

Commission on Aging
May 21, 2020
Virtual Meeting Minutes
10 a.m. to Noon

Members in attendance: Dr. JoAnn Burke, Robert Bischoff, Judith Schoon, Charles Mclean, Michael Sullivan, Debra Lambert, Katie Ehlman, Sue Grossbauer, Daniel Mustard

Members Absent: Margaret Smith, Laura Mullet

Call to Order: Chairperson Dr. JoAnn Burke called the meeting to order and did a roll call to see if they had a quorum. Judith Schoon, Michael Sullivan, Dan Mustard, Katie Ehlman, Sue Grossbauer, Charles Mclean, Dave Lambert. JoAnn recommended that the minutes for the July meeting should be filed.

JoAnn said Laura and the Division of Aging had been working hard to get a quorum. She asked for an updated Commission of Aging list for the July meeting so they could see who was representing what areas and who was at large per their state statute. JoAnn said Erin and Laura have been working very hard to get the Commission to full capacity, but neither one of them are present to give an update. Dr. Burke state that she has gotten her call from the governor's office and she has been reappointed. Members are supposed to stay on the Commission to term but they stay until they are replaced or concede. Their terms are for 4 years and they expire July 1. They have a couple of new appointments that are pending. Judith Schoon said she got her call and Michael Sullivan said he got his call from the governor's office saying he had been reappointed. Charles Mclean said he hasn't been on the Commission 4 years.

New Business: JoAnn said past minutes that weren't approved because of a lack of a quorum can be taken care of at the July meeting.

Elections for new officers were held. Dr. Burke asked for nominations from the floor. A motion was made to keep Dr. JoAnn Burke as chair. There were no other nominations. The motion was seconded and approved unanimously by the Commission to keep Dr. Burke as chair. Joann said they have three vice chairs, one working with committees and outreach, one working with programs and one working with recruiting new members and one secretary. Nominations were made for Charles Mclean to work with committees and outreach, Judith Schoon to work with programs, Laura Mullet to work with recruiting new members. A motion was made and seconded and unanimously approved to accept the nominated vice chairs. A secretary nomination was made for Dan Mustard it was seconded and approved unanimously by the Commission. The Chair said these vice chairs will also serve as the executive committee who will occasionally come together to take a look at anything coming up that they need to take a look at their meeting.

JoAnn said Erin Wright was unable to attend the meeting due to a family commitment so Jesse Wyatt will give the Division's update.

Division of Aging Update: Jesse Wyatt the Deputy Director said a lot of things have been going on since they left, most of it related to COVID-19 and their response. The Division staff has been working

remotely and the transition has gone really well, they are still just as productive as they were in the office. They have done several things over the last 10 weeks or so that has been heavily focused on COVID-19 and their response to support their partner agencies, stakeholders, and ultimately those they serve.

The Division has been regularly posting guidance and frequently asked questions on the Division's website some examples include the Division's Medical Director Dr. Counsel developing provider guidance for prevention of disease spread in congregate settings and at home, guidance could be implemented with provider agency staff as well as agency clients. They have been holding regular and in most cases weekly phone calls with the area agencies on aging, provider trade organizations and the Indiana State Dept. of Health. There have also been weekly communications with all residential care assistance program providers on any positive tests as well as resources that are needed.

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 and 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 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 distributed to the area agencies on aging through the intrastate population-based funding formula and 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 AAAs each year.

Jesse said 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 the expansion of meal programs. The nutrition program partners and the local area agencies on aging have been doing a wonderful job in providing nutrition for their older Hoosiers. All the area agencies with the exception of one have made the transition to either serving grab n' go meals or in combination to supplying shelf stable meals or frozen meals. The remaining area agency chose to use a third-party carrier to deliver 10 frozen meals at a time.

All the area agencies have been able to serve their existing clients and meet the needs of approximately 6% more to more than double their existing client base. Despite the increase in the number of people and meals served some of them have experienced a decrease in the amount of client contributions with some reporting collecting no donations at all and others reporting decreases of 36-70%. On the other end of the spectrum, one area agency reported no change in contributions. The area agencies continue to report that costs have gone up due to circumstances such as meat shortages, increase in clients and increase in supplies; however all have persevered and rose to the challenges and developed work arounds.

All of the area agencies have been performing wellness checks on clients via phone calls to assess needs and to try to alleviate the effects of social isolation. Area 2 reported that in the month of April alone

they made 3,411 social isolation calls and Area 11 has instituted a phone a friend hotline where clients can call in.

In an effort to be proactive and address any supply or meal issues that may arise, all the area agencies have to respond to a weekly survey sent out by Kristie Garner, the Division's Nutrition and Health Consultant. Despite the waiver of the dietary reference intakes (DRIs) 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. In addition with the pork, beef and chicken shortages, providers have still been able to provide these proteins with minimal disruption to menus.

Jesse said the Nutrition providers are still delivering nutrition education via 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 had to modify some program requirements to accommodate the changed environment. For example, care management visits are being provided virtually either over the phone or if available via video conference. Support groups are shifting to virtual meetings and opportunities for creative ways to address social isolation are being explored. The Division is spearheading an internal workgroup comprised of members from FSSA and ISDH to find ways to combat social isolation placing a special emphasis on the use of technology.

Since March the Care Management Team has been discussing how to wrap support around Care Managers and Options Counselors. With partnerships from IU GWEP and FSSA Division of Mental Health & Addiction they were able to offer a 6 Educational Series that began Wednesday May 13th using person centered tools in conducting phone assessments. The Division is planning on offering 2 webinars a month from May thru July 2020. The series line up include; Depression: combating loneliness & social isolation; Grief & Loss; Depression: Suicide; Substance Abuse and Dementia.

Several weeks ago the Division implemented a high risk response plan. Individuals receiving skilled home health services 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 on aging or Independent Care Managers are making remote wellness checks via phone, face-time, or video conferencing products as an essential component of the Division's COVID-19 response efforts. Participants are identified as at-risk or high-risk based on the skilled home health treatments, therapies and procedures they receive in addition to their age and living arrangements. Each of the area agencies received a Participant Triage List with all the at-risk and high-risk participants to complete wellness checks. A care manager would assess the following during a remote wellness check, changes in health status, service needs and any needed adjustments to care plans, caregivers and scope of support provided. It also includes 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 AAA and emergency contact information, basic info about coronavirus (including info on symptoms and warning signs), and planning assistance to ensure adequate food and medication supply. The Division will receive progress reports on a weekly basis.

The Division has submitted a grant application to the Administration for Community Living and was awarded \$1.1M in ADRC critical relief COVID-19 funding to support primarily communication, outreach

efforts and infrastructure enhancements. One thing that is great is this funding doesn't have any state share so its 100% federally funded. 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 as well as their local communities and partner agencies. This will be completed and submitted within the next month.

Jesse said the Provider Relations Team on COVID related activities submit an Appendix K amendment to CMS to include; waive provider requirements for existing waiver providers to enroll as alternative waiver provider types in order to serve more Hoosiers in need of services. This will be most beneficial to adult day centers as they are temporarily closed during COVID-19. 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 SFC clients in order to provide respite to the SFC caregiver. Respite is needed for these individuals who are not able to attend adult day due to temporary closure. They will utilize telehealth and telemedicine services, monitor and trend incident report data for positive COVID-19 diagnosis as well as deaths related to COVID-19. Currently as of May 15th there are 106 waiver clients that have tested positive for COVID-19, 26 of these 106 resulted in death.

The Division currently has eight waiver clients waiting to receive COVID test results. Many clients have elected to not have providers in their home during COVID-19, so a plan for receiving care has been implemented while a provider is not rendering services. For a designated high risk client who is unreachable an APS report is sent for those clients who are unreachable for a certain timeframe and after all contacts have been exhausted for the client. Communications with waiver home delivered meal providers to address supply and demand concerns. Providers overwhelmingly responded that they did not see a change in supply and demand. Collaboration with the Brain Injury Association of Indiana to coordinate efforts to assist those with brain injury during COVID-19 the first meeting is Tuesday May 19th. Lastly the development of intervention strategies for assisted living facilities to reduce loneliness and social isolation.

Jesse said 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 assessment to be completed first. Under normal circumstances the PASRR assessment must occur prior to placement to ensure that placement is appropriate. They are tracking those to make sure people still receive the assessment within 30-days and receive the service they need.

Dr. Burke said she is hearing very positive things about their work and their collaboration with the Indiana State Department of Health. She is planning to present the tool kit at the July Commission meeting on the social determinants of health. She said she has a question for Jesse or Dan, who runs a senior center (Mill Race Center in Columbus). How often does the DA work with senior centers? Jesse said that the available support for senior centers primarily comes through the Triple A's. There are a couple of centers who receive a small amount of funding but as far as direct contact he doesn't believe the DA has a lot of direct contact with them. It's mostly through support of the Triple A's where their assistance for the senior centers come into play. If there is a way for the DA to support them better they are all ears. Dan said up to this point senior centers don't typically get state or federal funding so they have to come up with other creative ways of funding. Where they do get support typically is transportation dollars and that's the way they interact with Thrive Alliance, their Triple A (Area 11). Thrive distributes 5310 transportation money, and Thrive and Mill Race collaborate on quite a few other programs. Mill Race Center takes their programming out to other organizations or assisted living, those

types of things. They are continuing to do the meal program in collaboration with their area agency because they are doing the frozen meal option and they have folks who are not able to prepare their own meals even if they are frozen. So they continue to do hot meal deliveries so that they are not overlapping services but are filling in some of the gaps. That is typically how they have worked with their Triple A. Right now social isolation is a big issue for them, so they've had to step up their virtual programs to try and stay in touch with their clients. Jesse said it might not be of interest and they may already do this, but they do offer the home delivered meal through the waivers.

JoAnn welcomed Dr. Counsel. Dr. Counsel said he sent out 16 slides to the Commission. Dr. Counsel said he was asked to follow up on some email and communications between Erin Wright, Dan Mustard and Dr. Burke around considerations for opening up services especially around senior centers and Erin asked him to broaden it to be more inclusive. This is a work in progress and he is interested in their feedback and ideas.

Presentation: Dr. Counsel went over his outline and said that Indiana has moved to stage 3 of reopening a little early than predicted in time for the Memorial holiday. He said that the virus spreads from person to person, between in close contact for 15 minutes or more. If we touch surfaces we shouldn't touch our mouth, nose or eyes. It's like the flu but much more contagious and spreads more easily and persons can be infected without having symptoms and if you are infected you can spread it to your pet but the reverse is not likely. He said knowing this we can really protect ourselves and others by physically distancing at least 6 feet. Manage the number of people you interact with and avoid people outside of your household that may have a high likelihood of being infected so this is where the stay at home comes from. The second thing knowing if you touch something with the virus and then touching your face – so washing your hands often especially if you've been out in the public, getting your mail/packages wash your hands to prevent the spread of the virus. On a AARP call with Jesse he made the analogy we all know how to do this if you have grandchildren or great grandchildren that you are going to go visit or family if they've got the flu in the household don't go over there and don't let them come to your house, so physically distance yourself from them if you know they are sick and there are asymptomatic people out there so if you are around them wash your hands often. The COVID is more contagious and may have more severe consequences especially for older people, wearing a face covering is focused around protecting others it doesn't protect you a whole lot if you are in close contact with someone but its more around keeping your distance and washing your hands and not touching your face.

The final phase is we know that you can contact the virus from touching things, so the virus is on objects this is how we can pass it on. If you have people coming in and you don't know if they are infected or not, or asymptomatic and touching things, we have to be sure to clean and disinfect frequently touched areas so others aren't touching the surface and picking up the virus. Gloves – if you are helping someone who has the infection it might be helpful, it's a little bit tough because the gloves can carry the virus and you have to wash your hands when you take the gloves off, sometimes it may be easier to wash your hands than the gloves, it can be counter-productive sometimes, that's how the disease is spread.

Dr. Counsel asked if anyone had any questions. Judith Schoon asked if you take the test and you have the anti-body do you still need to wear a mask. Dr. Counsel said if you had the anti-body test and it shows you've already had the virus and you are no long contiguous you would be less likely to need to wear a mask because technologically you would no longer be contagious. They are still learning a lot about that but he would probably wear a mask anyway for the mental health of the people you come in contact with. Dan Mustard said on one of Dr. Counsel's slides he mentioned cleaning surfaces daily and

he knows the CDC just recently talked about the fact it looks like the virus itself doesn't transmit easily from surfaces its more airborne. So in terms of his senior center they do have countertops, what would be the recommendation for wiping down those areas that people touch? Is it daily or should it be more often? Dr. Counsel said to be on the safe side, continue to wipe down surfaces frequently. They are still learning a lot about the virus, it is more airborne than surface contagious.

The current status of COVID-19 in Indiana: They have been tracking this for about eight to 10 weeks and the ISDH COVID website has this information and reports on a daily bases. This past week, the average for testing has been over 6,000 tests per day. Last week it was about 4,000 to 5,000, so each week they have been going up substantially; 20% to 25% increases in testing at about 50 testing sites across the state. The positive tests have been decreasing, they test about 6,000 and see about 600 positive test which is a good thing especially in light of more people getting tested. Sixty percent of those who tested positive are under age 60 and 32% were over age 60, but that is a stark contrast to the deaths as of this report 1,716 have died, 9% were under age 60, 91% were over 60 and 43% were nursing home residents even though we are doing better than some other states but a big proportion of deaths are in nursing homes. Living in close quarters in an institutional setting increases your risk like it does in prisons, college dorms, those kinds of things, but if you combine that with multiple chronic health conditions it's really a triple whammy for nursing home residents, but they are doing better.

Dr. Counsel asked if there were any questions. What is the possibility of a resurgence in the fall? Dr. Counsel said good question but we don't have evidence from other countries that there is going to be a resurgent in the fall but it's a concern and wishes he could answer that question better. JoAnn said she had a question about assisted living facilities. Do we have any data on assisted living situations? He said we know it's separated out. Assisted living is a broad term especially if they serve home and community based services waiver clients on the Medicaid program. They do have to be licensed residential care facilities and licensed through Indiana State Department of Health but in Indiana you can call yourself an assisted living facility without being licensed through the state. We don't have separate data on the assisted living but since the Division has more input around the guidance of assisted living settings so far the guidance recommendations on reopening would look very similar in assisted living and nursing homes. Judith wanted to know is there a place where they could find a list of nursing facilities that have had the COVID. Dr. Counsel said "no, it's really being reported in aggregate on the ISDH site down towards the bottom. They have the number of new cases, total cases positive in the nursing homes, new deaths and total deaths in the nursing homes, the number of facilities that have had a positive case or a death." Currently they have over 500 nursing homes in the state and he thinks it is close to 200 that have had a case and less than that who have had a death. The nursing homes are required to communicate to their residents, their representatives, and staff when they do have new cases and what they are doing to prevent further spreading of the virus. So if someone is applying for or looking for a nursing home they are required to report the information. It has been recently required that nursing homes have a designated communications person to talk to residents and their representatives to give daily/weekly updates on COVID in their facility. Kristen said CMS is starting to collect data nationally about deaths in the nursing facilities and ultimately making that information public by facility, not sure what the time frame will be. She saw the other day that Eskenazi, which is in partnership with Eskenazi Health, manages ownership/partnership with American Senior Community facilities and has voluntarily started posting COVID-19 related information on the facilities website as well as American Senior Communities and Eskenazi websites. Other operators in Indiana are just doing the bare minimum reporting to CMS and sharing with the residents and their families. Judith asked if those websites could be forwarded to the Commission and Kristen said yes.

Dr. Counsel said Indiana Back on Track has a five stage roadmap with four guiding principles. Each stage is about 3 weeks. Indiana is moving to stage three Friday. There are three counties lagging behind, including Marion County. Since May 4, Indiana has been in stage two, the guiding principles are decreased hospitalizations, maintained surge capacity for ICU beds and ventilators, testing available for those with symptoms and contact tracing for those with positive tests. Some of the restrictions have been lifted such as social gathering up to 25, shopping at 50% capacity, restaurants open to 50% capacity and personal service by appointment. Where do we go next – stage 3 people 65 and older can venture out, office workers continue to work remotely, lifting travel restrictions, social gatherings up to 100 people churches have opened up, shopping capacity 75%, restaurants still at 50% capacity and personal services by appointments and gyms and fitness centers open. We then go to stage 4 about the middle June if we do well 65 and older can venture out, office workers may return to work, shopping to full capacity, restaurants to 75% capacity and zoos, museums and cultural attractions 50% capacity. And if we stay on track we move to stage five office workers may return to work, we are open to conventions, fairs, sporting events, shopping to full capacity, restaurants to full capacity, personal services to full capacity as well as zoos, museums and cultural attractions to full capacity. All of this does have the recommendation of physical distancing.

Dr. Counsel asked if there were any questions. JoAnn said she does have a question regarding senior high rises. Some of the affordable senior high rises have reported issues, specifically in Ft. Wayne. What is happening in senior housing around the rest of the state? Dr. Counsel said he personally doesn't know of anything, and that so far it is going okay. He's not sure how we compare to other states.

CMS guidance for reopening nursing homes lag behind the reopening for the community by 2 weeks, with requirements for weekly testing for residents and staff. Also, there has to not be any new cases for the prior 2 weeks before reopening and adequate staff must be in place before moving to the next phase. Phase 1 is where most nursing homes are trying to strive for, which is a big challenge. This includes restricting visitation except for compassionate care, restricting only essential staff to nursing home and anyone that comes in must have stringent testing and wear a mask. Most of the facilities have stopped communal dining and delivering meals to their rooms. Group activities are restricted and unnecessary non-medical trips are avoided. Phase 3 is the last guidance under CMS. During this phase, visitation will be allowed, with screenings and precautions, entry into the nursing facility of non-essential staff, and others such as family members and volunteers will be allowed. Group activities can occur as long as they maintain the physical distancing, and non-medically necessary trips will be allowed.

Dr. Counsel listed considerations for reopening senior centers; participants participate in screenings and precautions. Would you only allow those who are not high risk? Would you do anything different for people 65 and older and who are high risk? He recommended having face covering and hand washing, practice social distancing, limit communal dining and group activities, encourage staff screening and precautions. Should the facility allow only essential staff? There should be considerations for cleaning and disinfecting the facility, and stages/phases for opening the senior centers. He asked the Commission for comments and suggestions.

Judith said she has a question. Her senior center rents out the center to different groups, would he recommend that they not do that the rest of the year? Dr. Counsel: "That would depend on the guidance." He knows the CDC has some guidelines out there around businesses, watch for that and take that into account. Dan said one of the things they had to take a look at was the guiding principle they had for people coming back in with social distancing. They've gone so far as marking the floors so they know how many chairs to be in any given room and limiting numbers. One of the areas they are

struggling with is restrooms. For them they have a community restroom in the middle of the building and the restrooms themselves lend themselves to distancing and they can block off stalls, it's the entrance to the restroom, it becomes part of a bottleneck for people. There is really no way to provide physical distancing for people as they are going in, so that's one of the areas they are trying to sort out. They are making the recommendation for people if at all possible use the restroom before you come in, that is an area that they are struggling to get a handle on. Everything else they seem to have a handle on. One thing they have discovered anecdotally was they had a small choir of 10 people come in for a rehearsal and 6 of them became ill that's a 60% infection rate that was really frightening and because they serve multiple counties of people coming in they weren't able to track in Bartholomew county. Tracking a hotspot isn't always easy and may not be the way to go. JoAnn said since she has to go to hospitals they also have public restrooms and hospitals have to address this issue, she is wondering what guidance have been given to hospitals and what are they doing. She's wondering if it might be helpful to the senior centers what they are doing. She asked Dr. Counsel if there had been anything put out. He said not that he is aware of. She said she had another question are some of the senior centers doing transportation, what kind of guidance is coming out for senior transportation or do we have any. Dr. Counsel said he didn't know if it had been posted yet today, Jesse had asked him to look into it. Some of the waiver clients use non-medical transportation paid for under the waiver program. He looked and what he found was pretty thorough it will be posted as a resource, he thinks its by the Community Transportation Association. He can send it out or they can see it when it posts online. It is a thorough review and practical guidance around how to drive, how to separate the driver from the person, cleaning the vehicle, etc.

JoAnn said there have been some discussions around whether the older adult population has been going in to get lab tests, etc. and riding senior transportation. Since telehealth can only do so much, were there any comments about the risks involved. Dr. Counsel said that would be the responsibility of the organization to track what they need to do around the COVID-19 for their organization, employees and the people they serve. JoAnn said she was just wondering if there was a backlog of people needing to get in but are terrified of taking senior transportation. He said yes, she is probably right. Seniors are putting off things because they're afraid of getting the virus going out. Dan said yes, they have seen a big drop in transportation, what they are dealing with philosophically is that they know that isolation is a huge health risk, especially for longevity, so balancing the risk of COVID against the risk of isolation is a challenge. Judith asked if he about the recommendation for opening senior centers. He said he didn't know of any formal recommendation. Judith said their senior center has closed and they refuse to open back up for fear of being sued. At some point they are going to have to open up. Dan said their plan is to open back up on a limited basis on June 15. They are looking at the guidance of the Indiana phases and doing it very cautiously. There will be restrictions and they also partner with the local hospital and may provide some services in the building. They will share some staff who will be doing temperature screenings and practicing physical distancing. He doesn't know of any present legislation that would prevent someone from having legal action against them. Dan said there is a new Senior Center Coalition of Indiana that's releasing some guidance, so anyone interested can go to www.millracecenter.org and click on the tab for the Senior Center Coalition of Indiana.

JoAnn thanked Dr. Counsel for his presentation on how to reopen and some of the issues coming up and she thanked Dan for providing leadership to the senior center coalition.

I-4A Update: Kristen LaEace said Jesse did a lot of her work in talking about the kinds of new ways the Triple A's are operating. She wanted to add a few words all the additional ways of operating and additional work the Triple A's have been doing as well as the changes they've implemented. For

example, doing telephone interviews versus in-home assessments, etc. have happened while the majority of the Triple A staff work from home virtually. If they have staff coming into the office at all, it is a skeleton staff. It has added some additional challenges and opened their eyes to some new opportunities. She appreciates Jesse's comments about the Triple A's rising to the occasion, she has been tremendously proud to see each Triple A in its own unique way based on its resources and strengths as well as based on what's happening in the broader community have either implemented solutions themselves or partnered with organizations in their communities to address community needs. One of the things they know is that their population is going to remain at risk, they've seen memes going around the internet that say just because the government is saying it's okay to go out doesn't mean the virus is gone, it just means there's room for you in the intensive care unit, they have an ICU bed for you.

Kristen said Indiana has done a great job. We've kept our healthcare system afloat, and she would have to concur that we've got enough room in the healthcare system but that doesn't mean you're safe from the virus. They know it is going to be a long-term proposition for older adults and other at-risk people to have a tamped down lifestyle until there's a vaccine, effective intervention, medication, etc. They are preparing to operate in this kind of different way for much longer 18 months or two years depending on how things progress nationally. They are looking at ways to get technology into the hands of older adults, how to make sure that they have internet access, how to train them and how to visit them even if it is not face-to-face so they can see what is going on with the person, see what their home looks like etc. Those are some of the conversations that they have been trying to have more of a visual insight, how do we use that technology for a long-term paradigm to eliminate social isolation, getting people connected over the internet. She personally sets up weekly Zoom meetings with her parents and family, and that's just one example. Another thing that they are looking at is there has been so much flexibility created from both the Administration for Community Living, from CMS, and the state in general. Now the question is, what can we maintain if we are doing okay without some of the bureaucracy, some of the procedures that we thought were necessary? What is it that we can maintain to get people into home- and community-based services more quickly? Continuing things like getting a telephone assessment to approve critical services and then maybe following up at a later date with a home visit, that's something they wouldn't have done before to have the home visit first, that's just an example. This is a chance to see how people like working from home, this is an opportunity they wouldn't have had before. The Triple A's can manage their workforces to get the most out of their employees, these are just some of the considerations that they are thinking about. The Triple A Directors have been having weekly meetings in addition to the weekly meetings with the Division of Aging. She meets with their national trade association along with the other state staff association directors once a week so there is a lot of information sharing, idea sharing, how they are going to do things and do them well. One of their discussions was how to bring their staff back safely. Judith was talking about the senior center that is closed; if they want to open but they don't feel like they can open until they can demonstrate they can do it safely, that is definitely on their minds. Another thing that they've learned for those Triple A's that operate senior centers directly is that they have extended their services virtually and they are finding greater uptake than those who would have come into a facility to do that service, so whether it's a wellness class, exercise class, book club, social hour, etc. they are finding more people participating virtually than who would have normally come into the center, so that might be something that they continue virtually. They have also seen their evidence based programming in the Triple A's going remotely as well, this is kind of the Triple A environment. Kristen asked if there were any questions. JoAnn asked about presumptive eligibility and what is going on with that during this crisis. Kristen said she is kind of referring to the project FSSA launched late last summer trying to get to HCBS in 48 hours, there were 5 workgroups established, four programmatic and one kind of financial considerations the four programmatic workgroups completed their work in December a report was released, the

presumptive eligibility like kinds of activities were included in those recommendations, so the presumptive eligibility services starting services without an in home visit all kinds of bureaucratic things that slowed down Medicaid eligibility they got through the legislative session and they were getting ready to pick back up with the workgroups she thinks then COVID hit. Those proposals are still out there, they are just tabled until they can get back to them. The silver lining with COVID-19 is that it has demonstrated that we can effectively start services via the phone. It's been kind of a test and pilot case. They've had some ability to facilitate cases without having a signature right away, although they have to follow up with that. Getting a client's signature is still an issue. [How do] we become authorized representatives for persons going through the Medicaid application process? There's been a little movement because of COVID-19. They haven't gotten to the point of presumptive eligibility, but there are a lot of other things in that package that are shown on how things can work in the future. JoAnn said "Thank you." She [Joann] has an idea that it's going to be a lot harder to get people into the nursing home because they are going to be seen as death houses right now.

Kristen said she wanted to point out a couple of things in their packets; the results of the bills that they were tracking are in their packets. The Older Americans Act was reauthorized at the federal level, there is also information on national policy asks that the Triple A's have made as well as COVID-19 concerns around COVID-19 disparities, access to care disparities and outcomes, stuff about social isolation. She will mention that real early on before they knew their state was going to be able to handle the capacity for sick patients they did reach out to the state and the Indiana Hospital Association to express their concerns should there be any kind of prioritizing of access to ventilators, health care solely based on age or disability which would be a civil rights violation and HHS did follow up with guidance around that to prohibit rationing solely based on age and disability status. She reached out to the Hospital Association concerning the idea of a ration model that hadn't been addressed at their association level. His response was basically that they don't want to go there; they just want to make sure care is there for everyone. Kristen went back to Judith's question whether they should wear a mask if they have the anti-bodies. She would really encourage everybody to use their mantel as a role model regardless of what you believe. Your personal status is to model for the community what they need to be doing to protect each other, particularly our older and at-risk adults. She said she is stepping off her soapbox. Judith said she would like to step on her soapbox. As much as people have been online, they need to protect their computers very carefully because that's a serious issue right now and anything you throw in the garbage make sure it is shredded especially if it's not yours. Kristen wanted to bring up the number of COVID scams related to testing, related to cures, scams related to benefit checks. Just beware that scammers are looking at situations like this to take advantage.

JoAnn thanked everyone and knows that some people have a meeting at 1 p.m. She will be in touch with the executive committee for their next meeting to discuss the July meeting, but is not sure if it will be virtual or in person. She asked if anyone had any other business to address at this time. The meeting was adjourned and she stated that she will be back in touch with them before the next meeting.