**Master Plan on Aging**

**LTSS Subcommittee Meeting**

**Thursday 2/22/24**

**Attendees:** Kim Gilbert, Jake Luebbering, Melanie Highland, Venice Wood, Carol Hudspeth, Jamie Saunders, Lindsey Luebbering, Michelle Vickers, Nicky Martin, Lori Franklin, Paula Darr, Circle of care, Jennifer Gundy, Shelia Winchester, Tonda Lain, Vickie Riddle, Beth Dauber, Amy Mack, Katrina McIntyre, Christina Kanak, Melissa Robinson, Bob Pieper, John, Laura Barrett, Lynn, and Mindy Ulstad

**Purpose of the scheduled meetings** – If there is pertinent information to discuss for that month we will proceed with the meeting. Will let everyone know 1 week prior if the meeting will remain scheduled or be canceled.

**MPA Town Halls starting next week** – anticipating good turnout and encourage to attend if possible. Help us spread the word to other participant and organizations. Goal is to have good robust discussions and feedback.

**Recommendations from sub committees** – The end of December 23, submitted recommendations from the committees and sent to the Advisory Council which complied all the recommendations to review. Listing of the different discussion points. What is occurring now, looking at all recommendations to obtain a better understanding and developing a draft that will be presented at the Town Hall discussions to get feedback on areas we are missing and or areas that need more focus. Future meetings of the subcommittee we will refine those and see how well we did. It will take some time to summarize and distribute that feedback, until then we need to look at the LTSS vision statement.

1. **Review LTSS subcommittee vision and edit as necessary**:
   1. Current vision: Missourians will have access to a continuum of home and community-based services to help them stay safely in their homes for as long as they desire and will also have access to safe, healthy, and inviting options for necessary institutional care.
      * 1. Melanie – since I started a little late to these meetings, can someone help me understand the origin of this statement?
        2. Carol/Venice – group decision in MPA but not sure if it was a subgroup
   2. Is it concise? Is it easy to understand?  Easy to explain?  Does it capture the depth of our conversations this last year on in-home care, facility-based care, and navigating care?  How to measure that what we are doing is good or not? Other considerations?

* Carol – question asked: when we say access to the services, does that include having the information. Maybe need to specify because right now everyone has access but need to identify how does someone get the needed information to actually access the services.
* Venice – this goes back to whole philosophy of the No Wrong Door concept - went back and forth with the word “remain” – we put as they desire because it is still a person centered, participant choice – provide them the knowledge the need
* Melanie – whatever we adopt we want to have it not just access to care but have access to the information to be able to make those Person Centered choices
* Carol – I like the “provide them with the knowledge”, need to encompass how do you get to the access
* Amy Mack – the resources in a centralized location. Having a centralize hub – provide access and guidance.
* Melanie - Like the term continuum because it speak to choice and availability of choice
* Amy Mack – also include the comfortability and safety of them being in their homes.
* Venice - Should encompass everyone regardless of insurance or payer
* Laura Barrett – the goal is positive, adding input from information received from many administrators in home care and nursing homes, struggle is tremendous staff shortages affecting the ability to deliver the services. This seems to be about both health care and mental health. People with mental health diagnosis is showing an increasing presence in nursing homes. Need to take into account the need for additional sort of group living situations for mental health clients, not just a one size fits all setting and can lead to violence.
* Melanie – sounds like a continuum of HCBS, but then also safety, healthy, inviting, necessary facility care. Do we need to talk about it more of a continuum of services to support Missourians as they age?
* Melissa Robinson - We need to make it say we assist keeping clients safe and independent in their homes wherever their home may be. This can include their home, or a facility, in their community that they choose to live in, whether it be independent, assisted, skilled, group or daycare environment.
* Melissa Robinson - It needs to reflect that it doesn’t matter where a client needs to start on the continuum of care/services – just that they are going to have access to those resources.
* Carol – to the point about staffing, we need to have programs and policies in place to ensure access by using that word, which also means we have to have solutions to all issues including staffing. If we are going to say have access to care than has to mean having adequate staff. Just because something is there doesn’t always mean its accessible.
* Melanie – we can rebuild the vision statement – build off of some of the concepts discussed today. We can build off of the word access and what goes behind that, not just that it is there but having proper workforce and staffing, knowing how to get there, which is about how you take information in and get the information, central location or hub, NWD philosophy, keeping in mind their desire and choice concept, make it more about knowledge and not just information, importance of informed choice and understanding their options, continuum of services no matter where they start on the journey, include comfortability and safety in their home where home maybe.
* Beth Dauber- confirming that they understanding their informed choice
* Beth Dauber - Suggestion – take all of these brainstorming options from today and plug them into chat GPT and has for help writing a vision statement – it would be interesting to see what it comes up with. Still have to maintain that human aspect but it is a great tool for organizing thoughts and points.
* Melissa Robinson-Is there a better/softer word for institutional care? Make that more appealing
* Melissa- in our standards we call our community instead of institutional
* Venice – suggested using the word alternative but don’t know if that would lose the meaning of what we are saying
* Nicky Martin -Maybe congregating care
* Melanie -asked if the wording congregate is in agreement – no oppositions
* Melanie – anything to add – will take all of this and try to come up with some recommendations and can discuss at the next meeting.

1. **How do we measure Missouri LTSS performance**?
   1. What kind of data do we have to measure our LTSS performance? How do we know that we are being success or not?
   2. Some of available data sources and what content is tracked/limitations

* Melanie – in comparing states – there is the AARP LTSS score card, recently came out, not always the best resource– recently made some modifications to capture more information. They work with Mathematica and other policy consultants looks at nationwide data – access the health of the LTSS system.
* Link - <https://ltsschoices.aarp.org/scorecard-report/innovation-and-opportunity>
* This score cards looks at: access, overall cost, NWD approaches, overall % of care being provided in HCBS setting vs a congregate setting
* Limitations – a lot of variability across states, how it is defined and provided is different among states
* Bob Pieper – number of marketing companies that publish detail statements so there should be one for long term care and health services.
* Bob Pieper - The National Association for Public Health Statistics and Information Systems (NAPHSIS) -- a nonprofit national association whose members represent state and local vital records, health statistics and information system agencies. ([https://www.naphsis.org/](https://urldefense.com/v3/__https:/www.naphsis.org/__;!!EErPFA7f--AJOw!ANcUM84-OGzk-6nsSTus8_YeA6JdEH8gJY62yLezwLnGLt1v_mWuMsCxtnm6wjuqa1A1yIZK4c6L1Fm9P3BOhZSFqg$))  They might be able to list for us all the available source of relevant data. If we are having trouble finding the data we need, their Vital Statistics Improvement Project might be able to gear up the necessary sources.

National Center for Health Statistics (NCHS) -- the nation’s principal health statistics agency, which “compiles statistical information to guide actions and policies to improve the health of the population.” ([www.cdc.gov/nchs/index.htm](http://www.cdc.gov/nchs/index.htm))

NCHS publishes a number of aging-related studies such as the National Post-acute and Long-term Care Study (<https://www.cdc.gov/nchs/npals/webtables/overview.htm>).

NCHS data may be a couple of years old and in some cases, the exact state-level data needed may not be published online. However, in my experience, the staff at federal statics agencies are very helpful at steering you to all the relevant data they have.  And in many cases, they may be able to break it down to the state, county or even census tract level.  You may wish to give them a call (800-232-4636) or E-mail: ([datalinkage@cdc.gov](mailto:datalinkage@cdc.gov)) and let them know you need data for the Missouri Master Plan.

* Venice – also have the NCIAD data and DD has their side of the house -that are administered to the participants in the homes, RCF and ALF– getting data and customer satisfaction. Data point we could utilize
* Melanie – for skilled nursing facility – have MDS master dataset
* Lindsay – on Medicare compares website they have quality indicators for all skilled homes listed -not sure if there is other data that would be available through the DRL would have as far as complaint investigations that are public
* Melanie – can talk about it even internally, we do get APS reports – we can’t publish everything but PHSI and all but that is an indicator of when things go wrong – new system released on Monday 2/26/24
* Venice – Brain Injury Association of Missouri tracks the # of referrals received (sub population of LTSS)– could be getting us in the wood
* Melanie- we need quality, different components, different things tell us different components – authorized for services vs actually receiving
* Melissa – there used to be a report statewide that had great information where you could see # of Medicaid participants by county, the number of authorized units by count – does this still exist?
* Carol Hudspeth – some that is antiquated systems, they are working on moving to other systems, we haven’t been able to get that data
* Melanie – FSD puts out a monthly report and annual report that categorizes by county
* Carol Hudspeth – question was asked if there is still a Fall Risk report – Carol said yes – specific to home health service line
* Venice - BRFSS data – Behavioral Risk Factor Surveillance Systems – comes from CDC – DCPH – large number of surveys.
* Mindy – just received the results – around 25,000 older adults were part of the survey last year but I believe they are all home base – nothing that would include institutional
* Mindy – we have the MICA (Missouri Information for Community Assessment) data here at the department for lots of different healthcare elements that we could look at – department keeps for all of the epidemiology and has info on falls and different health factor indicators.
* Link: MICA Data: <https://healthapps.dhss.mo.gov/MoPhims/MICAHome>
* Beth Dauber – only negative of MICA is that it was last updated in 2015
* Mindy Ulstad - but can request more current information
* Melanie – other consideration is regarding the time sense – getting real time sense
* Mindy- we will finally start having Older American Act data such as services that are being provided through AAA down to county level, # of individuals receiving services, and the type of services
* Venice – also have the Show Me Home data – semi annual report. Have portal through social services that show # of referrals and the # of people that transitioned out of the nursing home.
* Melanie – a lot of these components feed into the AARP LTSS scorecard. Another consideration is most of our data sets are limited to like certain payers. So some of these data sources are probably not detailed what we are looking for. Might not have the strengths and limitations. Making sure it is relevant data
* Melisa Robinson – going to look into the long term care insurance data - might be older data
* Carol Hudspeth – we do have some state data for home health and hospice. Could get a lot of Medicare data easily obtain.
* Beth Dauber – still establishing the structure of the NWD – from UMKC standpoint, still pulling surveys
* Mindy Ulstad – have the senior report that has the new updated dashboard with tons of information about seniors. Link: <http://www.missouriseniorreport.org/dashboard.php>
* Jennifer Gundy-we collect data all over the board on all kinds of services. With that we report to voc rehab on our 704’s so I think we could reach out to Lisa Meisenheimer -Director that has all of that information
* Link: Five Star Rating for Skilled Nursing Homes <https://www.medicare.gov/care-compare/>
* Link: <https://publichealth.wustl.edu/items/missouri-medicaid-enrollment-by-county/>
* Link: Ownership, survey, quality measure datasets for skilled nursing as well as other provider types <https://data.cms.gov/provider-data/>
* Link: KFF LTC data https://www.kff.org/health-costs/poll-finding/the-affordability-of-long-term-care-and-support-services/
* Melanie – we will come back to this because there is no shortage on data – the key is to understand who is paying for it and how that influences the results.

**Additional Information from Chat Box:**

* from laura barrett, seiuhc to everyone: 2:46 PM

the city of st louis' special committee on long term care will be releasing our study on 3/11. has quite a few sources in there.

* from laura barrett, seiuhc to everyone: 2:38 PM

Financial and ownership information for nursing homes is very difficult to obtain right now. CMS is contemplating a rule to enhance transparency.

* from vickie riddle to everyone: 2:36 PM

every local county publishes health/stability data for seniors. do we have those already?

1. **Next steps with subcommittee recommendations** – will meet next month on scheduled date. Should have some feedback from the Town Hall meetings and what chat GPC puts together for our vision statement.

**Some key takeaways from the LTSS Subcommittee meeting include:**

- The group discussed revising the subcommittee's vision statement to better capture themes around access to information, informed choice, a continuum of settings, and addressing workforce issues.

- A variety of data sources were identified that could help measure LTSS performance in Missouri, including the AARP LTSS Scorecard, National Core Indicators surveys, MDS data for nursing facilities, and data from organizations like Area Agencies on Aging.

- The group discussed the importance of defining "access" broadly to encompass ensuring proper staffing and resources to make services truly accessible.

- "Congregate care" was suggested as a softer term than "institutional care" to describe facility-based options.

- Developing a centralized hub of information was discussed as important to help people navigate their LTSS options and find the right services.