MPA LTSS Subcommittee Meeting-20231117_130114-Meeting Recording

November 17, 2023, 8:01PM

54m 31s

Newland, Laura 0:06
And if you're trying to say something, you're on mute.

Carol Hudspeth 0:08
Ah, OK.
Can you hear me now?

Newland, Laura 0:10
Yes, we can hear you.

Carol Hudspeth 0:12
I for some reason cannot see myself or even my little hang on a second, sorry.

Newland, Laura 0:19
It's OK.

Carol Hudspeth 0:20
Teams are not my not my thing.
Ohh.
OK.
Did that work?

Newland, Laura 0:29
There you are.

Carol Hudspeth 0:30
OK.

NL **Newland, Laura** 0:30
Hi.

CH **Carol Hudspeth** 0:30
I sorry.

NL **Newland, Laura** 0:34
Umm, so so Carol just based on the meeting from last month, I thought we could just have each of the work groups update and kind of share where they're at.
Umm.
And I know that, Lindsey.
I Lindsey is not here, but we do have her notes, so I'm happy to share those as well.
Does that sound?
Does that sound good?
OK, great.

CH **Carol Hudspeth** 1:05
Yep, sounds good to me.

NL **Newland, Laura** 1:06
Umm.
Matt, I know you just sent an email with updated notes so.
Are you OK to share?

MS **Matthew Smith (Guest)** 1:17
Yes, ma'am.

NL **Newland, Laura** 1:18
OK, great.

MS **Matthew Smith (Guest)** 1:20
Would you like me to go ahead and start or OK.

Newland, Laura 1:23

Absolutely.

Matthew Smith (Guest) 1:42

OK.

Can everyone see our notes?

Excellent.

OK.

And Laura, would you like me to start with what's new or recap from what we had last time or how would you like that to proceed?

Newland, Laura 1:56

Yeah, I think a short recap would be helpful for folks because it's been a few weeks and then a highlighting what's new would be great.

Matthew Smith (Guest) 2:04

Yes, ma'am.

OK, so we have several.

I just.

I do want to complement our group.

We have some excellent ideas that's been proposed, so just to kind of recap and let me just say as well, if I'm covering someone's recommendation and they want to elaborate on it, please jump in.

I'm very informal on this, so I just want to make sure the information is covered.

Our first recommendation, and they're not necessarily in any particular order, but we have conducted a feasibility study.

On an innovative evidence based home and community based services.

Umm.

And based on, I'm sorry I need to work in the language on that develop business plans.
So basically, this would incorporate funding mechanisms, prototypes on projects, time frames, basically how we can improve.
The business side of this what we can do to make things work a little bit smoother on that suggested action steps I have listed over here.
I want necessarily recap those because we did cover that last time.
So let me Scroll down.
Umm, the second recommendation is labor shortages, so we're all familiar with, you know, that's obviously a large problem there.
Kind of what we would do to maybe look at addressing that some steps we could take as well and in labor shortages being incorporated, you know physicians see NA, but we did also discuss state level provider level and direct care level as well.
So we're looking at every bit of that.
And Scroll down.
This was a newer recommendation and we made some adjustments to it, but systematic and procedural changes that impact HCBS processing.
So this could include changes to care plans, basically changes on what can be authorized.
One of the suggestions that was proposed, and this follows the VA's model, would be authorizing block service time and what was interesting about that point was the the argument was.
That could be a little bit more person centered.
So for example, if somebody is having, depending on their conditions, you know having what we call good days versus bad days, they may need more time in one area versus another.
This might open up some flexibility to do that, so it's not overly stringent, but yet they would still receive the services they need.
So that was one idea that I thought was very interesting on that.
Now this next recommendation, I have to admit, I know it's very ambitious, but I think we all really want to come up with a good way to help on this, but the consideration was some sort of online platform for.
Stakeholders, providers and the public to kind of draw in a place where we could maybe have surveys that could be completed on regular intervals.
The surveys the questions on these could be adjusted.

I don't want to say so much in real time, but but quite frequently to get data on what's going on in the field.
You know what kind of problems are people?
You know, what are they experiencing?
Is a shortages?
Is it financial trouble?
Is is it?
I mean, it could be pretty much anything.
The other side of that, and that's one component of that.
The other part would be let me Scroll down a little bit here too, but maybe.
If this could link up with other departments as far as providing instructional information how to so if you wanna apply for HCBS and you have no idea how to do that, but you may stumble across IMAX page for example, they may have a way to.
Provide guidance on if you want HCBS.
This is how you start.
You know you need to contact the FSD.
This is the best way to go about it.
If they make it to our web page DHSS first.
Same information.
So again, I know this is very ambitious and I don't know if that is even something that would be feasible, but we thought this might be a way to start something along the lines of the no wrong door approach.
So just kind of something to consider.
And obviously we want it to be very user friendly.
So this way if a person, let's say participant doesn't have Internet access themselves, they don't have the ability to navigate that somebody could do it on their behalf.
Anything of that nature.
So this is something I'm going to talk about more in the future, but that's just kind of where we're at on that one.
The next recommendation is assistive technology, so maybe looking into adding this to waivers we already have in place and this kind of ties in with an in part the labor shortage.
So for example, a service like respite care or something along the lines of like structured family caregiver waiver, you may have a participant that might be in a loping risk.

What was there a piece of technology we could implement or provide through the waiver that would assist with that?
That also would relieve burdens from caregivers from informal supports.
Just possibly could ease that situation all the way around.
So that's just kind of something else we're looking at there.
Umm.
And then this other one here, the therapies.
So this my understanding, excuse me, my understanding on this is to look at it as more of like a preventative care.
Is this something we could put in?
You know, does a person need physical therapy?
Occupational therapy speech therapy.
Is this something that can fall under?
Maybe one of the waivers you know is the need there.
Yeah.
How is that something that we could add just to help out in general?
And this last recommendation we have is pretty much any kind of gaps and concerns with level of care.

You know, are we missing anyone?
Are we not focusing on a certain aspect of, you know, a level of need that we're not taking?

I don't wanna say take it serious as we should, but we're just not focused on as much as we should.
Are we focused on another area too much?
So pretty much just kind of looking at level of care in general and how that applies to our participants.
And I'd like to thank all of this is somewhat tied together back to again, somehow on

these surveys like what are people really experiencing and how can they get that information back to us consistently?

Concisely to where we can do something with it.

So that's kind of really where I'm at with we're trying to pull this together.

Umm.

And again, this is a work in progress.

So we're going to continue to meet on this.

I have another meeting scheduled for the 30th of this month.

I know the holidays are on, but but we'll continue to work on it.

So that was really the high speed version is there.

NL **Newland, Laura** 8:40

This is.

MS **Matthew Smith (Guest)** 8:42

Is there any questions or anything or?

NL **Newland, Laura** 8:44

This is awesome, Matt.

Thank you so much and umm, I will say that we encourage big ideas and complex ideas.

MS **Matthew Smith (Guest)** 8:50

OK.

NL **Newland, Laura** 8:51

Uh, because it is a strategic visionary plan for 10 years.

So umm really appreciate your work group thinking about that and thinking big and and yeah.

MS **Matthew Smith (Guest)** 8:55

OK.

NL **Newland, Laura** 9:03

So I think that's great.

MS **Matthew Smith (Guest)** 9:05
OK.

NL **Newland, Laura** 9:05
Do people do folks have comments or questions?

MH **Melanie Highland** 9:19
Can you scroll?

NL **Newland, Laura** 9:19
You're getting a couple thumbs UPS.
OK.
Sorry, Melanie.

MH **Melanie Highland** 9:23
You scroll up a bit to like the first or second page.

MS **Matthew Smith (Guest)** 9:25
Sure.

MH **Melanie Highland** 9:27
I was just trying to understand what one of them was a little bit more.

MS **Matthew Smith (Guest)** 9:30
Absolutely.

MH **Melanie Highland** 9:32
Hmm.
And go to the next page.
Some sorry, maybe it was that one.
I was looking at.

MS **Matthew Smith (Guest)** 9:39
Ohh no, you're fine.

MH **Melanie Highland** 9:42

OK.

Yeah, I think it was just the first one and kind of understand that feasibility study and kind of what the scope of that was a little bit more, umm.

MS **Matthew Smith (Guest)** 9:56

E Yeah, the the feasibility study.

That, and I'm not trying putting on spot.

I believe that was Mr Bob's suggestion, Ohm.

And I'm I'm reviewing that again.

MH **Melanie Highland** 10:18

Yeah.

I I I think I would like to know a little bit more about the business plans and exactly what umm?

MS **Matthew Smith (Guest)** 10:20

I.

OK.

MH **Melanie Highland** 10:31

A little bit more on that one that would be helpful for me.

MS **Matthew Smith (Guest)** 10:34

Absolutely.

I will certainly get that information and follow up.

MH **Melanie Highland** 10:37

Thank.

MS **Matthew Smith (Guest)** 10:39

Will do.

NL **Newland, Laura** 10:46

Any other questions or comments for the in home services work group?
So just so folks know what's going to happen is before the next meeting in December, Lookout for an email with a link that will ask you to prioritize recommendations and and the idea is to be able to tell the Advisory Council, umm, where you really think the priorities are, because they're gonna be getting a lot of recommendations from every subcommittee.
So we wanna make sure that that you all are are telling them where to focus. Initially. We want them to read everything, of course, but just kind of we wanna be able to give them some high level.

Newland, Laura 11:45
Insight into what you all think is most critical.
Does that make sense?

Matthew Smith (Guest) 11:52
Makes perfect sense.

Newland, Laura 11:52
OK, umm the I know that Lindsey is not here, but is there anyone from the LTC institutional setting work group who would be willing to walk through their recommendations?
And I am happy to share the recommendations too.

Marjorie Moore 12:19
If you can share the recommendations, this is Marjorie Moore.
I'd be happy to to kind of walk through them.

Newland, Laura 12:26
Awesome.
Can you see it?

Marjorie Moore 12:28
Yep, yeah.

Newland, Laura 12:29

OK, great.

Marjorie Moore 12:31

OK, so I think just like home and community based services, I think we also have an issue with staffing in long term care as well.
So one of those things that we wanted to look at obviously was look at increased staffing for CNA LPN, RN, Umm, part of that was in doing virtual observation for testing the the nurse aids.
I understand that, especially in a rural areas that can be a challenge to get folks to the locations in person.
Uh, and kind of with that same pulling together facilities that are in areas of the state to pool their resources so that they can do those testing, you know, maybe together so that you know this facility doesn't have to run its own and that facility doesn't have to run their own and be able to hopefully you know provide those to to get more people certified more quickly as well as providing the training in other languages including ASL Umm, bringing in more nurses from other countries on a limited basis.
And and really just, you know, trying to provide some resolutions for those pipeline issues for, for our ends trying to get more CNA's to become our ends and so on and so forth.
So a little bit of feedback from somebody.
OK.
Umm.
And then finding some time finding, finding some way to provide childcare and other needed resources for and for CNA's while they're doing training.
Since often they're not gonna have income during that time period and we think that that might be one of the barriers that keep people from beginning this training.
Umm, obviously finding a way to provide more competitive pay and benefits within long term care to compete with other areas of health care.
This is a big problem.
We see CNA's.
And nurses being pulled away to hospitals.
Umm you know often and in all parts of our state.

So that's something that we really would like to find a work around for as well as well as consistent schedules for the staff so that we can get kind of the staff member can count on that.
They're gonna work this schedule or that schedule and not constantly be abounding around and scheduling them as consistent teams as as pods.
I think one of our team members suggested so that team that works together, maybe on this wing is consistently working together that that way they know how to and they kind of know how the other one works and and can back each other up a bit more.
Kind of like most of us do in in our roles.

Umm Moore nursing orientation as part of the onboarding process rather than starting on day one on the floor.
So doing a lot more of that kind of process building and things like that before they get thrown in for everything, increase awareness to help CNA's understand their ability to change.
I think that this one had to do with had to do a staffing agencies and I'm going to to be very honest, I don't fully understand this one.
This is not my world.
The next one?
Peter Trent.
Printers training similar to those that are seeking employment within the construction trade, so that those that are seeking those certifications have a better path to that.
I'm a big, big piece is going to be preparing Missouri to get ready for the proposed CMS staffing role under the rule that was proposed.
I believe about 50% of Missouri's facilities aren't reporting that they're meeting those standards, so that's gonna be something that we're gonna have to work on, not only over the next 10 years, but but immediately.
And then we also stated that the Veterans Commission needs to be competitive with all of the corporate owned facilities because there's a lot of disparities there because they are state owned.

Umm, the next piece is increasing funding for for pretty much everybody involved, the providers, surveyors, Ombudsman so that we can meet the needs of long term care residents.
So that includes increasing the MO health net reimbursement rate, researching how other states are providing higher rates of reimbursement.
Since we are one of the lower states in the nation, so figuring out how are other states doing this?
Increasing outreach and awareness about long term care insurance plans and supplemental policies and Medicare Advantage plans.
Big concern here is that we know that Missourians aren't saving for long term care and many of them aren't really saving for retirement general.
So we we really need to find a way to.
Help Missourians understand that long term care is is, is, is a very likely option for a lot of people and we we we all need to be planning for that early and then increasing funding for the section for long term care to increase the number of surveyors and increase the salaries for those that we can keep them currently employed.
We can scroll up for me.
Umm.
And then there.
Been a lot more so they've gotten a lot more complaints, and those complaints require a lot more to manage.
Umm, so that's something that really needs to be looked at.
And then of course, increasing Ombudsman on Ombudsman funding.
Umm, we're about 25 Ombudsman short of of reaching the federal 1995 study, saying that there should be 1 ombudsman for every 2000 residents.
Umm, so we continue to to need that funding and then increased mental health services and supports for a long term care residents and providers.
One of the things that we we talked a lot about is that we're seeing more and more residents that have more and more complex mental health and behavioral health challenges and a lot of the facilities aren't equipped to really support those residents and need to kind of find some way to to to fix that.
So that was my off the cuff version of what we've been working on.

NL **Newland, Laura** 19:06
Thank you so much, Marjorie.

MM **Marjorie Moore** 19:07

We.

Yeah.

NL **Newland, Laura** 19:09

Really, really appreciate you stepping in and volunteering to to do that.

And do you folks have questions or comments?

Jay, I see that your hand was raised.

HJ **Hardenbrook, Jay** 19:25

Yes, it was.

Sorry about that.

So I I like both of these plans a lot and I think that you've hit on a bunch of really great issues.

I think the one thing that I'm worried about is that handshake between the two sides, whether somebody is moving from HCBS into residential care or someone who is low needs and residential care moving into the HCBS space, I feel like there's a both of these plans are really great for the two silos.

But how do we connect the two?

I think is a a really important part of the discussion.

MM **Marjorie Moore** 20:02

I 100% agree with you, Jay.

NL **Newland, Laura** 20:02

Yeah, that's great comment.

MH **Melanie Highland** 20:07

The other thing I would add to the the nursing facility rate discussion is there have been a law a lot of recent changes to the rate methodology pay by Medicaid for nursing facilities, things that hadn't been updated.

It is.

I don't know, 20 years or so there there's some.

Yeah.

So I I don't know.
I don't know what time about that.
I just know enough to be a little dangerous there, but you know, they had largely their rates were composed of seven different structures.
They're seven different cost components and it was built on cost reports with the trend and all other stuff.
I know that those were recently rebased and they have a like an I think A acuity added to that.
And so there's a lot more happening in the nursing facility rate than what historically has been.
Umm, it might be helpful for for that work group to, you know, get a little bit more information on kind of what that rate looks like.

BP **Bob Pieper** 21:19
Umm.

MH **Melanie Highland** 21:20
Umm, I just know that.
Umm, you know, in the past it had been always.
It was always insufficient because of how it was is set up.
I think there's been some more recent kind of structural changes to that, so it should be interesting to see how that progresses going forward.

NL **Newland, Laura** 21:49
Great.
Do we have any other questions or comments?
OK umm, so navigating LTSS Melanie, are you able to present an update?

MH **Melanie Highland** 22:16
What is this thing here?
OK.
Oh, can you see it?
Alright, I don't yet have it in the format.

NL **Newland, Laura** 22:36

Yes.

MH **Melanie Highland** 22:39

This is still kind of, but it largely of our bolded statements are kind of how we've been tackling this.

We did just yesterday.

Umm.

And discussed and actually some really interesting.

Let me Scroll down here.

So as part of a question of again what we wanted to achieve was help more professionals in the long term services space recognize their role as a navigator or they're part of the note.

They're part of a door to the no wrong door system, and so we were able to hear from Doctor Berger and Debbie Blessing yesterday, talk about how we can increase that training and awareness within the healthcare sector.

Umm.

Doctor Berger is with Slews, geriatric workforce education program.

It's it's not a web.

You go and some of the training that they have done umm for healthcare professionals about the long term services spectrum, umm and it also some education they do for nursing students for medical students who are early in their education about working in the field of specifically what they were talking about was aging umm and Debbie Blessing talked about a program that she has going on in Nemo where they bring in medical students and nursing students to have actual practice hours working out of their AAA and encountering a lot of the information referral.

Their meals?

Umm, as well as even our adult abuse and neglect cases and some of the interventions that they provide to get that first hand experience in working with the population.

And one thing that really came out of that conversation yesterday was the need for not just like a tree and go to a seminar, provide, you know, a PowerPoint, but that experience, it's experiential.

Umm.
Learning that they have heard that a lot of medical students don't wanna go into the field of geriatrics, umm.
And part of this because we call it geriatrics.
So part of that messaging needs to be.
Maybe modified in a more aged positive way for our medical professionals who are seeking a profession in in medicine umm and and it was interesting how they were talking about it, that a lot of medical students don't even they don't.
They don't want to work with our population or they don't think they do and how after time they feel like we don't tend to convert somebody, they feel a sense of success, you know, but yet the vast majority of our health care providers, professionals, they're serving in aging and disability population.
So whether you go in for a specific training this field or not, you are serving this population umm.
And so really had some great opportunities there on how we can help kind of make those connections.
Part of it was a lot of our health care professionals are the go to person.
When somebody as they age maybe has a diagnosis that has a lot of social implications, think about dementia.
Umm.
If it's by heard a Tam Cummings talk about before was you know if it was cancer, you wouldn't be talking to half a dozen specialists within the week.
I'm getting the appointment set up.
When it's a diagnosis of dementia, they weren't those resources and our healthcare.
I think people are looking at the health care professionals not understanding that in the healthcare professional needs to have awareness of what social supports are needed by that family as well.
So anyways, that's kind of one of the things that we're looking at.
And that's what we discussed yesterday.
Umm, the next couple of areas that we're looking at along the lines of this, how more long term service professionals can help recognize their role as a navigator is talking about increasing enhanced training for our information and referral specialists, this INR and so the week after Thanksgiving, Danette with advancing States and the it's going to talk about the error certification or things called Inform USA and how people collect it and information to provide a more more holistic response rather

than you said this word, which means that I need to give you this umm and and in in that respect Shelly with you in KC is also going to be talking about looking at our intake process, not just the state but also from our community based organizations of how do we take that intake, what kinds of questions are we asking to not just maybe answer they're given need at the time but understand maybe more at the heart of what whatever that question is coming from and so going to look at some charting the life course concepts which will be talking about again in two weeks.
And again, I think a basic component of this is the thing people understand, like helping people understand.
Are you part of this LTSS system?
Umm.
And that is a kind of a nearly unwieldy kind of of question, because what do we consider part of the LTSS system?
And depending on that on who you ask, it may differ slightly, but I think we also have to have kind of a shared understanding of.
What we're talking about?
Umm yeah.
And making sure people understand that they are a part of that.
Whether there may be the formal system or they **** up against that formal system or not.
Umm, we also are going when the recommendations is looking at some type of technology sharing.
Again, it's across the healthcare sectors and social service sectors, but also within each of those, umm and so there's some projects that we gonna have John buyer here about on the 30th with his cumulus is a work with aging ahead and May 4.
And a lot of the AAA's on how they've kind of approached that topic, they're funded with an ACL grant and I think are in their second or third rendition of that.
Of that, we also are talking to MO Health net because we know that there's a lot of interest in utilizing in clinical providers wanting a lot more of the social determinants of health.
The Z code types of information to help that kind of better holistic care for individuals.
And I know more health net recently received funding through the budget process to do some kind of closed loop system referral.
I know Mindy is familiar with.

I think one of the federal proposed rules out there was talking about giving more of those Z code information in a clinical setting and so that I think that's a step in trying to link these these two worlds, which ultimately is we see it as two different worlds.
But the participant just sees there's somebody who's I.
I need help.
Can somebody help me?
So we need to do a better job of talking amongst ourselves.
Umm we have also talked about peer supports for older adults.
Umm.
And you know, how can we we know that this is done in the?
In the behavioral health space for individuals with substance use disorder as well as severe mental illness, DMH has a a really great model out there.
I know a circle of care also implements peer supports for individuals who are transitioning between a nursing facility and that home.
Ohh space and so we also have this for in our Family partnership program for families with children with medical complexities.
It's how to again navigate the vast array of of experiences that you will have as an individual going through recovery or as a family who's trying to find resources that aren't widespread.
Lily, or widespread advertised and so how could we create a peer support model to become these informal navigators for our our 18 population as well as our individuals with disabilities?
And so I know you and Casey is looking to in some additional research to see kind of what models are out there that we can look at.
In addition, we have also talked I think I mean since last time we talked about the no wrong door over kind of concept which is where they're UMKC is doing a systems mapping.
Umm of this LTSS system as well as.
Comma.
Establishing some contacts at that state level for when there are issues or gaps in care, that group who can come together and try to problem solve those.
Umm.
Let's see here.
So we have basically one more session where we're kind of learning a little bit more about some examples of some of these areas that we were interested in focusing on.

And then on the 7th, we're gonna kind of kind of come back together.
Umm and try to finalize some of our recommendations before the following meeting.
It's one thing we didn't talk about.
It's not just people who are in the LTSS system, but largely how do we have more education about the LTSS system in Missouri?
Umm, how does it general public even recognize what this is?
Because I think, Jay, what you were talking about is having the facilities and the home care providers talking more and having a little bit understanding and because they're all it's, they're all part of this larger system.
Umm.
And so I think that's some kind of, you know LTSS 101 or what are we talking about when we say this.
We also, I think it was Ken Gilbert was going through and looking at some resources and found the old mocor website that was created during the fifth days.
If anybody remembers those umm, I mean that's kind of our one stop place where people can see resources, but this isn't a website that's regularly updated.
It consists of DMH, DSS and DHS resources.
Umm, but how can we better leverage that to be able to point to one place where people can go and then route from there?
So I think that.
However, it's kind of where our our recommendations are heading.
Anything that we haven't attached or that you want us attached or comment to questions.

NL **Newland, Laura** 35:12
All of your working groups seem very detailed and providing some really great recommendations, so appreciate the work that everyone has put into it.
No questions or comments from folks.

MH **Melanie Highland** 35:38
Late on the Friday, apparently.

NL **Newland, Laura** 35:40
I know, yeah.

8 **89b551b4-09ca-4204-bc08-733e2062eeec** 35:42

One thing I don't know if you if you mentioned this, Melanie, this is Venus.
But but I heard yesterday too was and how?
Like with licensure updates, you know the annual requirements trying to get something in there about the aging population that that would be a requirement for different certifications on an annual basis.
And then one other thing that I heard that kind of stuck with me that they said is ageism is the last ISM that's accepted and it starts in medical school and that kind of goes back to what you were talking about is folks aren't necessarily picking the geriatric population to work with, but they're working with them.
So, and that's all I've got, but I I found both of those things interesting.

MH **Melanie Highland** 36:29

Yeah, the the other thing that was good point, Gina.
Thank you for adding that.
You know, I think Lori Franklin, I don't.
Laurie, are you on this call today?
She was, umm, I don't think she's able to join us today.
She mentioned how both of her sons began their career or their education and nursing.
One stayed with it.
The other one chose a different area but and I know this from experience with a lot of the local LPN education programs where a lot of them they start one of their first practical experiences and working on actual humans is in a nursing facility.
Umm.
And how, baby?
That's i.e.
Umm, it can be overwhelming experience.
Umm and.
I don't know is that kind of I I I get that we have our aging population or individual disabilities, you know, have a lot of medical needs or can have a lot of medical needs.
Umm, but what?
We don't want to happen is, you know, we uh, introduce people into the medical profession and they had maybe 1 poor experience inside.

Nope, not gonna work with that population anymore.
So how can we be a little bit more thoughtful in how we wanna go about this and shaping that learning environment?
And I just, you know, again I think there is a a need for some kind of.
For like a better word, branding or marketing around serving this population.
You know, this isn't can be a clinically complex.
Umm, there's some?
Yeah, your problem solving and lots of opportunities for for to build connections and relationships to build report to work with somebody who has a lot of life experience.
Umm.
And so anyways, I just thought that was interesting.

NL **Newland, Laura** 38:46
Thank you, melonie Bob.
Bye.
I see that your hand is raised.

BP **Bob Pieper** 38:51
Yeah.
First off, I just wanted to apologize for being late.
My computer decided to hide the link to the meeting from me.
Regarding what some of the topics Melanie was bringing up, I and I thank you for taking this on.
Cause God knows my experience is we need help navigating the system of long term care we developed in the home mods work group.

NL **Newland, Laura** 39:19
E.

BP **Bob Pieper** 39:22
A fairly good communications plan to help doctors and their Staffs become advisors on home mods and repairs.
If you'd like, I could send you a copy of that, cause I think a lot of it is also applicable to long term care.
If not, I'll keep it to myself, but.

Again, I apologize for being late.
Could somebody reiterate to me the steps we're taking to keep doctors or get doctors involved in serving older patients properly?
Because I am real concerned.
Ah, with doctors who were dropping out of the system.
And we need to do something to help retain them and address the overall practitioner shortage and a staff shortage.

Youse,'s OtterPilot left the meeting

Bob Pieper 40:17
I'm done.

MH **Melanie Highland** 40:21
5 great question, as far as you know, specific to physicians, I don't know if that's something that the whole person health group is considering.
Umm, the aspect that that the accessing Lt or navigating LTSS workgroup is is focusing on is helping physicians an awareness about kind of how to work. Umm.
Ohh with umm an aging population.
Umm how to an understanding and awareness of that those social care referrals, what did they?
What was one of the terms prescribing?
Umm, I think I was like social care prescriptions or something like that.
Umm so to have because those 2GO together but part of it came into a lot of that education that at least slew is doing with their geriatric workforce education program. And Nemo.
Northeast Missouri AAA is focusing on medical students and how the feedback was, you know, if you were.
Uh, you know one they don't like using the word geriatrics.
That's not an exciting or attractive thing for a lot of medical students, but yet a vast majority of the numbers that they'll serve in in most areas, regardless if you specialize or not, are going to be an aging population or individuals with disabilities.
So how do we better prepare?
Our physicians for that.

Newland, Laura 42:22
Jay, I think I see your hand is up.

Hardenbrook, Jay 42:25
Yeah, I was just gonna basically reiterate what Melanie just said, but I was thinking about it as she was saying it that yeah, most medical professionals, the majority of the folks here are going to encounter have some sort of long term need, long term care need.
And if you aren't training for that, and I understand the geriatric thing too, I have a daughter in nursing school and she's not that interested in it either.
But it it's almost one of those.
Like it doesn't matter what your interest level is this these are the populations you're going to be serving on regular basis, unless you're going into Pediatrics.

Melanie Highland 43:03
That's a good point.
It's not really a choice, you know, like it's a, it's an aspect of the medical profession.

Hardenbrook, Jay 43:06
Right.

Melanie Highland 43:11
Umm, it's an eventuality really.

Newland, Laura 43:22
Scott, I see your hand is raised.

Lynn Lewis PhD CLTC left the meeting

Scott Miniea 43:27
Yeah.
Thanks.
I feel like very much an outsider to the conversation, mainly because I've only been here for like 1/2 of two meetings.

I think so.

I've not even on a work group, but I'm I love what I'm hearing, by the way.

Scott, from Missouri Connections for health, where this ship, the claim program many people know us by our former name and I'm navigating this right now with my mother.

Right.

And I'm in the field at least tangentially, right?

I have to really underscore that navigating the system and figuring out even where to start the no wrong door.

I'm familiar with Shelly and the the folks that UMKC again tangentially, but I think one of the things that I'm just observing, so this is really pretty much a general comment, is just it's extremely hard to figure out.

Even the definitions of of the processes.

Right now I have a I have a mother and a who has has dementia beginning dementia and we're looking at assisted versus all the other levels in home.

I mean, so and so that has been a challenge.

But I'm wondering what's been done, or if there's been any discussion among the work groups about community health workers as being part of a solution to that problem.

MH **Melanie Highland** 44:51

I don't know if we've discussed community workers per se in our work group.

I know we've discussed that here at at our division level to see how Community health workers can provide assistance.

Umm, I know.

Umm, you know that community health worker training is about 160 hours?

Umm.

And I know a lot of where we have the Community health workers is in the, like, federally qualified health centers.

Umm, I think there might be some in the behavioral health centers.

Umm, but I I don't know if there's a.

My understanding is there's not like a.

A field of professionals that we can readily tap into. Umm.

SM **Scott Miniea** 45:42

Yeah, to.
To continue that thought, I I've been through the CHW training program because we were looking at using them to assist with sort of the navigation piece and using their their, you know or a community level expertise kind of thing.

MH **Melanie Highland** 45:53
Mm-hmm.

SM **Scott Miniea** 45:57
And having the indoor to the to the right people and helping them navigate even just access the right form of care.
Right.

MH **Melanie Highland** 46:04
Umm.

SM **Scott Miniea** 46:04
And I'm talking about emergency departments versus whatever the primary care.

MH **Melanie Highland** 46:08
Yeah.

SM **Scott Miniea** 46:09
And so I think there's it's a very cost effective way to to address a lot of problems where they're not really in the medical they're they're obviously meant to be bridges between the medical professionals and the general community.

SM **Scott Miniea** 46:23
And just even someone who would be schooled enough to say, hey, I'm thinking like an ombudsman program or something almost like that where you had someone to call and say, hey, I need help doing this.
And I love the AAA's.
They're wonderful and I've tried to to do some of this with both my brother and my

mother by calling the AAA partners and I think they are.
The intentions are wonderful there, but it's also even passing back and forth within the same agency.
Sometimes you get lost in the shuffle, under resourced, and all of that, and I totally get it, but I've if you're looking for areas that that need focus, possibly on the navigation piece, that's just one area that I'm thinking that we could use some some better coordination maybe is the.

MH **Melanie Highland** 46:55
Mm-hmm.

SM **Scott Miniea** 47:13
So it's.
I'm thinking no wrong door and I need to talk to Shelly but but some of this is also, you know, for agencies like mine where we're in external agency to this to the state it's it's a little bit challenging and we are facing a situation with the people who do Medicare counseling through us and the other Medicaid counseling and things that we do are being asked to do care coordination, types of things and things that are way beyond what we're able to do.

MH **Melanie Highland** 47:17
Umm.

SM **Scott Miniea** 47:44
Well, there's Shelly, but I think that there's a lot of that, that even having a better.
It may be the INR process.
I'm not sure where the where that breakdown is and again I apologize to monopolize.
I just think that these that's a piece where from where I sit, I can see some gaps in the system and I I know that there's a lot of people working on trying to make it better and all kinds of ways.
So I just would throw that out there with the caveat that I know I'm not, I have not been the best partner in this particular endeavor cause I've not been able to make meetings.
So for what it's worth.

MH **Melanie Highland** 48:18

No, I appreciate that feedback.

Thank you, Scott.

MS **Matthew Smith (Guest)** 48:21

Scott, real quick, I was gonna say if you want to join the in Home group, you're more than welcome.

We're gonna have at least one more meeting and I would love your input.

SM **Scott Miniea** 48:35

I'll take it.

You in the toaster for recruitment.

MS **Matthew Smith (Guest)** 48:38

Alright, sounds good.

I will put my email in the comment section and I'll get you on board.

NL **Newland, Laura** 48:47

And Shelly, I see that you are on.

I didn't know if you wanted to respond to some of that.

RC **Reynolds, Michelle C.** 48:53

Yeah, I I I you know every single thing that you guys are bringing up are things that I I think are on our radar screen.

As we think through the no wrong door, and if you're not familiar with the no wrong door, it's we're in our second year of a two year initiative to really explore and map out what's happening in this space that you guys are talking about.

It's that space between moving from uh, you know, a nursing home to the community or to the community back and.

And so that's that space of, you know, all of a sudden your spouse needs services and you're trying to do it at home.

And when do you transition to out of home or when do you bring in technology or you know, there's that weird space in there, right where decisions are being made and sometimes you don't know how to navigate the finance side.

You don't know how to navigate some of it has nothing to do with eligibility.
It's the matter of figuring out when I ask my neighbor, when I put a nest camera up and those sorts of things.
And there's no intentional place in the country or in our state, specifically of who's really supposed to help you navigate in that space.
And so one of the things that we're doing is we're trying to why we've kind of merged these conversations is we're not trying to duplicate these conversations.
The no wrong door and the master plan on aging in this LTSS space is trying to put the recommendations together.
Umm.
And also recognizing that you know everybody is under resourced and totally busy, but where do we leverage where there are things happening, but where are the breakdowns like you mentioned the AAA's fulfills significant role, but sometimes there's a breakdown there.
Why is that happening?
Is it a funding issue?
A training issue, a technology issue, an awareness issue.
So we are in the phase of our project.
There were wanting to have key informant interview interviews with people, so like people that are navigating themselves, either from a proper personal reason or a professional reason.
So I do wanna offer that up that we want to dig in with the healthcare side, the home health side, Scott, the sort of mippa side we've been talking to AAA's and skills and kind of bring all of that together and gather where the needs, where are the gaps.
But where are wish list are we wanting different places for this and this isn't just the aging population right?
This could be someone with a new brand injury or early dementia or developmental disabilities.
Anybody that's kind of in that space of needing a more long term support.
So I always appreciate listening to this conversation, and there's a number of things that I think so.
So Melanie and Mindy, and we have a joint master plan on aging and they're on door meeting where we bring that thinking together.

NL **Newland, Laura** 51:56

This is great.
Does anyone else have any questions or comments or responses?
So umm, as I mentioned earlier you what you can expect from us is before the next meeting that we will be sending out survey links to be able to prioritize the recommendations coming from these different work groups.
And then the next meeting, we'll talk about the results of of those surveys.
Does that sound sound good everyone.
OK, umm and I think Carol, unless there's something else I I think that was that was what was on my list to make sure we address today.

CH **Carol Hudspeth** 52:57
Yep, that's all all I've got too.
I think we're getting closer and and appreciate all the work and discussion that's going into everything.

NL **Newland, Laura** 53:01
OK.

CH **Carol Hudspeth** 53:08
And and I think I think we're gonna come out with something really good.

NL **Newland, Laura** 53:12
Yeah, agreed.
Thank you for all the the deep work that's happening in the work groups.
OK, if there's nothing else, I will give everybody.

MH **Melanie Highland** 53:22
Laura.

NL **Newland, Laura** 53:23
Ohh go ahead Melanie.

MH **Melanie Highland** 53:25
This colorable quick let me know when you wanna get that survey out before the

next meeting and I'll make sure to get ours in a kind of reviewable format so it can be drained.

Newland, Laura 53:35
OK.
Yeah, I'll be reaching out to all of the work group leaders and I know, Matt, you had said you have a meeting November 30th, so I'll be reaching out to you all before the next meeting to get your recommendations that we can put it in that format.

Matthew Smith (Guest) 53:57
Sounds good.
Thank you.

Newland, Laura 53:59
OK, my gift to everybody is 5 minutes back on this Friday afternoon.

Melanie Highland 53:59
Thank.

Newland, Laura 54:03
So enjoy.
Happy Thanksgiving and we'll see.

Newland, Laura 54:08
See you all soon.

Newland, Laura 54:10
Bye bye.

Melanie Highland left the meeting

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Thank you.

Carol Hudspeth left the meeting

89b551b4-09ca-4204-bc08-733e2062eeec left the meeting

Matthew Smith (Guest) left the meeting

Lynn Lewis left the meeting

Melanie Theriault left the meeting

Steven Vest (Guest) left the meeting

Melissia Robinson left the meeting

Nicole Brueggeman left the meeting

Sheri Mathis left the meeting

Scott Miniea left the meeting

Youse, Elizabeth left the meeting

Bob Pieper left the meeting

Newland, Laura left the meeting

Mack, Amy left the meeting

Reynolds, Michelle C. left the meeting

Newland, Laura joined the meeting

Jennifer Morgan left the meeting

Newland, Laura stopped transcription