights of the residents are being honored and receives, investigates and resolves concern made by or on behalf of residents.

We provide new volunteers with 30 hours of classroom and on-site training regarding elder rights, the regulatory process, plans of care, advocacy, the aging process, communication, problem solving and facility staff structure. Once a volunteer has successfully completed training, the volunteer and the regional staff match the volunteer to a facility. Following placement, regional staff provide ongoing support and training for the volunteer. Our goal is to help each volunteer to be a successful advocate for residents.



Overview of Accomplishments

- Received and worked to resolve 2, 012 complaints on behalf of long-term care facility residents.
- Made 5,027 facility visits to long-term care facilities.
- Promoted quality improvement in long-term care facilities through participation in Advancing Excellence in America's Nursing Home Campaign.
- Member of Kansas Culture Change Coalition Board of Directors.
- Volunteers donated 7,164 hours of services, valued at over \$290,000 dollars.
- Attended 182 resident and family council meetings.
- Provided community education to 1,166 persons.
- Provided in-service training to 1,273 facility staff.
- Achieved positive outcomes for 96% of complaints overall.
- Facilitated new family councils in nursing homes.
- Provided education, quarterly to the Kansas Adult Care Executive's Administrator in Training class.
- Provided education, quarterly to the Kansas Healthcare Association/Kansas Center of Assisted Living's Operators Course.
- Provided information and assistance to 453 individuals, and to 258 long-term care facilities.
- Organized annual volunteer conference.
- Member of Adult Protective Services Advisory Committee.
- Achieved positive outcomes for 96% of complaints overall.



Operations & Funding

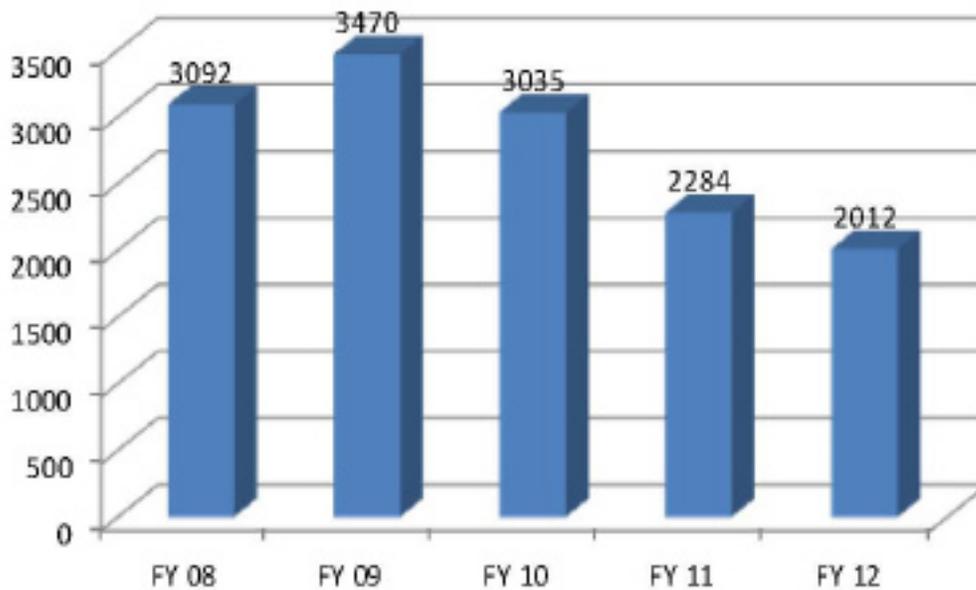
2,010 Complaints Handled in FY12

Complaint: a concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to the health safety, welfare or rights of a resident

A principal function of the ombudsman program is to investigate and work to resolve complaints made by or on behalf of residents of long-term care facilities. In handling complaints, Ombudsmen respect resident and complainant confidentiality, encourage resident empowerment, and focus complaint resolutions on the resident's wishes.

Ombudsmen completed a total of 2,010 complaint investigation in FY12. Often, a single complaint may affect more than one resident; in fact, a group or even the entire population of a long-term care facility may be affected. For example, a complaint regarding the quality of food served at a facility may affect the entire resident population.

Total Nursing Facility Complaints for FY08 through FY12

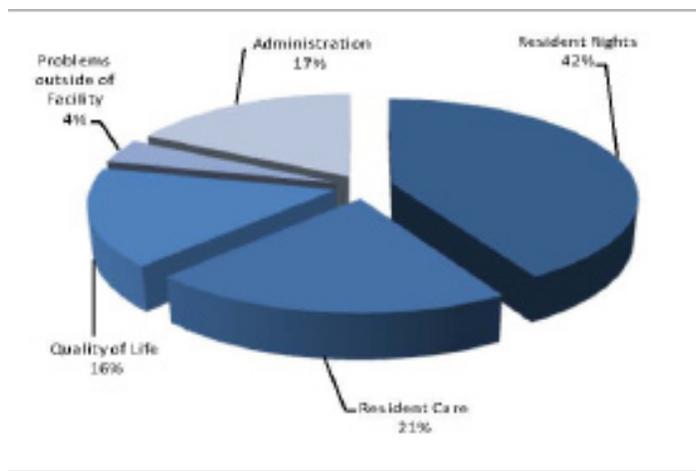


Complaint Groups

Ombudsman investigate a wide variety of complaints each year. Complaints regarding a long-term care facility, its employ-ees, providers of long-term care services, public or private agencies, guardians, representative payees and other agencies or persons who are in a position of ensuring residents’ rights may be investigated. Specific complaints range from privacy, dig-nity and care issues to improper medication administration and discharge planning procedures.

The Administration on Aging defines 133 types of complaints that are grouped into five categories: Resi-dent Rights, Resident Care, Quality of Life, Admin-istration and Problems outside of Facility. The graph to the right shows these five categories and the percent of each to the total number of complaint handled in FY12. The large number of complaints handled during this report year concerned resident rights (42%) and the smallest number were complaints about problems out-side of the facility (4%). The following two pages have more detailed information on each of these five categories.

The graph below list the top ten complaints handled by ombudsmen in FY12 across all categories.



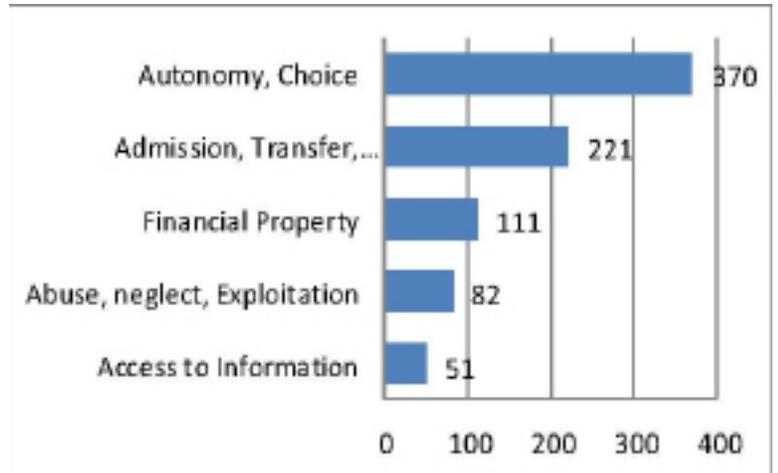
Most Frequent Types of Complaints in FY12

Type of Complaint	Number of Complaints	Percentage of all Complaints
Discharge, Eviction—Planning, Notice	186	9%
Family Conflict; interference	128	6%
Dignity, Respect — Staff Attitudes	122	6%
Legal — Guardianship, conservatorship, Power of Attorney	96	5%
Medications—Administration, organization	74	4%
Failure to Respond to Requests for Assistance	70	4%
Food Service - Quantity, Quality, Choice, Menu	66	3%
Resident Conflict, including roommates	54	3%
Billing/Charges—Notice, Approval, Accounting	51	3%

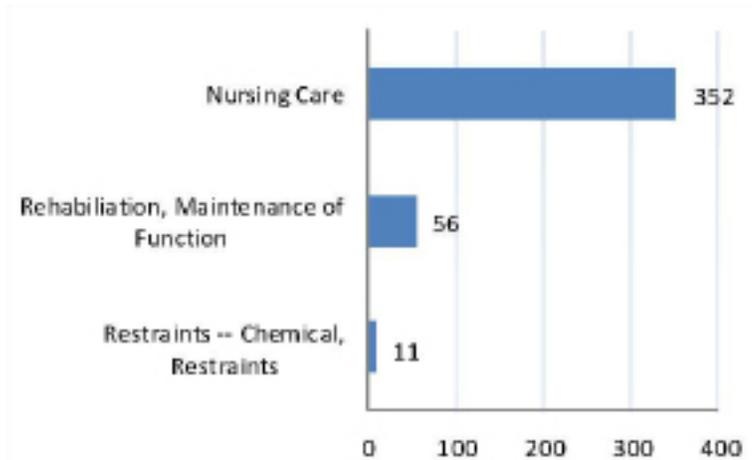
Resident Rights-835 Complaints

The majority of resident rights complaints fall under dis-charge/eviction, and preference/choice. The right to choose when to get up in the morning, when to take a bath and what to eat are examples of choices we take for granted but are sometimes denied residents in long-term care.

The area of involuntary discharge is the overall highest number of complaints that ombudsmen work each year. Ombudsmen assist residents and legal representatives by informing them of their right to appeal these notices, often with positive results.



Resident Care-419 Complaints

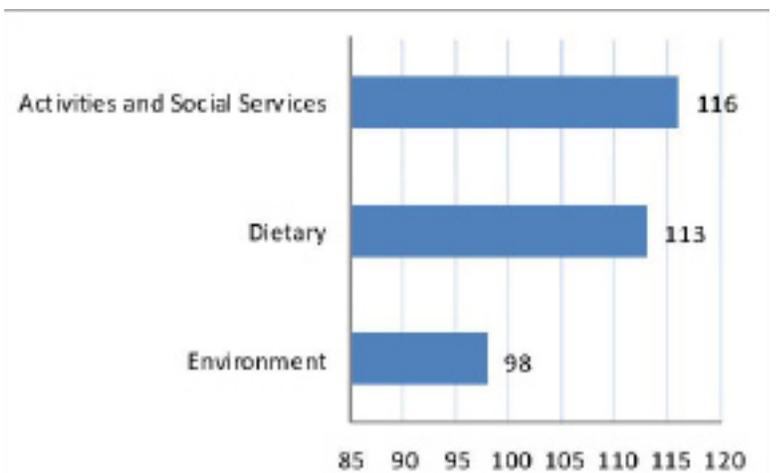


Resident care issues range from call lights not being answered timely to medications not being given properly. Ombudsmen work with facility staff providing education and awareness to facilitate prompt corrections and a better understanding by all involved on these care issues.

Maintaining and regaining the ability to function at one's highest possible level of independence is important to all involved in long-term care. Ombudsmen follow up with residents and staff to ensure appropriate services are being provided.

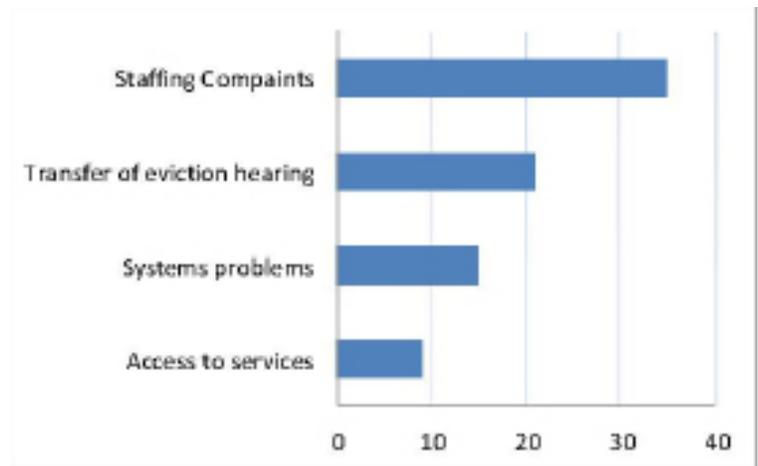
Quality of Life-327 Complaints

Long-term care residents have the right to psychosocial services, as well as individual choice of daily activities. The largest number of complaints about activities and social services dealt with resident conflict, a significant number of which concerned roommate issues. A number of homes in Kansas have enhanced their dining services to include expanded meal service hours and menus. However, we still receive complaints surrounding food quality, quantity, and choices. Environmental concerns range from temperature issues to lost laundry. The large number of environment concerns in FY12 dealt with problems of cleanliness and housekeeping.

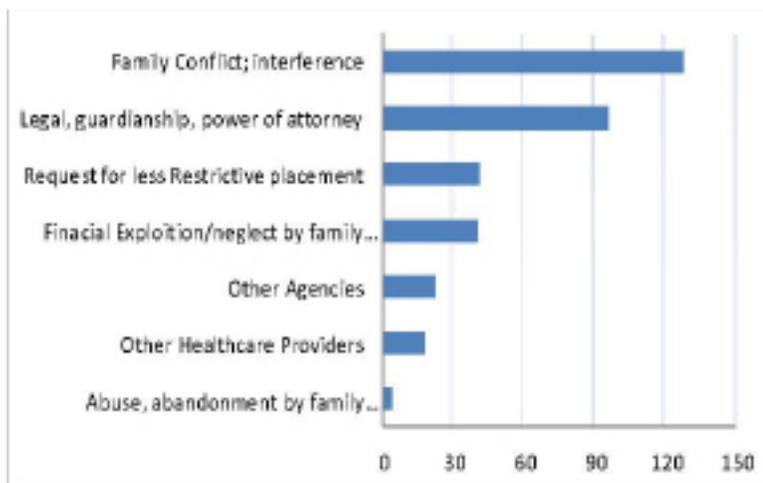


Administrative-80 Complaints

Ombudsmen received 80 complaints about administrative concerns, the largest number of which were about staffing problems. Having a sufficient numbers of staff that is well trained, and who know the residents in their care is one of the most important keys to providing quality care. Con-sistent staff assignments rather than rotating assessments are also shown to improve the quality of care and life for resi-dents. Consistent assignment occurs when residents are con-sistently cared for by the same caregivers, particularly CNAs and nurses. Consistent assignment has been shown to in-crease caregivers’ familiarity with residents and to strength-en relationships between caregivers and both residents and their family members.



Outside of the Facility-349 Complaints

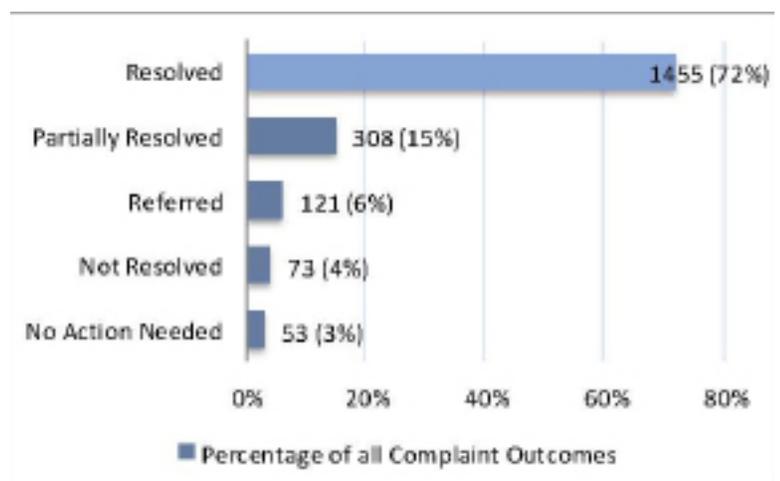


Kansas Ombudsmen received 128 complaints about fam-ily conflict or interference, the second largest overall complaint. Ombudsmen encour-age family member to be active in the daily activities of their loved one, but at times family dynamics are such that they may be per-ceived as a barrier to providing care. Ombudsmen listen to both sides in these cases and play a key role and reaching resolution on behalf of the resident.

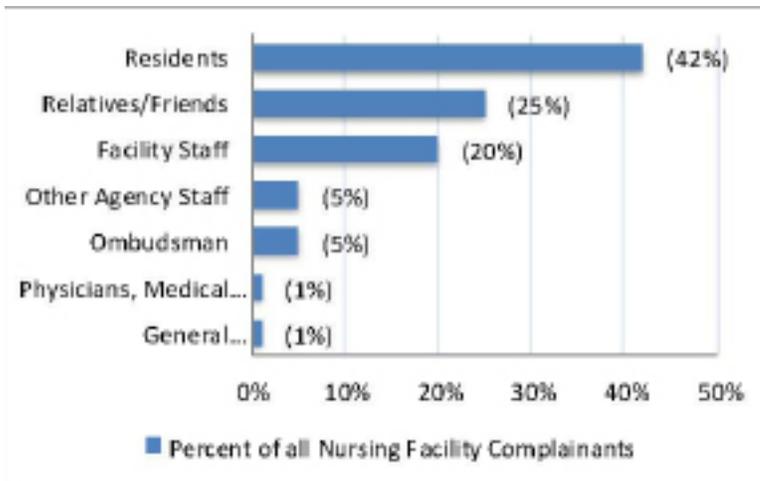
Complaint Resolution

Complaint investigations may result in any number of outcomes, including recommendations to resolve the issue, notifying another agency when appropriate or making recommendations on policy changes to appro-priate agencies. Ombudsmen continually strive for the highest level of resolu-tion possible keeping in mind that residents’ rights are the foundation of the program.

A complaint is “resolved” when the complaint/problem is addressed to the satisfaction of the resi-dent or com-plainant



Origin of Complaints



Complaints may be made by any person or group concerned about the rights, care and treatment of long-term care facility residents and, in fact, are received from many sources.

Most complaints in FY12 were received from the residents themselves (42%) concerns were also reported by relatives and friends (25%); and from facility staff (20%). Medical personnel, other agency staff, and even ombudsmen also filed complaints.

Other Services

Ombudsmen Provide In-service Education to Facility Staff

Through in-service trainings and presentation, ombudsman staff trained facility staff on topics such as residents' rights, abuse neglect and exploitation, the ombudsman program and other relevant issues affecting the health, safety and well being of Kansas's long-term care residents. In FY12, ombudsmen made 41 presentations to 1,273 facility staff.

Ombudsmen Assist with Resident & Family Councils

Ombudsmen participated in 163 resident council meetings, and in 19 family council meetings, on behalf of residents and family members in all facility settings. Ombudsmen also work to promote and support the formation of both family and resident councils in facilities.

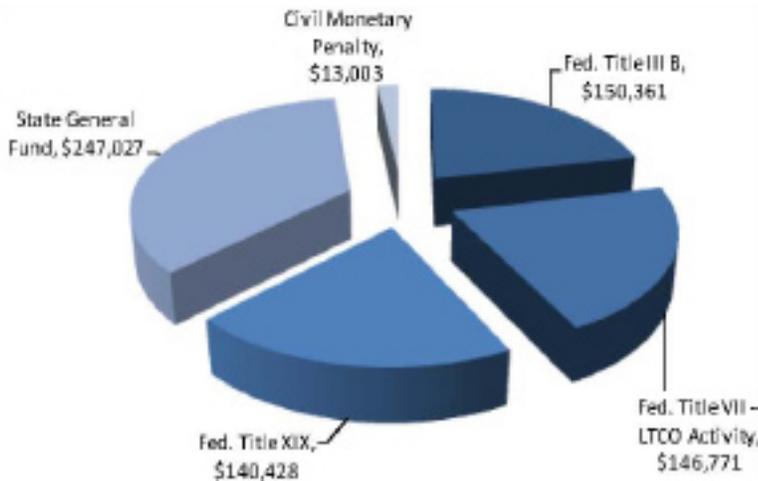
Ombudsmen Provide Information

Ombudsmen provided 258 consultations to long-term care facility staff during FY12, and answered 453 requests for information from consumers, and to the friends and family who care for them. Ombudsmen provided information regarding residents' rights, care issues admission and discharge procedures, abuse and neglect, and many other long-term care issues.

Ombudsmen provide Community Outreach and Education

Ombudsmen conducted community outreach throughout the state through participation in health fairs and festivals, presentations at local senior centers, church and civic groups and involvement in various community events. Ombudsmen provided education at these events on the rights of residents, the services of the ombudsman program, resident care practices, and elder abuse. In FY12, ombudsman provided 55 educational and other outreach activities.

Funding for FY12



The chart to the left shows a breakdown of the total funding for the Ombudsman program in FY12. Funds supporting the Ombudsman Program were comprised of federal (63%), and state (37%) Funds.

Recommendations

Culture Change: A nursing home is a place residents call "home." A place where someone lives and calls home should nurture the human spirit as well as meet medical needs. Culture change is a movement that seeks to create an environment for residents, which follows the residents' routines rather than those imposed by the facility; encourages appropriate assignments of staff with a team focus; allows residents to make their own decisions; allows spontaneous activity opportunities; and encourages and allows residents to be treated as individuals. The State of Kansas should do everything possible to embrace culture change and support facilities who embrace changes. The Office of the State Long-Term Care Ombudsman embraces culture change and will assist in this effort in every way possible

Program growth: We need to increase the number of volunteer ombudsman. Recruiting, training, and supporting volunteers requires tremendous effort. Our ultimate goal is to place one volunteer in every long-term care facility in Kansas. There are currently 660 facilities served by 112 volunteers. The ombudsman program must have sufficient resources to maintain and grow the volunteer corps. One way our program has provided on-going education, support and recognition has been through our annual volunteer conference. This two day event has been funded through a grant from the Civil Monetary Penalty fund, which we are no longer able to access. This funding needs to be replaced. We need to increase the number of paid program staff. We currently have nine program staff, one of which is part-time. As the volunteer base grows, we will need to take steps to increase the number of program staff in order to provide sufficient guidance, support and oversight of volunteers.

Visibility: We need to increase our visibility to consumers, family and the overall community in order to grow our program. We need to make certain that every group involved in the long-term care arena is aware of our program and knows how to make referrals to or access our services. We also need to increase our community outreach and education.

Public Policy Development: We need to become more involved with public policy makers at every level. The state ombudsman and our regional staff are underutilized in public policy discussions.

*For more information, or to secure the services of an Ombudsman,
Call or write*

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