

CHOICE MINUTES
VIRTUAL TEAM MEETING September 17, 2020
1 p.m. to 2:30 p.m.

Call to Order: Jim said the first agenda item is the minutes from the last meeting, he asked for questions or comments from the Commission, since there were none he said all here in favor say I all those opposed say no the July 16 minutes were approved.

Presentation Program: Lynn Clough introduced herself as the State Long Term Care Ombudsman Director and she will be giving them a Covid-19 update on what's happening in the long-term care facilities. Indiana's program currently has 21 local Ombudsman located throughout the state in planning and service areas that correspond with the area agencies on aging. Many of the Ombudsman work out of the Triple A's and they have some that are sub-granted to a community or not for profit agency in the area.

Lynn said she doesn't not how much they know about the essential family caregiver, Dr. Counsel wrote the guidance for facilities this is for residents whose family members or significant others were providing care on a regular bases prior to covid. They were coming in feeding them breakfast or getting them dressed something the staff depended on and the resident depended on and it helped the family member be able to keep in contact with their resident but a number facilities are not letting essential family caregiver members in, some are but there is no consistence across the state.

CARES Act funding the ombudsman program did receive a chunk of CARES Act funding and nearly 85% of that has been allocated to the Triple A's. It's to be used for covid related items purchasing PPE on an ongoing bases, training, new technology she did ask that Triple A's or their sub-grantees purchase smart phones for ombudsman because number 1 it will facilitate conversations from outside the facility, but a number of ombudsman have been using their personal phones for years, so that's a good way she thinks to get some of that new technology into their hands. The state office has retained some of that money and will be using some of that for PPE for them because Mary and her do go out into the field for trainings for the ombudsman and any other special equipment or needs that come up. Another thing that she wanted to bring out to them the ombudsman have always met at least on a monthly bases on a conference call for years in April of this year they started that conference call weekly so they could just keep up with what's going out, there's so much information coming out about covid that they really needed to stay in touch. So they then moved to teams and it's been really great to see a statewide program these people geographically located very far from each other really become a team and she's asked if they were ready to go back to a monthly call no they wanted to keep this call, they really learn from it, so they've been using it as an opportunity to bring guest speakers in the morning in their weekly call. They had an infection preventionist Jennifer

Spivey from ISDH come in and talk to the ombudsman about infection control in nursing facilities, how to wear the PPE, how to go in and out of the facility safely, how to protect the residents as well as themselves, so if any of them have any ideas about other trainings that they'd like to present to the ombudsman just give her a call. That's about all she has, are there any questions or comments. Jim asked what is the guidance for families going into nursing homes is it facility by facility or is there statewide guidance. Lynn yes there is statewide guidance but the guidance is really left up to the facilities discretion and certainly you need to take into account what's going on, their county their county health department has in some cases mandated no visitation because of the positivity rate in that county so it's very inconsistent across the state. Senator Leising asked do you think about our 60% nursing home rate because she's been monitoring it since the beginning of data being available. Do you think it's because we didn't get staff vested early enough in our nursing homes or why do you think we haven't done as well in that regard. Lynn said she wish she had a good answer for that Sen. Leising she really doesn't know she thinks at the very beginning it caught us unawares, facility staff has always worked in a number of facilities at the same time and may go back and forth between the facilities so she personally thinks that has a lot to do with the rate of infections as staff carrying it from building to building. Sen. Leising said okay she just wondered because she thinks maybe some people thought that they were gonna try to put covid cases into nursing homes she doesn't believe that ever happened in Indiana right. Lynn said it was a very confusing time she doesn't know if they recall but this was down near Vincennes there were a couple of buildings who invited on their own to become a covid building and they started moving residents and ombudsman had no idea, family members had no idea where their family members were headed they were being transferred to other facilities, so luckily they were able to jump on that and get a guidance out for transfers but certainly it was a very confusing time. She doesn't know if those plans to make covid buildings really panned out. Sen. Leising said she watched the percentage death rate go up she used to think it was terrible when it was in the mid-40's but it has continued to climb maybe it's more stable right now than what's it's been. But she thinks for the average person who is trying to look at the big picture of covid and you see that six out of 10 deaths in Indiana occurred to individuals who were in fact residents of nursing homes when they got the disease then it's just very concerning and troubling. Lynn said you are right it's very concerning, but we do have to remember that this is a very vulnerable population it seems like the older we are the more the covid virus can do more damage. Sen. Leising asked do you know what the real-life expectance is of an individual who goes into a nursing home is there data on that that gives sort of a concrete range of years or months. Lynn said there probably is she would have to look for that she doesn't know it off the top of her head, but she could get back to her. Jim said it's a little bit confusing since a lot of people go in for short stay, rehab and if you include that information it's going to be lower, if you're looking at long stay patients it's going to be a lot different. He can't remember the last time he saw those stats, it's not uncommon for people to be in there sometimes 10 years. JoAnn said she also wondered when we compare Indiana with other states we may have a higher percentage of our older people on public funding in nursing homes than some other states to, so she would

also think it would be a variable to take into consideration in terms of the number of covid deaths in nursing homes just throwing that out. Lynn said you're right thank you. Rep. Clere said that situation that you were talking about in Knox county that was the one that the sheriff got involved right. Lynn said correct. He said that was a mess he forgot the number of the owner but they also have a facility in New Albany and he was involved a little bit in that because he found out all of a sudden that they were thinking of transferring folks that would have been quite a distance for people in his district for family members to have to drive and the disconnect with physicians and other caregivers and things like that so that was a mess he is glad that that got sorted out before that got any worse. He is looking at the report from yesterday his mother is in skilled nursing in New Albany, her campus has an active covid outbreak that started a little over a week ago and as of yesterday, they were reporting 20 cumulative resident cases with 17 current cases and then 10 positive employee cases cumulative with eight current so it underscores what she said it's certainly not the residents this vulnerable population that it going out and getting covid and bringing it back to the building certainly, it's possible that someone who has to go out to a medical appointment or something like that could bring it back for the most part the achilles heel is the staff working in multiple buildings. He had one question you talked about a chunk of money and he's wondering how big a chunk is and if she could talk more about how that was allocated, he knows she mentioned PPE but other ways that it's been spent. Lynn said the CARES Act funding the ombudsman program in Indiana received \$389,403. The CARES Act funding the ombudsman program in Indiana received \$389,402 nearly 84% of that has been allocated to the Triple A's. The allocations are done based on bed counts per county obviously Marion county and surrounding counties has nearly 20,000 beds, but the allocations were made Sarah she thinks told her the contract amendments went out this week. So the covid allocations should be hitting the Triple A's, purchasing can go back to August 1st for PPE they don't know how long this going to last so just purchasing a box of masks is probably not going to do it, but making sure the ombudsman have a continuing supply of PPE as they ramp up their visits and certainly the new technology. She did ask for the Triple A's to purchase smaller notebooks/tablets for the ombudsman they are easier to get in and out of facilities with and you can do the handwriting or touch screen much easier, so many of their ombudsman are still using desktops so they make all their handwritten notes then take them back to the office and then have to input them into their new software, so hopefully these new notebooks and new technology will help with that. The other thing is she's asked each ombudsman what is it that your particular community needs, what do you feel you need to make sure that your facilities in your area are making it through covid, so they are still working on that. They may be able to use some of that money in some areas for starting or developing a volunteer program, but there are some states that have 600-800 volunteer ombudsman that's a lot of eyes and ears that 20 ombudsman can't always cover. It's not a great time to start a volunteer program they know that they can't even get into the buildings, but training and shadowing is a big part of learning to be an ombudsman. So they are trying to be very creative and they are still working on ways they can use this money effectively. Rep. Clere said talk about that again please you said you couldn't get into the

buildings, you talked earlier about how the visitation policies are different throughout the state sometimes based on county requirements or limitations sometimes based on facility limitation, you're able to get into certain buildings at this point he would assume. Lynn said she has kept the ombudsman out of the building since mid-March she is very concerned about her ombudsman over half of them are in a vulnerable age group and that concerns her a great deal. Rep. Clere said he appreciates that but we all recognize that we have a vulnerable population in nursing facilities and one of the realities of the pandemic is that the usual eyes and ears are not there when family members and other loved ones haven't been able to visit so it would seem like it would make the role of the ombudsman even more critical. Lynn said we think that certainly and he's right they want to get back into the facilities, across the country ombudsmen have been kept out of the facilities and that's just been the way of business this summer certainly. She does plan to push to get them back into facilities she thinks it not going to be a consistent thing across the state like they said earlier, but some facilities will allow it but she wanted to make sure that all of the ombudsmen have their PPE and have training on how to safely make sure that they are not carrying the virus in nor are they carrying it home. Rep. Clere said should it be up to the facility they admit therapists and other vendors and such so why would they not admit an ombudsman who goes through the same screening process and meets the same criteria. Lynn said you would think so but a lot of facilities are still not letting therapists in. He said right but if they are letting therapists and other vendors and contractors in then it would seem pretty sketchy they wouldn't let the ombudsman in. Lynn said yeah you are right it would be sketchy. Lynn said they are working trying to like she said starting with outdoor visits, you are right we need to be in the building. Rep. Clere said that he's encountered through constituents some pretty horrible situations and he's not saying there are bad things happening in all the building, but in certain buildings there have been very bad things happening. There was already a staffing crisis before the pandemic and the pandemic has only exasperated the preexisting staffing crisis. He said he has an answer to Sen. Leising question he just wanted to make he was correct in his memory on this, he remembered that 2.2 years is the number that he has seen as far as the average life expectancy of someone once they enter into a long term care facility and he just looked online and there's a journal article on the NIH website that must be where he saw that it's from 2018 but it gives 2.2 years he was just looking at the abstract his not reading the details, he's seen other numbers that are lower and he's seen other numbers that are higher. Sen. Leising said thank you and she had a CEO of one of her hospitals tell her that it was 12 to 18 months but she was just trying to verify if there was any real numbers. Jim said you need to look at it as a distribution because if you saw March it could be real high 0 to 50 days and there'd be another chunk way out at the other end of over 5 years and then a lot of in between is it's a number that has to be purged out really well. Jim said any other questions for Lynn. Erin said there is a comment in the chat that says in June the US Department of Health and Human Services Deputy Secretary Eric Hardon issued a letter governors calling for all governors to designate all long term care ombudsmen and APS workers as essential so that they could go into long term care facilities. Lynn said they had not been considered essential. Rep. Clere said is that because Gov. Holcomb hasn't designated them as

essential, she said she doesn't know she just knows that they have not been considered essential. He said it says HHS issued a letter to all governors calling for governors to designate the long-term care ombudsman and adult protective services workers as essential so that would imply it was up to the Governor to designate you, so has that conversation not taken place. Lynn said that has not taken place and she would have to go back through all the guidance from March through April regarding the conversations on having ombudsman be essential because they were not ever considered essential. Rep. Jackson she is just trying to, she was wondering if anyone has approached the Governor's Office and asked for the ombudsman to become essential that you know of. Lynn said not that she knows of she has not done that. She was asked if she plans to. Lynn said she thinks she probably should be based on this conversation. Sen. Breaux said she's sorry she just jumped on the call but forgive her but why are ombudsman, why would it be necessary for ombudsman to be essential workers aren't you sort of a mediator negotiator. Lynn said they are the eyes and ears in addition to the family members who have been kept out beginning in March. Sen. Breaux said so then the ombudsman have been kept out as well. Lynn said correct. Rep. Clere said it would be a good thing for her to look into unfortunately based on what they are seeing it looks to him like they are going to continue to see outbreaks in long term care and the predictions of a second wave of the virus on top of the first wave we may need to rely a lot more on the ombudsman than we would like if family continue not to be able to visit. The Governor did expand the definition of essential workers back in the summer to include direct service professionals who work with people with intellectual and developmental disabilities and several other categories as well. Hanna Carlock is on the phone he doesn't believe she was able to get on the virtual meeting she dialed in, Hanna if you have access to audio if you want to chime in on that feel free. Hanna said can you hear me, so the way that we got that through is they were just talking to the Governor's Office and then of course they were talking with DDRS and FSSA so it was just that the Governor just wasn't aware that they needed to be made an essential worker and so they had the conversations and made it happen. Rep. Clere said that based on what Hanna said it just might be just creating that awareness and making the ask. Lynn said she would get to work on that right now thank you it's been good to talk to you guys again you're always full of good ideas. Andy said he was going to second all of that, Ed pretty well summed it up we have a time when families can't get in and he's had some personal experience with a friend of theirs who's been in, who else but the ombudsman is gonna get through. Maybe with a little bit more force than you used to because like you said there's nobody talking and the families are outside not knowing what's going on and the residents inside are wondering the same thing who knows what else is going on in terms of communication and solving problems and things like that so he would second the motion that you see what you can do. Jim said if no one has any other questions they have a couple more agenda items. Rep. Clere wanted to say one thing before he did that, he joined just a moment after he started and he also sees another note in the chat if folks are looking at the chat, but Natalie said that Lynn the Alzheimer's Association is happy to help with and or support it would be helpful to have the long term care ombudsman designated as essential is a key part of our recommendation so Lynn you may want to connect with Natalie

in the Alzheimer's Association, sounds like they would be happy to help with that. But that actually related to his comment thank you for figuring things out earlier in the week with respect the posting of the CHOICE meeting his legislative assistant as he knows discovered that it was posted as a physical meeting in one of the conference rooms which he thinks that is the same problem that they had last time and him and Jim had talked about it he wants to know why we keep getting these meetings posted as physical meetings then the information on the website only provides the dial in number which is great and he is concerned that maybe folks dialing in would be able to talk since Hanna was able to speak obviously they have the ability to speak but he's not sure why we would not invite the public at large to the Microsoft Team Meeting why we wouldn't post that link because folks who are dialing in don't have access to the chat feature and are missing some of the things that are going on in the meeting. Something to consider as we move forward he hopes that we are all together in person before too long he suspects that our next meeting will be virtual. Erin said we within the Division of Aging don't have the ability to update the website ourselves so we sent the information to the FSSA Communications and they updated the agenda but they did not take off the fact that we weren't meeting in conference room C and replace it with the virtual meeting it was just something that was missed in the process, but we have sent them the information we appreciate Rep. Clere notifying us of that as far as posting the link to the teams meeting the type of team meeting that we're using we don't have any ability to post the link on the website that's why we set it up to have the phone number as an alternate way to participate in the meeting for the public. If there is someone in particular that you know is going to be attending the meeting that is just a member of the public you can forward them the meeting invitation you received then they'll be able to participate via teams but we don't have a way just to post for the general public the link for the teams meeting. Rep. Clere said thanks and he would offer a suggestion with that in mind how about assuming the next meeting will virtual how about putting on the agenda an email address that folks could send their email address to in advance of the meeting to receive a reply with a link to the teams meeting. Erin said that's a great idea they have an email address that they can use for that, good idea thank you for that. Rep. Clere said he wants to be as inclusive as possible.

Jim said Dr. Counsell is going to talk about improving dementia capable home- and community-based services and he has been participating in a lot of those zoom meeting as well and there has been a lot of information and they've got some recommendations that he is going to talk to them about today.

Dr. Counsell said thanks for the opportunity to talk to the CHOICE Board he is looking forward to sharing some information with them here about the activities of the Indiana Dementia Care Advisory Group and also to share and get initial feedback on some recommendations that the advisory group is looking to make to the Division of Aging for the next coming year or two around how we might improve dementia care within our home- and community-based services. He is sharing his screen with the slides and will go at a pretty good clip to have time for

discussion. Reviewing some background around what are dementia- capable home- and community-based services and the work of the dementia care advisory group to draft some recommendations. About a year and a half actually two years at Sarah Renner's leadership with the Division they've taken a strong focus around how we can enhance our services to be more, better addressing the unique needs of those people having dementia and importantly their caregivers. This is really critical to our state's home- and community-based services, about a third or more have either a dementia diagnosis or memory problems so this impacts a large amount of people that we serve. The goal has been to develop and expand dementia-capable home- and community-based services and dementia capable is a term coming from the Administration for Community Living around essentially people having special knowledge and skills that would allow them to most appropriately interact and support people with dementia and their caregivers. They want to maximize the ability of people with dementia to remain independent in the community and including support for caregivers. An overview of the home- and community-based services that the Division of Aging oversees there are several thousand Hoosiers being supported by these various programs and the numbers that he gave them are about a third or better of people served under the home and community services waiver have dementia or memory problems. Remember the waiver population consists of people who have chronic illness such that they are dependent on their activities of daily living and nursing home level of care so they qualify for nursing home there but they are trying to live in the community in their home or assisted living under services provided by the Medicaid waiver program. And then CHOICE has similar and you know all about CHOICE and then the Older Americans Act Title III especially providing home delivered meals to people who have challenges getting out for nutrition and such and then the Social Services Block Grant. All four of these in some way or another can support various in-home service supports and so he has listed them here the most commonly utilized and this will relate to our further conversation here is everyone in the waiver program and CHOICE have a care manager and typically from the area agency on aging or private care management groups. The most common in-home service is attendant care these are personal in-home service providers who will help with your activities of daily living, like bathing, dressing, toileting, walking really basics, whereas the homemaker services that really more of your instrumental activities of daily living or those things around transportation, shopping, laundry, housework and those kinds of supports. Those are the two most common in person services and then home delivered meals are also very common across the board for the various people served. There are certain services specific to the waiver that are listed. The Dementia Care Advisory Group is really an astounding commitment by lead organizations and agencies across our state that have demonstrated over the last 15 months that the group has been meeting a very clear commitment and dedication to not only continuing to serve this population of people with dementia but also their caregivers even more so to improve what services that we do have and to work together to collaborate and find synergy among the services that are provided to better meet the growing needs. He'll just point five of the area agencies on aging are involved here, they've got two Geriatrics Workforce Enhancement GWEPS at IU and U of Southern Indiana they have a number government agencies the Dept. of

Health, Dept. of Homeland Security and medical director Dr. Michael Huffman have work together with Dementia Friends to implement a module for first responders online to learn about dementia and how to better interface with that population on their runs. Clearly the Alzheimer's Association and as he mention Dementia Friends Indiana those 2 are taking a real lead role in this effort Natalie Sutton from the Alzheimer's Association and Dustin Ziegler Leading Dementia Friends Indiana out of CICOA are on their planning committee with members from the Division of Aging who did he miss AARP of Indiana, Jim Leich he is really pleased to have his integral involvement as well as Dr. JoAnn Burke. They've got several associations adult day services the area agencies on aging, Kristen LaEace, Home and Hospice Care, Indiana Hospital Association, Indiana Health Care Association, the Center for Assisted Living, Qsource the Medicare Quality Improvement Organization and the Solutions Center is a home- and community-based services provider and does some training in dementia care in southern Indiana. The University of Indianapolis their Center for Aging and Community he did not have to struggle to put this group together this was really a delight and refreshing to see people come forward and dedicate time and resources to this effort. What's the purpose of the advisory group so consistent with that, our goal under the dementia care initiative they wanted to engage right from the start key stakeholders to help them plan and then implement improvements and care across community based services. So what they are talking about today is really the first phase, the planning phase in which this group has been asked to help develop a set of recommendations and that's what he will be presenting to them today. A set draft of recommendations have come out of these last 15 months together, they have held just about monthly meeting with a break with the covid pandemic but most recently have gone virtual and over several month's time most of the organizations listed actually provided structured presentations on their current and their future planned activities in dementia care just so that they could all have shared learnings about whose doing what and where we might find some optimal collaborations and Cinergy and this is specific to their activities in supporting persons with dementia their caregivers and any trained programs that they offer around dementia care. They have had the last three or four meetings now they've taken to looked at how Administration on Community Living defines a dementia capable home- and community-based services system and they have seven specific key elements that he will walk through briefly and then they looked at how after looking at who's doing what across the state how do we stand, what's our status on these key elements and then they identified those where they thought the greatest opportunities for improvement and those were the ones in which they tied some recommendations. The dementia care key elements there are seven of them and the ones in red are the ones they've identified that they could certainly grow the ones that are in black are neutral like they are doing some good there certainly they have room to grow but not a much opportunity as those in red. They have three in red of the seven and the one in green which is, actually, the last one where they are really performing the best. The first one the home- and community-based system all the staff and providers across that HCBS system that he outlined earlier should be equipped at least identify people with possible dementia and recommend that they seek evaluation and make sure they don't have something reversible going on that might

resemble dementia. The second key element is to be sure that the home- and community-based programs that he mentioned earlier have eligibility and resource allocation take into account the impact of cognitive disabilities and without going into he thinks they were doing fairly well in that category. Number three is to ensure that staff so all the staff across the area agencies on aging and the provider services are able to communicate effectively with people with dementia and their caregivers and provide services that are person centered and family centered, offer self-direction of services and are culturally appropriate. As you know we've had a strong emphasis on person centered counseling and support service plans and such over the years so they also felt that that's pretty good relative to some of the other areas. The next one is a biggie educate workers this is referring to direct care workers attendant care, homemaker services providers in the home to be able to identify possible dementia and understand the symptoms of dementia and appropriate services. They've learned or maybe confirmed that most of the in-home direct care workers have not had any specific training in dementia care or supporting how best to support the unique needs of someone with dementia and their caregiver this is a big gap and an opportunity to really enhance their services. This is the fifth key element educating the public about brain health increasing awareness around the risk factors associated with developing dementia, first signs of cognitive problems, management of symptoms if individuals have dementia, support programs and opportunities to participate in research. Certainly any system needs to have a quality assurance system that measures how effectively providers serve people with dementia and their caregivers. What they feel like they are doing best this is much to tip our hats to the area agencies on aging the Indiana Association of Area Agencies on Aging and CICOA taking the leadership for our state in the Dementia Friends Indiana initiative lead by Dustin Ziegler. The do have activities in that realm really going across the state which they felt like they were doing pretty well and they want to build on. He said he was going to stop there and any questions on this dementia capable system before he goes on to the recommendations. Rep. Clere said one question he didn't have his slides up for a few minutes one thing they discussed previously in the CHOICE meetings is the people who are misdiagnosed with dementia when it's a medication issue or some other physiological issue like a urinary tract infection, etc. so maybe he is going to get to that but he just wanted to bring that up. Yes that does fall under that kind of key element number one to identify people with cognitive systems and get them evaluated to see what is going on, that's an excellent point in terms of people may in fact have dementia underlying Alzheimer's disease is the most common, multiple small strokes is the second most common cause of dementia but typically its multiple factors that are contributing and so even if you do know someone has Alzheimer's its worth reviewing their medications, vitamin levels and other aspects there that can potentially make things worse. Rep. Clere said he saw that in number one but he just wondered is there enough recognition of the need to coordinate care and to be really rigorous in their evaluation to making sure the right experts are doing it and are coordinating with other caregivers. Dr. Counsell said they did struggle with the scope of this project and they did sort of double back and this is in part why they are using seven key elements of a Dementia Capable HCBS System is that this is really focused on the in-home providers the non-professional really the non-health

care providers to address the issues there. They have a couple of recommendations around the first item around helping identify people this is for service providers within the home- and community-based system the Triple A staff how can we help them better identify at risk people and help them get the support they need. A broad and maybe superficial but at least a broad recommendation is involving the whole aging network the area agencies staff and home- and community-based services provider staff to have at least a one hour online module that would cover the basics around awareness of the signs of cognitive problems and additional dementia resources that are available and it actually comes out of the Indiana Dementia Friends handbook it's something that is set to go and they've already used it and it's at no cost and comes with a certification that's their first recommendation under that. The second is to dive deeper and they may need additional resources to get this done but they do have some good starts, interaction with the GWEPS programs but providing training to Options counselors and waiver care managers so these are the people who have face to face time with and ongoing relationships with people in the waiver and CHOICE program and they would at least have the knowledge and skills to specifically identify people when they are doing their assessments or their follow up, they would be able to flag in their minds to identify people with signs or even a diagnosis of dementia and be able to refer them for an accurate diagnosis and information and support. Under number four this was a big area they all agreed was probably one of their greatest opportunities was the in-home service providers the direct care workers, attendant care homemaker in particular there would be some specific training helping them to better meet the needs of those with dementia and their caregivers. They would be competent in recognizing, understanding to better meet their unique needs. The fifth this one Natalie Sutton helped out in particular educating the public about brain health, including information about the risk factors associated with developing dementia, the first signs of cognitive problems, management of symptoms if individuals have dementia, support programs and opportunities to participate in research. They think Dementia Friends initiative is really an excellent way often people will have this nihilistic feeling that there's nothing anybody can do for someone with dementia. The diagnosis is worse than cancer, I don't want to go to the doctor and get evaluated but there's nothing further from the truth in terms of the help that can be provided to optimize someone's quality of life. If we can use the Dementia Friends approach people can gain an increase awareness of these issues and be better able help their friends, neighbors and community. They have three draft recommendations which including obtaining funding for a full-time staff person dedicated to enhancing Indiana's dementia capable home- and community-based service system. Supporting cross agency efforts to build a more dementia friendly state for example the Indiana Dept. of Homeland Security has dementia friendly training for first responders. And finally identify organizational opportunities between Indiana FSSA and the Indiana Dept. of Health to address the growing public health challenge of dementia, including support for persons with dementia and their caregivers and much consistent with the mission of the CHOICE Board you know how can we leverage this initiative to help people more quickly access you know home- and community-based services and avoiding institutional long term care when desired and particular services to meet the needs of

those having cognitive problems. He's gonna stop there and take questions/comments/feedback. Andy said could he give them a quick summary of CICOA's thing he was talking about that could be a lead in this whole process. Dr. Counsell said sure, the thinks he's referring to the Dementia Friends Indiana and CICOA Aging and In-Home Solutions is the largest area agency on aging in the state. They serve central Indiana Area 8 its eight counties. They have Dementia Friends actually an international initiative but there's Dementia America and CICOA has agreed to lead the charge and champion Dementia Friends Indiana and they have together with the other Triple A's have made it a top priority. The Indiana Association of Area Agencies on Aging with Kristen LaEace and with the Division of Aging to really move this out to developing dementia friendly communities, they have dementia friendly restaurants, banks, businesses and such and so that's primarily around growing an awareness of how common and how challenging and what the unique needs are for people with dementia and their caregivers to reduce the stigma that might come along with that and support our communities. Andy said thank you. Erin said she would just add that Dementia Friends was scheduled to do a training with the CHOICE Board she thinks it was back in January, so all of the Board members could become dementia friends and become more familiar with the initiative and the meeting ended up being cancelled. So hopefully we an all meet again in person or find a way to do it virtually, we add that to an upcoming meeting. Dr. Counsell said highly recommended. Senator Breaux said forgive me if you said this already do you currently receive any funding from the Dept. of Mental Health are you funded at all in any way. Dr. Counsell said not the Dept. of Mental Health and Addiction no, but he can reshare his slides, they do have IU funding for the Geriatric Enhancement Program and they are doing ECHO online internet supported learning collaborative with the care managers across the state, so hundreds of them will be on the line just like we are today and viewing geriatric care issues including dementia. So they do have a little bit of a start on that and then they were recently awarded at IU of which he is the project director and working with the Center for Brain Care Innovation at Eskenazi Health a ACL Administration for Community Living grant to provide caregiver support and training to some of the in home care workers and that will be working with 5 of the area agencies on aging in 36 counties he thinks. Rep. Clere said he wanted to go back earlier to his question he doesn't think he expressed it very well he has the slides in front of him now. He still has the concern that even if the worker in the home- and community-based system finds somebody who possibly needs to be evaluated it seems like there is still a lot of bias in the system that people end up with the dementia diagnosis when it's not really dementia and he thinks that goes back to what he referred to earlier about coordination of care and things like that but maybe there's an opportunity looking at the draft recommendation number four where it says a dementia capable home- and community-based service should education workers to identify possible dementia and understand the symptoms of dementia and understand the services. Would it also be appropriate to say something about being able to identify possible signs of dementia misdiagnosis. Dr. Counsell said a lot of these are cross cutting key elements so you could put that under element one or four or other ones, but including that clearly he thinks typically across the country even internationally the issue of

under diagnosed dementia people having cognitive disorders that haven't evaluated and helping people earlier to recognize and intervene to help but he agrees with him completely and especially in the hospital setting and hospital discharge setting people will be labeled with dementia when it's really an underlying delirium or confusion that is not specifically Alzheimer's disease or if it is its made worse by something else going on that needs further evaluation. So a lot of this will be that does tie in some with our prior as I mentioned with our other ACL no wrong door business case. Looking at care transitions between hospitals and working with these same care managers will help to coordinate care with the health care system folks especially targeted for people with dementia. Rep. Clere said he didn't want to minimize the under diagnosis of dementia but as you suggested it's all too easy for someone to get a dementia diagnosis slapped on hastily without there being appropriate care coordination and looking back at medications and transitions in medications especially when they are moving from hospital to home and maybe hospital to rehab facility, rehab facility to home and all those sorts of things so again don't want to take away from the under diagnosis but also think it might be useful to make sure that workers have some training to look for signs of someone who has been misdiagnosed or possible at least needs to be reevaluated so we just don't assume that when somebody's been designated or diagnosed as having dementia that we are done that we'll never revisit that it's he thinks it just too easy to write people off. He wants to Natalie put in another comment in the chat if he may read that "other states have seen significant benefit from a full-time dementia coordinator within state government who can coordinate across agencies and advance efforts to address dementia. We would suggest a broader scope than just HCBS seems that this could be particularly helpful in Indiana where FSSA and ISDH both play key roles in addressing dementia, but neither agency has a dedicated staff resource for this topic. At the Alzheimer's Association we are looking forward to talking more about this idea with those of you who are state legislators, good discussion definitely important to get an accurate and timely diagnosis" thank you Natalie. Jim said any other questions or comments for Steve recommendations it's been some really great work done here and he appreciate him taking the time to meet and talk, this is a very diverse group and involved thanks again for being here. Dr. Counsell said feel free to contact him after the meeting if they have further comments/questions/recommendations.

Division of Aging Update: Sarah Renner said a couple of updates, they have prepared State Fiscal Year 2020 CHOICE Annual Report, hopefully it will be shared with everyone by October 1 for their review, they will report out on it and discuss it in the November CHOICE Board meeting so that's their timeline for the CHOICE report so look for a draft in their email by October 1. She'll go over the report in November and the piece they want to incorporate this year a reminder they talked a little bit about it, having a supplemental report that answers some of the questions that surfaced last year that really are not a requirement of the CHOICE Report though they want to do that she feels behind schedule to meet the November deadline only because they just on boarded their epidemiologist Rachel Raglan last month so she needs a little bit of time. Right now she is doing a lot of internal training and it's required to gain access

to data and once that's complete then she'll be able to begin working on some of the reports, it's on top of her list of thing to do but they probably won't be ready to hare that until after the CHOICE report is shared. So they'll look for that supplemental information by the first of the year assuming they may not have another meeting until January when they meet in November. Sarah asked if Rachael was able to join them today. Erin said she thinks she had training. Rachael comes to them from the State Dept. of Health she was working in the Vital Records Division and while she knows she's a significant loss to the health department they are thrilled to continue collaborating around the vast knowledge she's gonna have just bringing them knowledge around death record data to all of them. It will help them in the ability to compute some life expectancy projections that they'd like to focus on in the future. Rachael has a Master's in Public Health she earned that degree in Indiana. She worked up north in Lafayette for their county health department prior to joining IDH now and her specific training area her MPH is epidemiology so they are super excited to have her on the team, hopefully she can join them in person for the November meeting. Following up on some covid information the Triple A's are still operating under the major disaster declaration, just a reminder this allows some flexibility within the Older Americans Act program, so they're able to provide an increased number of grab and go means for the congregate nutrition site attended so that funding has shifted to a different form of nutrition. They're continuing some support activities, such as telephone reassurances, wellness check-ins, virtual programming are all going very well. They are om the process of amending their grants so they've received Families First Coronavirus Act Funding, CARES Act Funding and that money extends to September of 2021. Their Title III money continues on during that time period as well in conjunction with the CHOICE money, so there's a method to the madness of being able to split the funds and have a trickle-down wave, first the covid funds need to be spent then the Title III funds then the CHOICE dollars and they are partnering with an entity called IN-DATA, it's part of the Easter Seals Cross Roads program. They're very excited to partner with them it's an assistive technology opportunity and what that means is Triple A's will be able to refer participants to IN-DATA, they will essentially be assessed for technology needs participant can receive training or technical assistance and a device so whatever type of technology is needed in the home as it relates to things that qualify for assistive technology IN-DATA is going to be able to provide the technology and technical assistance to participants. They really wanted to include this in their ADRC grant initiative because they were trying to make sure they were doing everything they can to combat social isolation and let Hoosiers know if there's a way they can help support technology then they want to do that as a means of communication. Last week you may be aware adult day centers have reopened and while closed there was a request to provide them retainer payment, a amount of money to keep them financial stable while closed. They were closed for a 60 day period the retainer payment going out to adult day centers through REAL Services. REAL Services is serving as the fiscal intermediary for that. They really appreciate REAL Services being able to act on their behalf to do this. The retainer payment id based on 75% of their average monthly rate reimbursement. It's not the 100% amount but it's fairly close so they're really

excited that those retainer payments have now begun processing. Sarah said she knows Erin has information on the CHOICE Board if you want to share that information now.

Erin said there is space for 15 members on the CHOICE Board currently they have three applications pending with the Governor's Office and FSSA Office of General Counsel who serves as FSSA liaison to the Governor's Office of boards and commissions informed her this week the CHOICE Board is expected to be in the next round of appointments from the Governor's Office. It's unclear exactly when that will be but the Board is up next whenever the next rounds of appointments happen. So they still have vacancies three vacancies, one is for a licensed physician, nurse or nurse practitioner who specializes either in the field of gerontology or disabilities and then depending on where the applicants are placed they may have two vacancies related to home care service advocacy or policy specialist or one for just a citizen nominated by two or more organizations. Hopefully by the November meeting they will have those three positions filled. Hanna is one of them that's pending to represent disabilities, one of the positions is for a CHOICE provider and then the other one maybe a citizen or policy specialist or an advocate depending on where the Governor's Office places people. Rep. Clere said thanks for the update, thanks for the update on Hanna they've been trying to get her on all year, his understanding is that they have three nominations pending but that still leaves three vacancies. Erin said that is correct. He said so if we are in the next round why don't we have nominations for those other three vacancies so they could get a full board appointed all at once. Erin said they have not received any interest or applications other than the ones that have already been forwarded to the Governor's Office. Rep. Clere said okay if he works with her on that and Jim certainly can work with them could they put their heads together here in the next few days and try to come up with some names so maybe the Governor's Office can make all of these appointments at once. Jim said he would be happy to help. Andy said he called Jean Macdonald about some home health type information and he got the impression she was still interested but somehow fell off the radar. Jim said they had been trying to contact her for months with no results. Andy said he could call her again. Jim said thank you. Erin said she would give him her contact information if he finds anything out.

I-4A Update: Kristen said she believes an email from Willie AARP is releasing their tri-annual LTSS scorecard and there is a national webinar on this Thursday, September 24. So she is anticipating the media will pick up on this and we might want to be prepared to have an understanding of where Indiana lies with this current release, the information is embargoed until next week so she doesn't have a preview that she can share with anybody but very much encouraging people to pay attention to that and join in the webinar if you can. She talked to Amber Marr and a representative from AARP and they would be available and willing to do a deeper dive about Indiana's ranking at the November meeting if that is of interest to you all or later. Jim said he would talk to Erin about that. One of the things they talked about at the last meeting was some of the initial responses to health equity and racial justice issue and home- and community-based services and long-term services and supports. They've had two meetings

with the Division of Aging related to collecting data and how data can drive those responses. They've come up with two strategies the first is to conduct some kind of readiness assessment or benchmark assessment of the area agencies on aging to see where everybody is at related to health equity and racial justice initiatives and talking with Sarah she indicated FSSA is getting ready to bring on a diversity and inclusion guru for the agency the person is expected to join FSSA by the end of the year so they were thinking maybe October. It sounds like there are guidance's in development with FSSA that they don't want to release until the person is on board. In terms of their own readiness assessment they want to wait until guidance comes out so they are not spinning their wheels. So in the meantime they've come up with some resources and model assessments that kind of thing. They've talked about developing some sort of area agency on aging data profile, one for each area agency on aging with data that particularly highlights any kind of information that can inform on health equity, racial justice, etc. For example, that data profile might include a look at the target population overall in the community based on census data. Perhaps age 60 and older or persons with disabilities what do those demographics look like and then they might look at well what are the demographics for the area agencies on aging what do they look like related to that demographic profile. Are we missing parts of the community that we may need to reach out and serve in a better way. They talked about getting into CAMS data and being able to figure out in an appropriate way if there are disparities in care planning. So they might look at what's in a service plan and look at the demographic breakdown around that. That certainly would have to be very carefully looked at because racial demographics may not explain everything that's going on. For things related to income or may be correlated with availability of family caregivers in particular communities, but they get the idea. They have to look at those correlations and look at those very carefully and what she was going to say that it may be more of a result of person-centered planning process itself and that different individuals have different needs, preferences, wants, etc. Finally, the Triple A's are interested in using the information for their own staff recruitment to ensure their personnel appropriately mirrors the demographics they find in the regions they serve. She's excited about that kind of data reporting and she thinks they all are and it's definitely something that doesn't need to wait they think for any kind of guidance but they're thankful to have that kind of data support.

On a national level she doesn't have a lot of updates related to national policy, they haven't seen any movement in any kind of Covid-19 relief bills, they also haven't seen any movement related to upcoming budgets. So they expect that any kind of new federal process will be delayed until after the election and they might be looking at a continuing resolution related to the federal budget until after the first of the year. Some of the big policy issues that they continue to follow seem to be stalled out. The N-4A national conference is next week so this is the gathering of all the area agencies on aging, nationally the conference is happening virtually and it's a lot less expensive than it normally is so they're hoping that many more area agencies on aging staff persons than in the past will be able to participate and bring back some very good ideas, programmatic innovations etc.

Finally a little bit about state advisory updates, first of all I-4A legislative committee has been focusing on what issues are prevalent for us in the upcoming general assembly and they've determined that their top priority will be CHOICE advocacy they know it has been subjected to recession related to the current recession and Covid-19 economy they definitely want to advocate that that recession be lifted if at all possible they would like to advocate for a higher level of appropriation. At the same time the legislature is also figuring out how to do things differently for the upcoming session. The summer study committees has been slow to start up, there are legislative proposals that come out of these committees they are hoping that they will be able to continue to meet and do their work on time through the end of October. The legislature has put out some very strict guidelines on the conduct of these committees related to covid-19 that include social distancing that includes limited in person access to the public, all of these are largely streamed and available to the public that way. The members of the public that want to provide testimony have to sign up before hand, they may be escorted to a different room to provide testimony from that room. So there's quite a bit happening that slows down the conduct of these meetings and is anticipated to slow down the conduct of the legislative session. As a result the legislature is imposing some new bill limits because they don't believe they are going to be able to address many bills in the upcoming legislative session. If we still have various kinds of distancing guidelines in place related to Covid-19 the legislature is preparing to figure out how to conduct part of their floor meetings and their committee meetings in Indiana Government Center South, so apparently the Dept. of Administration has blocked off a lot of meeting rooms having the wisdom to thinking far ahead. They will continue to stream all things live, they will continue to make accommodations for any kind of public testimony it's just going to look a lot different. She encouraged the Board to look over their educational packets.

Kristen said she did know if there was any legislators still on the line but did they want to comment on what's been happening with the summer study committee. Sen. Breaux said she was curious did she have to do a 15% reversion. She said they actually had to do a 18% reversion there was concern that with the extra money in the system from the covid-19 funding a well a needing to expend the Title III funding people wouldn't get to the CHOICE funding in enough time to get it all spent down. That does leave them even though they have the extra money covid-19 it does leave them with a gap particularly for people under 60 with disabilities who typically qualify for CHOICE so there's some particular concern for those individuals because they won't qualify for the Covid-19 funding where as they would have for CHOICE because all that stuff is coming from the Older Americans Act. Sen. Breaux asked if there was Medicaid funding for them. She said the CHOICE population is not eligible for Medicaid typically so it's the population that's not quite sick enough or not quite poor enough to qualify for Medicaid so the answer typically would be no. Rep. Clere said 18% based on what. She said what was described to them was they estimated that with the extra money in the system there was concern about being able to spend down all the CHOICE money. He said are you saying

there was some reversion of remaining CHOICE dollars. She said no there was no reversion. Rep. Clere said does the 18% apply to the whole appropriation or just the CHOICE portion. She said their understanding it was just the portion that just applied to the CHOICE contracts with the Triple A's but she would let Sarah answer that question. Sarah said Erin this was discussed at our last CHOICE Board meeting and would probably be good to make sure documents from the last meeting are shared again so they can see the calculations. She asked Erin to take over as she was getting in ready to leave. Sen. Leising said you guys need to give us the best numbers you can give us in regards to your 18% cut, what she thinks Rep. Clere was trying to figure out how many dollars are really being cut from CHOICE, how many are being cut from Medicaid waiver. She will just express her concern that you all are going to be in direct competition with what the Governor has been promising a 100% education funding and the reality is for those of us that represent districts that have been hammered and businesses that have closed etc. because of covid revenue is just going to be down dramatically she believes, she thinks it going to be tough for a bit she just wants to see you guys hold your own as best as you can but she would like to know why you cut 18% and how many dollars that actually is if somebody could get that to them at some point even if you don't know it today. Sen. Breaux wanted to know why 18% when most have been required 15% why do you have a additional 3% above that. Sarah said you need to see the spreadsheet Erin will share what they shared at the last meeting, 18% is not a comparable number so Division of Aging is given an amount for its reserve the 18% number is the total reduction in what would have been allocated in contracts to Triple A's it is an apple to oranges number, we did not have to come up with 15% of our total budget the agency does we are given an allocation to meet the 18% represents the amount that was reduced in contracts. So they have a document that projects sending and covid funding and Title III funding and CHOICE funding. Sen. Breaux said who is this speaking and who do you represent. Sarah Renner she's sorry she doesn't have her video on because she is trying to get into her car for another meeting. Rep. Clere said he appreciates that and he doesn't want to keep from her other meeting he ended up missing the last CHOICE Board meeting could she make sure please that that document is recirculated to everybody on the distribution list and maybe they can correspond with her on questions or get an email thread going or something Jim can help them with that. Sen. Breaux said there was a problem with the last meeting she wasn't able to get on she thinks there was some technical problem, she didn't see the report that she is referring to either. Erin said she would make sure the spreadsheet gets sent out to the Board with all the information that they are discussing. Kristen said she just wanted to assure Sen. Leising yes they are very cognizant of the environment that they will be advocating. Sen. Leising said the CHOICE funding is important but like one of the things clear to her is somebody can just give them how much of a cut you are going to see specifically in CHOICE funding so they don't have to wade through pages of information, that might helpful and those of us who want to be advocates for CHOICE. Sen. Breaux said she had been trying to be an advocate for CHOICE during the last budget session so any information on numbers would be helpful.

Jim said it looks like it's going to be an interesting session he curious how they are going to carry it off so good luck legislators he sures its one that will go down in the books. Sen. Jackson she just wanted to add that she does support all the initiatives that she has herd thus far and she will definitely support keeping CHOICE alive and keeping the funding coming. Jim said he is going to call it a day thanks everybody.