TOWN HALL CONVERSATION

May 8, 2018

LeadingAge Indiana hosted a Town Hall Conversation, during their 2018 Spring Conference and Trade Show. The purpose of this grassroots initiative was to provide members the opportunity to discuss issues that affect their daily operations. LeadingAge (National) will aggregate the information with information from other states and use it to identify the most important issues and align them by the following: 1) Issues to lead on, 2) Be engaged on and, 3) To monitor. Participants and guests are listed below; notes follow.

Facilitator:	Roger Harvey, Principal, Bose Public Affairs Group
Panelists:	Carol-Silver Elliott, Chair-Elect, National LeadingAge
	Sarah Renner, Division Director, Division of Aging, FSSA
	Matt Foster, Director of Long Term Care, ISDH
Convener:	Kelly Borror, Public Policy Delegate
Presenter:	Mike Rinebold, President/CEO, LeadingAge Indiana
Guests:	Katie Sloan, President/CEO, LeadingAge Steven Counsell, M.D., Division of Aging, FSSA Janelyn Kulik, R.N., Director, Division of Health Care Education and Quality, ISDH Heather Willey, Barnes and Thornburg Joe Loftus, Barnes and Thornburg
Total Attendance:	42 *(includes participants and guests listed above)*

Town Hall Conversation
LeadingAge Indiana Spring Conference and Trade Show Tuesday, May 8, 2018

Mike Rinebold, President/CEO of LeadingAge Indiana, opened the session by welcoming attendees and guests and providing brief introductions. The purpose and process for the Town Hall Conversation were given along with an overview of policy priorities. An open forum sharing thoughts, experiences and ideas took place. Next steps were discussed prior to the session closing. Notes from the Town Hall Conversation follow.

When asked how the group envisioned the future of life plan communities as the aging population increases:

- It was agreed that the future for CCRCs is bright, but there is a strong need for national policy to consider the needs of baby boomers who did not plan appropriately for their retirement.
- Many questioned the current model they've seen – will it be able to serve the baby boomer generation or is there a need to create a "middle-of-the-road CCRC" that is more affordable for this generation?
- Should this be part of national policy to fill the gap of what may be available. It was stressed that communities need to know who the consumer is and be ready to make adjustments that meet their needs.
- Some have heard skilled nursing is going away, but a thought was presented that it is just changing and there is still opportunity so long as we continue to listen, learn and be willing to serve the middle market.

Concerns and comments were made about the Medicaid Waiver Program:

- We are identified as institutional because we connected/attached all our buildings to make it more safe and convenient for our residents to visit one another.
- We need to be more like "home" for our residents and less institutional. There is a need for the Waiver, but modifications are needed.
- The whole Medicaid system needs to be looked at. Some people need assistance, others don't.
- The focus is in the wrong place. The focus should be on the patient/resident and their needs, not the building. It is wrong to separate the family if they can stay together.
- There isn't focus on those who care for residents – the focus is on the building.
- Medicare is an issue that affects every level. I have residents who fear losing their homes. We hosted a town hall meeting with residents and many of them contacted their Congressman to express their concerns.

Discussing nursing homes in general - what challenges they face in Phase 2 of the implementation period (passed in Nov. 2017) and if any of the attendees had gone through the new survey process:

- We went through it in December and didn't see many changes.
- Mine was last month – there was change, but it didn't seem too bad. The process took longer so it added additional stress on staff. Overall it was a good process but did take a lot more work to prepare for it.
- The surveyors are still learning the process. Some facilities were better prepared than the surveyor. There were 7 major projects tied to the survey along with the competency skills training and dining staff. It was a lot to roll out in one year. It will be hard for the surveyors to know what to do with the information, but it is a consistent process. Everyone goes through training and we all have opportunity to learn the new rules, even the surveyors.
- Another challenge will be preparing for bundled payment – how do we do this when hospitals don't even know it's coming and they have to be ready by October? There will be new programming. If National LA could help as the new payment methodology starts that would be great.

What about Phase 3? Any other concerns as you look ahead? Beyond "everyone is still learning."

Mike Rinebold shared that he discussed the survey process, specifically the training side, with Indiana's Congressional Delegation during the PEAK conference. Many of them shared that their conversations with Director Verma suggested that surveyors and providers learn from the same play book. When Mike asked the group if they see value in this process, the overall consensus was yes; this would be a valuable process.

What about assisted living? What are some of the challenges you will be facing?

- People just aren't going to have the money, savings or assets so what are we going to do with the large number of low income seniors?
- I'm concerned there may be a large number of homeless seniors because there isn't a lot of options for them.
- There are staffing issues too. It would be nice to see a national initiative to get long-term care representatives and senior services representatives into the school system, so we can talk to them about careers.
- Could we have a 3 to 4-year bridge program for those who really can and want to work so they can get the money to go to school. Maybe a trade school bridge program.
- Our staffing issues are because employees can't work too many hours, or they may lose their welfare or lower income housing. We have the hours, but they don't want them.
- We see more people coming in that can pay for their care and most times we see an improvement in their status.

- We also see more having to leave because of memory care needs, but after longer periods of stay. Where will they go if there isn't enough money? Not only are there staffing issues we need to figure out how to deal with these individuals.
- A lot of people coming in are older and sicker. What used to be someone coming into nursing homes need assisted living but now we are doing total care.
- People want assisted care rather than nursing home. Skilled nursing is more expensive so the longer they stay in assisted living the longer their assets last.
- We are having issues as a small independent facility with all the regulation changes. It is difficult to come up with all the new policies, etc. and we have to hire people to meet the new changes.
- With dementia care people tend to get a little better and are staying in memory care longer.
- There are reasons things are set up the way they are. I have concerns that we are short sighted on what the end goal is. They aren't aligned with what we say we want to provide.

Regarding Workforce Challenges - what are some of the issues/trends you are seeing? Recruitment/retention?

- The 5-Star rating and RN staffing is a challenge. Do we want to be a 5-Star and have more RNs or a 4-Star with less? Then, there is the wage pressure with local hospitals that pay more. More hospitals are hiring LPNs again because they can't get RNs so there is competition for them as well.
- We need to be able to do something with the nursing schools in Indiana. It is difficult and challenging to get in. There are a lot of things wrong with the 5-Star system. We hire almost every RN who walks in the door and I am sure we aren't alone in this. We do this because we worry about the 5-Star rating. You can't find all the RNs you want; the market is lacking.
- It's more than just nurses. We need long term care concentration in schools. Doctors, nurses, etc. Doctors need to look at geriatrics differently. In our industry we don't fix people, we maintain them. This is a different medical philosophy than practiced.
- It is a huge challenge to attract students to concentrate/specialize in geriatrics.
- A lot of us are vying for the same skill set and hospitals can pay more. It is hard to find passion from high schoolers. We are working with trade schools in the area by providing 4-hour shifts from 4-8 p.m., trying to be creative and attract high-school kids to working with us rather than fast food, but it is still a puzzle, difficult to solve.
- We need to look at work to school programs, but it would require a lot of investment. Start with CNA, then QMA, LPN and so on. Retention after completion would be difficult. We also compete with factory jobs.
- The shortages also create other staffing issues. We have to keep HR personnel on staff to manage the staffing shortages and other issues. Some executive directors use up to 25 percent of their time handling staffing issues and building resources.
- The pool has become very small. The education piece is very important get them while they are young. Education reimbursement programs.

- Make it an attractive career. Sell the education piece at a young age. We need to do something to raise the “cool” factor of long term care careers.

Mike Rinebold shared information regarding state legislation that passed during the 2018 Indiana General Assembly and is now in the hands of the Deputy Director who has been assigned to lead the process as far as getting into schools. The administration is behind this push and recognize there is a need for concentration on trade schools. There is a need to make long term care a “trade”.

What about CNA Training programs?
Some changes are in the pipeline, but what changes do you think are needed?

- A lot of people that go into the CNA program are great caregivers but can’t get through the nursing program.
- There aren’t enough slots for nursing school because there is an instructor shortage.
- The CNA issue is huge. We worry about nurses and physicians, but I worry about CNAs every day. There are a lot of other things that pay equally or better. Retention is a concern.
- No state reciprocity.
- National CNA certification. I like the ideal of a national registry. But you need to look at where the pool of people is. We have a lot of them sitting back on Medicaid because if they work enough hours to pay rent and other household expenses, they may go over their hours. They can’t afford to lose their Medicaid.
- Nursing schools are losing instructors - they are leaving because they can make more being a practicing nurse somewhere and they get applicants that don’t meet expectations to get into nursing schools.

Comments were shared regarding state legislation that passed that would provide loans and payback options for nursing faculties, but it was passed without any funding, so it will come up again in the next Indiana General Assembly session during budgeting. Several years ago, a nursing compact passed in the State of Indiana that allowed reciprocity. The Attorney General at that time insisted on specific language and the bill got hung up on enforcement issues.
There will be a lot of conversation about workforce in the state legislature, but we tend to get more into manufacturing. We need to be diligent with other health care groups to keep healthcare needs on the forefront of the workforce discussions.

We all need to be persistent in reaching out to our local legislators. They like to hear from people in their district. They need to learn about these issues from the experts. Making these touches is important.

Comment cards were provided for anyone wishing to add information to their comments or provide additional feedback. LeadingAge Indiana will continue communications with LeadingAge regarding these and other issues.