Commission on Aging
November 19, 2020
Virtual Meeting Minutes
10a.m. to Noon

Members Present: Dr. JoAnn Burke, Dan Mustard, Judith Schoon, Charles Mclean

Members Absent: Margaret Smith, Robert Bischoff, Lauren Mullet, Michael Sullivan, Katie Ehlman, Sue Grossbauer, Debra Lambert

Call to Order: Chairperson JoAnn Burke called the meeting to order and said with no quorum they will file the minutes for now if there were no objections or corrections to the minutes. With no objection the minutes were filed until there is a quorum. JoAnn said they have a number of important reports with morning and will begin with the AARP Scorecard for States that came out recently. It is a very important report and she wanted to thank AARP for their willingness to come to the meeting and give a presentation on this very important report. She asked them to introduce themselves and thanked them for being there today.

Discussion - AARP LTSS Scorecard: Ambre Marr introduced herself. She is the Legislative Director for AARP Indiana and she is joined by Sarah Waddle who is their State Director, Kathleen Ujvari who is the Senior Strategic Policy Advisor with their Public Policy Institute and Jason Thompsey who is their Communication Director. Ambre said they are really excited to be there today and thank you. She is going to share her screen and hopefully everyone can see her screen. As they go through the presentation there is a lot of information, but she does have time after the presentation to answer questions. She said she cannot see her chat when she is sharing her screen so if Sarah, Jason or Kathleen if there are questions popping in the chat if they could kind of help her with that please feel free to jump in. It's very easy going this morning and don't hesitate to interrupt her. Kathleen will also be helping to back her up she is a wealth of knowledge and was actually on the scorecard team and she has all of this information in her brain and will help her along the way.

Ambre said what they hope to accomplish today in talking about the scorecard overview as a whole and talking about some high-level findings across the state and sort of dig deeper into Indiana specific data. They will talk about some of those opportunities and challenges that maybe they have been having and what the scorecard shows. They will also sort of bring up some policy opportunities, maybe discuss some ways that they might be able to improve the scorecard or just some things that maybe AARP has been working on over the past couple of years to try to assist with that. They will then wrap up and then take questions if they have any.

Ambre said she wanted to talk about Covid-19 before she started and how it does or does not relate to the scorecard. The 2020 scorecard was released in September. It looks at the timeframe 2016 and 2019 and this is the fourth edition and it was released in the middle of the pandemic they are still in the pandemic. She thinks it important to state that this scorecard does not access how well states or communities are managing Covid-19 and it's also not directly relevant to how

Covid-19 is happening in states, how we've been prepared for the impact or the response that's happening. The scorecard is from 2016 to 2019 and it's a snapshot in time that did not include the Covid-19 timeframe. There is obviously an expectation that we're all in this realm situation. The long-term services and supports system may look very different after covid is over, when it is over. These policies in the scorecard they've been tracking for over a decade they have obviously taken on a new importance during the pandemic, but they wanted to make sure that anything they talked about today does not reflect any of that time period. There is other data that they wish they could get not just covid-19 data, for example they could not get respite care information. The scorecard is really supposed to be a compilation of state data and analysis all in one place. It is there to start a dialogue and to help states improve upon their long-term services and supports system. At the very end she will have two websites that she will talk about that are some Covid-19 sources that they might be interested in that shows some comparative data. She knows Erin was wonderful enough to send out some links as well as pdfs that she attached so they can see that on their own screen if it's more helpful as they talk about it.

Ambre said digging into the overall scorecard this is a multidimensional approach to measure long term services and supports system performance overall and there are five different domains. This is something that puts state long term services and supports policies and programs into context. It's really supposed to create a dialogue so we can talk about what's happening, what we are doing well and maybe what we can do better, which essential boils down to what can we do in the future to improve upon what we have. The scorecard was funded with the support of the Commonwealth Fund and the SCAN Foundation and updated every three years, this is the fourth scorecard. The goals of the scorecard to raise the national level of performance for LTSS systems. It is supposed to help states assess their long-term services and supports systems across multiple dimensions of performance so that they can really measure progress, identify areas for improvement, engage public and private sectors and improve lives for older adults, people with disabilities and family caregivers it does not include children and mental health.

Ambre said the slide for assessing the framework of LTSS system performance covers a lot but the scorecard reviews five dimensions of the LTSS performance and has 26 individual indictors. The first one is the affordability and access this is where consumers find and afford services or also find and receive assistance for those services they cannot afford if they are eligible. This is one of the biggest dimensions for them they work a lot within this one but also several of the other ones but nursing home cost and home care cost are two of the top ones in this one and ADRCs and No Wrong Door are listed under this. The second one is the choice of setting and provider this is where the person-centered approach allows for consumer choice and control of services. The third one deals with quality of life and quality of care this where consumers will be treated with respect and preferences of what they want honored when possible with services maximizing positive outcomes as much as possible. The fourth one is support for family caregivers which they also work heavily within this group and they will talk about policies that AARP has tried to move forward later in the presentation. This one focuses on family caregiver needs and making sure that they are not heavily burdened, overstressed or in desperate need to assistance themselves. The last one is effective transitions this is the integration of health, long

term services and supports and social services that minimize disruption such as hospitalization, institutionalization and the transition between those two settings.

These dimensions were created back in 2009 when the first scorecard was getting ready to be released and that was in 2011. It has been pretty consistent over the scorecards however the first scorecard actually did include the effective transitions. They did not have the data at the time so the effective transitions actually began in 2014 because they do have data now. Since 2014 those 5 dimensions are represented each dimension under those 5 dimensions has 4-7 indicators for a total of 26 indictors. The criteria was meant to be interpretative and show the variation across the state. The data has to be readily available at the same timeframe so they are seeking apples to apples comparison because it's really important you are not taking one state's data from one year and another state's data from a completely different year and try to compare all of that. The fourth scorecard has 5 dimensions with 26 indicators up from 25 on the past scorecard, there were a few new or replaced indicators with revised definitions.

The next thing to talk about is the measuring change they don't really recommend comparing scorecard to scorecard, the set of indicators are not always the same across the board while there are some that are the same there are also some that are not. So they really want to make sure that they discuss how comparing the scorecard to even the 2011 scorecard is really something that is not possible and the change in performance can be directly measured at the indicator level in the current scorecard. Comparison of state long term services and supports system performance relative to the state's baseline at the indicator level is the best way to understand changes in system performance. When you look at the indicator level of data you are comparing current and reference data for 21 of 26 indicators and the reference data may not be the same as prior edition scorecard data. They do provide thresholds to categorize the change for example is there a percentage that you have to reach in order to show that there was a significant change the answer is yes, historically they've used plus, minus or 20 percentage indicators to show a significant change.

The last thing she wanted to bring up she knows that with their scorecard especially in the past when you look at rankings there is always heavy emphasis on it but she would challenge to look less at the rankings and really dig down deep to what Indiana and the indicators are showing just to show had we improved, what can we do in the future and not get hung up necessarily on the top overall rankings.

Kathleen said Ambre had talked about not recommending that we compare the 2020 scorecard data with previous scorecards and they really discourage that, but to really take a look at your current year performance the baseline performance to see how you've done over the last three years. One of the things she'd like to suggest is to really look at those indicators that you are focusing your efforts on now, what is the plan for 2021 going forward and how do some of these measures align with some of your plans going forward. One of the areas states often like to take a look at is the balanced spending measure, how much are we spending on nursing home services versus home- and community-based services, they're always trying to look at past performances versus regular performance. One of the things she needs to point out for this particular indicator is their most current data available is 2016. She doesn't like to report 2016 because it's four

years old, but oftentimes states have more current data available. But what she would like to recommend to states is to take a look at the data that they have in the scorecard again to compare the 2016 data with the 2013 data to say are we still operating at the performance level. The other thing is to really take a look at what some of your policies are going forward what are some of your strategies this could give you some indication of how well you are doing are you moving along the trajectory that you are anticipating and so forth. They will talk a little bit further on about some of the key indicators but she does want to point out please try to disregard previous scorecards because as Ambre had indicated we have changed some of the methodology so if you are trying to compare current year scorecard versus prior year scorecard you may be very well comparing apples to oranges.

Ambre said some of the high level findings that they have seen is states have made modest progress so essentially they are under status quo. The states performance changed very little for most indicators where performance could be measured. Among the 21 indicators there were 15 in which 30 states showed little or no change over the measurement interval and among the other six indicators 5 had more than 20 states showing improvements and then 1 had more than 20 states show significant decline.

On the most improved and the most declined indicators, there were more than 20 states that improved on the following indicators the ADRC and No Wrong Door functions which is great. Medicaid long term services and supports spending balance 20 to 25 states actually improved on that. The nursing home antipsychotic use, supporting working family caregivers, person and family centered care were the most improved and 20 states actually declined in long term care policies, it was a downward trend that was consistent across states. Out of the 5 areas that have the most improvement 3 of those Indiana showed improvement on which was the ADRC No Wrong Door functions, the nursing home antipsychotic use and supporting working family caregivers, the rebalancing of spending and the person-centered care they did not have any change but they also did not decline. When she was talking about rank earlier even the highest performing states have room for improvement it important that whether you are at the top or if you are at the bottom there's always room for improvement and the overall ranking doesn't mean you are doing everything terribly.

Kathleen said there was a question that came through, Kristen asked whether or not adoption of MLTSS affected those declined indicators. Kathleen asked is this question specific to Indiana or a more global question. It's global, so the answer is no they actually saw improved performance in those states that do have MLTSS especially with regard to balanced spending.

Ambre said in their packets they have the large resource document with the overall ranking of long term services and supports system across the states and Indiana is dark which is the bottom of the percentile, but this is a snapshot, this is something we can learn from. But if you dig dipper Indiana doesn't rank in the bottom on everything. In their packet they have a copy of the Indiana state fact sheet which has on the front page is discusses that Covid-19 is not included in 2020 LTSS scorecard findings it does include their overall rank with the five dimension and the trends. On the back is all of the information on items where we've declined and items where we've

improved, the decline is marked with a “x” the improvement is a green check and a yellow minus is little or no change in performance.

Kathleen said they are in the process of finalizing a document that she would like to refer to “as what you need to know guide” she is hoping they will be able to post this to the scorecard website today or tomorrow which provides some examples of how to interpret the data in the state fact sheet, so stay tuned.

Ambre said the day the scorecard was released there was a webinar that was presented on that day and the recording is posted there where they can re-watch it if you were not able to join or didn’t know it was happening it is an amazing interactive website. Even though Indiana was shown on the map at the bottom quartile they’re actually in the second quartile in two dimensions of performance the effective transitions and quality of life and quality of care. They are in the bottom quartile for affordability and access, choice of setting and provider and support for caregivers. But they do have strengths and opportunities for improvements, they just need to make sure that they are taking the scorecard and understanding this is just a guide to help them do that.

The low performing indicators where they rank pretty low was Medicaid LTSS balancing and spending, but also Medicaid LTSS balance and users, self-direction, person and family centered care and nurse delegation and score of practice. But she saved the best news the top performing indicators that they have are nursing home residents with low care needs and HCBS quality benchmarking. Overall Indiana did improve in 4 indicators the low-income persons with disabilities on Medicaid, ADRC No Wrong Door function, nursing home antipsychotic drug use and supporting working family caregivers and then 16 of those indicators had little or no change and one indicator they declined in long term care insurance. The role of public policy and how can we take the scorecard and turn it into something that could help us improve. Public policy plays an important role in long term services and supports systems by establishing who is eligible for assistance, what services are provided, how that quality is monitored, the ways we support family caregivers and then provisions to facilitate effective transitions.

Ambre cited a couple of areas targeted for improvement, when you look at the Indiana scorecard which includes a public awareness campaign to increase consumers awareness of the area agencies on aging, the ADRCs, nurse delegation and scope of practice they have been working on these policies for the last couple of years. They’ve worked with several legislators to eliminate collaborative agreements between physicians and APRNS and alleviate additional red tape to increase access to care. The third one is consumer directed care which would identify and correct program obstacles and advancing options for family caregivers and implement presumptive eligibility for home- and community-based services.

She wanted to give a shout out because recently Indiana was approved for a one-of-a-kind waiver that allowed expedited for individuals leaving hospital and being transferred to their home versus a nursing home and lastly supporting working family caregivers. The last two paid family leave and flexible sick days the AARP has been working with the coalition and other

organizations around paid family leave, unfortunately there isn't a lot of support around paid family leave. Ambre turned it over to Kathleen.

Kathleen said she would like to focus on the consumer directed care on the scorecard. They sometimes refer to it as participant directed care in this scorecard they refer to it as self-directed. This is one particular indicator where they have seen an incredible increase in the number of participants who are in these self-directed programs, in fact over the last 10 years they have seen that there are more than 1.2 million people across the U.S. in these programs. In the last years alone there has been an increase of over 500,000 so they are seeing tremendous growth not just in the number of the programs that are being developed across the U.S. but in terms of people interested in self directing their own care. So she encourages you to take a close look these programs they are working very well especially with our aging population who want to be as independent as possible. One of the things they are in the process of is working with an outside contractor to take a closer look at family members who are eligible to be paid as family caregivers in these self-directed programs. This is a really important next step given that we are in a covid pandemic and for the individuals receiving home-based services there is a lot of concern about home care workers coming into their home especially if the workers are seeing multiple clients throughout the day. These are individuals and she is really referring to individuals in self-directed programs, but they could be really referring to individuals who are non-self-directed care programs as well these are people receiving home-based care. It's the ability to allow family members who may be living in the home with the individual when they have lost their job or who may have had their job cut down to part-time to be able to be paid as a paid family caregiver to provide that much needed care. This has an added benefit of not exposing their family member to increase risk of contracting covid. This is an example of how we are looking at combining programs to benefit individuals in a pandemic, she just wanted to add that.

Ambre said the Covid-19 resources that she touched on they actually have released on their nursing home covid dashboard. They actually released the second round of data recently and their 3rd round of data which will have an interactive map in pdf form. On Dec. 7 when it comes out you will actually be able to have that interaction and be able to hover over each state to see what is going on. This is just for nursing homes it does not include assisted living or anything like that. If you are interested, you can search AARP nursing home covid dashboard and it should pop up for you to click on and then they have their separate AARP caregiving nursing home website that has all things nursing home.

Ambre said that you can contact her 317-801-2584 or Kathleen (202) 499-0213 if you have questions and she appreciates them listening. Kathleen said there had been a few questions coming through about long term insurance it's a little difficult to explain the whole calculation for products. They can reach out to her directly and she can walk them through how those calculations were performed and where the data drawn from.

JoAnn said thank you, we are a conservative state we value self-reliance and yet we are being impacted heavily by population aging and we are struggling with responding to some of the population aging challenging that we're now facing. You presented the material in a way that we

can build on the strengths we have which is a very positive way to address this and yet pointed to some of the challenges that we are facing here in Indiana. We are making some progress and we will have to just keep building on that, her hope is that perhaps one thing that may come out of this covid pandemic is that we know that we have health disparities and we know that we haven't been addressing social determinants of health. The Living Longer Living Better Guide that they will be discussing in depth in January at their meeting addresses some of the grass-root community responses that they are encouraging and you touched on the value of that, it makes a difference they all have a lot of work to do on many levels so thank you AARP. She asked if anyone has anything to add or comment on before they move on.

JoAnn said she wanted to move on to the Division of Aging update then move back Dan's update of senior centers.

Division of Aging Update: Jesse Wyatt said he would like to on the behalf of the DOA give a thanks to AARP for their presentation. The primary item he wanted to touch on today is their expedited pilot. To start at a high level many of you know these items just to get some context. Indiana historically has had many more people in nursing facilities than in a home- or community-based setting, there are many reasons why that is the case the AARP report indicates some of those. Without question one of those is what he would call a time gap, an individual can go into a nursing facility and get services very quickly, while an individual who doesn't want to go into a nursing facility but needs services quickly often has to wait weeks or even months. There are different challenges and reasons why that is the case, most people agree the number 1 challenge is financial eligibility which is often referred to as Medicaid. It can take some time for an individual to receive Medicaid and that really delays the entire process because most of the home- and community-based providers are simple not willing to take the risk that they won't get paid for services rendered. Another time gap certainly not as long as Medicaid but still can be lengthy is the amount of time it takes to get what they call functionally eligibility its also known as nursing facility level of care. Anyone going into a nursing facility or an Aged and Disabled Waiver has two eligibility points, they have to be both financially and functionally eligible and so that level of care process and service planning takes a little of bit time. The pilot program they have developed in partnership with the Medicaid Office OMPP really addresses those two challenges. There is a third challenge which he will talk about, the pilot doesn't really address that. Those are really the reasons and the why now the how, FSSA has built a web portal module where a provider can simple ask an individual who is looking for services a series of questions. They are both financial and functional questions and then assuming the person meets eligibility requirements through that online portal. They can get Medicaid and waiver or level of care eligibility immediately, so instead of taking weeks a person can get full eligibility for the A&D waiver that same day, it is impressive hopefully it will be a game changer.

Jesse said the authority for this comes from CMS it stems from a couple of areas, we have an emergency Appendix K to our 1915C A&D Waiver, so that's one part and it also rests on other existing Medicaid authorities. The combination of other existing Medicaid authorities in our Appendix K is where CMS is giving us the authority to proceed. We have three pilot regions that we started with North Central Indiana in South Bend St. Joe County and surrounding counties,

Marion County in Indianapolis and surrounding donut counties and then New Albany and some counties in South Central Indiana. We started on Oct. 18 to date we have 256 applications the vast majority were approved. It's really a pretty good success he thinks so far to have maybe a third of the state and have that many applications already approved. We are expanding, our next expansion will be Northwest Indiana so Lake County and surrounding counties and then Southwest Indiana so Evansville and some counties in that area. So those 5 corresponding Triple A's will all be involved, plus some additional non-Triple A providers will also have access to the portal. It is also important to know that we are not paying anything extra for these providers or Triple A's to go through this process so other than billing the portal itself state staff time there is no other additional cost. He will mention that our case management system CMS, so once the portal process is complete there is an approval for eligibility both financial and functional the next step is a service plan or it's also called a care plan, the list of services and how we meet the needs of that individual. What that also does is actually create a certification for that particular provider so once the portal process is complete then through our case management system called CMS service authorizations are sent to our Medicaid core MMIS software which is where providers go to get paid. It is a multi-step process and this does get to the third challenge that he would mentioned, it's not really a time challenge but it impacts time, its really more of a provider capacity challenge.

They have challenges in finding providers willing to serve individuals and that can delay the process, this one is a little bit of a harder challenge than eligibility. As we see we really put our minds to it we can make eligibility faster in one sense eligibility is just a cost control, but finding a provider is a little bit more difficult. As you may know actual waiver services the A&D Waiver services as they discussed before just really became effective before covid. They worked on it for a big chunk of calendar year 2019, the Division of Aging did have he would say the most comprehensive and substantial rate increases in A&D Waiver services maybe ever, but at least in the last decade or more. But at least for waiver services our reimbursements rates at the minimum are much better than they were and rates are a big driver for provider capacity, but not the only factor.

The waiver services are not the only services our population receives they also receive state plan services this is a little complex, but it really gets to how things are paid and waiver services are paid through waiver with CMS whereas Medicaid state plan services are paid differently. About half the total expenditures for A&D waiver services are state plan and the single largest service based on expenditures is state plan home health and a big chunk is home health aides it's not always skilled care. As for the pilot it's not for 100% of our population on our A&D waiver we do have children there is no age minimum or maximum for the A&D waiver, however for the pilot we are limiting it to individuals who are 65 and older and who don't have Medicaid already. The majority of the people who come to the A&D Waiver don't have Medicaid already and that's way it takes so long. If they have Medicaid they would not be allow to go through this process they would have to be what they call a "A" category change, that does take a little bit of time but its not nearly as long as getting Medicaid in the first place. So far they are very pleased with the process and their ability to do this is tied to the Appendix K and that is tied to the public health pandemic. So there could be a time limitation for this pilot on that piece but certainly he

thinks the state is looking at ways to be able to continue expedited eligibility at least in some manner. Their experience here may dictate that some the state may change some aspect of it but certainly their goal is to somehow continue the expedited process it may look slightly different.

Jesse said he would like to give an update on the Settings Rule but a little context first. The Settings Rule is several years old it is a CMS federal administrative rule that's been imposed on states. In his words he would describe the Settings Rule as CMS telling states you cannot define a home- and community-based setting simple as it's not a nursing home, there's got to be a more proactive way of defining what a home- and community-based setting is other than the negative. The Settings Rule primarily focuses settings that are provider owned or controlled. For example assisted living the provider owns the building or even some settings that don't pop up instantly in ones head such as Structured Family Care setting where you have maybe a non-family member the individual living in a non-family members home. There are several different types of settings but they have to be provider owned or at least controlled.

Jesse said below that there are 3 main prongs something called presumed institutional which means the state doesn't get to decide whether or not that setting is home- and community-based. The state makes a recommendation to CMS but CMS is ultimately the decider on whether or not presumed institutional setting or home- and community-based. For settings that don't fall under these 3 prongs they would not be presumed institutional and the state does get to make the determination based on the Settings Rule. The 3 prongs are state owned facilities or adjacent facilities they don't have any, institutions that tend to isolate which they have not currently designated any facility in that prong and settings that are co-located so co-location essentially means under the same roof. If you have around 30 or so assisted living facilities that are connected to a skilled nursing facility under the same roof and CMS has determined that that's the case the likelihood is that those facilities are more likely skilled than not and so they fall under the presumed institutional prong. The Division of Aging and FSSA have been working with those facilities to come into compliance with the Settings Rule. CMS recently extended the amount of time a state has to come into compliance for existing facilities. He would note that any facility that becomes certified to provide waiver services that is provider owned or controlled has to meet the Settings Rule immediately, it's just for existing facilities who are already providing services under the A&D waiver are grandfathered in to a future date and that date was just extended to March 17, 2023 and they also now have to publicly post their plan.

Jesse said he just wanted to give an update and let everyone know that they are working towards that goal and asked if there were any questions around the Settings Rule. Charles said that was a lot of information and very technical stuff and he's very glad that they are resolving that and he appreciates that. Erin said there is a question in the chat from Ambre "are there ways to innovate for the future as far as what it means for provider owned and controlled?" Jesse said that's a good question he will just say this is a question that they have had for CMS for the presumptive facilities. It's really unclear for example in the future if a co-located assisted living wants to become a waiver provider in the future that process is really opaque at the moment with CMS. It's a big question that he has for them, Indiana has really tried to be as flexible as possible with the Settings Rule. Some parts of it are very vague and some parts of the Settings Rule is very

specific and goes into great detail, it just depends on the topic. Originally Indiana was placing several facilities in settings that can isolate prong basically any facility that had secured memory care unit originally by the Division of Aging was going to be placed in that category. Indiana in 2018 changed course on that and if the facility doesn't meet their standards then they can still place them in that prong. The state has flexibility to place providers in the different prongs, but getting back to how specific the Settings Rule is the state has to do what is right we have to meet the standards we just can't simple skirt it and not do what it says to do. There is flexibility and we have tried our best to exercise that flexibility and hopefully providers today are relatively happy with the direction we have gone even though they might not be happy with the Settings Rule. Even though we didn't write the Settings Rule it is the driving force to make sure people get what they pay for so to speak and they get a home- and community-based setting and not just another type of institution by another name. Jesse said he would be glad to answer any questions.

JoAnn said thank you we are all working to try to keep the state going as best as we can thank you for your responses and connecting your update to the AARP report. She would like to move on to Dan we have been attempting to be sure by statute that as a Commission on Aging we look at issues on aging and older adults across Indiana. So senior centers are part of the population we are working with. Dan will give us an update he has been working with the Senior Coalition of Indiana.

Dan said most of the senior centers in Indiana remained in operation even if they aren't open to the public it's kind of an important distinction. The primary concern for most of this is how we balance the risk of the virus with the threat of isolation and loneliness which really has had a devastating impact on older adults. They have noticed that there has been a type of natural selection or self-regulation among folks who come to senior centers. They know that they are at high risk and have not been coming in and those that are healthy and have no other underlying health conditions kind of recognize the fact that physical activity and some socialization is really important to their health so they do come in. But that on its own has helped to keep the numbers down which is important for many centers simple because they don't have the room to accommodate large numbers of people and still physically distance.

They have done a lot of surveys with the members of the coalition as well as some of the senior centers and what they have found is that most centers are following the same basic protocol which is what most public buildings are doing. We're scanning for temperatures when people come in the building and they are requiring pre-registration for activities and that controls the numbers of people but it also provides contact tracing information if we do know that someone has become infected. They are requiring masks, they are providing a lot of opportunities for hand washing and sanitizing, they are requiring people maintain physical distance and they are cleaning the rooms between activities. That seems to be pretty much across the board as they've shared information among senior centers leaders, they are all following about the same type of protocol. For those who are allowing people into their building there is still a lot of services, so they make the distinction between senior centers that are operating and senior centers that are open. The ones that are operating but possible not open are still delivering home meals, they are

also doing some meal pickups at the center, a lot of them are still providing transportation under 5310.

Dan said when the weather was permitting there were a lot of outdoor activities. They know of a couple of centers who were doing bingo in the parking lot and then there has been a real expansion among a lot of the centers to doing online or virtual programming either recorded or live streamed. A lot of them are also distributing activity packets to folks through the mail so that they have a lot of the same type of materials that they might be receiving if they were coming into the centers. So there's intellectual wellness some puzzles those types of things that would be distributed to help elevate boredom while folks are at home. They received a grant yesterday, they were approved for a grant from their local community foundation that will allow them to provide some better technology. They are purchasing some video equipment so they can improve their offerings that they do online. They have seen since covid that there has been a 700% increase in the traffic to their website and their social media, so that's one of the things that if there's a silver lining to this it's that there has actually been quite an increase in the reach of senior centers. They have all noticed a lot more people who are taking advantage of some of the online offerings for those who are doing that that has been something that has been real positive. That increased reach the last couple of programs that they recorded and posted actually included commercials they've had some folks in the community who are now buying airtime.

Some of the major challenges they've had is that a lot of centers just don't have the space in their facility to safely physically distance people so that really is a challenge for some of the smaller senior centers when they can't bring in anymore than a hand full of people into the center. It's not worth it for them to continue to keep the lights on basically in order to do that so they are still trying to provide some support without having the actual building open. They held a webinar the Senior Center Coalition of Indiana back in September or early October called "Opened, Closed or Somewhere In Between" it was a panel discussion where senior center leaders were able to share information about the different hybrids of service that they've all been piecing together to try to meet the needs of folks who might be isolated during the pandemic. They are currently working on another webinar this one in collaboration with the IUPUI School of Fundraising that will address some of the challenges of trying to raise money during the pandemic. Even though there have been a lot of challenges there are also a lot of opportunities in many ways, they are learning a lot as they go and they are developing a lot of skills. Not everything about the pandemic has been negative as hard as it has been to go through they are all learning some new skills and putting some things together that they will continue to do even when they are able to open to full capacity.

JoAnn asked if anyone had any comments or questions for Dan before they move on. Thank you for that update she will get him on the agendas to keep everyone up to date on what is going on the senior centers and the wonderful work they are doing.

Judith asked Dan if she could get an invitation to their next meeting, they can't get their senior center opened at all so Dan has been trying to helping her to get some information so she can help her community understand it's not a good thing to isolate their seniors.

JoAnn said they had a wonderful Commission on Aging Advisory meeting the other day and she was excited by their discussions about the area agencies on aging and this is Dustin Zielger's way of saying this but area agencies on aging as partners in healthcare because again addressing social determinants of health the area agencies are truly partners in healthcare in communities we all are in this together and that may be a positive coming out of covid.

I-4A Update: Kristen LaEace said she did have a comment on the scorecard the results are being presented to people focused on long term care many of the scorecard criteria are outside of long terms cares purview. So she wants to make that distinction of how important it is to think beyond our own regular walls in terms of policy. Ambre talked about the practice agreement with advance care practice nurses that's not something we typically address in long term care we are not responsible for that practice agreement requirement, but that would certainly have an effect on our ability to provide services, the paid leave issues is really related more to workforce issues general workforce and not long-term care workforce. She really wants to encourage everybody to continue to think about the other parts of the economic and other parts of the workforce and the other parts of the healthcare system have on our ability to be a high performing LTSS state.

The main thing that they have been focusing on at I-4A relative to policy has been finalizing their public policy agenda for the next legislative session. It's not pretty yet but the text of it is approved, they approved that at their board meeting this past Friday. She included the text of it, when they present their agenda its really meant to be a short educational piece about Triple A's and their role in healthcare and social determinants of health to the legislators. They are really talking about their role in the healthcare system and what their interest are as they can see their priority areas are what they call the social determinants of health.

She wants to point out their highest priority will be the CHOICE appropriations first of all they want to ensure that the appropriation level that goes into law the budget doesn't change. Their second priority will be talking to legislators related to the budget about what happens when we impose those kinds of reversions requirements on the CHOICE program and what that could mean for long term care expenditures overall. Those will be their talking points going into the general assembly. The other thing that's new in their public policy agenda which they haven't explicitly put in before but has come to a head with covid-19 is broadband connectivity. This will give her the ability to step into meetings that are addressing broadband and start talking about the effect of older adults on ensuring everybody has the proper access to the broadband they need. The second page is a new presentation for them the last 2 years they've focused on some of the educational aspects of area agencies on aging and what they contribute to the communities, they've provided numbers and data of this and that, this year they are focusing on their response to covid-19. What they are trying to demonstrate to legislators is how integral they were to assuring the health and safety of older adults in communities and not just those who were already their clients but all the new clients that came on board as the result of needing to isolate and stay at home. She said shout to the Triple A's and you can see all the creative ways in which they stepped up to support their communities. She would stop there and asked if there were any questions about their public policy agenda.

Kristen said the other thing that they were looking at doing as a network is revisiting their strategic planning. They tend to do this in different ways every 3 years or so and the board felt

now was a good time to revisit what they do in terms of strategic planning. And as an association it's not just a strategic plan for the corporation as an entity, but they really look at where they want to move the network as a whole. So the last time that they did the strategic planning process the Triple A's all committed to work towards becoming NCQA accredited with the long term care management accreditation and at this point she hopes by the end of the year they can say they have 10 of the 15 Triple A's accredited with the rest in process. Right now they are in the process of communicating with potential consultants and are expecting some progress from initial proposals that they can take a look at in December. They hope to have an approved contract maybe sometime in January at the latest with their work starting at the end of January so they will keep them updated as that rolls out. So that's the Triple A update now to what's in their packet.

Their packets were large and she left out a lot of things but she tried to include thought provoking things. This month is national caregivers' month there are a couple of things in their packet that refer to that one is the report under AARPs leadership on the status of family caregivers. She left a few pages in there and they will want to google and find the whole report. There was also a publication on Medicaid supports for family caregivers again google for the full report. Finally, the RAISE Family Caregiver Advisory Council met yesterday this is the federal advisory council on caregiving one of them that was put into legislation a couple of years ago, they approved a set of 5 overall goals and recommendations yesterday. The report will come out and have more documentation ready to be posted in the next couple of months they didn't share the documents with the public ahead of time so she couldn't forward the power point or anything like that to them.

For the N-4A update they are starting the presidential transition. N-4A will be developing a series of transition memos to inform new legislators as well as the new president and his administration on providing education about the aging network, their wants, desires and goals. They will continue to advocate on federal budgets and if there any new proposals related to additional covid-19 relief funds they will be advocating on that as well. Related to the new incoming administration there were a couple of articles one from NPR and one from the Kaiser Family Foundation, both offer an unbiased analysis of what some of the new health policies might look like depending on what is able to get through and who gets control of the senate and that kind of thing. She will continue to forward articles as they progress, there are articles in their packets focusing on health equity and covid-19. She asked if there were any questions or comments. Dan said he had a comment one of the things that they talked about at the advisory counsel meeting was kind of the brain drain due to caregivers. Do they have the number of people who have left the workforce to become caregivers especially during covid. Kristen said there have been lots of articles but she doesn't have any good data that she can point to. The Dept. of Labor might come out with some of that stuff she will keep her eye out.

JoAnn said she would conclude the meeting and she will ask for time at the January meeting hopefully there will be more clarity and things will settle down on the federal side a little by the time they meet again. She will talk about the Living Longer Living Guide and some of the work they've been doing. The advisory committee have planned to meet twice a year for the next couple of years to see how some of the initiatives with the age friendly and dementia friendly initiatives across the Indiana are doing. She will report on some of the things that they have been doing and

she has been giving presentations to the Qsource communities across northern Indiana, eastern Indiana. They are working with Qsource and the area agencies on aging in Brown County, Randolph, Marshall and Tipton Counties. They will talk about some of what they have been doing there. With no other comments the meeting was adjourned.