LTSS Subcommittee Meeting

9/12/24

Attendees: Bob Pieper, Dottie, Helen Sheridan, Jennifer Gundy, Jenny Hollandsworth, Lindsay Luebbering, Marjorie Moore, Melissa Robinson, Michelle Vickers, Paula Darr, Reba Slaven, Steven West, Melanie Highland, Mindy Ulstad, Circle of Care, Stacey Rosenzweig, Kamryn Rice, Jamie Saunders, John Byer, Lori Franklin, Julie Peetz, Lyn Lewis, Angelina Alpert

Meeting Agenda for Today – reviewing the notes from July meeting on each of the bucket areas discussed. Questions that we need to discuss is what do we want to happen and how can we make that happen?

Updates:

1. Receiving some feedback on our MPOA survey – this updated information was emailed out on Tuesday 9/10/24
2. Recap of previous meetings– we have developed draft recommendations, we have our town hall feedback, Monday is the last day for the survey, have over 7,000 responses to date, if anyone has any paper copies those need to mail out now – have to be received by Monday 9/16/24. Can scan and email those to Mindy Ulstad. Will begin the process of that feedback which will add another layer of input.
3. From the townhall feedback, we have created the 7 buckets based on the feed back received. We met in July to review these 7 buckets and to see what we want in those buckets.
4. LTSS Workforce Recruitment and Retention
5. Advanced Planning for LTSS
6. Education and Training
7. Affordability for consumers
8. Expand continuum of care and service array
9. Respect and dignity of consumers
10. Navigation

Previous meeting we broke into small groups to break down and define each of the first 6 categories. Mindy Ulstad led 2 of the groups, Melanie Highland led 2 of the groups and Venice Wood led 2 of the groups.

The goal for the meeting today is to start going through these buckets and review the notes taken and then refine our recommendation. What are trying to accomplish and what are the 3 ways we can accomplish that?

Bucket Area # 1 – Expanding the continuum of care and service array

1. Want to consider people in the middle-income range that doesn’t meet Medicaid income guidelines. Clients that are on Medicare but doesn’t really cover LTSS and too expensive to pay out of back. How do we help and connect these individuals? How do we connect them to the needed services.
* Bob Pieper – discussion about NWD, a very extensive referral system is providing a lot of answers to these problems.
* Melanie Highland – The NWD intent is also a change way of thinking. This is some of the work that we are doing here right now. The NWD website but does have some limitations. A lot of missing links but not really a navigation option at this time.
* Bob Pieper – grasping for some common terminology – suggest calling it Navigation
* Melanie Highland – the goal is to have someone does an intake of the consumer’s request, understand the need and then provide some comprehensive information. One of the issues in this bucket is that charting the life course start, a lot of the services offered, state and federal, still have eligibility requirements and limitations. The only major funders for In Home Care is Medicaid and Older American Act. Discussed issues with gaps of services for certain categories. Not a lot of solutions right now for this identified group.
* Melanie Highland -What are we navigating to? Even if there was funding - Do we have all the placements necessary? This could also be referring to those with mental health needs.
* Mindy Ulstad – some of the other specific areas that was brought up was finding long term care for those with a trac, memory care, blind & hard of hearing and gaps in services for Veterans.
* Melissa Robinson – how do you keep people in their home in a cost-efficient manner? In Missouri we don’t have an option for the in between home and long-term care.

Make sure people know how to navigate the continuum of services system/lack of knowledge of services

* Bob Pieper – do we want to do a gap analysis – funding mechanism? Do see what services are available
* Melanie Highland – we have that listed on the In-Home Services side but not the facility side. We want to make sure that our recommendations cover that variety. The gap analysis is really this Master Plan on Aging. We know what the gaps are but trying to determine how to get these services for all groups.

What we want to accomplish and how are we going to do this?

1. A browser for aging services (directory where people could find information) put AI to use to help with this. Speaking and typing accessibility component to this to help find assistance.
2. Finding ambassadors in each region to disseminate information. (When do Scamborie the phones blow up with calls about scams!)
3. Census information made public for individuals living in nursing facilities with mental health issues and other frailty issues. (Would help with identifying individuals who are in facilities who are not appropriate and could help local entities with applying for grants and other funding sources.)
* Melanie Highland – I see these as the Navigation/NWD piece. That is helping us identify what is available out there but how do we move towards what is expanding?
* Majorie Moore – see a pattern that families are having to stop working to take care of others – how can we keep people in their paying jobs and transition into a CDS. Can we look at this with a Workforce Development lens to make this occur?
* Mindy Ulstad – the Family Caregiver Group is looking into this area – how to support people that want to continue to work while be family caregivers
* Melanie – when I think about what we want to accomplish is in the title – we want to expand the continuum of care and service array.
* Mindy Ulstad – we need to see where the gaps truly are and build off of that. Hard to plan to know how to tackle.
* Melanie – you are envisioning that the gaps analysis to be beyond what we are doing with the MPOA
* Mindy – it would be a part of the Master Plan building process but would go beyond to truly identify the gaps
* Lori Franklin – when we use the word expand, are you referring to just new services or services that are already in existence that meet the need but not enough of them. Could we look at sharing those champions that are already established?
* Melanie Highland -there are going to be areas to expand that is new but also expand what is already available but with limitations but could be replicated.
* Lori Franklin– correct
* Melissa Robinson– that flows into the navigation piece and to know what all services are available.
* Lor Franklin– also finding that person that has walked it that can assist in navigating the services. I think having region ambassadors or navigators would be good. That person is knowledgeable about that region and resources and maintain that information to keep it up to date. Getting and keeping people that are skilled and knowledgeable with firsthand experience on navigating the system.
* Melanie Highland– might have several people in each region that are experts in certain or specific areas. Train the Trainer format. We talked about gap analysis, expand what is working and what is needed.
* Mindy Ulstad – there are other states that have done some unique things – we could look at best practices in other states would be good recommendations to address some of these funding needs. Other state analysis and funding mechanism.
* Bob Pieper – we might want to use the term marketing study which would include finding funding sources as well

**Bucket #2 – LTSS Workforce recruitment and retention category**

1. Incentive workers to come and stay in this field – make it streamline and easy to access
2. Want more workers that are committed to quality of care – properly trained and understand the why of what their task is

Task to accomplish

1. Emphasis that this is a career with growth opportunity and not just a job
2. Has to be both private and public investment – it can’t just be a state investment
3. This would be social care and medical care sides- enhance trainings available for growth in the fields
4. Develop innovative recruitment methods – become more main streamed and a purposely choice
* Mindy Ulstad– some states are offering Medicaid insurance coverage for these LTSS workers
* Bob Piper – Mo Dept of Education and local school district – young people are attracted to these non-degree programs. Really not a shortage of people but a shortage of instructors. May want to work with DESE to help recruit qualified instructors.
* Melanie Highland – different pathways to a similar career choice (facility-based vs home base) Some programs do not require an identified instructor, other learning path – the skill set is similar
* Melissa Robinson – need to work on trying to capture more younger workers, get the soft skills and technical skills, building the relationship from the start of recruitment. Get them on the career path. Training the family caregiver is also important – can incorporate in one big picture. Goal is to set the employee up for success so the client is set up for success.
* Lori Franklin – are you talking about creating a new job title or taking the existing people/title and providing more training
* Melissa Robinson – probably both – trying to get more recruitment into the caregiver career in general and then more to more directive. Enhancing what is already in place but also do the recruitment.
* Melanie Highland – some states are doing a caregiver cross walk training – entry level positions. What are the tasks, the training, what is similar and different. It’s the same career but they are choosing the setting and/or population they will work with. Depending on the setting/population might depend on different training/certification.
* Lori Franklin – is there any internship program, apprentice programs or partnering with community college.
* Melanie Highland – there is an opportunity for a certificate - we also have the community health worker certificate
* Bob Pieper – how are the community health worker reimbursed?
* Melanie Highland – through health plans. The community health worker provides services in the home instead of that client having to go into a skilled facility. I think it is a 160 hour of training.
* Bob Pieper – I find that you can run into reimbursement problems depending on the title of the person that is being employed. How much success are we having in recruiting these community health workers. Having difficult trouble in the St. Louis area.
* Melissa Robinson – we want good qualify caregivers but still competing wage wise with other big-name employers, but we have flexible schedule, matching 401K and other benefits to try and improve recruitment. It really is numbers gain but need to enhance. We are doing better with our retentions. Our caregivers are loyal to the provider that can give them hours so they can continue to pay their bills. I think that we have a lot of opportunity with this process and the DSW workgroup to see improvement.
* Bob Piper – what you are saying is job security, hours, benefits is improving your retention?
* Melissa Robinson – yes and we have made shifts to make improvements and provide flexibility so they can balance their work life obligations. Being very supportive of our caregivers. Meeting people where they are and knowing what their needs are.
* Melanie – We need to rebrand aging and care giving fields. Is that done through advertising, social media, etc.? How do we work with our providers to think about this in a holistic sense. This is where we will need big marketing plan. This will require a very large coalition of people to talk about this crosswalk process.
* Majorie Moore – when talking about a career ladder – it may be more of a social strategy.
* Lori Franklin – maybe instead of a career ladder it could be showcasing a career lattice. More widespread
* Melanie Highland – will write up these 2 buckets to capture the big picture of the main things we want to do and then next month we begin discussing the next 2 buckets so that we can have more robust conversations.

Meeting adjourned