

**Commission Workgroup on Public Education
and Consumer Involvement
Office of Services to the Aging Conference Room
7109 W. Saginaw Hwy., 1st Floor; Lansing, MI
July 14, 2008**

Participants: Sharon L. Gire, Chair, Jane Church, Co-Chair, Mary Ablan, Tandy Bidingger, Lisa Boyd, Cynthia Paul (representing Helen Hicks), Helen Love, John Payne and Carol Dye, with Lois Gibbons and Beatrice Parker on conference call.

Agenda Item #1: Welcome, Introductions, review meeting purpose.

Agenda Item #2: Overview of LTCC marketing/communications efforts and discussion of interface with Commission (what's happening).

Jane provided an overview of the marketing/communications efforts of the Long Term Care Connections demonstration projects. The four demonstration projects are working together on marketing/outreach so consistent messaging is used and like audiences targeted.

Progress to date includes:

- A logo has been designed and adopted and is used on all materials published.
- A common website (www.MiLongTermCare.org) has been established.
- A geo-routed toll-free telephone number (866-642-4582) is in place to receive calls. Calls received from outside of the LTCC demonstration areas are routed to the UP LTCC call center so no call goes unanswered.
- Templates for promotional materials (press releases, brochures, posters, business cards) have been provided.
- Demonstration sites preparing for a local media blitz in near future.
- Other informational items (brochures such as ABCs of Long Term Care, e-newsletters to specific target audiences) are under development.

Helen Love spoke about the LTCC marketing products she is working on.

Jane suggested it would be worthwhile to review materials from a 2001 LTC information and education campaign conducted by OSA and MMAP. Copies of those materials are attached in .pdf. They have also been integrated into the Long Term Care Insurance Comparison Guide available from MMAP at:
www.mymmap.org/publications/longtermcareinsurancecomparisonguide.pdf.

A copy of the Task Force report and recommendations can be found at:
<http://www.michigan.gov/ltc/>. Scroll down to the "LTC Supports and Services Advisory Commission" box, click on "2005 Medicaid LTC Task Force," and then on "Final Report-May 2005."

Agenda Item #3: Refresher on the Workgroup Charge document. Consider adding Continuum/Array building and awareness ownership to the Charge document – and bringing a motion for approval of that back to the Commission.

Andy provided the Workgroup Charge, a Commission directive to the Workgroup about framing and focusing its activities and decisions it brings back to the Commission. It was discovered that the document needed some formatting adjusted and editing.

It was clarified that the focus of this workgroup is Recommendation #6. The charge is to be expanded to include issues not specific to Medicaid, such as planning ahead, insurance, other financing. The conversation needs to go beyond public entitlement-based services. Everything on the Charge document up to the background statement on page 1 is relevant.

Revisions to the charge include:

- Expand to encompass all incomes, all programs.
- Seek funding for a full-fledged information and education campaign; combine with LTC insurance partnership, build on Own Your Future efforts.
- Recommendation #4, “Strengthen the Array of Services and Supports (expanding the range of options)” is not included as part of the Workgroup’s charge.

Agenda Item #4: Survey of Workgroup work and progress to date.

It was noted that patients discharged from hospitals have to happen rapidly and LTC planning needs work. There may be a need to create a discharge planning sub-group. Educating the general public on LTC options and insurance options and how to finance (planning).

Jane noted that hospitals were reluctant to participate; their fears of SPEs slowing down the process were never realized. Farmer suggested aligning hospital-based education/ learning to Joint Commission on Hospital regulations so hospitals see a quality tie-in.

LTC Insurance has to be defined for ease of choice and on time and LTC needs to be defined.

LTC Connections required partnership agreements locally e.g. response from hospital plans within a certain number of days.

Most people go from hospitals to rehab, therefore, LTCC have relaxed some of those requirements.

Helen stated that when it comes to public education, discharge from a hospital and the discharge planning process, these issues need more attention and that the public needs to understand what happens when a person leaves the hospital, even as the Long Term Care Connections work with hospitals on the discharge process. For many, hospital stays are shorter, rehabilitation may be required, and in-home recovery may require the

help of others, help that is not anticipated. Most patients and their families do not understand these possibilities until the hours before they face discharge. The more the public understands about the discharge process and what MAY be needed after discharge, the better positioned individuals will be to recognize and accept their long-term needs, even if for a short rehab period. Some materials are surely available, but she sees the need for us to search for those materials, consider release of info ourselves, and help the media understand this critical issue in the long term care arena.

Some Workgroup members were still working on some assignments when meetings were suspended last fall, pending identification of successor Workgroup leadership.

Agenda Item #5: Summary of leadership discussions held since the last Workgroup met focusing on future direction and priorities (leadership has changed, what we are thinking and your thoughts).

Conversation on this was covered in the previous agenda items.

Agenda Item #6: Establish agreed-to next steps, assignments and ongoing meeting schedule.

Andy distributed an Implementation Map.

Jane will provide copies of educational materials previously used and Carol will send them out to the Workgroup.

Cynthia indicated they have several meeting places for future Workgroup meetings in and around Lansing.

John will send information on the upcoming multi-disciplinary legal conference being held from Sept. 24-26 and Carol will disburse this information to the Workgroup.

There was a question of who is doing the education regarding LTC needs, including insurance, etc. Should we bring in MMAP? CILs? AAAs? Other presenters?

Education regarding LTC Insurance and other planning; should the recommendation be to bring to the full Commission. Andy stated that we should flesh it out for the Commission.

John indicated that MMAP & Consumer's Guide do not target the most important information, e.g., focus on what is available institutionally, not in LTC community settings.

Focus should be on what happens when the need arises for LTC and to understand the options. John indicated that he'd provide and share the information on the outreach from Elder Law Section of State Bar.

Andy asked Cynthia to check and see what CBC has for handouts regarding financial, spousal allowances and NH Medicaid eligible.

Jane will send the OSA MMAP materials from O2 to Carol who will distribute them to the Workgroup.

At the next meeting, the Workgroup should review the work plan document and come prepared to discuss.

Cynthia recommended the following 2 names for possible consumer representation:
Beverly McDonald, Chair, Michigan Care Coalition – (248) 799-8945
Carol Barish, Public Sector Consultants, staffs a non profit committee – (517) 484-9454.
Sharon will make the calls.

Next meeting is scheduled for Monday, August 11, 2008, at 2:00 in the same location, if OSA is still in this building (OSA is moving, possibly some time in mid to late August).

PLEASE NOTE: The August 11, 2008 meeting was canceled and rescheduled to September 8, 2008 at 2:00 here in our new office conference room. Our new office address is as follows:

Michigan Office of Services to the Aging
The Chandler Building
300 E. Michigan Avenue, 3rd Floor
Lansing, MI 48933