



Making Elder Care Better for 35 Years

**Kansas Advocates
for
Better Care**

Founded in 1975 as *Kansans for Improvement of Nursing Homes* by concerned citizens like you.

Kansas Advocates for Better Care 2011 Long-term Care Public Policy Concerns

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1. Maintain long-term care services and options for frail and elderly Kansans.

ACTION: Provide adequate funding for services to support frail elders and persons with disabilities at levels that will avoid further reductions of services, avoid waiting lists for frail elders and the disabled, and force the higher per person cost of nursing home care.

2. Increase nursing staff hours from current 2.0 hours to nationally recommended 4.13/4.85 hours

Although the acuity level of residents living in nursing homes has dramatically increased, the base requirement for nursing care hours has remained at 2.0. Nursing staffing care is reflected in the number of hours per resident, per day of care provided by Register Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Certified Medication Assistants, & Restorative Aides.

ACTION: Raise the minimum number of nursing hours per resident per day.

3. Provide for access to impartial advocate by recipients of home & community based long-term care services.

The current Kansas State Long-Term Care Ombudsman has no authority to act on behalf of recipients of LTC services outside of licensed adult care homes. Yet frail and elderly Kansans receiving home/community based services experience many of the same difficulties with caregivers and access to quality services as their residential counterparts and have no identified advocate to assist them in resolving care related problems.

ACTION: Provide legislative directive and funding for the creation of a **Community Long-Term Care Ombudsman** to provide for authorized, independent advocacy to serve recipients of home and community based services.

4. Increase follow-through in imposing penalties for non-compliance.

ACTION: Require complete collection of **CMPs** and appropriate use of **CMP funds** to improve quality of care and life for nursing home residents.

5. Improve the reporting and enforcement system for deaths and injuries in licensed adult care homes.

Improved regulations and training pertaining to coroners' responsibilities. The following is a recommendation of the former Chief Medical Examiner of Sedgewick County, Dr. Mary Dudley.

ACTION STEPS:

a) request **legislative post-audit** to examine current practice and effectiveness of coroner investigations related to deaths in long-term care facilities.

b) refer all **nursing home deaths to the medical examiner/coroner** which, you could do with permission of the ME/C or change Kansas law to a law similar to Arkansas,

c) **Report any suspicious deaths** involving law enforcement (abuse cases) and any unnatural deaths (suicides/accidents) to the **ME/Coroner**,

d) **establish a nursing home fatality review board** or form a **death review board for vulnerable populations** of all ages, and

e) update Kansas coroner laws to **require national death investigator certification** for all death investigation, and follow **national standards for reportable deaths** and referrals for forensic autopsies.

6. Provide interpretative guidelines/policy about nursing home placement of persons with felony backgrounds.

ACTION: Oklahoma has passed specific legislation to address this problem. We would encourage Kansas to follow suit or to encourage KDOA to provide interpretive guidelines to all licensed care homes in order to **prevent additional potential for abuse and neglect of frail elders perpetrated by residents with felony backgrounds.**

7. Increase access to mental health for older adults in Kansas.

Such a Bill was drafted in 2008 and considered in the 2008 & 2009 sessions. The bill provides for better education and outreach to older adults needing mental health services. KDOA & SRS collaborated on an approach that will utilize Area Agencies on Aging to connect older adults with needed mental health services.

ACTION: Support passage of Geriatric Mental Health Care legislation and funding for implementation.

8. Increase compliance with federal and state regulations.

Seven is the national average number of inspection deficiencies. Eleven is the Kansas average. KDOA is responsible for inspecting most licensed adult care homes, annually and upon complaint. Licensed care homes may operate out of compliance for many months while correcting deficiencies. Many homes yo-yo in and out of compliance. One new improvement to the inspection system is a QIS (Quality Improvement Survey) inspection. KDOA operates around 10 short of the inspectors they've indicated are needed to adequately provide the oversight with which they are charged. This has prompted a recent decision to allow off-site desk review of certain deficiencies rather than requiring an on-site revisit.

ACTIONS: a) **Reverse off-site/desk re-visit policy.** b) **Require KDOA to increase inspections for poor performing licensed care homes to every 9 months.**

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