

SECOND REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

**HOUSE BILL NO. 1683**

**100TH GENERAL ASSEMBLY**

4370H.02P

DANA RADEMAN MILLER, Chief Clerk

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**AN ACT**

To repeal section 192.2000, RSMo, and to enact in lieu thereof two new sections relating to Alzheimer's and related dementias.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Section 192.2000, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 191.116 and 192.2000, to read as follows:

**191.116. 1. There is hereby established in the department of health and senior services the "Alzheimer's State Plan Task Force". The task force shall consist of twenty members, as follows:**

**(1) The lieutenant governor or his or her designee, who shall serve as chair of the task force;**

**(2) The directors of the departments of health and senior services, social services, and mental health, or their designees;**

**(3) One member of the house of representatives appointed by the speaker of the house;**

**(4) One member of the senate appointed by the president pro tempore of the senate;**

**(5) One member who has early-stage Alzheimer's or a related dementia;**

**(6) One member who is a family caregiver of a person with Alzheimer's or a related dementia;**

**(7) One member who is a licensed physician with experience in the diagnosis, treatment, and research of Alzheimer's;**

**(8) One member from the office of the state long-term care ombudsman;**

**(9) One member representing residential long-term care;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

- 18           **(10) One member representing the home care profession;**  
19           **(11) One member representing the adult day services profession;**  
20           **(12) One member representing the area agencies on aging;**  
21           **(13) One member with expertise in minority health;**  
22           **(14) One member representing the law enforcement community;**  
23           **(15) One member from the department of higher education and workforce**  
24 **development with knowledge of workforce training;**  
25           **(16) Two members from the leading voluntary health organization in Alzheimer's**  
26 **care, support, and research;**  
27           **(17) One member representing licensed skilled nursing facilities.**  
28           **2. The members of the task force, other than the lieutenant governor, members**  
29 **from the general assembly, and department and division directors, shall be appointed by**  
30 **the governor with the advice and consent of the senate. Members shall serve on the task**  
31 **force without compensation.**  
32           **3. The task force shall assess all state programs that address Alzheimer's and**  
33 **update and maintain an integrated state plan to overcome Alzheimer's. The state plan**  
34 **shall include implementation steps and recommendations for priority actions based on this**  
35 **assessment. The task force's actions shall include, but not be limited to, the following:**  
36           **(1) Assess the current and future impact of Alzheimer's on residents of the state of**  
37 **Missouri;**  
38           **(2) Examine the existing services and resources addressing the needs of persons**  
39 **with Alzheimer's and their families and caregivers;**  
40           **(3) Develop recommendations to respond to the escalating public health crisis**  
41 **regarding Alzheimer's;**  
42           **(4) Ensure the inclusion of ethnic and racial populations that have a higher risk for**  
43 **Alzheimer's or are least likely to receive care in clinical, research, and service efforts, with**  
44 **the purpose of decreasing health disparities in Alzheimer's;**  
45           **(5) Identify opportunities for the state of Missouri to coordinate with federal**  
46 **government entities to integrate and inform the fight against Alzheimer's;**  
47           **(6) Provide information and coordination of Alzheimer's research and services**  
48 **across all state agencies;**  
49           **(7) Examine dementia-specific training requirements across healthcare, adult**  
50 **protective services (APS) workers, law enforcement, and all other areas in which staff are**  
51 **involved with the delivery of care to those with Alzheimer's and other dementias; and**  
52           **(8) Develop strategies to increase the diagnostic rate in Missouri.**

53           **4. The task force shall deliver a report of recommendations to the governor and**  
54 **members of the general assembly no later than June 1, 2021.**

55           **5. The task force shall continue to meet at the request of the chair and at a**  
56 **minimum of one time annually for the purpose of evaluating the implementation and**  
57 **impact of the task force recommendations and shall provide annual supplemental report**  
58 **updates on the findings to the governor and the general assembly.**

59           **6. The provisions of this section shall expire on December 31, 2026.**

192.2000. 1. The "Division of Aging" is hereby transferred from the department of  
2 social services to the department of health and senior services by a type I transfer as defined in  
3 the Omnibus State Reorganization Act of 1974. The department shall aid and assist the elderly  
4 and low-income disabled adults living in the state of Missouri to secure and maintain maximum  
5 economic and personal independence and dignity. The department shall regulate adult long-term  
6 care facilities pursuant to the laws of this state and rules and regulations of federal and state  
7 agencies, to safeguard the lives and rights of residents in these facilities.

8           2. In addition to its duties and responsibilities enumerated pursuant to other provisions  
9 of law, the department shall:

10           (1) Serve as advocate for the elderly by promoting a comprehensive, coordinated service  
11 program through administration of Older Americans Act (OAA) programs (Title III) P.L. 89-73,  
12 (42 U.S.C. Section 3001, et seq.), as amended;

13           (2) Assure that an information and referral system is developed and operated for the  
14 elderly, including information on home and community based services;

15           (3) Provide technical assistance, planning and training to local area agencies on aging;

16           (4) Contract with the federal government to conduct surveys of long-term care facilities  
17 certified for participation in the Title XVIII program;

18           (5) Conduct medical review (inspections of care) activities such as utilization reviews,  
19 independent professional reviews, and periodic medical reviews to determine medical and social  
20 needs for the purpose of eligibility for Title XIX, and for level of care determination;

21           (6) Certify long-term care facilities for participation in the Title XIX program;

22           (7) Conduct a survey and review of compliance with P.L. 96-566 Sec. 505(d) for  
23 Supplemental Security Income recipients in long-term care facilities and serve as the liaison  
24 between the Social Security Administration and the department of health and senior services  
25 concerning Supplemental Security Income beneficiaries;

26           (8) Review plans of proposed long-term care facilities before they are constructed to  
27 determine if they meet applicable state and federal construction standards;

28           (9) Provide consultation to long-term care facilities in all areas governed by state and  
29 federal regulations;

30 (10) Serve as the central state agency with primary responsibility for the planning,  
31 coordination, development, and evaluation of policy, programs, and services for elderly persons  
32 in Missouri consistent with the provisions of subsection 1 of this section and serve as the  
33 designated state unit on aging, as defined in the Older Americans Act of 1965;

34 (11) Develop long-range state plans for programs, services, and activities for elderly and  
35 handicapped persons. State plans should be revised annually and should be based on area agency  
36 on aging plans, statewide priorities, and state and federal requirements;

37 (12) Receive and disburse all federal and state funds allocated to the division and solicit,  
38 accept, and administer grants, including federal grants, or gifts made to the division or to the  
39 state for the benefit of elderly persons in this state;

40 (13) Serve, within government and in the state at large, as an advocate for elderly  
41 persons by holding hearings and conducting studies or investigations concerning matters  
42 affecting the health, safety, and welfare of elderly persons and by assisting elderly persons to  
43 assure their rights to apply for and receive services and to be given fair hearings when such  
44 services are denied;

45 (14) Conduct research and other appropriate activities to determine the needs of elderly  
46 persons in this state, including, but not limited to, their needs for social and health services, and  
47 to determine what existing services and facilities, private and public, are available to elderly  
48 persons to meet those needs;

49 (15) Maintain and serve as a clearinghouse for up-to-date information and technical  
50 assistance related to the needs and interests of elderly persons and persons with Alzheimer's  
51 disease or related dementias, including information on the home and community based services  
52 program, dementia-specific training materials and dementia-specific trainers. Such dementia-  
53 specific information and technical assistance shall be maintained and provided in consultation  
54 with agencies, organizations and/or institutions of higher learning with expertise in dementia  
55 care;

56 (16) **Provide information and support to persons with Alzheimer's disease and**  
57 **related dementias by establishing a family support group in every county;**

58 (17) Provide area agencies on aging with assistance in applying for federal, state, and  
59 private grants and identifying new funding sources;

60 [(17)] (18) Determine area agencies on aging annual allocations for Title XX and Title  
61 III of the Older Americans Act expenditures;

62 [(18)] (19) Provide transportation services, home-delivered and congregate meals, in-  
63 home services, counseling and other services to the elderly and low-income handicapped adults  
64 as designated in the Social Services Block Grant Report, through contract with other agencies,

65 and shall monitor such agencies to ensure that services contracted for are delivered and meet  
66 standards of quality set by the division;

67 ~~[(19)]~~ **(20)** Monitor the process pursuant to the federal Patient Self-determination Act,  
68 42 U.S.C. Section 1396a (w), in long-term care facilities by which information is provided to  
69 patients concerning durable powers of attorney and living wills.

70 3. The department may withdraw designation of an area agency on aging only when it  
71 can be shown the federal or state laws or rules have not been complied with, state or federal  
72 funds are not being expended for the purposes for which they were intended, or the elderly are  
73 not receiving appropriate services within available resources, and after consultation with the  
74 director of the area agency on aging and the area agency board. Withdrawal of any particular  
75 program of services may be appealed to the director of the department of health and senior  
76 services and the governor. In the event that the division withdraws the area agency on aging  
77 designation in accordance with the Older Americans Act, the department shall administer the  
78 services to clients previously performed by the area agency on aging until a new area agency on  
79 aging is designated.

80 4. Any person hired by the department of health and senior services after August 13,  
81 1988, to conduct or supervise inspections, surveys or investigations pursuant to chapter 198 shall  
82 complete at least one hundred hours of basic orientation regarding the inspection process and  
83 applicable rules and statutes during the first six months of employment. Any such person shall  
84 annually, on the anniversary date of employment, present to the department evidence of having  
85 completed at least twenty hours of continuing education in at least two of the following  
86 categories: communication techniques, skills development, resident care, or policy update. The  
87 department of health and senior services shall by rule describe the curriculum and structure of  
88 such continuing education.

89 5. The department may issue and promulgate rules to enforce, implement and effectuate  
90 the powers and duties established in this section and sections 198.070 and 198.090 and sections  
91 192.2400 and 192.2475 to 192.2500. Any rule or portion of a rule, as that term is defined in  
92 section 536.010, that is created under the authority delegated in this section shall become  
93 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if  
94 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the  
95 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective  
96 date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
97 rulemaking authority and any rule proposed or adopted after August 28, 2001, shall be invalid  
98 and void.

99           6. Home and community based services is a program, operated and coordinated by the  
100 department of health and senior services, which informs individuals of the variety of care options  
101 available to them when they may need long-term care.

102           7. The division shall maintain minimum dementia-specific training requirements for  
103 employees involved in the delivery of care to persons with Alzheimer's disease or related  
104 dementias who are employed by skilled nursing facilities, intermediate care facilities, residential  
105 care facilities, agencies providing in-home care services authorized by the division of aging,  
106 adult day-care programs, independent contractors providing direct care to persons with  
107 Alzheimer's disease or related dementias and the division of aging. Such training shall be  
108 incorporated into new employee orientation and ongoing in-service curricula for all employees  
109 involved in the care of persons with dementia. The department of health and senior services  
110 shall maintain minimum dementia-specific training requirements for employees involved in the  
111 delivery of care to persons with Alzheimer's disease or related dementias who are employed by  
112 home health and hospice agencies licensed by chapter 197. Such training shall be incorporated  
113 into the home health and hospice agency's new employee orientation and ongoing in-service  
114 curricula for all employees involved in the care of persons with dementia. The dementia training  
115 need not require additional hours of orientation or ongoing in-service. Training shall include at  
116 a minimum, the following:

117           (1) For employees providing direct care to persons with Alzheimer's disease or related  
118 dementias, the training shall include an overview of Alzheimer's disease and related dementias,  
119 communicating with persons with dementia, behavior management, promoting independence in  
120 activities of daily living, and understanding and dealing with family issues;

121           (2) For other employees who do not provide direct care for, but may have daily contact  
122 with, persons with Alzheimer's disease or related dementias, the training shall include an  
123 overview of dementias and communicating with persons with dementia.

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125 As used in this subsection, the term "employee" includes persons hired as independent  
126 contractors. The training requirements of this subsection shall not be construed as superceding  
127 any other laws or rules regarding dementia-specific training.

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