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DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Aging Advisory Committee Meeting Minutes
Medicaid and Long-Term Care Division,
State Unit on Aging
10/16/19, 9am – 1:35pm
South Central Nebraska Area Agency on Aging
625 E. 25th Street, Suite 12, Kearney, NE

Table with 2 columns: Category (Present, Absent, Staff, Guests) and List of names/roles.

Call to order: The meeting was called to order at 9:03 am, Colleen Claassen, chair presiding. A quorum was present.

Roll call: Members and guests introduced themselves and roll call was taken.

Resignation: Michael Millea resigned from the committee last week. Colleen asked that nominations to represent the ENOA area be forwarded to Cynthia Brammeier.

Agenda: Rodale Emken moved, Rod Hughes seconded, to approve the agenda as presented. The motion carried.

Minutes: Rodale Emken moved, Ken Nieden seconded, to approve both sets of minutes from October 3, 2018 and April 3, 2019, as presented. The motion carried.

Nominations: Ballots for the 2019-2021 term were distributed. Votes were for Chair: Colleen Claassen; Vice Chair; Shari Busch; and Legislative: Janice Price.

SUA updates: Cynthia Brammeier, Administrator, State Unit on Aging.

Cynthia reviewed the new Advisory Committee binder content, which included committee contact information, Area Agency on Aging (AAA) & Ombudsman maps with contact information and an Ombudsman brochure, bylaws and committee expectations, two years of agendas and minutes, an SUA Overview and AAA Services, the SFY2020 monitoring schedule & plan, two years of financial expenditure reports, a brief legislative summary 2015-2019, state statutes, state regulations and proposed regulations, a website overview with navigation hints, the Alzheimer’s State Plan, the FY19 Auditor of Public Accounts fiscal testing reports for the AAAs, the FFY2020-23 State Plan, and publications produced by the State Unit on Aging.

As a result of the spring flooding and presidential disaster declaration, the SUA applied for, and was awarded, an ACL Disaster grant totaling about \$97,000. Each AAA will receive funds. This will provide reimbursement to three senior centers for repairs and flood damage in the Northeast Nebraska AAA service area, and shelf-stable meals for the 80 disaster declared counties.

The annual Elder Justice training held on 8/20/19 was attended by 331 professionals, with 153 attending via the web. AAAs also hosted satellite locations for the training. A total of 86 CEU's were provided to nurses and social workers; and 71 CLEs were provided to attorneys. Sponsors helped cover the cost of the training and continuing education credits. Training evaluations were very positive.

The SUA will publish an Aging & Disability Resource Center (ADRC) report for the Legislature on 12/1/19. In 2016, 2017, and 2018 an independent evaluation consultant prepared the report and analysis for the Legislature. Funds for the evaluation were not renewed in LB 793 (2018). The SUA is preparing a report of primarily numbers.

The SUA is in the process of replacing the software used by the SUA and AAAs to report units of service at the state level, and meet federal reporting requirements. The current software was built by the state in the 1990's, which is no longer supported, and is not upgradeable. Federal reporting requirements are changing, and new software was imperative. A request for proposals (RFP) was issued, and a vendor was hired to replace the software. The ADRC website will be included in the new software. The system will go live on 12/1/19. The Ombudsman component will go live 12/9/19.

Guest Speaker: Jeremy Brunssen, Deputy Director, Finance & Program Integrity, Medicaid & Long-Term Care

Jeremy provided a handout, and history of nursing home reimbursement requirements outlined in state regulations, industry dynamics reducing nursing home use, the funding mix (private pay, insurance, VA, Medicaid, and Medicare for patients transferring from the hospital to skilled nursing for a brief period). More people are choosing to age in place until they have more acute needs. Nebraska has about 205 nursing homes, with about 12,000 beds. Overall, Medicaid is the payer for about 50% of the nursing home residents in Nebraska. Medicaid is also the lowest payer of those services in the market. State regulations require cost based reimbursement, regardless of quality of care or efficiencies, factored within the appropriations for that year. Regulation changes to level payments based on level of care and quality are on target for a July 1, 2020 implementation, with a two-year phase in. One regulation change hearing was held, and another will be scheduled, based on testimony in the first hearing. Currently, cost reports are reviewed for all 205 facilities, and 36 levels of care. Daily rates are determined for each of the facilities and the levels of care individually. A new method would set a base rate for each level of care and add incentives for quality.

DHHS is looking at the reasonableness of what is happening in a facility. Cost divided by days rewards inefficiency. DHHS will introduce quality into the payment factor, paying a 5 star more than a 2 star for example. The Centers for Medicare and Medicaid Services (CMS) Star rating system is 1-5 stars (5 = best). The CMS Star rating system is a democratization of data. This is consumer driven data on the public website. Changes to the payment methodology will permit payments that are more equitable to the facility. The goal is to create one standard base rate across the state, so that all facilities have a single starting place. This will also create year to year transparency, and would not require annual rebasing. This would also permit the application of a percent increase from legislature across the board.

CMS ratings website. <https://www.medicare.gov/nursinghomecompare/>

The overall CMS star rating was considered, but some components are weighted on a bell curve, and not every facility could move up in the ranking. The recommendation is to use the clinical quality measures only at this time. Every provider can earn the highest score in this case.

Other factors under consideration include patient safety. Using the Division of Public Health (DPH) surveyor data to create a compliance gateway. A facility would receive the increase as long as no substantiated issues were recorded during the DPH survey.

Other ideas under consideration are: adding compensation for areas with health professional shortages. Medicare offers some data in hospital shortage issues; incentivizing Medicaid placements; and assessments and behavioral health needs.

Medicaid is working to provide the best care for Medicaid beneficiaries. Information on this project is posted on the website: <http://dhhs.ne.gov/Pages/Nursing-Home-Payment-Project.aspx>

State Long-Term Care Ombudsman Program (SLTCOP): Penny Clark presented a brief update on Ombudsman activities. The SLTCOP Advocates for all persons in nursing homes and assisted living facilities, regardless of the payer source, income, or age. There are 3 state employees (Penny, plus 1 in Scottsbluff, and 1 in Lincoln), 4 Area Agency on Aging staff (Kearney, Omaha, Norfolk, Hastings), and 85 volunteers statewide. More volunteer ombudsmen are needed.

There are about 220 licensed assisted living facilities, with about 16,000 beds. There is no licensing if an assisted living does not take Medicare or Medicaid, or if there are 3 or fewer residents.

There are 205 nursing facilities, with about 12,000 beds.

The SLTCOP saw an increased case load last year, doubling the previous year. Residents are the 'younger old,' and more verbal, they speak up more, and are more willing to talk to the ombudsman to ask for advocacy. The SLTCOP are seeing more residents with mental health issues. A lot of facilities that closed recently had served behavioral health clients, and some did not fully disclose the client needs when they moved to another facility.

Penny does a lot of traveling, identifying problems, helping the ombudsmen, and conducting in-service training for facility staff.

AAA Updates: Randy Jones, Executive Director, Aging Partners, Lincoln Area Agency on Aging, is the new chair for the Nebraska Area Agency on Aging Association.

Randy provided two handouts covering ADRC contact information.

AAAs provide residents with home & community based services, helping people avoid nursing homes, and allowing them to age in place. The aging population is increasing, and the Federal and state funds have been flat.

The Older Americans Act reauthorization is in process at the federal level. The house committee recommends an increase in funding. The bill is held up in the senate. The issue of "hold harmless" is being discussed again. Hold Harmless is the activity of the financial calculation from the federal grant to the states, based on population, where a state would receive 99% of the previous year funding. The alternative is applying the federal funding formula to all states, where large states with growth would see a significant increase, and small states with modest or no growth would see a

significant decrease in federal funding. Nebraska would likely experience a 5-7% decrease in federal funding without the “hold harmless” application to the funding formula.

Randy provided an ADRC update. ADRC funding is the same as SFY19. The Medicaid administrative match, or Federal Financial Participation (FFP) process should help increase funding. The number of calls has been stable. A one-time influx of Money Follows the Person funding will provide \$78,000 in advertising for the ADRCs. The AAAs are increasing their relationship with the disability partners. The disability partners need additional funding to help the effort. There was an increase in calls in May, which may be a result of local ADRC advertising by AAAs.

Five of the AAAs are in the process of moving their internet and computer support off of the state system. Five of the AAAs are currently on state networks and have state supported hardware and software. The OCIO has begun charging DHHS for these agencies usage. The other three AAAs are independent of the state for internet and hardware support.

Medicare open enrollment is taking twice as long to help people to select services. Each client needs help setting up *my medicare.gov* accounts. There has been an increase in Medicare advantage plans. Everyone is encouraged to schedule an appointment with a SHIP counselor. Medicare part D selection has begun. There is a high volume of activity this year. The Medicare site has changed recently and it is taking longer to counsel with clients.

The State Unit on Aging is replacing software used to collect service units. Agencies are going through training in November, with a start date of December 1, 2019.

Regulation changes are underway at the state. AAAs have attended regulation changes and provided feedback and testimony. Some changes are non-impacting. The AAAs commented on the ADL definitions, which the AAAs felt restricted Medicaid waiver services.

The AAA Directors met with Matthew Van Patton, Director of Medicaid and Long-Term Care, in September. The AAA Directors are meeting with Director Van Patton about quarterly.

The UNO Gerontology Department is engaging the AAAs in research projects. One study is regarding mobility changes in sidewalks, looking at ADA requirements, and measuring physiological changes on that to see if it's effective. The empirical data will be used to determine if it works, or if changes needed. Another project involves housing providers, and providing assistance with public benefits.

The SCNAAA is helping with public benefit assistance applications through the ADRC.

Colleen Claassen commented that the ADRC is helpful for families finding services for their parents as they're released from the hospital. Out of state family members are finding it especially helpful.

Member reports

Aging Partners, Shari Busch: Medicare Part D activity is gearing up. A new Advisory Commission member is Jennica Long, representing the Ponca Indian Tribe. The next meeting will be at the Lincoln Ponca building.

The Waverly senior center moved to the VFW. The facility change was positive and participation has increased. The new Lincoln mayor has made community engagement a priority. AARP and Aging Partners will increase participation city wide.

The AP Advisory Council visits a different county each meeting. Recently, they visited David City and Geneva. This provides the Advisory Council with input from different managers.

AOWN, Charlotte Dorwart: The congregate sites are seeing less participation, and few new clients are joining. A common perception is "I'm not old enough to eat there" I'm not an old person. Sites are having difficulty keeping staff. Sidney & Scottsbluff have growing programs. Sidney will host a spelling bee on 1/3/20 for ages 40-60, and 60+. Six students from the county spelling bee will be judges for the adult spelling bee.

SCNAAA, Rodale Emken: Last year, Rodale took 300 vases of flowers to nursing home residents. This year he is no longer gardening and misses the interaction. The Holdrege hospital is expanding. Several specialty doctors visit Holdrege. There is some industry growth in the area. Some renovations for housing are in process. Nursing homes in Holdrege are at capacity.

At large, Luana Duennerman: Luana is new to the committee. She met with Cynthia in September for an overview of the aging network of programs and services. Luana attended the State health fair at the State Office Building in September. On 10/23, at the Lancaster Event center, the Thrive Event will take place from 9-3pm. Luana visited several friends in nursing homes. In Nebraska City, there is a staff person who can sign for her friend who is hard of hearing. In Lincoln, there was no sign language interpreter available. This causes isolation of deaf clients. It is harder to read lips as people age. There was no white board to write messages and communicate with staff. Many places need training to work with people with a hearing loss. Training on how to handle a hearing aid, how to install one, and the various types is needed for clients and caregivers. Hearing loss is increasing, with an increase in younger war veterans, and aging baby boomers. As parents die, there is no help for their children who are hard of hearing. The upcoming Census data will collect information on the number of people with a hearing loss, and will provide the number of citizens increasing with disabilities, and hearing needs. The budgets have been flat, and with an increase in need there are not enough resources. Luana shared a magazine on Medicare.

NENAAA, Rod Hughes: Rod reported two staff have retired. The senior centers in smaller towns are shrinking. The agriculture sector is shrinking. Schools are consolidating, medical facilities are leaving. Senior centers will need to consolidate with VFW, legions, etc. to survive. There are mental health issues with aging population concerns. Treatment availability is limited in rural communities.

At large, Colleen Claassen: Colleen may cut back to part-time in January. Bryan hospital is overflowing and expanding. Colleen attended the Elder Justice training in August, and it was excellent. Colleen attended training on getting doctors for the uninsured, how to get insured, and citizenship for immigrants. Colleen uses the ADRC website, and shares with families seeking resources. Colleen is seeing an increase in young handicapped who have more needs, over a longer period of time. There are group home needs, and age changes the need level. The hospital is seeing an increase in client with multiple diagnoses.

Next meeting: The next meeting will be held on Wednesday, 4/22/20, 9am-2pm.

Presentation: Suggestions were requested for the April 2020 meeting.

Luana Duennerman moved, Shari Busch seconded, to have presentations on the CMS Star Rating, and the Alzheimer's Association. The motion carried.

Adjournment: The meeting was adjourned at 12:55pm.