

**Indiana Commission on Aging**  
**September 17, 2020**  
**Virtual Meeting Minutes**

**Call to Order:** The Chairperson Dr. JoAnn Burke said she would start the meeting and do a roll call to establish if they had a quorum or not. Congressional District 1 Sue Grossbauer was present, Congressional District 2 Laurie Mullet not present, Congressional District 3 Debra Lambert was present, Congressional District 4 vacant, Congressional District 5 Robert Bischoff not present, Congressional District 6 Dan Mustard not present, Congressional District 7 Margaret Smith not present, Congressional District 8 Katie Ehlman was present, Congressional District 9 vacant, At Large Chuck Mclean present, At Large Judith Schoon was present, At Large Michael Sullivan was present and her position At Large she is present. They have 3 vacancies, 1 pending application at the Governor's Office, she understands the person that had been working with them to get appointments is no longer at the Governor's Office. They continue with that and keep trying to get their vacancies filled.

Erin said she communicated with the OGC's Office this week and they actually have two pending, one in Congressional District 9 and one At Large, and she sent a couple of additional applications out that she had received so if all are approved she thinks they will have all 16. They did say that the CHOICE Board is up next for review and approvals but she's not sure what the timeline is for the Commission though, baby steps. Dr. Burke said thank you for your work.

JoAnn said they have six members and they need nine to have a quorum to approve the minutes, so let her just ask does anyone have any commentary on the minutes. Chuck said he wanted to point out that whomever is taking the minutes is doing an amazingly detailed job and to remind him to never say anything wrong. JoAnn said Willie transcribes the minutes and Dan reviews them. Since there are no problems they will file them until there is a quorum. JoAnn said this morning Lynn Clough, who is their Long Term Care Ombudsman, is going to talk to them and give them a Covid-19 update from the Ombudsman perspective. She needs to go next because she has some other commitments.

**Presentation Program:** Lynn asked if everyone could hear her okay. She said it's nice to be back with all of you she worked with some of them when she was with the Division of Aging a couple of years ago. She said it's been quite a year for them she thought this year was going to be a time for learning their new software program. They were going to spend time developing an advisory council for the ombudsman program and focusing on other projects and then covid. 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 but some of them are sub-granted to a community or not for profit agency in the area.

They're excited in the last few months Areas 1 and 2 in the northeast part of Indiana has added an Ombudsman to their staff. They did have an Ombudsman quit over the weekend so they are down to 20. The bad part is when they have an Ombudsman vacancy, Mary Swinford, their Deputy Director who is instrumental in running this program with her, fills in as the local Ombudsman. Mary is also their data person and works with their software program but they're getting through it. They are looking for a new Ombudsman in Area 5 so if anyone knows of anyone in that area forward the name(s). Due to the pandemic the Ombudsman have been kept out of the nursing homes just like family members and visitors. They have been and are continuing to be available to residents via alternative means of communication to help address any issues they may have. The Ombudsman are very used to now using phones, zoom, skype, window meetings, conference calls, a lot of care plan conferences over conference calls just to stay in touch with the residents and their representatives. Just last week she gave the go ahead that the Ombudsman could begin outdoor visitation with residents. They do know that outdoor visitation policy that they wrote was put out last week, the Ombudsman are expected to follow both general state and federal health recommendations when visiting nursing homes. They want to limit their exposure certainly but they are going to be using good hand hygiene, practicing social distancing and wearing face coverings in the facilities, but they haven't started going into facilities yet but hopefully sometime soon. They've also been required to review online guidance from the CDC regarding hand hygiene and using masks appropriately and other infection control issues. What they've been hearing over the past few weeks visitation policies are starting to relax a little bit across the state but there's no consistency. Visitation is still held at the discretion of the facility and they are held accountable to their county health department. Which certainly keeps an eye on the communities' positivity rate and the county health department can make a mandate that visitation can be stopped in nursing homes, so they abide by all those rules. They are still hearing that the facility does provide supervision for visits, they do need to have staff on hand to take visitors through all their screening procedures, taking temperatures and signing in most often the facilities have a visitation schedule where someone signs in and out for a certain time so they are still dealing with that. Right now the weather is gorgeous, hopefully we're gonna have a nice fall so they can continue to do outdoor visitation on Sundays, but hopefully they'll be going into facilities at some point soon. She asked if there are any questions before she goes on. Charles said he would like to ask a question could she please calm down his anxiety as related to covid infections and deaths in nursing homes. He has not heard anything specific to Indiana but what has happened in the state of New York has been in the media. He can't speak to any other state but it is something that is of concern do we have any data on that. Lynn said it is a huge concern certainly and she is very comfortable the Ombudsman Office have been grateful for the Dept. of Health. They've been working with the Dept. of Health and FSSA's chief medical officer during the pandemic he is kinda of liaised to the Dept. of Health though he has been working on the guidelines with a team from ISDH to put out all of the guides that have come out. She is very confident in Dr. Brix's leadership, Dr. Lindsey Weaver her leadership. Right now they are running at about a 59% of the deaths in Indiana are from long term care residents, it is a big number but deaths of long

term care residents has slowed down. She was in a meeting yesterday with one of the doctors at ISDH and they are thinking the deaths overall certainly in Indiana are going to increase slowly as it happens, but hopefully the death rate of long-term care facility residents will remain the same as the death rate overall increases.

Katie said how does 59% in Indiana compare to other states. Lynn said that's a great question, but she doesn't know off the top of her head but she can find out and get back to her. Michael Sullivan said what do we have oversight on whether it's the Commission on Aging, FSSA, ISDH on assisted living facilities. Lynn said that's a great question and that may be something the Division of Aging can answer. The Ombudsman program is considered a health oversight agency. Michael said quote you're more nursing homes than other facilities. Lynn said right but they are in licensed assisted living facilities and other licensed residential care facilities. JoAnn asked if she could break down that 59%, how many of those are in the rural areas of the state. Lynn said she does not have that data, but she probably can figure out how to get to it and she can report back to her. Judith said about 40% of the U.S. coronavirus deaths are linked to nursing homes nationwide. Lynn said thank you Judy. Deb Lambert said you can literally go online and know stats of all 500+ nursing homes in the state of Indiana, so if you go on the state of Indiana covid website where you get updates as a state there's a link there you click on and it will take you to individual nursing homes. They have to report all staff infections and they have to report all resident infections and those numbers per facility are listed there, so you can actually look up your district to see how they are doing specifically. Lynn said thank you Deb that's a good point if you have not been on the ISDH website they now have it by county, they are color coded, it's a good way to learn where the cases are in our state. Judith asked if they've had a lot more complaints since covid came about. Lynn said their calls started out last spring families would show up at nursing homes and the doors would be locked, so those calls started so she wants to say their calls have just run the gambit since that time. They heard from families who were very concerned about a resident, their loved ones who they've watched significantly physically and cognitively decline before their eyes through the window. They get a lot of those calls in addition to their normal calls about residents having to transfer or being discharged to the hospital, those are normal calls for them. Then they certainly have the regular normal calls of my coffee is old every morning, that may sound like a very-very minor-minor thing but obviously to that person it's a big deal so they're still getting calls just their normal call complaints. She doesn't have any real data because of their new software system, they're still learning it. The Ombudsman just started using it over the past year so they're still gathering data. Hopefully they'll have something meaningful in the next year so that they can actually compare years. Judith said there's nothing the Ombudsman can do as far as the covid problem but visitation. Lynn said there's not but what they can do sometimes is run interference, if a family will call them, sometimes they can call the administrator or the social services director the DON and find out what's going on, if there's a problem, if there's anything they can do to help address it and see if they can at least get an outdoor visit going or facilitate a face-time meeting something like that. Judith said it just seems like nobody has any control over this right now. Deb said she will just tell you that all the control right now is being held between the CDC

and CMS so they have very strict criteria so as the long term care community if their counties positivity rate is 5% or less staff have to get tested once a month, if their positivity rate is between 5% and 10% they get tested once a week, if it's over 10% the staff gets tested twice a week. If a staff test positive all residents have to test until they have 2 full weeks of negative testing residents, if a resident test positive all visitation shuts down. So they really are under very strict guidance from the CDC through the State Department of Health on what they are allowed to do and the criteria they have to use in order to open up or not open up. They're also required to have a daily voice mail that their family members can call into to find out what their numbers are and therefore they know what the visitation status is and they're all required to communicate with their families proactively that way. She thinks probably where the Ombudsman comes in is those facilities that aren't following that requirement or maybe not articulating the requirement as clearly to members as they could be.

Lynn said thank you Deb that was well said and she thinks that's very true there are some facilities not communicating still with families. They understood that in the beginning the Ombudsman program actually wrote the communication guidelines back in April that were distributed to all providers, so they have had input into that, but Deb's right the CDC and CMS are really guiding this. They are waiting actually for the CMS to come out with new guidelines, the coronavirus task force commission that was put together earlier this summer just yesterday released their report it was due out September 1 but it just dropped yesterday and she hasn't really had a chance to read it yet, but hopefully, two weeks ago CMS called an emergency meeting with the Ombudsman they have a national Ombudsman organization and they met with CMS and Dr. Edwin Walker, Lance Robinson and they wanted their input on visitation guidance and wanted their written recommendation by 5 p.m. the close of the next business day, so they scrambled to put a document together and they've still not heard anything. Every day she gets up and anxiously waits for an email for new visitation guidance, but again they have to remember that not one size fits all and it's just hard to bring just a blanket and these are the regulations we'll follow for the whole country so it's just an interesting time to see what's going to happen. But she appreciates that Deb's facility does provide that information daily to visitors and family members that's very, very important.

Judith asked does anyone know can someone come out of the nursing home if they have an outbreak of covid in their nursing home, can you bring your loved one home. Lynn said yes you can. Deb said you can, but they've admitted emergency orders and she's been in this for 20 something years where if they have residents that leave their community during this emergency time only, they have the right to discharge them. She was not aware how the Ombudsman was involved and at the table with FSSA and the Indiana State Dept. of Health when she spoke to Lynn a couple of weeks ago she just felt instantly better knowing that they were involved because she was really concerned that their residents didn't have a voice at the table and now that she knows that she's been there she's been a lot more relaxed about this whole thing. JoAnn asked that if you are not speaking would you mute yourself so they don't get feedback, thank you. She thinks this has been really clarifying Lynn and everyone else who

has been a part of this. Her question in terms of people out here in Indiana trying to understand this, is there anyway Lynn that you can think of that can get some of this information out to the public to clarify a bit about the testing that's going on. The fact that the Ombudsman are available the Division of Aging somebody here people don't have this information, if people on this call are raising questions about this, we know the general public doesn't know, is there some way someone who could get this information out. Lynn said that's a great point yes it is concerning to her that all of them who are in this industry are not aware, like Deb said she was not aware that the Ombudsman were involved and at the table. She thinks that's kind of the Ombudsman program, they kind of fly under the radar and they don't really let people know what they are doing, but that's something they certainly need to do at this time so if anyone has any ideas she would certainly welcome them. She thinks that's a great idea, if they have ideas she's willing to write anything that can be sent out, she's willing to speak anywhere.

- JoAnn said she's wondering if they can get a press release of some kind sent out. She thinks this is really important information from what she's hearing is people are terrified about going into congregate living facilities. There's a lot of fear across the state and she thinks we've just have inconsistent messaging that's the nicest way she can say this and she thinks it really helps if we know what the guidance is and she doesn't think the general public has any idea. A press release something like that would be helpful she thinks that her suggestion, she doesn't know if others have ideas or not but she thinks the public needs some information coming from those of you working with this directly. Lynn said okay. JoAnn said she appreciated her willingness to come and talk with the Commission she thinks they're pretty wide open about what's going on with assisted living again since they are not licensed and regulated all of them, that's another concern and the general public doesn't understand the difference between nursing homes and assisted living but something out to the general public knowing what's going on with testing, what the recommendations are something about the fact there is an Ombudsman program in Indiana they don't know that either she's not blaming anybody she's just saying the public needs some information and she thinks the Commission that's their job to kind of try to get some of this information out to people. Lynn said she thinks Ombudsman don't always, many people aren't even aware of the Ombudsman program and it's not one of those programs that you need to know about, unless you need to know about it. Unless you are actually working with someone, you have a parent or a loved one in a nursing home there's no need to know about the Ombudsman program so it is a targeted group of people certainly, she will absolutely she appreciates her suggestion and it's good to see all of them and thanks for inviting her.

JoAnn said old business they talked about member updates already, for the Living Longer Living Better collaborative she's going to ask to get on the agenda for the November meeting, she will update everyone there. She just wanted to make one comment here she did do a presentation yesterday to the Indiana Minority Health Coalition and she told them what she was doing that she was going to be recruiting, so 6 wonderful people stepped up and volunteered to be on their advisory committee for the Living Longer Living Better guide and she's hoping as she said to them I hope you can be helpful to the Commission and the Division of Aging because they are also addressing some of the health inequities across the state as they relate to older people and she's hoping they will be willing to help the Division with some of that work to so she is encouraging them

to be a part of that and she's encouraging the Division to see if they can include some of those voices, she thinks they need to be heard they had a lot of good comments and a lot of good questions yesterday. They have Dr. Counsel with them today who is going to be talking about improving dementia capability home and community-based services she has one question for the Division of Aging before they start with Dr. Counsel, maybe he will be talking about this but is there anything happening with expediting Medicaid eligibility, this question is going to the Division of Aging.

Jesse said, "Hi, Dr. Burke." He thinks he saw Sarah in a text of the meeting .He doesn't know if she had a conflict this morning and he doesn't know if she made it on or not and asked if she was there. Sarah said she was on and she could take it. Jesse said he could tell you they have three Triple A's who they reached out to who are going to hopefully start a pilot for them around expedited eligibility for Medicaid, so it's not presumptive eligibility its expedited but the Triple A's will have access to a new portal where they will input some information related to financial and functional eligibility for individuals who might be eligible for the A&D waiver. If they're approved through that portal through that question and answer process, they will essentially have temporary provisional Medicaid immediately and so then they will be able to receive A&D and Medicaid state planning services as quickly as they can setup providers to help them. They will still have to apply for full Medicaid application and go through that process, but at least until that process is completed. They would have Medicaid eligibility right away. They are hoping to start on October 1, but it is dependent upon CMS approval. JoAnn said thank you she only brought that up she wondered what they would be doing she didn't know if they were going to call it presumptive or something else or whether they were doing anything but she is kind of tagging that on to her previous conversation because she thinks they have so many people who are frightened to go into congregate living right now when they leave hospitals they don't want to go into a nursing home and we've got a little problem when they can't afford private pay. Jesse said absolutely they are really excited it could really be a game changer but again it needs CMS approval and it's a pilot program they essentially asked for 1115 public health emergency waiver, so it's only going to last two months after the expiration of the federal public health emergency, but they are very hopeful it could be a really big deal. Judith she was a little bit lost what do the 2 have to do with each other explain why it is important. Jesse said he didn't want to speak for Dr. Burke certainly someone could go into a nursing facility and receive services very quickly, someone going onto the waiver may take weeks or even months before they are able to get services, so by decreasing the amount of time it takes to get Medicaid eligibility and waiver eligibility in general it increases the likelihood that that person gets to live in the setting of their choice. Some people do end up living in a nursing facility because they can't get waiver services quick enough you know their needs decrease or they waited a really long time before seeking help and if we can't get them supports fairly immediately there's really not much other choice. JoAnn said this is Indiana not federal. Jesse said they would be using federal dollars, Indiana has asked CMS to do that. JoAnn said thank you and hats off to the Division of Aging for trying to address this problem. Judith asked how soon will they get approval and how soon will they be able to actually get this to work. Jesse said they had been working on it for a little bit and he would be remiss if he didn't thank the Medicaid office because they've been critical for this application and whole process not just the Division, but they are hopeful to start October 1. They've scheduled some training they are hopeful to start October 1 and they've scheduled some training for the Triple A's and others next week. They still don't have CMS approval they are very hopeful it

will come any day now but hopeful October 1. It is for just three different regions Area 2 REAL Services, Area 8 CICOA and Area 14 LifeStream. JoAnn said thank you for responding to that question, she didn't give him any heads up on that one but she knows people had concerns.

JoAnn thanked Dr. Counsel for being with them this morning. Dr. Counsel asked if everyone could hear him and JoAnn asked everyone to mute their mics. Dr. Counsel said you should have received the slide deck by email and he is going to try and share his screen. Dr. JoAnn Burke invited him to speak to the group today and he's hoping to provide in the next 15 minutes or so a pretty high level overview to inform the Commission on Aging as to what Indiana Dementia Care Advisory Group has been doing and who they are and their purpose and to review with them some draft recommendations that they are making for enhancing Indiana's dementia capable home- and community-based services system. These recommendations are to go to the Division of Aging for their consideration and prior authorization for the coming year or two. In addition to informing he is looking forward to their initial feedback here today or feedback after the meeting if they have further thoughts. These are draft recommendations and they do have broad representation going into this and have tried to keep them focused and practical for the Division of Aging but would be delighted to hear their suggestions. The Division of Aging about 1-1/2 to 2 years ago under Sarah Renner's leadership has desired to take a new focus on dementia and dementia care for improving peoples care and support who have dementia but also focus on their informal caregivers in the community who are helping them to optimize their independence and remain independent in the community. They wanted to pull together a broad representation of key stakeholders and providers of home- and community-based services to develop and expand their dementia capabilities. This is a term from the Administration for Community Living around dementia capable system of services that is informed and trained and skilled in addressing the unique needs of those people with D dementia and those caring for them. Their hope is to maximize the ability of people with dementia to remain independent in the community and support their caregivers. The Division of Aging oversees home- and community-based services, the Aged and Disabled home- and community-based Services Waiver this is supporting people who are nursing home level of care but are looking to stay in the community supported by in home support services or services in the assisted living setting. The CHOICE program is similar for people who don't qualify for nursing home level of care or are not eligible for Medicaid and then there are several other home- and community-based services especially home delivered meals and chronic disease self-management and such that are supported out of the Older Americans Act and Social Services Block Grant. This slide shows the number of services that's pretty much available and the funder payer services. The wavier is unique it does offer services paid for under Medicaid that are even more robust including the Structured Family Caregiving, Adult Family Care integrating the health care coordination nurse and then there's the assisted living, you can't get that under CHOICE, Title III or SSBG. The most commonly supported services especially under the waiver everyone gets case management or care management as they call it and typically the care managers are out of the area agencies on aging in addition to some private care management organizations. Attendant care that's in-home support for your activities of daily living, bathing and dressing, that is the most common personal care service, others very common home delivered meals and the personal emergency response system. The other topic of this presentation is the homemaker who might help with services to support like meal preparation, shopping things and things like that more of your instrumental activities of daily living, whereas your attendant care is your personal care bathing, dressing, toileting and such.

Dr. Counsel said he is really excited about the Dementia Care Advisory Group is has grown over the past year it now to includes 25 different organizations typically represented by one of their executive directors or designees. This is lead out of the Division, it's an honor to chair this and Elizabeth Redder from the Division is involved along with Kim Kiphart. They do have a planning team in addition to the Division of Aging that he just mentioned Natalie Sutton of the Alzheimer's Association and Dustin Ziegler out of Dementia Friends Indiana have played an integral role in the core planning group. As you can see this is a broad representation and the passion and dedication, commitment to enhancing their services and supports of people with dementia and their caregivers is really quite spectacular and refreshing to see. This group has dedicated time over the last 15 months to work on developing some recommendations for the Division. He might point out that they have certainly Dr. Burke and Jim Leich Commission on Aging and CHOICE Board respectively on the advisory board. They have five of the area agencies on aging, CICOA, REAL Services, Thrive Alliance an LifeStream Services. They have the Alzheimer's Association, Dementia Friends, IU Center for Aging Research, Sandra Eskenazi Center for Brain Care Innovation, IU Geriatric Workforce Enhancement Program. They have several statewide associations of adult day services, area agencies on aging, home and hospice care and other state governmental departments, the Department of Health and Homeland Security, the Indiana Health Care Association, Center for Assisted Living the Indiana Hospital Association, Qsource which is the Medicare Improvement Organization for the state, the Solutions Center is a provider of services many of which are focused on people with dementia and training and finally the University of Indianapolis Center for Aging and Community as you can tell this is a broad representation. The purpose, they kicked off last June the purpose of this group was to spearhead the planning and implementation of Indiana's dementia care initiative. He really wanted to get that help from the stakeholder group for the Division to move this agenda forward. The responsibilities he will talk about today and that he spent the first 15 months is for each organization to be represented actively engage in the planning process and to collaborate together to develop these recommendations. Once the recommendations are completed and finalized and presented to the Division of Aging the Division of Aging will prioritize and at their direction the group then will shift into a implementation purpose. They've had about 10 or 11 meetings now over the last 15 months with a little hiatus for the covid pandemic, but they've regrouped here, they have the planning team. They started off with the first several meetings doing if you will an environmental scan and so each organization presented their current and planned activities around dementia care, so they had 20 presentations a few minutes each that was pretty structured to tell them about what they do around supporting people with dementia or supporting their caregivers or training programs that they offer. The last 3 meetings or so they have received 7 key elements of how the US Department of Health and Human Services, the Administration for Community Living define dementia capable home and community-based services. Based on those key elements they identified where Indiana's strengths were and where there were opportunities for enhancing services, that's where they have focused those greatest opportunities. He said he would stop for questions about the advisory group or the process or if Dr. Burke wanted to add anything at this point.

Michael Sullivan asked if Dr. Malaz Boustani is involved in this through Eskenazi. Dr. Counsel said yes he represents the Sandra Eskenazi Center for Brain Care Innovation of which he was the founding director and he could send out a listing of the individuals after the meeting if they liked. He is going



to walk through the Dementia Capable HCBS System key elements. Those seven elements, the ones in red, are those they've identified. They have three they've identified they want to make recommendations around and one they've identified as being of particular strength already and the others are somewhere in between. So the first dementia capable key element is that the systems ability to help identify people with possible dementia and recommend that they see a physician for a timely and accurate diagnosis and rule out reversible causes of dementia or conditions that resemble it. The second key element is to ensure that program eligibility and resource allocation take into account the impact of cognitive disabilities, they thought they were doing pretty well with that the waiver and the other programs do take that into account. Similarly with the third they feel like the staff primarily with the area agencies on aging and the Division in general there is certainly room for improvement, but communicate effectively with people with dementia and their caregivers and provide services that are person and family centered. The fourth was a big area, educating the care workers which references attendant care and homemakers in particular are the people going into the home and serving and supporting under the waiver or CHOICE or the other programs the people with dementia and their caregivers, most have had little or no training working around someone with dementia or supporting the caregiver of someone with dementia. The fifth one as well is an area they thought was lacking in terms of public awareness about brain health and what can be done. There is no medical treatment as of yet but there are a lot of things that can help to improve quality of life and optimize functioning and independence and caregiver supports. So educating the public about brain health including information about risk factors of developing dementia, the first signs of cognitive problems, management of systems if individuals have dementia, support programs especially for caregivers and families and opportunities to participate in research. The sixth is to implement quality assurance systems to measure how effectively people are being served by their programs and to follow up and contribute to ongoing improvements in the system. Finally, this is big hats off to the area agencies on aging and Dustin Ziegler and CICOA taking the lead for the state in this area to help foster development of Dementia Friendly Communities, Dementia Friends Indiana they felt that that's coming along quite well relative to the other key elements of dementia capable systems.

Dr. Counsel gave a high-level list of draft recommendations for a dementia capable HCBS system. First identify people with possible dementia and recommend that they see a physician for an accurate diagnosis. The goals are for Indiana's aging network, including area agencies on aging and home- and community-based services provider staff be aware of the signs of cognitive problems and additional dementia resources by having a one hour module training and Indiana's Aging and Disability Resource Center Options Counselors and A&D waiver case managers be able to identify people with signs of cognitive problems and refer them for an accurate diagnosis and additional information and supports through training but not . Educate and train direct care workers to identify possible dementia and understand the symptoms of dementia and appropriate services. The goal is for Indiana's direct care workers be competent in recognizing, understanding and meeting the unique needs of people with dementia and their caregivers. Educate the public about brain health, including information about the risk factors associated with developing dementia the first signs of cognitive problems, the management of symptoms if individuals have dementia, support programs and opportunities to participate in research. The goal is for Hoosiers to have an awareness of the risk factors and the early signs of dementia and how to obtain additional information about dementia symptom management, support programs and again opportunities to participate in

research. Finally, they did have some general recommendations the group has repeatedly identified the need for a full-time staff member hopefully within the Division dedicated to enhancing Indiana's dementia capable home and community-based services system.

The funding for that whether they can identify that or perhaps in some way work with legislator, Family and Social Services Administration to identify a dedicated staff person for this. Also, they want to recommend that they continue to increase their support across agency efforts. The Indiana Department of Homeland Security has an online dementia friendly training for all first responders that has been well received and they would like to see that go statewide with other required modules. And looking at organizations or even structural barriers and opportunities to better link-up and collaborate between Family and Social Services Administration and the Dept. of Health to better address this public health challenge. The next steps are to finalize the recommendations next month they will discuss with the Division of Aging leadership and then they will probably have a hiatus in November and December and then the group will come back and help the Division in implementing the recommendations they would like them to focus on. They do have a jumpstart in a couple of areas, they have in collaboration with the IU GWEPs program they are providing ECHO online training to hundreds of care managers across the state in geriatric care principles including dementia care. They recently received a new grant from the Administration for Community Living at IU of which Dr. Boustani is a strong part, he is the project director and that focuses on working through the 5 area agencies that are involved in this group to enhance caregiver support and to start to provide that training to some of those in-home care workers. He said he would stop for questions/comments. Michael Sullivan asked what does GWEP and ECHO stand for. Dr. Counsel said Geriatric Workforce Enhancement Program and another abbreviation HRSA Health Resource and Services Administration a federal grant they're both IU through the University of Southern Indiana. Dr. Counsel said any other questions or comments or suggestions for the advisory group as they take these recommendations forward and refine them. JoAnn said this is magnificent work, again the general public is floundering with this. We've relied on our health care providers to deal with dementia, the funding mechanisms and health care haven't mod this along too much, but people go to their primary physicians and think they can work miracle and do all these things for all kinds of reasons many times the comprehensive care isn't there, hats off to the Division of Aging and Dr. Counsel for the work that is being done this is really groundbreaking. Charles said as a layman looking at all of this how they got to this point where they are doing such herculean efforts to move this issue forward he is very proud of this group and what they are doing and the resources they are assembling and who they are working with to make this program hopefully effective and real in Indiana. Dr. Counsel said the first step was to get a lot of people a lot of organizations very dedicated to these services over time a long time but often times not knowing what each other is doing or coordinating as they might let alone really getting some synergy that might be, he thinks that's what they are seeing now. Dr. Counsel said thanks do much he will send them the slides and a listing of the participants in the group and let him know of any follow up suggestions, comments or questions.

JoAnn said Kristen LaEace has some updates for them and asked was she on and ready.

**I-4A Update:** Kristen said one thing she noticed the agenda did not include an update from the Division of Aging other than Dr. Counsell's update. So she felt like she'd ask if that should be on the

agenda or if that was intentional they normally hear an update from the Division of Aging so just thought she'd throw it out there to see if it was an oversight on the agenda or not.

Erin said she could address that with Dr. Counsell's update that was in place of the Division of Aging update in the interest of time. She thought Dr. Burke's "Living Longer Living Better" discussion was going to be more involved, so it was left off in the interest of time.

Kristen said a couple of comments on what they've talked about already in the meeting, one they talked about, JoAnn brought up the question about expedited eligibility pilot. She wanted to echo that all the area agencies on aging are very excited about this pilot, any type of presumptive or expedited eligibility and they know it's not presumptive eligibility, but this is something that has been on the Triple A's agenda since she started over 10 years ago. So they are very excited to see this moving forward and know it's going to take the combined forces of the Division of Aging and OMPP and the Division of Family Resources so thank you so much for all the coordination that's happening on the back end that they probably won't even see. Not only the pilot participants but the rest of the network is very excited about that. One of the items she talked about last time was a new emerging focus not only with FSSA but Division of Aging and the Triple A's themselves related to health equity and racial justice. They have had 2 discussions with the Division of Aging since this focus has arisen. One of the things they talked about doing among the area agencies on aging was something that would be akin to health equity or racial justice readiness assessment so that they could see what is the baseline of where they're at, what exist among the Triple A's already and if there's a bunch more. They're trying to reach some kind of standard, they might look toward how close are we to meeting those standards and where do we need to go. So they've collected some information about that, have some examples, they're not ready to move forward with that yet because there's new staff coming on to FSSA that will be responsible for their agency overall related to those issues. In the meeting with Sarah they had yesterday she thought that person would be on board before the end of the year, let's put it that way. So they are not looking too far ahead, also they are waiting on additional guidance from FSSA. The other thing they've talked about is developing some sort of area agency on aging data profile so 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. Another thing that they talked about was looking at 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 example things might be 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., that was where she was going with that comment. They thought that kind of data profile could be useful

even outside of any specific FSSA program or direction so they thought they should move forward with that prior to the new people coming on board.

The final area that they thought that might be of interest for area agencies on aging is their own recruitment and staffing efforts and do their staff appropriately reflect the client base that they are serving. So are they appropriate for that, so those are some of the reasons they thought to move forward with that so maybe by November she'll have an opportunity to update them on that as well. But she thinks that's something they're very interested in and excited about learning about and digging into with the additional data and analytics that have been coming into the Division of Aging and FSSA they think that's going to be a lot more durable, they very much appreciate the support that the Division and FSSA are able to bring to that project.

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. One thing she wanted to mention on behalf of AARP is that AARP is releasing an update to their long-term services and supports score card and she forwarded an email that came from Ambra Marr about this and to Willie and asked that she get all of this out to all the Commission on Aging and CHOICE Board members and she said that she would do that. There is a national webinar next week Thursday the 24<sup>th</sup> she would invite them all to sign up for that webinar. This is something the media will likely pick up on, the media in some of their reporting around the long-term care services and supports system will quote their standing on long term care services and supports scorecard from 2017 which is not very good. 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.

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 said she would stop there to see if there were any questions. JoAnn said she had already registered she got the email for the long-term care services and supports scorecard for states and thank you for sending that out and to kind of reference what you said, you said it very delicately but Indiana score card is very low she believe we were 51 overall a few years ago on the state card and there have been a lot efforts to improve that scorecard.

Kristen said there were a few things that she wanted to point out in their educational packets she wasn't going to go over every article. She wanted to share her screen 2019 Profiling Older Americans, one of the things that came out is data that the ACL publishing annually based on census data etc. as to what does the older American population of the United States look like including marital status, racial and ethnic composition, geographic distribution, etc. It helps you be more knowledgeable about what things look like nationally, they do not publish a state-by-state thing that she's seen every now and again the American Community Surveys will publish like here's a profile of older adults for Indiana she hasn't gone to look to see if they've updated that recently, but she thinks this is a good reference document to have it, gives you context about what is happening across the country. Also in the packet some new reports from the LeadingAge LTSS Center in Massachusetts and the center for consumer engagement and health innovation did a study on some new state initiatives in financing long term care services and supports these include some of the innovations related to long term care insurance that she talked about previously so she's included the executive summary it has some ideas for Indiana that may be informative going forward. The rest of the document primarily had stuff related to health disparities, racial equity things like that. There were quite a few articles around that as you could imagine with the country's attention focus there, they're starting to see a lot of those popup and another piece of the packet deals with covid-19 which is a big topic so several articles around that. There was an article that represented the Triple A's response to covid-19 nationally that was published in the journal of Aging and Social Policy she pulled that out for them. And finally there was guidance put out by HHS the division that ACL sets in HUD and the Dept. of Agriculture related to housing resources for rural America and how we make those available for older adults and people with disabilities. We know that housing is such a critical issue, you might find some of that information informative. Finally, at the very end ACL is interested in creating a strategic framework for action for state opportunities to integrate services and improve outcomes for older adults and people with disabilities. So this would be guidance from ACL to states about how to integrate services, how to improve outcomes, how to support business acumen, etc. in their home- and community-based service networks including area agencies on aging. N-4A provided feedback to that process and she has included that feedback, that's the end of

their educational packet. JoAnn said thank you for your update you're always very informative. JoAnn asked Dan if he would have any comments about what's happening with senior centers. Dan said the Senior Center Coalition has been busy trying to share information with other senior centers. They have been open since June 15 they have celebrated three months without a case of covid at the center and they have worked really hard to follow all the recommendations. One of the things that they have found out is that smaller centers don't have the space to be able to do the physical distancing that's necessary in order for them to open, some of them have been doing activities out in their parking lots to try and provide some kind of socialization for their members. They are going to be doing a webinar in a few weeks for the coalition members to kind of share some best practices about reopening and some strategies about how to do online programming and maintaining contact with folks. JoAnn thank you for your leadership. Dan said he would like to thank Kristen for the packets that she provides its really great information on page 64 of your packet, there is information about seniors and ages especially among LGBTQ folks he would encourage other groups to really look into that he knows that they kind of casually partnered with Sage a few years ago and started doing Sage table events here. They've also done a couple of screenings on Gene Silent the documentary movie about folks who are in nursing homes who are LGBTQ and he was kind of shocked at the positive response to that and suddenly they had a lot more folks coming in who were openly LGBTQ who felt like this might not have been a safe environment. With very little effort on their part to assure people this was a safe environment and they found a lot more participation, so it doesn't take a whole lot to reach out to people and to begin to have that conversation.

Kristian said thanks for pointing that out there was something she forgot to mention that wasn't in their packets Sage offers a full compliment of staff training both directed at various kinds of line staff as well as executive staff. Here at I-4A they are just starting to look into seeing what kind of cost that would be, but in terms of there being standard training and curriculum available Sage is the premier resource for that in the country. And it's funded by the Administration for Community Living.

JoAnn wondered if someone on the line could comment about what's happening with adult day services across the state during this covid situation. Jesse said if it's okay he could at least speak to one nuance around that, so the Division does fund many adult day centers through both the Medicaid Waiver program and then through the Triple A's as well as through other non-Medicaid programs such as CHOICE the Triple A's fund adult day to. On the waiver side they have through CARES Act funding started to process and make payments for so called retainer grants since many of the adult day centers involuntarily closed for the months of April and May and even since then their census antidotally is down about 25% of their normal, these payments help keep them in business. In Indiana adult day utilization for Medicaid members is about one quarter of the national average. So when you compare Indiana to other states for Medicaid payments we don't use adult day centers that much which is really unfortunate this is an area the Division would love to see more utilization of adult day centers. JoAnn said thank you as we move on with this covid pandemic and as we move on with the fact that tax revenues are going to be down over the next couple of years, so it's anticipated we're going to have to continue to look for how we are going to find funding to take care of increasing numbers of people who have services and adult day centers are certainly an area of underdevelopment. JoAnn asked anybody else and tapped Angel you are up in northern Indiana what's going on in South Bend with adult day centers. She said their adult day center reopened they

are probably about 25 or 30% of their actual census, she does have to say there has been in the last few weeks a major uptick in admissions, tours but they had to take some serious precautions the entire reception area is enclosed in plexiglass, their clients dining tables are separated by plexiglass so they did have some cost incurred there, they had to make individual activity kits so everyone had their own bingo set, everybody had their own tools that they use every day. They have a ton of volunteers who generally come in, they have Monastery schools, home schools that come in and bring their children and do the activities so that's really been a challenge for their activity team to come up with innovative ways to engage the clients they can't go on any outings in particular. Just recently they just had their first interaction (if you want to call it that) fortunately they have a really great patio area so they had all their clients out with masks and social distancing and at the other end of their patio the home schoolers came in the back gate and they sang some patriotic things to their clients, it was enjoyable. They've had no covid cases either before during or after any of this so they're very fortunate but it's a lot its intense sanitizing and cleaning working with these folks with dementia. Its's something they work on every day in her area they have two other adult day centers and she talks with them and they are experiencing similar situations everything is pretty much the same there. JoAnn said thank you very much Angel trying to think about social isolation lots of issues they probably don't have any idea exactly how much this is impacting people, but we know people have been very impacted by it probably the extent we don't know.

Erin said she had something that she can share related to social isolation. They received a grant from ACL for some ADRC covid related funding and they are in the process of contracting with Easter Seals Crossroads, who is the state's assistive technology program. It's called IN-DATA and hopefully on Oct. 1 they will be rolling out an initiative, the ADRCs will be able to refer individuals and their caregivers to IN-DATA. IN-DATA will provide an assessment and training and a device to help address social isolation. It's targeted to rollout they are still working on that the actual contact process will be for federal fiscal year 21, so they are targeting about 150 referrals so they will be working with the ADRCs to introduce them to the program and referral process. They are super excited to be able to partner with IN-DATA, ACL has really been encouraging partnership between State Units on Aging and Triple A's and the state assistive technology program it's great we have this opportunity. They will be able to share information on that in the next year. JoAnn said thank you for your efforts in this. JoAnn said if there is nothing further. Charles said at the last meeting JoAnn charged him to reach out to the Indiana Chamber of Commerce and by extension to all the Chambers of Commerce throughout Indiana after getting off to a very slow start and because of covid he was able to make contact with them. He will be meeting with them on the back half of this month and what they want to know they have no problem working with them per-se, what they would like to know is how would we like to work with them. He had suggested that they could provide them information on what's happening in the workforce, he had suggested to them that they might be able to provide them additional data that they can disseminate in their newsletters that sort of thing but beyond that is there anything else that he should be pointing them towards in terms of being able to help them get the word out about what programs are available. JoAnn said she is looking at Dustin right now because there's a great deal that businesses can do with Dementia Friends training she would think she can't speak for Dustin. Since we do have a time constraint why don't we just do this for all of those who have ideas or suggestions or would like to talk to him about the issue hit him with an email and let's get started on it. Okay she thinks they can come up with some ideas she doesn't think Dustin is on the line, but she thinks there are things in the guide that could help business

people who want to become involved, some leadership working with the area agencies on aging in their communities, thank you Chuck we are trying to be as inclusive as we can be as we move forward with our guide.

JoAnn said with nothing else the meeting is adjourned.