

MPA LTSS Subcommittee Meeting
8/15/23

Brainstorming Starting Points (General)

Current LTSS initiatives
Past LTSS initiatives that need to be resurrected
LTSS best practices in other states
LTSS local best practices
Other

Things to help think through scenarios...

How do people know when and how to access LTSS?

- System navigation
- What are the access points

Is there correct coordination of care between different programs?

LTSS workforce

LTSS access challenges

- Geographic barrier
- Language barriers

Personal planning

- When is the right time to start planning for future LTSS needs?
- Who has this conversation?
- How do Missourians know about this?
- Who would they call?

LTSS in the right setting – continuum of care

- At what point and how do you plan for that transition to a higher level of care
- Who plans for and coordinates this?
- ID ability to transition and successfully transitioning to the least restrictive environment

Breakout Room Discussions

Scenario: Hospital discharge after fall with broken hip (Moderator: XX)

First Discussion:

What do you need?

- ABC

Where do you start?

- ABC

How do you find out what is available?

- ABC

How do you obtain services?

- ABC

Gaps and opportunities

- ABC

Second Discussion:

What do you need?

- ABC

Where do you start?

- ABC

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Scenario: Dementia diagnosis and future planning (Moderator: Stacey Rosenzweig)

First Discussion:

What do you need?

- First step: Understanding of who your caregivers are going to be going forward – getting team together
- Power of attorney and guardianship – are they their own person or someone that has already put a will in place for someone who will make decisions for them
- Let people know all of the resources they have for each disability, so people are aware of the resources in their area so they can pick the things they need (e.g., adaptive equipment and home modifications) and make sure they have a safe plan if they haven't done a living will or other legal aspects. Making sure process has been discussed as well.
- If person is still able to make decisions, find out from them what they want. In early stages of dementia, people can still make decisions about what they want and what they want in place as their diagnosis progresses (e.g., pre-plan moving into skilled nursing)
- Resources to train the people around those with dementia (staff or family members), including what a diagnosis looks like and where to start
- Know the care team
- Need to do a better job of finding a roadmap for caregivers, families, and clients, especially when they may need a higher level of care and what that level of care looks like
- Dementia doesn't automatically mean needing a higher level of care
- Not a lot of people understand what supports exist for folks who need memory care. It is important to set expectations for what is available and differentiate the different supports
- Caregivers and family members need a lot more support, especially those trying to keep their loved ones in a home as long as possible

Where do you start?

- Alzheimer's Association
- Area Agency on Aging
- Memory care association
- Centers for Independent Living (CIL)

- It was noted that some have knowledge base and prior experience with care hospitals in other states
- There is a CIL that serves every county in MO. If they don't do the services they will connect you
- County wide human service council (Cooper County). Members include local CIL and AAA and long term care facilities
- Ombudsman – great resource for seniors. Usually tied into senior centers

How do you find out what is available?

- Most people start with a google search – important that services are keeping up with SEO tactics
- Information seems to be regional
- Senior times and senior resource guide – keep up resource lists
- Would like to see more education coming from the physicians office – the one that is giving the dementia diagnosis originally. Something they can give to patients – even that give resources

How do you obtain services?

- Depends on service – much is getting to the front door

Gaps and opportunities

- Lack of knowledge
- Better promotion of what is available – either from government programs, nonprofits or hospitals
- Continual education
- Difficult to find waiver information on state websites – it would be helpful to show high level information about them all in one place (e.g., these are all the services at the different departments – one state stop with links)
- Missouri NWD initiative has been working on this for a long time – progress is slow... hard to put information together
- Associations have members – common for people to call members directly and understand what services are offered. Leading Age stopped doing this because they had other people doing this – usually social services people
- Not a lot of support for solo agers (no children, no partner). Ideally create a bigger and more obvious safety net for these folks.
- Geriatric care managers. Growing this profession or knowledge of them – independent business or part of non-profits. More support and information about and for them.

Second Discussion:

What do you need?

- Once patient is diagnosed, would need patient and family to connect – getting power of attorney, getting information on
- Getting ready for different scenarios (DNR orders, education)
- Information from physicians and someone else
- Where the information comes from (physician) – start talking about attorney, handouts (basic) – tell them to do things on their own
- Have template for getting durable power of attorney, what is DNR – but not necessarily the resources
- Ask caregivers

- Someone to help at start of diagnosis and guide people and families to places of support and to the correct information
- Do a good job of getting resources – but need help making sure they get what they need – completing the cycle. And making sure people are there for them as their situation evolves and changes

Where do you start?

- Call insurance assistance number
 - Physician makes referrals to social work, who contact patients
- Home health agencies gave information to physician
- If active children in care, the children usually help to check online. However, many people diagnosed were only living alone or with spouse who is a similar age
- Advertisement on TV? Does the state ever advertise on TV or radio?
 - There is some state TV advertising, but it comes out of the program funding. There is some availability to do public service announcements
- It seems like even the insurance providers are confused
- NWD – a good concept, but there is not much longevity in any agency. It is so difficult to find people that know enough to know the different avenues for multiple levels of care / multiple insurances / different areas of the state. Monumental staff to do this. Overwhelming to think about.
- Dementia is not a one size fits all diagnosis – start at different times and with different ages

How do you find out what is available?

- Alzheimer's association – probably where people start out
- TV, PSAs, call insurance
- Is there an automatic system with Medicaid – that people get information about dementia?

How do you obtain services?

- Did not have time for this discussion

Gaps and opportunities

- Did not have time for this discussion

Scenario: Aging parents in MO and children out of state (Moderator: XX)

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Scenario: Aging parents with an adult with DD (Moderator: XX)

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