

CHOICE MINUTES
VIRTUAL TEAM MEETING MAY 21, 2020
1 p.m. to 2:30 p.m.

Members in Attendance: James Leich, Rep. Ed Clere, Dr. JoAnn Burke, Sen. Leising, Sarah Renner, Andy Weiderkamp, Rep. Carolyn Jackson

Members Absent: Beth Schoenfeld, Sen. Jean Breaux

Call to Order: Jim Leich brought the meeting to order at 1:06 p.m. He asked Erin for a members update. Erin Wright said one or two appointments were sent over to the Governor's Office last fall, he made some appointments to the Commission on Aging, but has not yet done anything with the CHOICE Board. The Board had five vacancies last winter right before the covid virus. They sent out a recruitment announcement to the Division's website and she sent applications to about four or five people who expressed interest and received one back. Rep. Clere asked who were the two she sent over. She said Laura Mullet from the Commission on Aging and the other one she couldn't remember. Rep. Clere asked if Hannah Carlock from Arc sounded familiar. Erin said no. He said she had expressed an interest and he is recommending her. She has attended several of their CHOICE Board meetings and they had talked about having someone from the Arc on the Board. Erin said yes she is one of the applications that she just got. Erin said Gayle Turner from the Office of the General Office/FSSA has recently reached out to the Governor's Office for an update and as far as she knows there is nothing to report. She will keep everyone posted when she hears anything.

Division of Aging Update: Erin Wright said over the last 10 weeks or so the Division has been heavily focused on covid-19 and their response to support their partner agencies, stakeholders and ultimately those they serve. She will be talking about their various activities that has occurred since March to assist in the Division of Aging response to the public health crisis. They have been regularly posted guidance and frequently asked questions on the Division's website. One example; Dr. Counsel their Medical Director developed a provider guidance for prevention of disease spread in congregate settings and at home and this guidance is applicable to provider agency staff as well as agency clients.

Erin said they have been holding regular and, in most cases, weekly phone calls with the area agencies on aging, provider trade organizations, and Indiana State Department of Health. There has also been weekly communications with all Residential Care Assistance Program providers on any positive tests as well as resources needed.

A couple of weeks on Friday, May 8, Dr. Sullivan, Secretary of Indiana's Family and Social Services Administration, Dr. Counsell, and Sarah Renner partnered with AARP who moderated a tele-town hall. They discussed the coronavirus, its impact on caregivers and efforts by the state to assist during this time. The tele-town hall was attended by over 6,500 individuals from around the state. If they are interested, it is available to listen to on AARP Indiana's Facebook page.

The Division of Aging received two rounds of supplemental federal Older Americans Act funding. Indiana received \$4,672,826 in Older Americans Act nutrition funding through the Families First Act Corona Virus Act and \$15,536,426 in Older Americans Act funds for nutrition services, in-home and community support services and caregiver funding through the CARES Act. The majority of these funds are being

distributed to the Triple A's through the intrastate population-based funding formula. Since Indiana received a Major Disaster Declaration in April, these funds can be used to with a lot of flexibility under the Older Americans Act umbrella. The supplemental funding will be spent before the regular Older Americans Act funding that is granted to the Triple A's each year. In addition to supporting traditional Older Americans Act funded services such as in home care, care management, transportation and meals, these supplemental funds are supporting pandemic response activities - like wellness check-in calls, purchase of technology to assist in supporting virtual communications and services and expansion of meal programs. The nutrition program partners and the local area agencies on aging have been doing a wonderful job in providing nutritional support for the older Hoosiers. All the Triple A's with the exception of one made the transition to either serving grab n' go meals or in combination to supplying shelf stable meals or frozen meals. The remaining Triple A chose to use a third party carrier to deliver 10 frozen meals at a time.

All the of the area agencies have been able to serve their existing clients and meet the needs of approximately 6% more or double their existing client base since covid happened. Despite the increase in the number of people and meals served, some area agencies have experienced a decrease in the amount of client contributions with some reporting collecting no donations and others reporting decreases of 36- 70%. But on the other end of the spectrum, an area agency reported no change in contributions. The Triple A's continue to report that costs have gone up due to circumstances such as meat shortages, increase in clients and an increase in supplies. However, all of them have persevered and rose to the challenge and developed work arounds.

Erin said the Triple A's all have been performing wellness checks on clients via phone calls to assess needs and to try to alleviate the effects of social isolation. One example REAL Services reported that in the month of April alone they made 3,411 social isolation calls. Area 11 down in Columbus also has instituted a phone a friend hotline where clients can also call in for socialization.

In an effort to be proactive and address any supply or meal issues that may arise, all respond to a weekly survey sent out by Kristie Garner the DA Nutrition and Health Consultant. Despite the waiver of the dietary reference, intakes with the passage of the Families First and Cares Act, the area agencies have reported that none of their providers have had an issue in meeting the DRIs, which are important to provide in order to meet nutritional needs and maintain health. In addition, with the pork/beef/ chicken shortages providers have still been able to provide these proteins with minimal disruption to menus. The nutrition providers are still delivering nutrition education and also working to adapt via zoom/newsletters on a variety of topics such as nutrition, mental health resources, menu planning and practicing self-care. In addition Area 14 has been able to adapt and provide Tai Chi virtually to clients.

Overall they have modified some program requirements to accommodate the changed environment. For example, care management visits are being provided virtually over the phone or via video conference when available. Support groups are being held virtual and they are looking for creative ways to address social isolation. The Division of Aging is spearheading an internal workgroup comprised of members from various FSSA Divisions and ISDH to find ways to combat social isolation placing a special emphasis on the use of technology.

Erin said since March the Care Management Team has been discussing how to wrap support around all of the Care Managers and Options Counselors during this difficult time. They have been partnering with the IU GWEP (they spoke at a one of their meetings last year) and FSSA Division of Mental Health & Addiction, they are able to offer a 6 Educational Series that began Wednesday, May 13 using person

centered tools in conducting phone assessments. The Division is planning on offering two webinars a month from May thru July 2020. The full line up on the series include: Depression: combating loneliness & social isolation; Grief & Loss; Depression: Suicide; Substance Abuse; and Dementia.

Several weeks ago, the Division was able to implement a High Risk Response Plan for individuals receiving skilled home health services who are at risk for not receiving essential services due to workforce shortages that may occur related to the Covid-19 pandemic. To ensure the welfare of all at-risk participants' area agencies and independent care managers are making remote wellness checks via phone, face-time or video conferencing, this is an essential component of the Division's Covid-19 response efforts. Participants were identified as at-risk or high-risk based on the skilled home health treatments/therapies/procedures they receive in addition to their age and living arrangements. Each area agency or care management agency received a Participant Triage List from the Division with a list of all the at-risk and high-risk participants to complete wellness checks.

Erin said a care manager would call and assess the following during a remote wellness checks which include; changes in health status, service needs and any needed adjustments to care plans, caregivers and scope of support provided, status of caregiver training from attendant care or home health provider; food and medication supply including but not limited to if the participant has access to sufficient food and medication. Also, during a wellness check, the care manager ensures the participant has needed area agency and emergency contact information, basic info about coronavirus (including info on symptoms and warning signs) and planning assistance to ensure adequate food and medication supplies. The Division is also receiving progress reports on these wellness checks on a weekly basis.

The Division submitted a grant application to the Administration for Community Living and were awarded \$1.1M in Aging and Disability Resource Center critical relief Covid-19 funding which is used to primarily to support communication and outreach efforts and infrastructure enhancements. One of the requirements of the funding is to conduct a rapid assessment to identify critical needs, workforce and provider capacity concerns, care transition issues, and service gaps, both within the ADRC agency itself, local communities and partner agencies. This will be completed and submitted to ACL within the next month.

The Provider Relations Team has been very busy they submit an Appendix K amendment to CMS for their Medicaid waivers which waived the requirements for existing waiver providers to enroll as alternative waiver provider types in order to serve more Hoosiers in need of services. This is most beneficial to adult day centers as they are temporarily closed during Covid-19 and so some adult day centers shifted over to doing in-home services like attendant care and community assistance. For clients utilizing Structured Family Care in conjunction with adult day services, Appendix K opened the availability for providers to render attendant care services to Structured Family Care clients in order to provide respite to the caregiver. Appendix K also enabled the utilize telehealth and telemedicine services.

The Division of Aging has also been working to support the Adult Day Centers during their closure assisting with development of intervention strategies for the centers to provide and receive reimbursement during their temporary closure, working to develop processes for when they do open and also participated in a virtual hall to address any provider related questions. The Provider Relations Team has also been monitoring incident report information for positive Covid-19 diagnosis as well as deaths related to Covid-19. Currently as of May 15th there were 106 waiver clients that have tested positive for Covid-19 and 26 of these 106 resulted in death. As of last week there is currently eight

waiver clients waiting to receive covid test results. Also monitoring the incident report to look for potential loss of service and no informal support system to provide care.

Erin said a couple of more areas she wanted to highlight under an 1135 waiver of the Social Security Act, which can waive certain Medicare and Medicaid requirements during a federal public health emergency or major disaster declaration, individuals can enter a nursing facility without having to wait on the PASRR assessments to be completed first. Under normal circumstances a PASRR assessment must occur prior to placement to ensure that placement is appropriate. The Division is tracking those to make sure people still receive the assessments within 30-days to make sure they receive the services they need.

Erin said finally they had previously mentioned the Indiana Council Against Senior Exploitation, which is a network of dozens of organizations and individuals across the state who are working to educate Hoosiers about elder abuse to prevent and end exploitation and abuse. IN-CASE does this through education, encouragement and empowerment. IN-CASE has been posting information related to covid-19 issues and scams on their blog and website. <https://www.in-case.org/Facebook> is @INCASEIndiana

Jim thanked Erin and asked is she seeing the Medicaid waiver assisted living buildings there has been a lot of issues in nursing homes he is wondering if any of that has followed over to the assisted living side of things. Erin asked Jesse to address that. Jesse said he assumes he is asking about covid outbreaks. Jim said yes. He doesn't have the number of assisted living settings with covid outbreaks but certainly there have been several covid outbreaks in the assisted living setting and some have been on the waiver side. One thing to keep in mind about assisted living and the waiver is the assisted living market is about 10 times the size as the waiver assisted living piece. His general impression is nursing facilities have been hit much harder than assisted living and much of that certainly is individuals in nursing facilities have more health issues than someone in assisted living and in most assisted living you have a privacy, it's not densely packed like most nursing facilities it varies from nursing facility to nursing facility. Those 2 factor probably play a factor in why it's not as high as in nursing facilities, there is no question that many assisted livings have been impacted.

JoAnn had a question about the wellness checks, she is interested in counties that don't have hospitals, the public health department in those counties are probably not funded very well. Are these wellness checks happening on all the clients that are on services through the Triple A's. Sarah said the Triple A's do wellness checks on all the clients and they've been focusing on high risks clients. They've shared some guidance with the Triple A's on what is required/recommended if they do have unmet needs. They have a triage process for every single client in the Triple A's and they are trying to work through the process to meet those clients in need.

Sen. Leising said the biggest concern she is hearing from her constituents is the people who are really paying attention to the State Dept. of Health website, when they see that as of today there's 732 deaths from people in nursing homes which comes out to 41.5%. How does do they respond to that when people say that seems like an awfully high percentage. Did we do everything in Indiana we should have done because they're hearing about all things that New York had did wrong. How would they respond to that question, did we do everything that we could have done to protect our residents in the nursing home. Sarah said as it relates to their residents being cared for appropriately and triaged yes absolutely. They have received very good feedback from residential care facilities about how residents are

transitioned within the facility to a special unit if they test positive for the virus and the designation of staff within the different facilities. Sen. Leising said another question that she is getting is when the first cases they really heard about in the news it was in a nursing home in the state of Washington. Why wasn't Indiana more prepared because we should have seen the warning that seniors were being affected dramatically. Nursing homes overall are being tainted and then there's the frustration from people who want to know why they can't get more detailed information about each nursing home. She understands the state is trying to make sure the nursing homes inform their residents and families but, any comments. Those are the real world questions she's getting from people about seniors, she would like to give better responses than she's been trying to give to people. Rep. Carolyn Jackson said she would also like to piggyback on that, she's in Lake County and she's getting the same questions not only that but she's getting a lot of seniors concerned due to the fact of the Covid-19 and their in-home care workers who are coming they are being given tasks to do that normally the senior would be able to do themselves. This means that the few hours that they are coming into their homes if they have to go and pick up medication for the senior or something like that then they are going out and don't necessarily have all the PPE that they need and by the time they get back with it the time is up. So they don't have time to the things they were sent there to do which means the senior is being short changed. Jim said this is really a question for the State Dept. of Health because the Division of Aging doesn't do much work with the nursing home directly. He would talk to long term care at the State Dept. of Health to get a response because the Commissioner should be the one on top of it. Rep. Clere said he agrees with Jim a lot of these questions are for the Dept. of Health Director. There is an order in place dealing specifically with long term care facilities, there has been a lot difficulty with transparency, he's had problems up in his area. Jim asked if anyone had an answer on the need for increased hours for the home care workers, since they are actually doing additional things for the clients related to covid. Jesse said assuming the payment source is Medicaid or Medicaid Waiver there are two different processes whether its prior authorization or the waiver either of those processes is available to increase the hours and on the waiver side the process has been streamlined a lot because of covid. Anecdotally that's not what they've heard, they've had regular meetings with the health industry and other providers and more often than not they are scared to let people in their home. Jesse said if anyone needs with that to reach out to the care manage or Division and they can assist with that. Jim said h had a question about the providers on the home care side are they seeing issues with the staff in the infection rate, not being able to get enough staff because of this. Jesse said that is not the anecdotal evidence that they've gotten he's sure there have been staff with covid, he would be a little surprised if it wasn't the case. One of the Division's biggest concerns early on was that they were going to run out of provider staff and so that's part of the reason with Sarah's leadership they instituted the wellness care emergency high risk planning process to make sure their network was reaching out to individuals in case they lost services or someone didn't show up etc., they tried their best to insure those folks weren't losing services. Hiring staff has always been a concern for agencies and it hasn't gone away even with covid, but the state has setup a link where people who are looking for employment in the aging disability space can submit their resume and within the Division of Aging they have been sending that information to providers on a weekly basis to try to connect people looking for work. Rep. Jackson said she would like to have that information, Jesse said he would send it out to them as he didn't have the exact link off the top of his head.

Jim said with the closing down of adult day care are any of them at risk of going out of business. Jesse said that's a real concern they've not had an adult day care express to them they're going out of business that has not happened to his knowledge. Unfortunately that's a very real risk they serve a very important function to individuals and families who don't want to enter a nursing facility. Rep. Clere said he talked to Hanna Carlock earlier and she is on the call observing. He said Erin talked about the PASRR assessment process being relaxed, has there been any other similarly relaxed processes say for getting someone on the waiver or CHOICE. Jesse said to a degree yes, his real answer is they are continuing to work on that. He said one big thing is instead of sending care managers out in person they are conducting virtual assessments which theoretically should make the process faster although it comes with its own challenges on the waiver specifically they are working with OMPP on a couple of initiatives is very difficult to do over a short period of time but they are certainly looking at ways to relax the financial and functional eligibility process to get in quicker in multiple ways. It hasn't come to fruition yet but they have been working on the process since day one.

Erin said regarding home delivered meals they've waived the requirement that there needs to be assessments in any of the nutrition risks type questions gathered, so anybody particularly for the OAA services if they are over 60 can get a home delivered meal.

Rep. Clere said prior to covid they had the numerous discussions about the way the system is setup to favor nursing home placement over home- and community-based services and he thinks the discussion is more urgent than ever and he applauds them for what they have done to facilitate home- and community-based services. He would challenge them to do everything they possible can, if there is anything they can do, a letter to the Governor at some point let him know what they can do to support their efforts. How has the process changed in the past three months or say if someone is being released from the hospital on a late Friday or weekend do they choose the way of least resistance and admit the person into the nursing home instead of home- and community-based services, is it functionally the same or has it been made easier in some ways or is it more difficult. Jesse said to some degree one could argue it is very similar but he feels there has been a fair amount of work underneath that which hopefully will make it much faster. He is also kind of hopeful that after covid attitudes will change a little bit around nursing facility stays as well. Many folks in the nursing facility he thinks could thrive in a home- or community-based environment, it's kind of a default going to a nursing facility. He doesn't want nursing facilities to have a bad image that's not what he means by any means he just thinks when you look at Indiana compared to other states we don't really perform really well with the ratio of people in home- and community-based setting versus institutional setting, it's by no means worse for something positive there is a little bit of change.

Rep Clere said when families come in and want their family member to be safe after an accident the nursing home becomes the default choice, he acknowledges that we have many great nursing homes and within nursing homes some heroic workers. The workers in nursing homes across Indiana and across the country have been on the front lines in many cases as much as hospital workers and health care workers, they deserve our gratitude and acknowledgement but he thinks they can also acknowledge that whenever possible when presented with all the options people will choose to go home. He said to Erin that she provided some figures in her report could she email that and the summary to the Board. Erin replied that she would. Rep. Clere said he wanted to give a shout out to his area agency LifeSpan

Resources he has been working with them very closely through the covid crisis. There've been so many great things one of the innovative things they came up with is having drivers in their transportation service who have been sidelined they've brought them back and had them start making wellness check calls to people. It has worked out great for the furloughed drivers and the folks who have received calls. He knows PPE has been a challenge and he has worked with them on a lot of PPE issues he said he knows Jesse had talked at one point about the concern raised about PPE for transportation and at that point they didn't have adequate PPE. The Division worked with the health department on that and he asked Jesse did he have anything to add to PPE. Jesse said no but wanted to thank him he really did capture some of the gaps that was lacking thank you for your efforts. Rep. Clere said thank you it was a team effort it was brought to his attention by Laura Clark the CEO of LifeSpan Resources that their drivers didn't have access to PPE. He said he thinks this next comment is going to require a lot of discussion going forward, he suspects this is going to be a legislative issue and he would like for Erin, Jesse, Sarah or anyone else to comment on this. He assumes that they are going to see a lot more interest in home and community base services given what has happened in congregate settings especially skilled nursing facilities and he wonders how that discussion is going to be framed going forward, because he has to believe that there are a lot of people who have been comfortable with the nursing home before will try other options first to keep a loved one or themselves at home. So he doesn't know if they've seen an increased interest in home- and community-based services since the news about the nursing home deaths have come out, but he would certainly anticipate that going forward there will be and he would appreciate their comments on that. Sarah said picking back up the redesign of long-term care services and supports this definitely means an increase in their home- and community-based services. They have a lot going on right now with the caregivers and their support of them, they know there is a way to move forward to a community-based environment and they are looking at the concept of a 48 hour window, how can they make things faster in the financial and functional eligibility. There are some things that may be able to be done in an emergency environment that can hopefully continue on into the future, she asked Jesse what it could add. Jesse said that's 100% true, again it's not great data but he can tell you with certainty they are serving about 4,000 more people at this time compared to last year at this time throughout the waiver and HCBS this year and the waiver has been growing and they don't have a waitlist. If there is further growth then they are prepared but he doesn't have real granular data on the increase in services provided or utilization or increase in participation over the last two months, it's a little early and most of their data is based on claims. Rep. Clere said we need to work as hard as we can to protect the funding for home- and community-based services especially hearing about budget pressure and revenue numbers, the budget projections keeps getting worse it is truly unprecedented. Sen. Leising said she agreed with Rep. Clere she knows that some people think just because we had a 2.2 billion dollar surplus everything is going to be okay and that is certainly not the case. She can't even imagine what the budget process will be like in the 20-21 session and she knows education is always at the forefront of getting 51% of their budget in the last few years, so even if they keep 51% for education that total amount is going to drop dramatically for everything else with limited revenue coming in. Rep. Jackson said she agreed with both of them this session coming in is going to be remarkable because every department you can imagine is going to need money, every department is going to have a lot issues that are very important to the people in the state of Indiana. Her prayer is that each department will utilize their resources to the best of their ability and not waste anything because we don't know where we are going to end up, we don't know how long this virus will last. And they don't really have a clue as to where they are going to be

financially this is something they are all going to have to look at and do the best that they can. Jim asked if there were any other questions he then introduced Rhonda Zuber.

AAA covid-19 Response: Rhonda Zuber, President - SWIRCA she said she had a lot of the stuff she had jotted down but people had talked about it. So she will keep it brief and answer questions they might have. She was given the directive to talk about what her agency is doing amid the covid pandemic that going on. Her office is in southern Indiana the very tip area of Evansville Indiana they have a stand-alone building and in that building they have case management team, they also have their ADRC, they have a full kitchen for their nutrition department and they have an attached activities center. All of this makes it a little more challenging during this pandemic, but it also makes it a little easier on some fronts as well because they're all together. They did go down to a skeleton crew, they did have to keep some of them there because of the nutrition department running full force. So of a staff of about 91 people they have about 12 staff there at any given time and now that they are starting phase three they are trying to open up their doors and let a few more people in and seeing how it goes, they are still not open to the public at all.

Each of their departments is looking at things a little differently so starting with their case management department that whole team is working remotely and doing phone assessments and she knows they had mentioned that it going quicker and some things are slower the phone assessments go quicker but the back end is taking longer because you don't have the ability to sat there with the client and go over the paperwork, you have to mail the paperwork and then go over it when they receive it. They are still taking new people it has not slowed down at all in fact the care managers are staying busier now than ever. They are doing the wellness checks that the Division mentioned they have about 3,500 clients they work with and they are on their third round of calls and each one that they go through is a little bit different and has been very enlightening. One of the neat things that they found out on their first round of calls is that people were not only needing some of the basic foods but they were also needing household items in PPE. They were able to make a unique partnership with the local prosecutor's office and APS, they put out some public service announcements for them and helped them setup a make shift food pantry and they've been able to call on donations from the community. They've been working on getting the donations out to the community by working with their drivers, staff, family members, it truly does take an army to make this all happen. Now as those phone calls continue they are seeing a need for fresh food which has been unique with their new funding contacts and a few other things they have been able to purchase some of those items and get them out. Home- and community-based services are down in their area, the main reason for that is that people are afraid to let caregivers in their home as well as a lot of family members are home now because they are not working and able to step in. She sees that as temporary now that the economically is opening back up.

Rhonda said the ADRC is being done remotely from home as well, they have their crew checking calls every 15 minutes and returning calls. It is much faster to get return calls right in the middle of the pandemic because they don't have the outside influences going on and they don't have the walk-ins deflecting those and are having a great response time and are able to get the clients through the system a lot quicker. As for their nutrition department - all of the meal sites everything is up and going strong, the congregate meal sites were struggling at the beginning because people couldn't figure out how to do social distancing, they are doing the grab and go. Home delivered meals are going fantastic and

increasing on a daily basis. They have setup a lot of partnerships in their community and trying to be creative about how they get food to those that need it. Not only are they serving hot meals on a daily basis they serve about 750 meals a day currently, but they are also working with their local food banks to get boxes of food out they are trying to do 14 day supplies at a time. They've also done shelf stables meals and they've just recently started doing box meals where they can send things out for the weekend meals like protein bars, packets of oatmeal, tuna etc., something that's quick and easy to give someone over 60 nourishment so that they will have food coming in. The nutrition department is their most active department at this point, they also have their activity center that is going strong it started out very weak, they figured out how to do some virtual activities such as exercises, tai-chi, yoga, stretch and tone, line dancing and they are also doing virtual speakers that are coming in now and they are streaming that through their U-tube channel and Facebook live. They have a knowledge hour that tells people what is going on the more information they can share the better off people will hopefully be and they've started support groups that have been meeting in their parking lot instead of the building, they've set up chairs 6 feet in a circle on the lot so they are able to connect that way. They have two fundraisers coming up that they've had to make an adjustment to, one is going to be a drive-in bingo which is happening at the end of June she'll let them know how it goes. Jim said thank you they are doing some amazing things he is hearing it all over the state. He is on a senior fund board here in Indianapolis and they're providing to a lot of small community based agencies, food is the key issue and a lot of their funding is through fundraisers and they rely on them but they can't hold them and they are just barely getting by. Jim said it is really hard out there and they are doing a great job.

I-4A Update: Kristen LaEace said it's a hard act to follow Rhonda Zuber and how SWIRCA has risen to the occasion in Evansville. She can confirm that every single Triple A in their state has similar stories, based on what's happening in their communities their agency resources which vary across the state, their agency strengths as well as what is available in the community and what the particular need is. Each Triple A has demonstrated both leadership and partnership in their communities and sometimes taking the lead on certain kinds of interventions and sometimes partnering to focus with other community partners and where those communities have taken the lead. She appreciated the picture Rhonda painted and she did a great job and so they are aware of what is happening all over the state and it's happening while everyone is working from home with just a skeleton staff in the building.

In addition to figuring out how to serve clients virtually they also have to figure out how to manage staff and how to insure their staff have the technology they need to work virtually. It's not been just a service response it's been a workforce and people management issue to that they've all done very well. She said between Erin and Rhonda's great report she doesn't have much to add to the Triple A and covid response, she wanted to see if there any additional questions regarding the network.

Kristen said she's sees these program adjustments continuing for maybe the next 12 to 24 months until a vaccine comes along or there's really great treatment because of the high risk people that they serve. Moving forward they want to continue to do things that address social isolation thinking for example about how we get technology into the hands of older adults that don't have it in their home and get them online. How do we can help access some of the opportunities that are available with streaming or even how are we able to do more video assessments so they actually have eyes on what is happening in the home and what is happening with the person themselves, that's one long term initiative that they

see moving forward. Another one is going to be looking at all the flexibility they have now and a lot of those flexibilities have been made available because we have a major disaster declaration, we have a public health emergency and all the various waivers that CMS, ACL and the state has granted a lot of stuff that will be helpful to continue as they move forward in particular to facilitate and expedite HCBS services. Those are a couple of the things that they are looking at long term, they are concerned about the budget particularly the CHOICE budget. Medicaid waiver has proved a big resource for their folks during this time, but just as important are the CHOICE funding the Older Americans Act funding and social services block grant for folks who aren't poor or sick enough to qualify for Medicaid those are great resources and they want to work to insure that they protect those funding resources in the future.

Kristen said in their educational packets – they had a legislative session and she won't go through the packet page by page but she did want to point to their legislative report. She pointed to bills that they were following and their position and what the results were and she included information on things that are happening at the national level. For example they've got an Older Americans Act passed and the Reauthorization passed and she included things on the National Association of Area Agencies on Aging. There are items in the packet related to the Covid-19 response, she thinks there are some things about social isolation and disparities, health care and outcomes, and health access related to covid-19 that they worry about as area agencies on aging. Very early on as things were shutting down they started seeing cases picking up in Indiana and when hospital search planning starting they reached out to the Division of Aging and to the Indiana Hospital Association to express their concerns that they wouldn't want to see any kind of care rationing based solely on aging or disability status as they were seeing being suggested on the west coast. She will have to hand it to their hospital systems after hearing back from Brian Tabor they hadn't really had an association wide discussion about this kind of rationing and prioritization problem and his response was they want to make sure they take care in the way they need to be cared for and hospitals have shown they have the ability to do that. Kristen asked if anyone had any additional questions.

Jim thanked Kristen and asked if there was any federal stuff that they needed to know about. Kristen said they've been very supportive of the various kinds of flexibility CMS, Administration for Community Living and the Older Americans Act funding for the Medicaid programs they have for what they've been calling covid-4 at the federal level the next omnibus relief package that will come out of congress. They've had a lot of requests in there from the national level a lot of them focusing on social isolation and technology those did not seem to be included in the House version of the bill that came out late last week. They will continue to work as it works its way through the process so if there are additional updates related to covid-4 she will let them know. She thinks at this point they've been really pleased with all the additional funding that has come through with the Older Americans Act that Erin talked about both in the Family First Act and the CARES Act, they think that's going to be a significant resource as they continue to support folks during the pandemic. She doesn't think that they are necessarily looking for more money in those areas probably more focused on ADRCs, social isolation, technology those kinds of things. She will keep them posted on what happens with covid-4.

With no further comments Jim said everyone be save and adjourned the meeting.