

LTSS Subcommittee Meeting-20231023_140428-Meeting Recording

October 23, 2023, 8:04PM

56m 46s

● **Newland, Laura** started transcription

VR **Vickie L Riddle (Guest)** 0:03

OK, I was asked to participate in this by Janet Baker.

I work at the United Way and I and I said I would happily do that.

I work at the United Way.

I manage their ESP grants.

I'm currently working on their emergency rental assistance program and in general my my work is around seeking affordable accessible housing for anybody that's low income I missed.

I think the first meeting, because I was out of the country, I was in Portugal and so I don't have a work group and I don't exactly know what my best use would be to the committee, but I have worked on housing for over 35 years in this Community and in others because I've always done this kind of administrative social work on behalf of poverty, population.

👤 **Venice Wood** joined the meeting

VR **Vickie L Riddle (Guest)** 1:02

So I I long for a work group and I need to be caught up by somebody about whoever wants me would like me to do.

MH **Melanie Highland** 1:16

Wonderful.

Umm what?

I'm wondering is maybe Vicki, what more?

Welcome to have you on any of these work groups.

Umm, I know that there is a specific subcommittee that is focusing on is it housing and is it mobility?

What?

What?

What's the work with?

VR **Vickie L Riddle (Guest)** 1:36

Is IT housing housing in place at Janet suggest?

NL **Newland, Laura** 1:40

Its housing, it's housing and aging in place, so that's the subcommittee there.

VR **Vickie L Riddle (Guest)** 1:41

I'm sorry.

Yes, and.

Janet asked me to volunteer for both, and I think the idea was that the two.

MH **Melanie Highland** 1:51

We did.

VR **Vickie L Riddle (Guest)** 1:55

Subcommittees would tell me where I could be most useful, and I haven't ever.

 **Lindsay Luebbering** joined the meeting

VR **Vickie L Riddle (Guest)** 2:02

I've I've received messages from uh from Laura, but I think only about this particular subcommittee.

So maybe you want to send me off to the other subcommittee, which is great too.

I'm I'm totally flexible.

NL **Newland, Laura** 2:20

So Vicki, what I can do is add you to the other subcommittee and they're actually meeting next week.

So the housing and aging in place Subcommittee, I would suggest that maybe you stick around if you have time today and listen.

 **a2517234-2547-42c8-beca-79bbe19f5f4f** left the meeting

VR **Vickie L Riddle (Guest)** 2:33

I do.

MH **Melanie Highland** 2:34

Umm.

NL **Newland, Laura** 2:35

OK, listen to the updates from the workgroups and see if any of them grab your attention and then we can add you if any of them do.

And then, if you're like, hey, maybe this is not the right group for me, then let's make sure I'm going to make sure that you're added to the next weeks, which is housing and aging in place, and they'll be doing updates from their work groups as well. So you'll get a really good sense of the work that's happening.

VR **Vickie L Riddle (Guest)** 3:01

OK, have I missed more than one meeting in any any in either of the two.

NL **Newland, Laura** 3:08

Yes, we've been meeting for the better part of this year, but that's OK because this is a three year process and so.

VR **Vickie L Riddle (Guest)** 3:15

Oh well, Janet just asked me to get involved, so I I you know, I know I've missed one meeting, but Janet just asked me to get involved.

NL **Newland, Laura** 3:21

Yeah, not a problem.

VR **Vickie L Riddle (Guest)** 3:23

So OK, I'm good, but yes, I'm happy.

I'm happy to listen.

NL **Newland, Laura** 3:27

OK, great.

MH **Melanie Highland** 3:29

Wonderful.

Well, thank you.

I appreciate it.

Umm OK.

So ohh that that's a good reminder for us to.

So we have been meeting and breaking out into for those of us who were unable to attend our last session.

Umm.

First of all, I guess I should probably introduce myself, Melanie Highland, director of our division of senior and disability services.

Umm.

And I'm joined by Carol, who is one of our Co chairs.

Carol, do you want to introduce yourself?

NL **Newland, Laura** 4:09

Girl, you're on mute.

If you're trying to say anything.

MH **Melanie Highland** 4:23

Not yet.

NL **Newland, Laura** 4:24

Yeah, we we can see you now.

CH **Carol Hudspeth** 4:26

OK.

MH **Melanie Highland** 4:26

There, yeah.

CH **Carol Hudspeth** 4:26

How about now?

NL Newland, Laura 4:28
OK, perfect.

VR Vickie L Riddle (Guest) 4:28
Yes.

CH Carol Hudspeth 4:29
OK, sorry about that.
I I hit the anyway.
Doesn't matter.
Carol Hudspeth, executive director of Missouri Alliance for home care.

MH Melanie Highland 4:38
You, Carol and Jessica backs.
I don't think it was able to join us yet.
Jessica backs is our division director from DMHHS Division of Developmental Disabilities, and So what we have done last week is we we did a review of.

VR Vickie L Riddle (Guest) 4:47
From.

 **5600251e-5027-4aee-ac76-6693eb87d843** joined the meeting

MH Melanie Highland 4:58
Kind of defining what LTSS is.
Versus, you know different what it is not encompassing.
And then just to kind of did a brief PowerPoint of how we would navigate that and different umm types of services within that spectrum of care.
We then broke out into three workgroups because there's this LTSS is so broad and so we have three groups.
That is our.
Like I said, our facility long term care facility based group, which is being chaired by Lindsay lumbering with our Ombudsman program.

Umm, we have our in Home group which is being chaired by.
Umm Carol Hudspeth in Matt Smith with our division.

 **Jamie Saunders St. Louis AAA** joined the meeting

 **Melanie Highland** 5:51

And then we have our navigating the LTSS system, which Yolanda and I are assisting with on that.

Umm.

And So what I kind of thought law, unless you have other things that we want to cover initially, is that we might best be served by kind of going through just maybe those those tiered or what group cheers reviewing kind of the work to date to get some feedback from the larger work subcommittee.

But also if you have not had a chance to be LinkedIn with one of those three groups, please umm if you will at least reach out to Laura.

Or if you have an interest in being on one or more groups, maybe following up with that, that chair, maybe at the end of this call is that sound like an agreeable approach?

 **Newland, Laura** 6:47

I think that sounds great and I will put my email in the chat.

 **Melanie Highland** 6:49

OK.

All right.

Well, Carol, Matt, Matt, no, you had sent me your notes.

Do you guys want to kick it off and start with our in Home group and kind of what what you guys have been working on to date?

Umm.

And I can't.

We watch your draft recommendations are looking like or the direction that you're going in.

 **Matthew Smith (Guest)** 7:14

Sure.

I'd be happy to do that.

Carol, would you like me to share the screen and walk through, OK.

OK.

OK.

Is everyone able to see?

My screen OK, we're just kind of jump to it.

So the recommendations we have and 1st off everything we have is in draft and what we have listed, it's really in no particular order.

So we're just really kind of bringing our thoughts together.

I do wanna say I feel like our work group is very, very good.

We have some people.

It's very passionate about what we're talking about, so hopefully this will be interesting.

So the first one that we have basically looks like you know as far as a feasibility study for home and community based services, it's gonna be a lot of data collecting.

What works?

What does not working is what I understand on that.

How we can look at HTTPS and take a closer look at that business plans, you know, mechanisms for the way this is going to work and additionally let me just say too, I think the plan is going to be we're going to fold in some of our recommendations.

So we're going to try and tie them together and just show how that's would basically make sense and how that would work in the real world.

Some of the programs we had listed, but you know for example programs you know pays home and community based services, some other groups and organizations that might impact some of our participants or citizens in Missouri.

Additionally, what falls under here?

As far as the recommendation is increased with education, umm and I think that's gonna kind of tie in with what we have as far as marketing as well.

 **Yolanda Holton** joined the meeting

 **Matthew Smith (Guest)** 9:13

Uh, basically getting the word out there.

You know what's available?

How can citizens access this information?

What might work for them?

You know, and I'm kind of of the mind more information, the better for people.

So you know, we're going to tie in how that works.

Some of the suggested owners, possibly dizzy?

Possibly.

DHS, we're kind of working on that and still discussing that aspect of it, another part, sure.

MH **Melanie Highland** 9:39

So Matt, see, I just have a question about that.

So on the increased access to that training and student enrollment, is that geared towards kind of the workforce supporting the LTSS services or is it just general education?

Can you help me understand a little bit about that?

MS **Matthew Smith (Guest)** 9:58

Umm, so my understanding of that recommendation and and forgive me, I wasn't involved when when?

That part was submitted, but I I believe that would be probably anybody we could access, you know, universities, student enrollment as far as you know, college courses, health care classes, things of that nature.

Umm, I don't think Bob is on this call right now that what he was the one that really submitted that.

So I can follow up on that part, Melanie and gets more information on that.

5 **5600251e-5027-4aee-ac76-6693eb87d843** 10:35

Matt, I'm on the call.

MS **Matthew Smith (Guest)** 10:35

And no, you're on here, Sir.

Great. OK.

5 **5600251e-5027-4aee-ac76-6693eb87d843** 10:38

Yeah, but I'm sorry.

I'm on via phone line and I'm having trouble.
Hearing everyone, what was the question that was submitted?

MS **Matthew Smith (Guest)** 10:49

So Bob, basically on the education, the recommendation you had for increasing access to LTCSS and related training and student enrollment, what were your thoughts on the student enrollment portion?

5 **5600251e-5027-4aee-ac76-6693eb87d843** 11:04

Ah, I'm actually not sure that was one of mine.

Basically, see if this is helpful.

What I'm in, what I'm advising is continuing education to the Practitioner committee and then maybe with that was a reference to there's a lot of job training programs in terms of votec and Chamber of Commerce.

Umm programs I know in the Saint Louis area, and I think elsewhere, and I think we need to tap into those to get more student enrollment in.

Long term care related professions like CNA's and things.

Was that sound like an answer?

MS **Matthew Smith (Guest)** 11:49

OK.

Yes, Sir, that that sure does.

And I appreciate that.

That's I think that's what we were looking for on that.

5 **5600251e-5027-4aee-ac76-6693eb87d843** 11:58

OK.

MS **Matthew Smith (Guest)** 12:00

OK.

So then that kind of rolls into retention for healthcare professionals.

As we know, labor shortages are difficult pretty much everywhere.

So how that would impact?

Professionals the surveys.

You know what?

What does it take to retain these individuals?

What does it take to recruit them?

Umm.

And and how does that impact Missouri citizens especially, you know, as far as HCBS, things of that nature and it looks like there was some possible inducements, you know, how can we, you know, make this more of an incentive to bring people in and keep them in?

 **Bob Pieper** joined the meeting

5 **5600251e-5027-4aee-ac76-6693eb87d843** 12:26

And specially or yeah.

 **5600251e-5027-4aee-ac76-6693eb87d843** left the meeting

MS **Matthew Smith (Guest)** 12:44

There were some first person examples and I I found this very interesting of why physicians were leaving practices difficulties they had.

So again, first person information on how we can bring this to the group.

Several more examples.

References to the nursing shortage.

And then there was some discussion on basically overall systematic questions and concerns.

How can we make this easier for people?

Just all all around.

Then Melanie, I know you gave a great presentation on that.

Working with other departments, connecting the dots there.

Uh.

Quality assurance for HCBS.

This section I felt, you know, pretty comfortable to talking about this.

You know LTSS, that's the department I work for.

We also have the quality unit so that this is taking place and umm, I feel like we do a very good job keeping an eye on, you know, consistent patterns.

What works?

What's not working?

So again, we'll tie this into the greater picture as much as we can.
New funding for the mechanic, you know, new funding mechanisms.
Excuse me.
Basically, how can we bring in more money in any good ideas on that?
You know, funding those is an issue pretty much anywhere.

 **Dottie Sharpe (Guest)** left the meeting

 **Matthew Smith (Guest)** 14:07

So we're just kind of brainstorming ideas on that portion.
Again, more systematic changes to improve efficiency.
Suggestions on care planning?
How we can make the system easier for participants, providers, everybody involved?
Uh.
Kind of deep diving into that on priority levels, how we can maybe restructure some of that to get care plans changed a little quicker again and you know suggestions would be helpful on that in the next one.
This came about from our last meeting we had on Friday and I found this particularly interesting, but it was suggested possibly looking into an acuity based level of care score and authorizing block time for care plans and the idea behind that was in the sense this could be a little more person centered if this was an option, if it was feasible and the reason for that is we all know participants have different, possibly different needs each day.
One day they may have a good day versus a bad day.
Umm.
Is that something that would work for our program?
Umm, you know, there's just something we're discussing.
One of the other aspects of this was it was suggested this is the way the VA authorizes some of their services.
My curiosity was, would they have the data to look into?
How cost effective is it and does it work again?
Just another aspect we're going to kind of discuss and look at.
And that's pretty much where we're at at this point.
So again, much of this we're going to fold together, we're going to streamline it.
It's this is a very rough.

Umm recommendation at this point.

As far as a draft, but again, I I feel very confident we'll have a good, good final document on this.

And you know, we appreciate any feedback.

VR **Vickie L Riddle (Guest)** 15:59

This is Vicky, the person who knows nothing yet.

You mentioned the idea that acuity be evaluated and you also mentioned the VA, do you use what's called the VI spatat to assess people's need for services?

MS **Matthew Smith (Guest)** 16:19

We, Vicki, we do not where where I'm at for home and community based services.

VR **Vickie L Riddle (Guest)** 16:23

Have have you?

Have you ever heard of it?

MS **Matthew Smith (Guest)** 16:27

I'm going to be honest, I have not, so I.

VR **Vickie L Riddle (Guest)** 16:29

OK, well, it was a big deal several years ago and if somebody connects me to you, I will connect you to the people who authored it.

And it is specifically a way of assessing people for an immediate need.

The way that agencies I work with you see it.

I'm the former director of the Greater Kansas City Coalition to end homelessness.

 **Scott Miniea** left the meeting

VR **Vickie L Riddle (Guest)** 16:57

The way we used it was to determine people's lethality if they remained on the street the way other places could use it is to determine lethality or self harm in a current.

Unsupervised setting, but you wouldn't have to adopt it as is, but it it is a great tool for accessing A, for assessing lethality or the need for higher, higher levels of care.

So I will find the connection for that and I will send it to Laura, if that's OK and you can send it to anybody on this group that might want it.

 **Dottie Sharpe (Guest)** joined the meeting

MS **Matthew Smith (Guest)** 17:40

Yeah, I would certainly appreciate that.

Yeah, in any information like that would absolutely be helpful.

Sounds interesting.

VR **Vickie L Riddle (Guest)** 17:46

OK. Yeah.

MH **Melanie Highland** 17:51

Thank you, Matt.

You know, it looks like we have some.

Ohh, I'm sorry, Carol.

You're gonna go ahead and speak and add some more information.

CH **Carol Hudspeth** 17:58

I no, I was just going to say there are other issues that we are discussing that we're trying to figure out how to tie them all together instead of, you know, coming with 20 different recommendations from one subgroup but to a couple things that we have discussed that and it's my fault.

MS **Matthew Smith (Guest)** 18:11

Right.

CH **Carol Hudspeth** 18:16

I didn't get Matt the information to put on there, but we also have been talking about family caregivers and how that could possibly tie in with the workforce shortage and a gap that we feel is in the just in the Community setting type in the HCBS world is therapies, Medicaid covering like physical speech and occupational therapy.

 **Nicky Martin (Guest)** joined the meeting

CH **Carol Hudspeth** 18:46

And that currently is not an option within the state's Medicaid system.
For for our elderly.

So like Matt said, we are we are trying to kind of figure out how to word these where
it can encompass a multitude of things, streamlining the system, access to services.

 **LaDonna Williams** joined the meeting

CH **Carol Hudspeth** 19:08

Workforce is a big thing.

Continued rate studies.

Staffing, even for the state, you know, how do we streamline, you know, the elderly
population is growing faster than than the workforce, and that goes for the state
folks too.

And so, you know, making sure appropriations are in place for the state to be able to
hire enough folks.

So we don't have these lags or delays in folks getting access to services and things
like that.

MH **Melanie Highland** 19:38

Thank you, Carol, have you guys also looked at or had conversations around the use
of assistive technology?

I know that's something that is a big as we're talking about workforce.

More so in an air, I can see how it has implications for both age and disability and
also our DD population.

You know, D does a lot more.

Or, uh cueing and coaching, monitoring and how many?

Some of that could be helped to be could be helpful with that.

This most workforce, you know, really.

Lately, it's been more of a limitation on worker capacity than almost a budget
capacity issue.

Umm.

And so how could assistive technology be used in both in aging and disability and an ID space?

Because I think they're uses would be.

No similar, but also slightly different based on what services were authorizing.

Is that something you guys have looked into?

MS **Matthew Smith (Guest)** 20:46

Not yet, Melanie, but that is a great suggestion.

I've actually been speaking to a couple different assistive technology vendors and listen to the way they explain their vision of the future and the way that's going to help people.

So that's a great idea.

We're going to include that team.

MH **Melanie Highland** 21:03

Thank you.

In the other thought, Bob, do you have anything?

BP **Bob Pieper** 21:10

Ohm not really.

I think Matt did a pretty good job of going over it.

I'll just say that of the things I suggested, the one about work retention of workers in this field and particularly health care practitioners may be very important.

But it's also likely to be the most controversial because.

Well, for example, what I think we should look at is the same kind of incentives for health care practitioners that we currently provide.

Large industries includes of include terms of tax abatements and things like that.

Ah, which just might make the financial difference to keep some people in practice.

But I say we'll need to do.

We'll need to ask for a comprehensive, good, objective study on this and hopefully we get one.

MH **Melanie Highland** 22:09

Well, in one thing on that too, I know that there is a Carol.

It's actually serving on a health care and public health workforce.

Is it task force?

Is that what it's called and that's being led by Missouri Department of Higher Education and Workforce Development or it's the other way around, I forget.

BP **Bob Pieper** 22:37
Hmm.

MH **Melanie Highland** 22:39
Umm.

And so there might be some crossover there too.

And I don't.

Carol can kind of relate some of the conversations that they've had in their group.

CH **Carol Hudspeth** 22:51

Yeah, I mean, I would be happy to share last year's report from that task force.

I'm new to the task force this year so I could share that and possibly share some updated information on maybe some new initiatives.

Some of the folks are are are planning on and that you know that might give some insight as to you know we don't want to reinvent the wheel or you know duplicate work and things like that.

So let me look back at that information and I'll, I'll send it over either to Melanie or to Laura or or I can send it out myself, but that might help too with some of the discussions.

BP **Bob Pieper** 23:32

Yeah, it sounds to me like maybe we actually don't need to reinvent the wheel here.

 **Jeanette Oxford** joined the meeting

BP **Bob Pieper** 23:37

We may probably need to make a reference to this in our report, but then just refer to the task force and they may have done all this for us.

CH **Carol Hudspeth** 23:40

Yeah.

MH **Melanie Highland** 23:40

Umm.

Well, I know that uh DD was mainly heading this up.

Just Baxis team, so if anybody here is from DMH umm on kind of a review of best practices to support that direct service worker or industry.

Umm.

And so there's some recommendations from a draft report that I know that they're trying to finalize, too.

And so I think just back would have a lot to add to this conversation as well.

Shelly, I see you have your hand raised.

RC **Reynolds, Michelle C.** 24:29

Hi sorry I'm not on camera, I'm on my phone.

I'm.

I'm just wondering if this work group that is considering funding sources beyond just Medicaid, though, so are we thinking about how people are receiving services and supports in the home either being private, paid or being, you know, long term care insurance or I mean I think that the the funding discussion is going to be really important in the master plan on aging especially coming out of that work group.

So just wanted to know if that work group kind of addressed funding streams beyond only the Medicaid funding streams?

MS **Matthew Smith (Guest)** 25:10

I on our last meeting, we we didn't get to dive into that too far, but that is certainly something we can bring up and discuss.

And and I I yeah, I absolutely see your point on that.

So we will include that in our next meeting and have that discussion.

MH **Melanie Highland** 25:25

To really good point, Shelly, I know in some of the conferences I've attended that would be amazing.

States there's some exciting things happening in the use of social determinants of health and the medical care system wanting to fund more of those kinds of things, particularly in some.

Medicare Advantage plans that may offer, umm, some use of supportive services. Kind of in lieu of the the there's a certain caps that are authorized depending on what type of plan that you offer.

Umm.

And so that might be something I know California.

Umm.

What had a really good system, even on their dual eligible?

So whether it's Medicare or Medicare and Medicaid, we're related to those.

Was it?

They called the decent nips.

Umm, there there's some interesting things happening there.

On Medicare trained to use or offer that to provide some assistance services for at least a short duration of time.

Obviously not.

Not huge, but something that's just start with maybe.

In the other feedback input for the in Home committee.

VR **Vickie L Riddle (Guest)** 26:59

Matt, I just put something in the the chat about how to get the VI spadat look at it and my contact information if you want to then talk about it after you look at it.

MS **Matthew Smith (Guest)** 27:11

Uh, yes, ma'am.

Yeah, I received that and I will certainly look at that and I might bug you in the future about that, so.

VR **Vickie L Riddle (Guest)** 27:18

No problem.

MH **Melanie Highland** 27:18

Umm.

VR **Vickie L Riddle (Guest)** 27:19

That's what happens when you put a really old person on your committee.

MS **Matthew Smith (Guest)** 27:24

No, you have a lot of lot of experience on that.

So I'm certainly I'm certainly looking forward to getting your input.

MH **Melanie Highland** 27:31

That's right.

Thank you, Vicky.

MS **Matthew Smith (Guest)** 27:33

Thank you, Vicky.

MH **Melanie Highland** 27:33

OK.

Umm.

What was that then?

We'll go ahead and turn it over to Lindsay.

Lindsay.

Ohh, we were just giving updates kind of on the progress of each of the work groups.

If you have a set of kind of general recommendations or draft recommendations, or if you kind of just want to talk about your progress today.

LL **Lindsay Luebbering** 27:55

Alright, thanks.

We have not gotten to the point of having any recommendations yet, but we did kind of at our last work group meeting narrow things down to three core areas that we want to focus on and that's staffing, funding and then mental health services.

So with that, we are.

Just kind of going through and getting some more information.

I know one of our work group members is looking at some information that they had attend or received at a conference they attended about training of nurses, nurse aides looking into.

Uh training materials and other languages how to recruit nursing from different areas, whether through educational facilities or through.

Through well other other areas, we're looking to invite people from the nursing home, nursing associations and the SEIU Union just to discuss staffing, hoping to get some input from them.

And then as far as funding, looking at the MO Health net reimbursement and kind of researching maybe how some other states are providing some of the higher rate, higher rates of reimbursement since Missouri is one of the the lowest and then as far as mental health services, we're working to obtain a member from Division of Behavioral Health.

So we're hoping to get somebody maybe for our next meeting so we can look at some options and opportunities there.

So.

That's where we're at.

MH **Melanie Highland** 29:30

Alright, thank you, Lindsey.

Does anybody have any suggestions or any questions input for Lindsay and her work group?

Hearing none, I mean that since you brought up mental health and behavioral health services and the facility.

I know that you know one of is that something that the in Home group has also looked at as far as hmm, I see what you're talking about is how to support individuals with severe mental illnesses or ID in a facility.

Is that correct?

LL **Lindsay Luebbering** 30:34

We're.

We're that.

And then also right now we have a lot of.

Facilities across the state that will have dementia.

Residents intermingled with those with serious mental health issues.

We also have a member from the Missouri Veterans Homes on our work group and they are struggling with some of the same issues, especially with their Vietnam area.

That's as far as you know, just making sure that they have this the care that they need, which is different than maybe some of the other other veterans.

So it we're seeing that in in just the the regular licensed facilities as well as far as you

know having services to meet the needs of of those with mental health services there in the facilities.

MH **Melanie Highland** 31:20

Thank you.

Thank you for clarifying that.

Is that something that is there an interest in looking at that on the in home side as well?

MS **Matthew Smith (Guest)** 31:30

That's that's what I was just thinking about it.

That would make a lot of sense, especially you know when you mentioned things like Alzheimer's and dementia and the crossover there.

As far as facilities, yeah, there's a couple different angles we could look at on that.

Yeah.

Well, we will discuss that in our next meeting as well.

I think that's that's a good topic to discuss.

CH **Carol Hudspeth** 31:50

Yeah.

And I think initially we had that on our list.

We I've had some sidebar conversations with Jess Bax on that too.

And then she's, you know, unfortunately not been able to be on our last meeting, but

I know she'll bring some, you know, good insight and ideas on that topic for sure.

MH **Melanie Highland** 31:58

Umm.

Yeah, yeah, definitely.

OK.

Anything else?

Or Lindsay and her work group.

OK.

Well, umm.

Yolanda, if you're OK, I kinda made a couple of modifications to kind of our working document here of what we're doing on navigating.

So I was going to review that and if you just want to, if you have, if I'm missing an area, if you'll.

You know what the group now, if we can go that route.

Let me share my screen here.

Just second umm this.

OK.

Are you seeing this document here?

Navigating LTSS, working through topics for review.

MS **Matthew Smith (Guest)** 33:05

Yes, ma'am.

MH **Melanie Highland** 33:06

All right.

Wonderful.

OK, so we have met twice twice now as a work group, and we're gonna beginning to establish a kind of probably every two weeks rotation and really a lot of the feedback from the first breakout session we were reviewing and it kind of boiled down to to these areas which aren't necessarily formal recommendations yet.

It's just things were interested in looking more into umm to help us in formulating what a recommendation would look like.

So and then as we go throughout the rest of this calendar here, it's going to be kind of studying these at each of our work group sessions and bringing in some speakers to better learn about what this means exactly.

So at the last one, we had Kelly with you and Casey Institute with human development.

Can I do an overview of the no wrong door governance grant and the process that they are pursuing and kind of the work that they've done so far as well as essentially some of their work products that they hope to achieve?

Umm by the end of this two year grant and they are just now initiating their or beginning their second year of this.

And Shelly, I don't know if Kelly is on here too.

I need to update this too.

 **Jenny Hollandsworth** left the meeting

MH **Melanie Highland** 34:46

I haven't had chance, but generally what we are hoping to get with this product is a systems mapping of kind of both help people are actually flowing through the system as well as kind of an ideally how that process should work, uh.

And so helping us understand how our agencies are working together or not and trying to assist consumers with navigating that care.

Umm, it also will include some some kind of a governance contact group that will regularly evaluate kind of the issues within that system and address those gaps in care when they occur.

That's my high level overview.

Umm Shelly, is there anything you want to add to that piece there?

RC **Reynolds, Michelle C.** 35:47

Umm, I think that was good.

I think that umm, so this is a two year initiative that is really for I mean essentially doing what the this work group is working on and the idea is is trying to understand from both the end user and or their caregiver you know where do you start going to navigate different information and where you know sometimes the information might be how how do I keep my loved one at home longer or how do I navigate transportation how do I navigate long term services.

So really looking at the umbrella of long term services and supports and so it's cross systems, which is exactly the master plan on aging and that trying to understand whether I have a developmental disability or behavior, health issue, early onset Alzheimer's or just sort of natural aging.

What are some of?

 **Youse, 's OtterPilot** left the meeting

RC **Reynolds, Michelle C.** 36:38

Where do I go to get the information that I need so I can start accessing paid or even unpaid services and support so we're mapping it from the end user side but we're spending a lot of time really understanding it from the state services team side and so there's I would say five major components that the plan is supposed to be developing and it's the idea is the plan is for the state agencies and the and the

governor, the governor to accept his plan and one of them is internally how do you make internal state agencies funded programs more efficient and more easier to navigate.

The other one is related to a workforce at the front door, so you're information, referral staff, you're options counselors, and people who are thinking about that person's on you're planning options that affect enrollment conversation.

Conversation.

And then the other component is really looking at sort of how do people even know about how to refer people to those information hubs or or places?

And so we're spending a lot of time really mapping what exists.

The AAA's exist.

County boards exist for DD the Centers for Independent Living, exists for other people, so really understanding all of the different systems and how we can.

VR **Vickie L Riddle (Guest)** 37:49

So is, you know the.

Never, I think.

Obviously #203 by Bill Watterson.

RC **Reynolds, Michelle C.** 38:00

How?

VR **Vickie L Riddle (Guest)** 38:02

Well, it's the king size of classical, you know.

MH **Melanie Highland** 38:05

Hey, Vicky, I think that we're getting our somebody we're gonna some feedback from somebody.

So if you're not, you did.

If you would go ahead and mute yourself, that would be helpful.

RC **Reynolds, Michelle C.** 38:17

Have so the only thing I would add to that is, is that it's looking at both the systems efficiencies as well as the end user side.

And so really building on the work of this committee and actually bringing national best practices to this committee as they make their recommendations.

 **Lynn Lewis PhD MBA CLTC** joined the meeting

 **Lynn Lewis PhD MBA CLTC** left the meeting

 **Melanie Highland** 38:35

Thank you.

Thank you.

Tell Shelly Umm so one of the next areas that we're going to be needing on is going to be around the area of, you know and we feel like we need more navigators, we need more support to help, not the system is so large that one person can't possibly know all of it.

And if we were to try to do that, I think we're going to losing battle.

But how do we have some peer supports that are specifically trained in?

How to help an older adult navigate through that system?

This is something that Lori Franklin suggested, and it's something that's happening in the DMH space right now, both for individuals.

 **Lynn Lewis** joined the meeting

 **Melanie Highland** 39:23

SMI it's also helping with individuals with, yeah.

So since use disorder.

We're utilizing it in a family partnership space for our families with children, with medical complexities. Umm.

And there these kind of peer specialists.

And so we're interested in understanding a little bit more about what that means, what kind of, what, what, how that looks like based on that DMH to model umm and then also seeing if there were other states out there that have implemented peer supports for older adult population.

And so I know several of us were gonna be doing some research and know UMKC was going to assist us with some of the what some of the other states have found or research with other states, and how they're utilizing that.

Umm.

And you wonder, and I were chatting.

And she was gonna give example of how she's also utilizing peer supports just within her own organization and giving examples of what that looks like.

Again, trying to circle around what that recommendation would be.

Umm, coming from this work group third, we're also looking at technology sharing again across and within healthcare and social service systems.

Umm, there is a couple of places that were kind of interested in seeing kind of where some of this is happening right now.

I know a GF head and some of the AAA's are have received.

I think they're their second second year through ACL grant to start sharing more of their data through a cumulus platform with a lot of area social service agencies, umm and kind of seeing how that work is going.

I know this is a you're talking about IT.

Data sharing security.

Secure how to share information in a secure way?

Umm, you know it?

I know they've rented some some some barriers, but also have had some real big wins there.

So they're gonna have somebody from cumulus or aging ahead kind of speak to us about that project.

There's another one that's intriguing.

That was recently funded through MO Health Nets budget, which is utilizing social determinants of health data.

Basically, in healthcare EMR systems, again a lot of clinical providers want that those are they called Z codes information and that's all of the information that our agencies have.

And so how can we be working together?

Umm, you know another thing here?

I'm just thinking of my head is how we can, how our long term care provider, whether you're a facility based or a home based on how you can share information with clinical providers and how that would help out with the overall continuity of care.

So those are some things that we're kind of interested in looking at.

And then the last two major recommendations are focusing around UMM, basically.

How do you again, just general education about what we're talking about here?

This LTSS system, umm.

And so the first one is more for those who maybe knew to that system or kind of on the outside, meaning that you are trying to access care as you know whether you're from the general public.

That includes like being a caregiver or a family member.

How do you go about even getting the information and the care that you need?

That's kind of where we're talking about some type of LTSS 101 kind of course or maybe a brief webinar that helps understand specific to Missouri.

Again, we're talking state systems, federal systems and how they relate to this.

Obviously your community partners and helping people again understand what we're talking about here.

No, I'm the other thing.

I was just talking with my assistant, Kim.

She reminded me.

Have the thought this mocor website out there?

That's not regularly updated in an extensive way.

Umm, you know, we're talking about a one stop place where people can get information on long term services and supports of it.

You know we that's housed in three different state departments.

So what is a resource that people can go to to at least funnel them to where they need to go?

Umm, big piece about that general education about that long term system is also having kind of your champions, the people who who know something about aging and they're advocating for some of these changes in the aging system and disability system.

And so Nicole and I have had a conversation, I guess it's been a couple months ago now about some things that she's trying to do.

And again, that's just that general education about about the system.

Umm.

Whether it is formal care in a in a HCBS sense, or even just in the social services world as well, the other piece is what we call you know.

How do people who are in this system know that they are a door to this?

No wrong door system, so it's kind of helping people see themselves as a navigator, as a door to this larger system and that kind of comes in three different areas.

Shelley talked about it briefly earlier, but it was around.

How do we have better training ohm for our information and referral specialists within all of our organizations, whether you call them community options counselors or INR specialists?

Or maybe it's your receptionist.

Umm.

And again, how do they know that they're part of that system?

Umm.

And to have better training on how to assist consumers when they're calling, asking for services and that also then speaks to a need to help those who are doing that intake, who are picking up the phone.

Umm, how can we better improve that intake process, not just a data sharing you know, but in a lot of times I've reviewed several of requests from constituents and and they use terms.

But if I were to, if I were to apply the terms that they put in their email or in their written request, I would probably been completely somewhere else.

It's reading between those lines to understand.

You may be asking for this, but if I ask you a few more questions, what would better help you?

Is this over here or just broader conversation?

And so how can we, Shelley, mention that they are have done this in other states where they looked at this charging the life course concept and building that into that intake process to better provide a holistic service to that individual.

The third then is around again, increased training awareness for health care professionals.

So many so many times it is that healthcare professional that, umm, they they truly are adore into the system, but they don't necessarily understand the role here.

They're thinking from a purely clinical perspective, rather than that whole person healthcare, that social determinants of health.

Umm.

And so there are things called these Guedes these and I always forget the terror.

But geriatric workforce?

Uh Education board or something like that.

They have it slew where they teach a healthcare professionals, doctors, nurses and things look for in a dermatology world and how can we do that even in the disability

world to have better capacity.

So that way, umm, our population who is going to their healthcare professionals knows a little bit more to be dangerous and how to help that individual navigate the services that they need to support them both with their clinical needs but also in those social needs.

Umm.

And then I also had a conversation last week with Debbie Blessing.

Uh Anemos AAA director and the work that she's doing there and her agency and having medical students come in as part of their required hours or voluntary hours. How they are working in assisting doing constituent matters information in referral to better understand the population that they will be serving when they leave medical school.

So these are kind of some of the big concepts that we're looking at.

Again, the idea is of the next several you know, 6 to 8 weeks that we're going to be.

Hmm.

Here in a little bit more and then be able to have recommendations.

Generally in these areas, any questions on that?

Sorry, that was a lot.

BP **Bob Pieper** 49:28

Melanie, I'll I'll make some comments and you tell me if this is relevant.

MH **Melanie Highland** 49:30

Mm-hmm.

Yeah.

BP **Bob Pieper** 49:36

What we found in the home modifications work group and I think again in the long term care or in home work group the other day, the physicians and their Staffs and hospital social workers in a lot of cases are really important gateways as you were just mentioning.

MH **Melanie Highland** 49:57

Mm-hmm.

BP **Bob Pieper** 49:59

I think always the key to reaching those people is their continuing education system, which they have to undergo each year.

MH **Melanie Highland** 50:05

Mm-hmm.

BP **Bob Pieper** 50:08

I think it's going to be in particularly important to reach staff because the doctors are increasingly being required to keep very large pay patient bases and they just don't have the time to counsel patients.

So the plan we came up with in the home modifications are work group was to well the two broadest based communications vehicles we came up with was a statewide.

Wide paper catalog of UH services for older adults and products for older adults.

There would be a complementary website for something like this and then you would have very good continuing education for practitioners and other professionals because that's they can then directly counsel patients about the catalog and the website use that to counsel them.

And then there could be some general.

Generally, broad based public media that would be involved also does that sound like it would be helpful in what you're pursuing?

MH **Melanie Highland** 51:24

Absolutely. Absolutely.

And that's really what this slide is doing through this theory actually kind of workforce education piece is as part of their continuing education that they do, they essentially provide some critical information that will assist them to better care for older Missourians.

 **Venice Wood** left the meeting

 **Mack, Amy** left the meeting

MH **Melanie Highland** 51:48

And so, yes, that that is kind of that when we talk about SLEWS work, it is part of that continuing education.

But I agree they are at capacity and so and then the key I saw your comment as well that social workers are limited as well.

So it's like, how can you engage?

It's almost like you're trying to come about it and multiple ways.

You have to educate your healthcare professionals and whether that's the physician or a mid level professional, whether that's APRN, physician assistant, whatever, umm, as well as having your social workers or your social service type workers in the healthcare setting.

And then also those peer specialists, those that are not a trained professional but maybe have a certification and a specialty in how to best meet that constituent to relate to them, to be able to connect them.

Any other thoughts you know suggested area to review?

Umm.

Well, again, if you're not yet connected to a group, Vicky will go ahead and add you to our navigating group to make sure that you're involved with that one.

Umm.

And I would say let's just continue to meet in those workgroups.

Get those recommendations and then I think meeting together as this group helps us to make sure what we're doing on one side or what we're considering for the facility based side when making sure we're doing on the in home side and vice versa.

Umm.

Maybe there are some things that we need to look at there and then if there are some conversations that you guys are having that would think that would be a good place for the navigating group.

Please let us know, just make sure that we have all of our areas covered.

VR

Vickie L Riddle (Guest) 54:05

Umm and I put a couple things in the chat that may or may not be of interest to anybody, but they're in there in case they are.

MH

Melanie Highland 54:15

Wonderful.

Thank you, Vicky.

Uh.

Laura, is there anything else housekeeping wise that we need to address before we leave?

NL **Newland, Laura** 54:26

I think we're good.

Umm, people can look out for an email to set up our next meeting.

You know, considering where we're at right now with these, with the work groups I'm

I think it might be a good idea to try to get a meeting in November and another meeting in December.

And I understand that there's a holiday schedule, so we'll be scheduling kind of around that.

But wanna make sure this group has plenty of opportunity to discuss the proposed recommendations.

CH **Carol Hudspeth** 54:59

Hey Laura, I do have a question on the the larger meeting.

MH **Melanie Highland** 54:59

All right.

CH **Carol Hudspeth** 55:04

Do you know when that might get scheduled?

Be only because the last time in our work group we set up the next meeting, but it happened to be after this meeting.

So then we had to go back and reschedule our meeting.

I was just wondering if you had like a guestimate or a couple days we should stay away from for scheduling our next work group meetings.

NL **Newland, Laura** 55:24

Umm, I wanna talk to the Co chairs, but right now I think we'd be looking at probably the week of November 13th, the week before Thanksgiving.

Umm, if folks are around and then maybe the week of December 11th.

CH **Carol Hudspeth** 55:45

OK, perfect.

Thank you.

NL **Newland, Laura** 55:46
OK.

MH **Melanie Highland** 55:54
OK.

Well, thank you all for your input.

Your suggestions?

I appreciate it again if you have any ohm ohm, no ideas that are I all of I can speak to myself and I believe Lindsay and Matt and Carol also open to that.

 **Jeanette Oxford** left the meeting

MH **Melanie Highland** 56:10

You know, don't hesitate to give us a shout out.

Give us a message and we'll make sure that can be included in our recommendation or if it fits in another area to link you to another work group or subcommittee as well.

 **Marjorie Moore** left the meeting

MH **Melanie Highland** 56:23

There are a lot of these kind of tend to bleed over into certain areas, so.

VR **Vickie L Riddle (Guest)** 56:28

It was nice to meet everyone.

MS **Matthew Smith (Guest)** 56:31

Because Vicki real quick, I sent you a.

This is mad.

I sent you my email.

So you have my address, so if you need to communicate about anything, just let me know.

VR **Vickie L Riddle (Guest)** 56:36

OK, great.

Great.

MH **Melanie Highland** 56:42

All right.

Thank you so much.

 **Carol Hudspeth** left the meeting

 **Newland, Laura** stopped transcription