HOLD LTSS subcommittee-20230815_120050-Meeting Recording

August 15, 2023, 6:00PM

1h 40m 50s

Newland, Laura started transcription

CH **Carol Hudspeth** 0:05
Yes, I think that the helpful.

Nicole Lynch joined the meeting

NL **Newland, Laura** 0:08
OK, great.

Christina Kanak joined the meeting

JB **Jess Bax (Guest)** 0:35
Apologies before I was looking at it like some other applications on my computer.
Everybody.

Misty (Guest) joined the meeting

NL **Newland, Laura** 0:44
Jess, I'm hearing a lot of feedback on your and I think.

JB **Jess Bax (Guest)** 0:48
Yeah, the computers don't cloud Microsoft Teams.
I'm going to bow out of the computer audio and call in.

Joyce Furnell joined the meeting

NL **Newland, Laura** 0:56
OK.

Yolanda Holton joined the meeting

JF **Joyce Furnell** 1:15
Good morning.

NL **Newland, Laura** 1:18
Hi there.

JF **Joyce Furnell** 1:19
I'm there.

NL **Newland, Laura** 1:22
We're just getting started.

JF **Joyce Furnell** 1:24
All right.

Rena Cox, MO DSDS (Guest) joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e joined the meeting

JB **Jess Bax (Guest)** 2:07
Can you hear me now?

0 **0160f6ca-764c-4e26-bea6-e9a40bb95e0e** 2:07
Can you hear me now?
Budding.
Can you hear me still?

NL **Newland, Laura** 2:37
Yes, that's perfect.

0 **0160f6ca-764c-4e26-bea6-e9a40bb95e0e** 2:38

Alright, good.
There we go. Yes.

Newland, Laura 2:41
We can hear you, but can't see you.

Vani Sharma joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 2:48
We'll get it figured out here.

Newland, Laura 2:49
OK, there you go.

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 2:51
I was just giving everybody time to get logged on.
There we go.

Newland, Laura 2:54
Perfect.

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 2:55
So hey, good afternoon everybody.
I'm just back and welcome to our second meeting of the master Plan on Aging, LTSS subcommittee Preciate.
Your time today is going to be kind of just an overview of what we're going to do.
We reference it last time is that we are going to walk through the current ecosystem of long term services and supports in Missouri and what exists, what's out there.
And then from that, we sent you some documents ahead of time.
I'm not very far ahead of time, so I'll talk through them just at the beginning here and really go into looking at this.
Umm, it's just them that we currently have in terms of what do we wanna do going forward, where are the gaps and barriers?
What?
What's missing?

What are the challenges?
What should we ask during public engagement and kind of what are all those other things out there, right, because some of those things don't fit neatly into that category.

Melissia Robinson joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 3:57
Sometimes it's like, well, we already have initiatives going on here and we already know of a best practice we may want to try here.
So all of our recommendations can come out of different areas and lenses of looking at the current ecosystem.
That's LTSS and Missouri.
And then so kind of next step as we go into the breakout session of the portion of the meeting after we talk about the system at large and kind of the different various ways we want to look at recommendations is in those breakout rooms, you're going to be in smaller groups and we're going to give each group kind of a scenario and because sometimes it's just uh, hard to get thinking about the current system when you have to think about it at large.
So we have some kind of common scenarios of.
One example is have an individual who's aging and they fall and break their hip, and they're coming out of the hospital.
And so in the breakout group, we're going to ask you to really think about and brainstorming around those areas that we talked about in the in the current landscape, what exists and then what are the gaps and barriers and maybe what initiatives do we have going on there?
But then also public engagement, what do we need to know still from the public to kind of understand where their needs are and what do we already have data on?

Lynn Lewis PhD MBA CLTC joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 5:29
So with that, I will go ahead and kind of unless somebody have questions about kind of how the the meeting is gonna flow, I'll move on and talk about the current landscape, which should be pretty familiar to most of most of the group.

Lynn Lewis PhD MBA CLTC left the meeting

Lynn Lewis PhD MBA CLTC joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 5:46
OK, so I probably missed something here and putting this together.
So that's one of the other things is as you're looking at this and this was on one of the handouts as well on the Word document, if you are looking at it or you're reviewing it afterwards and you think they missed this piece of the system and send that back to us in feedback and let us know and we will get that added.
So I'm thinking about the current service structure we have.
I think probably what everybody is most familiar with is that more formal structure of long term services supports which only exists with Medicaid as the payer.

Lori Franklin (Guest) joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 6:25
We are starting to see some Medicare be and LTSS payer, but for the most part they are still in the realm of short term benefit and rehabilitative.
And so the we're starting to see like those plans that plus plans that you can purchase options with LTSS, but they're kind of just different their toes.
So for the most part, we are still living in the world of Medicaid being the primary payer source of LFS.
And so that's what we think of first.
And in Missouri, we have.
Umm, a.
A probably a prize that nobody wants, but we do have it.

Scott Miniea joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 7:14
We have.
You can think about it in terms of good or bad.

We have 111915 C waivers which is our home and community based service waivers and so several of those are health and senior services.

LaDonna Williams joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 7:24
We have the independent living waiver and I'll go by memory here, but this is 18 to 64 and it's for those who are physically disabled and need self directed above what the state plan personal care can provide and the the adult daycare waiver is that same age group.
Umm.
Again, it's a little bit of history here.
The adult daycare benefit used to be in Medicaid state plan, and it was shifted over into a waiver service.
I'm not gonna say how many years ago brain injury waiver is a smaller waiver, so one thing to know about these programs for coming to maybe services is that there are a limited number of slots that we're very lucky in Missouri that we don't have waiting lists that exist in most, if not all of our waivers for the most part.

Bob Pieper (Guest) joined the meeting

DMH Central Office (Guest) joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e 8:16
And so but each year there is a process for the General Assembly where we've request additional utilization.
Yeah, based on individuals who are newly needing services and an increased need of care.
So the aged and disabled waiver is also over at health and senior services operated there.
That includes care beyond the state plan, personal care such as respite, adult daycare for those over the age of 63.
And there are some additional benefits within that waiver that are just more of the chore in nature and things that you would not get inside of that state plan personal care package, but also an extension of state plan personal care above the nursing

facility cost cap the medically fragile adult waiver is a kind of an aging out system for the private duty nursing children population.
The structured family caregiving is the one of the newer waivers in the three might be the newer, and that is a per DM benefit for individuals who are have a live in caregiver.
Uh, with uh.
An individual with dementia.
So in mental health, there are four waivers.
There's a children's with developmental disability waivers.
This is the only waiver for home and community based services in Missouri only program where parental income is a disregard for and for those children.
So and it is for children with developmental disabilities.
So you might hear some other states talk about the a lot of people know that children with developmental disability waiver as the low pass waiver, the Sarah Lopez waiver.
You might hear other states talk about it like like the Katie Beckett waiver.
And that is kind of the partner.
Umm, but waiver at the federal level for children with physical disabilities, Missouri does not have that waiver where parents of children who have very high physical needs and disabilities, medically fragile and there is no parental income.
Disregard for those children, so that is a gap that currently exists.
We know that umm, the partnership where hope waiver is our IS Community services.
There are and it's kind of.
I would describe the partnership for hope, the Community support and the comprehensive waiver as developmental disabilities, kind of stair steps in terms of how much funding you need per year.
There are more, a little few more optional benefits in the partnership for hope such as dental, but for the most part the package of services available do not differ between those 3 waivers.
It's really the amount of funding that you need other than the comprehensive waiver is the only waiver that provides residential services to individuals with developmental disabilities total.
Those waivers at developmental disabilities have around 17,000 individuals and total at health and senior services between the state plan, personal care that can either be

agency model or consumer directed.
So the difference there again is that in the waivers you have slots and you can only fill those slots with what it's funded for.
State plan personal care it is.
A benefit that is part of our Medicaid state plan and so for all individuals who are eligible, there is not a limit on that that is allowable.
It's only limited by the amount of funding in the nursing facility cost cap and if you need above that you need to receive those services through waiver.
You can only be in one waiver.
Umm.
And so, uh, we do know that there are some individuals who have needs that and for services that are kind of in one waiver and they but they would benefit from services in another waiver, they qualify for both waivers and they have to make a choice that's another system issue, if you will, the healthy children and youth program is also a non waiver LTSS service that is operated by health and senior services.
And then you have the brain injury program and those operate pretty hand in hand with the brain injury waiver and then the medically gradual adult waiver as those are just kind of the same populations aging or non Medicaid versus Medicaid Services.
And there's additional services that are non waiver at mental health, both in the developmental disabilities realm.
And there's targeted case management and then there is the autism project funding that is funded to the parent councils and they are response.

LaDonna Williams left the meeting

0 **0160f6ca-764c-4e26-bea6-e9a40bb95e0e** 13:12
They're responsible in each of these.
Those autism project areas to distribute the funding.
They do that in different ways, and it's really the parents, usually for the most part, have chosen to fund services outside of what individuals can receive through Medicaid.
Umm, that can include some of the camps and social learning activities that that are not necessarily at covered under the waiver.
Other community care that is considered under the umbrella of long term services and support is our home health benefit and palliative care and Hospice and then

moving on to kind of that non Medicaid world umm and and kind of other parts of the LTSS system, umm personally not a non Medicaid because we've got facility care in here but other parts beyond the Medicaid HCBS waivers is we've got the locally funded LTSS which intertwines a lot with our our Medicaid HPS but also support in an entirely different population that's not Medicaid eligible if the area agencies on aging there are 10 throughout the state and they offer kind of core services in each area including transportation and respite and meals and then they have more nontraditional services that they offer depending on the area and maybe the local Senior Center.

Newland, Laura joined the meeting

0 **0160f6ca-764c-4e26-bea6-e9a40bb95e0e** 14:40

So those are operated through the local senior centers, the Centers for Independent Living are operated in their 22 throughout the States and they serve those individuals with physical disabilities and they really take care of all of their needs and beyond what would be covered in a waiver.

So you're going to see individuals who have needs with employment and home home modifications.

There are several people in here that could talk about this way better than I could, but this is just an overview and and they are have a funding source through deathly so rehab the county Senate Bill 40 board there is county Developmental Disability Board that are based on the county provide different services to individuals in that county and and then there are some counties that have a senior tax levy and a county senior tax board that offers some services through that area umm be facility care so kind of on the care continuum here is the Missouri has kind of different levels of licensed facilities residential care and assisted living facilities in both of those state plan personal care can be authorized up to a certain level there are also intermediate care facilities and skilled nursing facilities and then there are a very limited number of intermediate care facilities for individuals with intellectual and developmental disabilities.

And finally, I just wanted to point out the kind of and point that sometimes we forget to talk about is that benefits planning and access point for getting to the services and understanding what you're eligible for.

So when it comes to the Medicaid Services, everything starts at the front door with

that family support division over at social services.
Before you would enter into.
Umm.
The services that are authorized through any of the agencies and then we have claims which is our state health insurance program in Missouri and it offers free Medicare counseling and often that includes the counseling of benefit options of how if you're a dual eligible individual dual dual eligible in the sense of Medicare and Medicaid, how you're benefits might intertwine and what other programs you might be eligible for.
For my stop, there said a lot of words and what thoughts, questions or they get wrong, whether what did we, what big thing to do we met.
OK, silence is you got it pretty right.
But we might think of something later.
Great.
So talking through that, that's kind of like our current current ecosystem.
And as we go into these breakout groups, so we're really just brainstorming together about and each of these scenarios.
So some of you will go.
I think they're gonna go into two groups, right, Laura?
Depending on the time that we have.

NL **Newland, Laura** 18:23
Yes, you're going to be discussing, uh, two different scenarios randomly assigned.

0 **0160f6ca-764c-4e26-bea6-e9a40bb95e0e** 18:27
OK, randomly assigned.
Yeah.
So you can see there you may be thinking about somebody who's going through a hospital discharge and the planning for that and individuals who have a dementia diagnosis, what does it planning look like?
What does your future path look like and aging parents and the children are out of state.
Or maybe not.
Local and then aging parents who have an adult with developmental disability living in the home with them.

And they've cared for them in the home their whole life.
So for each scenario kind of thinking through like what do you need?
Where do you start?
How you find out what's available or the right things available and then really this is where those additional resource sheets come in.
And if you could share, umm be identifying needs and barriers, document for me, Laura, that would be really helpful.
Umm, this is kind of framework.

NL **Newland, Laura** 19:30
Let me find that real quick.

0 **0160f6ca-764c-4e26-bea6-e9a40bb95e0e** 19:35
I can share it on my screen too.
Right now.
Well, I don't.
It's giving me a lot of options through and there we go.
Yeah, I'll share that one.
Can you see it now?

NL **Newland, Laura** 19:57
Add.
I can see you're trying to share something.
Yes, this is capturing the current LTSS landscape.

0 **0160f6ca-764c-4e26-bea6-e9a40bb95e0e** 20:07
OK.
There we go.
We talked through that one.
The first one I wanted to talk through was really the identifying needs and barriers.
So as you're having the conversation in each of the scenarios, things to think about that might help you as you are thinking through that scenario.
How did Miller blah words?
If the afternoon, how do Missourians know when and how to access LTSS when you're identifying needs and barriers?

So what are their current needs not being met?
So thinking in terms of like system navigation, are there resource guides for this?
What are the access points?
How would somebody find out where to even start?
Is there the right coordination of care?
Is there Inter agency coordination in that scenario?
Is there?
What is the coordination with local entities?
Looks like is it.
Is there person better care?
So is there somebody responsible for ensuring that care across multiple programs is happening?
Is that and that's probably a shortfall in many of these areas.
And how does the LTSS workforce play into this specific population?
And we know that's an issue across most, but is there something maybe more in the care professional providers that affects this population as well?
So dementia that could be umm those who are, you know, have gerontology expertise that we are just having problems getting diagnosed with in general and the other access challenges that you can think about is specific to that scenario or in general geographic and language barriers, the personal planning aspect.
So and when is the right time to start planning for future LTSS needs?
So is there a way to make a plan in Missouri before you fall and break that hip?
And do people know how to make that plan was responsible for having that conversation and having that conversation?
How would Missourians even know who would they call and thinking about the care continuum?
This is really important.
It's kind of that moving from setting to setting at the right time and you see this in.
I think the dementia planning is a great example at what point and how do you plan for that transition from maybe the Community or a family member's home individual home to a family member's home to an assisted living facility, to a skilled nursing facility.
Nursing facility and umm, how does that work?
When does that happen and who helped with the benefits?
When what type of Medicaid differences are there?

All of those things, I think are what we want to think about as we walk through the scenarios and use your expertise have already being in the system.
These are just kind of memory joggers.
You are pretty familiar with all of the things that are terrible and not fun about navigating in Missouri system, so that's where we need our help on on this.
And then the other one is thinking about if you can think of as they do the public engagement meetings, the larger aging master plan on Aging Advisory Council, part of what we want might want to include in our recommendations is questions for them to include during that public engagement.
And so we probably don't want to overwhelm the public.
And I know there are a lot of other areas with the master plan on aging, so really getting down to what the most important thing to ask as they do that and so just just to start or thoughts there, you know, do you know what LTSS is available?
Like what does that mean to you?
Where would you go to access it?
Because if we don't even understand where people are going to get access, then we don't know where to provide the information and have you made plans for your LTSS needs.
So what is?
But it's kind of our.
Where we're at temperature wise and helping people plan.
And then finally, there is always those things that are just kind of outside the lines when you're thinking about initiative, when you're thinking about this scenario.
So what are some current initiatives that maybe affects this?
Umm, I know that health and senior services is looking at the future of putting technology into their waivers, so that could really change the game for someone who has dementia and is planning for that remote supports and the value that they offer for a family that have to take care of an individual in the home could kind of make a huge difference and also affect the barriers that are there with workforce and in terms of getting respite care.
And I know it's hard to get respite care and in a lot of areas right now because the workforce so is there a way to use that technology?
Do we know about things that are going on and are there past LTSS initiatives that need to be resurrected like we were doing that and then we got sidetracked because of COVID, but this is still a problem.

So if you think of one of those, put that in there.
If you know best practices in other states, or if you're like, hey, I live in ex county or I went there or I coordinate care in in that area and it's easiest for our agency when we work in this area because they really have a county board that knows how to help out or they the Center for independent living has a really good relationship with the hospital or whatever it might be.
That is kind of what we mean by the kitchen sink in terms of recommendations, as you and the brainstorming as you walk through the document.
So I'm gonna stop sharing and then before we go into break out, I'm going to turn it over to Laura and let her kind of see what questions and see the logistics.

NL **Newland, Laura** 26:21
All right.
Thanks Jess.
So I'm gonna randomly assign folks into breakouts.
You will stay in your breakout in.
The moderators will move, so there's gonna be somebody who's going to be taking notes for you.
Uh, but we will be relying on your expertise of the LTSS system in Missouri because there's a couple of us who have not worked within the system in Missouri.
So a Carol and Jess are the Co chairs.
They're going to be moderating, and then Stacey Rosenzweig from Alvarez and Marsal and myself will be moderating the two other groups.
OK.
Any questions before I send you off, I will let you know.
Umm, we will be switching when uh, when it's time.
OK, I'm going to be creating the rooms now.

Jenny Hollandsworth (Guest) left the meeting

NL **Newland, Laura** 27:19
And just Carol and Stacy, I might have to move you in and out.
So just bear with me for a second.

0 **0160f6ca-764c-4e26-bea6-e9a40bb95e0e** 27:40

My camera off that we take a break and so impropriate.
Sorry, I love it.
I can work with people who are like, yeah.

NL **Newland, Laura** 28:18
Doesn't seem like you guys are there we go.

Jenny Hollandsworth (Guest) joined the meeting

0160f6ca-764c-4e26-bea6-e9a40bb95e0e left the meeting

Mindy Ulstad -DHSS (Guest) left the meeting

Lynn Lewis PhD MBA CLTC left the meeting

Nicole Lynch left the meeting

Rice, Kamryn left the meeting

Marjorie Moore left the meeting

Misty (Guest) left the meeting

Yolanda Holton left the meeting

Carol Hudspeth left the meeting

Jess Bax (Guest) left the meeting

Bob Pieper (Guest) left the meeting

Pam Greenwood - Cooper Co Board (Guest) left the meeting

Steven Vest (Guest) left the meeting

Dottie Sharpe (Guest) left the meeting

Lori Franklin (Guest) left the meeting

Venice Wood (Guest) left the meeting

Jennifer Gundy - OMO (Guest) left the meeting

Rena Cox, MO DSDS (Guest) left the meeting

DMH Central Office (Guest) left the meeting

Rosenzweig, Stacey left the meeting

Christina Kanak left the meeting

Bill Bates left the meeting

Scott Miniea left the meeting

Nicole Brueggeman left the meeting

Melissia Robinson left the meeting

Vani Sharma left the meeting

Joyce Furnell left the meeting

Sheri Mathis left the meeting

Nikki left the meeting

Martin, Carolyn left the meeting

JH **Jenny Hollandsworth (Guest)** 29:13
Hey, Laura, can you see me?
This is Jenny Hollandsworth.

NL **Newland, Laura** 29:17
Yeah, I can see you.
I'm I'm trying to assign you to a room right now.

JH **Jenny Hollandsworth (Guest)** 29:23
OK, I got kicked off and I had to join back in.
So I'm like, oh, no, I'm in no man's land.

NL **Newland, Laura** 29:28
OK, I'm trying to.
My computer is like OK, here we go.
OK.

JH **Jenny Hollandsworth (Guest)** 29:40
Thanks.

Jenny Hollandsworth (Guest) left the meeting

Misty (Guest) joined the meeting

Misty (Guest) left the meeting

Jess Bax (Guest) joined the meeting

Lynn (Guest) joined the meeting

L **Lynn (Guest)** 35:06
Ohh God.
On hold God.

Lynn (Guest) left the meeting

Carol Hudspeth joined the meeting

Rosenzweig, Stacey joined the meeting

Misty (Guest) joined the meeting

NL **Newland, Laura** 55:04
Hey everybody, sorry to just pull you out and you need to go back to like, finish anything up. You do.

 **Rosenzweig, Stacey** 55:06
Hey.

CH **Carol Hudspeth** 55:07
And.
I do.

NL **Newland, Laura** 55:14
OK, I E so I'm gonna give you just like a couple minutes and Carol before I move you.

CH **Carol Hudspeth** 55:19
OK.

NL **Newland, Laura** 55:21
So like I can give you 2 minutes.
Let me see.

CH **Carol Hudspeth** 55:23
OK.

NL **Newland, Laura** 55:26
That's good.

It means you have some good conversation then.
OK, I'm Stacey.
How about you?

Rosenzweig, Stacey 55:35
We I was just saying thank you and I saw the 10 seconds.
So we ended perfectly on time this.

NL **Newland, Laura** 55:41
Ah, you're so good.
OK.
And I am going to assign you then to the next.
Umm, the next room?

Rosenzweig, Stacey 55:51
Great.

CH **Carol Hudspeth** 55:53
Is it going to take me a little bit to get back in there?

NL **Newland, Laura** 55:56
I think it might take a second, sorry.

Carol Hudspeth left the meeting

NL **Newland, Laura** 56:08
And Stacy, when you go in there, let Misty and and Jess know.

Rosenzweig, Stacey 56:15
OK.

NL **Newland, Laura** 56:15
That it's time to wrap up.
Thank you.

Rosenzweig, Stacey 56:20
Umm.

Rosenzweig, Stacey left the meeting

Misty (Guest) left the meeting

Misty (Guest) joined the meeting

Christina Kanak joined the meeting

Martin, Carolyn joined the meeting

Jess Bax (Guest) left the meeting

Christina Kanak left the meeting

Misty (Guest) left the meeting

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Nicole Brueggeman joined the meeting

Venice Wood (Guest) joined the meeting

Carol Hudspeth joined the meeting

Mindy Ulstad -DHSS (Guest) joined the meeting

Dottie Sharpe (Guest) joined the meeting

Yolanda Holton joined the meeting

Scott Miniea joined the meeting

CH **Carol Hudspeth** 1:02:33
It looks like we're all back in the same room talking before.

SM **Scott Miniea** 1:02:37
I think we're in the holding room temporary detention.

Misty (Guest) left the meeting

CH **Carol Hudspeth** 1:02:47
Leave it to me to mess this up somehow.

MD **Mindy Ulstad -DHSS (Guest)** 1:02:51
Now I have a joint room.
Should we try that?

CH **Carol Hudspeth** 1:02:53
What room number does yours say? Yeah.

MD **Mindy Ulstad -DHSS (Guest)** 1:02:55
UH-4.

SM **Scott Miniea** 1:02:57
It'll take us back, will, they?
Said we weren't supposed to move.
It was the you all were gonna move.

CH **Carol Hudspeth** 1:03:01
I yeah, yeah.

SM **Scott Miniea** 1:03:01

So Carol supposed to move?
I guess we can join room 4 again and see who drops in from this guy.

CH **Carol Hudspeth** 1:03:08
Probably. OK.

MD **Mindy Ulstad -DHSS (Guest)** 1:03:10
OK.

CH **Carol Hudspeth** 1:03:11
I thanks guys.

Venice Wood (Guest) left the meeting

Nicole Brueggeman left the meeting

Mindy Ulstad -DHSS (Guest) left the meeting

Yolanda Holton left the meeting

Scott Miniea left the meeting

Dottie Sharpe (Guest) left the meeting

Venice Wood (Guest) joined the meeting

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Rena Cox, MO DSDS (Guest) joined the meeting

Jennifer Gundy - OMO (Guest) joined the meeting

Scott Miniea joined the meeting

VS **Vani Sharma** 1:16:30
Can everybody still hear me?

SM **Scott Miniea** 1:16:34
I didn't show all go.

Nikki joined the meeting

NL **Newland, Laura** 1:16:36
Alright.
Hi everybody.

SM **Scott Miniea** 1:16:37
Yeah, yeah.

VS **Vani Sharma** 1:16:38
No.

Newland, Laura 1:16:42
This is an experiment in Laura Newland's ability to use technology in teams.

Venice Wood (Guest) left the meeting

Newland, Laura 1:16:48
So I appreciate everyone's patience as we work through that and the discussion.
So this is the part where we come back together as a group and kind of walk through what was discussed in the scenarios and everyone was taking notes.
So all the moderators note takers were taking notes.
So what's gonna happen is we'll collect all this together and send them out.
This is really just high level, so I can start if that's OK Jess and Carol with my scenario.
So my scenario was umm that someone broke their hip.

Venice Wood (Guest) joined the meeting

Newland, Laura 1:17:33
They were in the hospital.
The hospital would like to discharge them.
And so where do you start?
So umm, the thing that the place where everyone pointed to was the hospital, social worker or discharge planner and and then working with that person to either go into skilled nursing, short term rehab or back into the home there were I just wanna highlight a couple of the challenges that were discussed which includes high turnover rates for social workers.

Jamie Saunders (Guest) joined the meeting

Newland, Laura 1:18:10
And so there's just a lot of opportunity for training and education, especially by level of care, right?
So depending on whether or not someone needs to go in the home, there's kind of unique circumstances and resources that are available versus skilled nursing, right.
So someone suggested a database where you could actually be able to access, you

know, put in your scenario and be able to access Ellis Resources.
The other thing that was discussed was, you know, it's it's largely a big piece of this is driven by insurance.
And so you know whether that person's on Medicaid or Medicare, there are certainly complications with that.
That, and the insurance itself, can drive the speed of the discharge.
That does not always align with what the person wants with their family wants or what necessarily the hospital or nursing facility is.
Things would be the best situation for the person receiving the care.
So, umm folks who were in the room with me and those scenarios, feel free to jump in, but those are the high level notes.
I have a lot more notes but will save that for sending out after this meeting.

Lori Franklin (Guest) left the meeting

NL **Newland, Laura** 1:19:47
So any any thoughts or questions on that?
OK.
Umm Stacey, are you available?


Rosenzweig, Stacey 1:20:04
I am.

NL **Newland, Laura** 1:20:05
Why don't you walk through your conversations?


Rosenzweig, Stacey 1:20:08
Absolutely.
Thanks everyone.
Thanks Laura.
So the our scenario was someone had a dementia diagnosis and wanted to figure out future planning.
So the first question was what do you need?

Misty (Guest) left the meeting

Rosenzweig, Stacey 1:20:21
And again, I will just do high level notes.
So the a lot was discussed about understanding what you, your caretakers, are going to need going forward and getting getting your team together.
Sure.
And also there was talk about per power of attorney and guardianship as one of the first steps as well and also and folks are diagnosed with dementia at different points in in their age and different points of dementia.
So if if they're still able to make decisions, figuring out what they as the the person with the diagnosis would want, if it's in an early stage of dementia and and let's see, knowing your care team.
And also I think a big thing that was discussed was knowing a road map of of what does this look like in the future?
Because this will be an ever changing situation as to where people start.
Umm, there was a large emphasis on the Alzheimer's.
The Alzheimer's Association having a lot of resources, folks also mentioned the area agent agency on aging and different memory care associations, as well as the Centers for Independent Living in Missouri.

Lori Franklin (Guest) joined the meeting

Rosenzweig, Stacey 1:21:41
Umm, how do people find out what is available?
A lot of people are doing Internet searches, of course.
Umm and some folks are getting information from from their physicians as well, but it was emphasized that more education is always important and definitely necessary and for gaps and opportunities building off of what we talked about was there's a lack of knowledge.
So information, education, promotion of what's available is really important as well as continual education for both those with dementia and their care teams and.
Ah, and it was also mentioned that there is not a lot of support for Solo Agers and geriatric care managers, and there would be opportunities to support those folks as well.

And again, anyone from those groups please feel free to jump in with anything that I might have messed up a high level.

Newland, Laura 1:22:57
OK.
Umm.
Carol, when you go to you and I apologize, I you had to.
You had to work with two different scenarios, so very curious to hear which scenarios they were and what the discussion was like.

Carol Hudspeth 1:23:13
OK, while our first one was the aging parents in Missouri and having children out of state, fortunately, on in my particular group, we had two individuals who actually have went through this with their parents and or family member.
Now, granted, they weren't out of state, but it was kind of eye opening to know that if if folks who actually live here and actually folks who have a little bit of connection to the to the aging community and resources had such a rough and hard time navigating the system, I can't even imagine it.
I would say it's 100 times worse for someone out of state.
Umm.
So kind of high level what we discussed is actually just the barriers for the initial start of the navigation on trying to find what is appropriate care for for your parent, they ran into a lot of roadblocks and again we can get into a lot of detail further down the road.
But we did hear a story from Juan that actually just went to a different state and literally got in the system within a weeks time and it was months and months before they could even get answers or call backs here in Missouri.
So I I do find that a little troubling.
Umm, you know it it really I think is and we hear this a lot in our discussions.
This isn't going to be anything new to anybody, is the just collaboration and coordination of care.
We seem to be very siloed in our approach to care, and so you know, just trying to find ways to fix that disjoint, disjointed system.
And then when we do have, it seems when we have discussions about collaboration or coordination of care, it's very high level and it doesn't trickle down to you know

the to the maybe the lowest level, which is the initial intake level for someone looking for care.
So somehow figuring out how to how to make that system flow a little better.
Umm.
Again, education in the community you know about what, what resources are available and things like that.
And that's anywhere from, you know, private care, Medicaid, Medicare, all those kind of things.
Umm.
Let's see.
We we really had a lot of good discussion.
Yeah.
No, no connectivity within the system.
There seems to be a lack of follow up once they do make a connection.
It's very kind of disheartening when they when they can't get even, get a call back.
We did have kind of the opposite where someone actually had a scenario where they tried to transition a family member back into Missouri.
So the transition back into Missouri was very difficult.
So you know at that that seemed to be a pretty big challenge.
Umm.
And then when we when we did kind of get mixed up on switching our rooms, we didn't have A at the full time allotted to talk about another topic that we did kind of highlight a little bit on the Alzheimer's and what was discussed there is sometimes just that early stage diagnosis and trying to navigate to maybe more specialized gerontology or something like that where it's an access to care issue.
You know, I know we can't really solve that that problem, but it it is a challenge when you can, you can't even really get in to see a primary care anymore, more or less a specialist.
So the early stages of Alzheimer's, sometimes that that is a barrier is that that access to care and then just seeing different different initial physician team members, you know who maybe do not know the history, the time of of that patient and and they have a a patient file you know that could be you know 12 inches thick you know and and and we know positions are not reviewing or nurse practitioners or whoever reviewing those type of things.
So again, staffing changes, staffing turnover, lack of knowledge with the system,

those are just a lot of barriers, access to care.
And we were just, we just started the technology conversation when we had to reconvene.
So we had, we had some really good discussion.

NL **Newland, Laura** 1:27:50
A sense awesome.
Thank you, Carol, and thank you, group four.
OK, Jess, what about you?

JB **Jess Bax (Guest)** 1:28:00
At least we were wherever the group that had the and aging parents who had an adult with a development stability.
And so for those of you not not go through that room, typical scenario is you've got maybe parents or parents who is in their 70s, maybe a little bit younger little.

NL **Newland, Laura** 1:28:22
Jess.
I'm.
I'm sorry, the feedback is really bad.
Is there any chance you could call in on your phone?

JB **Jess Bax (Guest)** 1:28:28
Yeah, I'll call in.

NL **Newland, Laura** 1:28:30
OK.
While we're doing that, let me just share the the last slide.
Since Jess will be presenting for the last group and just wanna show you all what the next steps are here.
So the next meeting is gonna be September 26th.
I still scheduling out for the rest of of the year and the deliverables need to be by the end of this calendar year need to have draft recommendations to Advisory Council for review.
So umm, that's a look ahead as to what you can look forward to there.

ec2c9a3b-9bbd-41c6-820f-ebe7491f8908 joined the meeting

NL **Newland, Laura** 1:29:23
And so, umm, if you all like this format, we can.

E **ec2c9a3b-9bbd-41c6-820f-ebe7491f8908** 1:29:24
That.

NL **Newland, Laura** 1:29:27
Actually think about doing this with different scenarios for the next meeting, we can think about splitting off into work groups to have smaller conversations in between meetings, so that is all up for discussion.
Alright, Jess, it looks like you're back.

E **ec2c9a3b-9bbd-41c6-820f-ebe7491f8908** 1:29:48
Yes, I had a break off the phone audio when we were in breakout room because it was putting my phone in one room and my me and the other room.

NL **Newland, Laura** 1:29:49
Perfect.

E **ec2c9a3b-9bbd-41c6-820f-ebe7491f8908** 1:29:58
Umm.
So if you are not in our group and we had some great feedback on the situation of aging parents or aging parent in the home with a an adult child with a developmental disability, and we had even one individual in our group who is living that scenario and so kind of one of the things that we talked about as a group, that was a theme across is that planning is really, really important in this scenario because when you don't plan for that kind of inevitable, you are dealing with multiple systems and multiple payer sources and legal ramifications.
And so it is a scenario where planning is really imperative and and you know, we kind of talked about that crisis point of the you've got a maybe a mother who's in her 70s and she has a cardiac event unable to communicate and they put the adult child in the ambulance.

And then in the hospital waiting room and they can't communicate and we're talking, maybe even not knowing that individual's identity is the starting point.
And so planning is really, really important.
They're the natural touch points we talked about being like the doctor or maybe the hospital.
When that first scare happens, and like, maybe I didn't plan before, but now I'm going to plan.
And so how do we get those planning resources into the hands of our care professionals?
Not that they need to be responsible for the planning, but just knowing that it's available and where to go would be a great starting point.
We talked about that comprehensive entry point.
Some people know it is not no wrong door, single entry points, but just that navigation access point being really really important here.
Umm, we also talked about the fact of there being kind of that.
What about the family?
Once you know if they want to age in place together, then you have a situation where, uh, the both of the parents and the individual might need care.
And typically the parents don't qualify for Medicaid.
And so we do know some states as a best practice, have waivers or care models where parents by nature of being that sole caregiver and the adult child living in the home, they could become recipients of the home and community services as well.
And so typically they would be on private insurance or Medicare, but that would extend out to them as a benefit and it would be like a family care model.
Umm, we also talked through the aspect of when it's time for that parent to move on in the care continuum and enter a nursing facility.
And that's a really big point to plan for as well.
And because then you're talking changes in Medicaid and Medicare status for both of them.
And there's a lot of kind of benefits planning involved in in this and we talked about the AH, the fact that the.
Ohh sorry my note breathe.
OK, so we know that these emergencies do happen like it's great in a perfect world, everybody would plan and, but we know that people aren't going to plan.
So why are we turning that into an emergency for ourselves in the system?

What can we do to plan for that?
So are there, we know other states have an existing model where there's like, an emergency respite care bed that the state pays for on a regular basis where the just for a, you know, these types of situations, you don't need many, but it's there when you need it.

Bob Pieper (Guest) 1:34:20
Umm.

ec2c9a3b-9bbd-41c6-820f-ebe7491f8908 1:34:28
And the individuals who operate those beds are connected in with the hospitals and then also connected in with the developmental disability system, so that that transition can be much more smooth as they either wait for the parent to get better and improve or transition back home or maybe transition to residential services themselves.
But some sort of I'm safety net being there and and so that was kind of we also talked about long term care insurance and kind of having that long term care maybe trust fund we talked about workforce barriers and umm yeah, I think there's I mean tons of great ideas but and that kind of is is it a good overview.

Newland, Laura 1:35:21
Awesome.

ec2c9a3b-9bbd-41c6-820f-ebe7491f8908 1:35:21
So appreciate everybody in the group.

Newland, Laura 1:35:25
Great.
So Jess and Carol, if you wanna wrap up, I I started a little early just to fill some time while you were calling in, but the next meeting is gonna be September 26.
So if you wanna talk about next steps and you know what the group could expect, that would be great.

ec2c9a3b-9bbd-41c6-820f-ebe7491f8908 1:35:45
Yeah.

So this is the point where really getting close to developing recommendations and what does that look like?
So if there is a specific recommendation that you would like to see, then we really want you to let us know we will have that meeting on September 26th.
But if you like, can't make it to that meeting, you can feel free to send it and colleague in your place.
Or you can feel free to, you know, send that feedback and writing.
But that meeting will be kind of more focused on synthesizing the conversations that we've had today.
And I'm saying, OK, here is what we know in terms of things that might be good to recommend thoughts and feedback on that.
And then in the meantime, if we can get feedback from you all in terms of or you can come prepared to talk about other recommendations involving the LFS system for aging.
That's probably and I'm gonna be really helpful to us as we finalize this year, the first year in the in the master plan.
Carol, would you have anything to add to that?

CH **Carol Hudspeth** 1:36:57
No.
Maybe just umm?
As far as recommendations, are we talking about kind of high level like you know we we recommend further investigation into this type of thing or are we really gonna hone in on a specific you know, really deep in in the weeds item I think that might be helpful if the committee knows what's kind of what we're kind of expecting.

E **ec2c9a3b-9bbd-41c6-820f-ebe7491f8908** 1:37:26
I love that question, Carol, because it is.
I looked.
I took the time to look through like five other states.
Master plan on aging and the good thing is is that there are no rules.
You can have very specific recommendations in some areas.
And others are like this is a bigger issue.
We just think it needs to be looked at and addressed by the state or it could be your recommendation to say hey, look at this long term care insurance fund that

Washington did and Missouri needs to start thinking about and long term care insurance.
And so that whole them needing to kind of fall at the same level and we could, I've seen some states divide them into like things that could happen now today without any money and things that would require funding or things that would require additional research.
So no rule.

CH **Carol Hudspeth** 1:38:22
Perfect.

MR **Melissia Robinson** 1:38:24
Well, and to piggyback on what Carol said, I think it's important we look at the 10,000 feet up, but we look at the rubber to the road stuff too, because I think that's where things get lost in translation.
A lot of the times and then we put a lot of extra work on our physicians, our hospital social workers and yes, great point, Carol.
Thank you for that.

E **ec2c9a3b-9bbd-41c6-820f-ebe7491f8908** 1:38:50
Anybody else have any thoughts before we?
Give you 20.

BP **Bob Pieper (Guest)** 1:38:55
I have three questions if I could.

E **ec2c9a3b-9bbd-41c6-820f-ebe7491f8908** 1:38:58
Yeah, above.

BP **Bob Pieper (Guest)** 1:38:59
First off, could you with respect to the lost in translation issue, which I'm very concerned about, Jess, could you give us some specific guidance on the format recommendation should be written in?
Do we want bullet points like in the states present master plan on aging or what would be your advice here?

E **ec2c9a3b-9bbd-41c6-820f-ebe7491f8908** 1:39:28
I'm so we are really seeking from the Subcommittee your ideas on recommendations and then the formatting and the work behind that.
We would like to let you leave that to us and so take that burden off of you.
We have support for that.
We're just really asking the subcommittee for their expertise.
Great question.

BP **Bob Pieper (Guest)** 1:39:51
OK.
Forgot what my second question was, but I'll go right to Carol, who was the state that the patient was able to get right in and get service immediately.

Bill Bates left the meeting

CH **Carol Hudspeth** 1:40:07
The state of Illinois.

BP **Bob Pieper (Guest)** 1:40:10
That's interesting.
Perhaps that will give us a model in some respects.
OK.
Thank you all.

E **ec2c9a3b-9bbd-41c6-820f-ebe7491f8908** 1:40:19
Stop any other questions but.
OK.
Well, we will be in touch via email and talk to everybody more on the 26.
Thank you.

Jenny Hollandsworth (Guest) left the meeting

NL **Newland, Laura** 1:40:37
Thank you.

BP **Bob Pieper (Guest)** 1:40:37
Thank you.

MR **Melissia Robinson** 1:40:38
Thanks everyone.

JF **Joyce Furnell** 1:40:39
Thank you.

Lynn (Guest) left the meeting

Jess Bax (Guest) left the meeting

Nicole Lynch left the meeting

Rosenzweig, Stacey left the meeting

VW **Venice Wood (Guest)** 1:40:40
Thank you.

Scott Miniea left the meeting

Bob Pieper (Guest) left the meeting

Dottie Sharpe (Guest) left the meeting

Martin, Carolyn left the meeting

Venice Wood (Guest) left the meeting

Carol Hudspeth left the meeting

ec2c9a3b-9bbd-41c6-820f-ebe7491f8908 left the meeting

Nikki left the meeting

Christina Kanak left the meeting

Rice, Kamryn left the meeting

Marjorie Moore left the meeting

Steven Vest (Guest) left the meeting

Joyce Furnell left the meeting

Melissia Robinson left the meeting

Vani Sharma left the meeting

Rena Cox, MO DSDS (Guest) left the meeting

Lori Franklin (Guest) left the meeting

Mindy Ulstad -DHSS (Guest) left the meeting

Jennifer Gundy - OMO (Guest) left the meeting

Newland, Laura left the meeting