1. Welcome & Introductions
   a. See attached sign-in sheet for a list of attendees at the meeting.

2. LTC-MAP Updates
   a. 2019 Calendar, Education and Exercises Schedule
      i. Reviewed the annual calendar of events with a focus on the Annual Education Conferences, Steering Committee Meetings, LTC Coordinating Center Training Sessions and the Annual Full-Scale Exercises.
         1. Annual Education Conferences will be held regionally from April 29 - May 3. There are multiple ½ day sessions instead of the one (1) day combined statewide sessions (primarily due to funding).
         2. Full Scale Exercises will be held the first and second weeks of October.
      ii. We discussed the idea of conducting Full Scale Exercises with MassMAP partners in 2020. The interoperability of the LTC-MAP enables LTC Coordinating Center teams the ability to manage events in different regions and states. This concept is inline with current ASPR HPP/PHEP grant guidance.
   b. Statewide Responder Teams & Training Sessions
      i. Responder Training sessions at the LTC Coordinating Centers will continue to occur three times a year in March, June and September. Responders are requested to attend at least two sessions and can attend in any Region; adding more flexibility to the training schedule.
      ii. We will continue to emphasize cross-regional training and exercising of our Responder Teams and activating neighboring Regions LTC Coordinating Centers to manage another Regions event.
iii. There has been tremendous support from our LTC Coordinating Centers host facilities with improvements in hardware and infrastructure such as wireless internet access points, laptop computers and LCD screens.

iv. In 2018, we implemented new LTC Coordinating Center binders for each center, containing the LTC-MAP tools, scripts and Incident Command System job action sheets and forms. Through the Region 3 Healthcare Coalition, we implemented new poster sized wall maps of each Region for each LTC Coordinating Center. This continues to be instrumental to our Responder Teams as we train the LTC Coordinating Centers to be able to manage another Regions event.

3. 2019 Goals & Objectives
a. 2018 Annual Report - Reviewed highlights from the 2018 Annual Report
   i. There were 251 plan members in 2018. An increase from 245 in 2017. One is a nursing home while the rest are assisted living.
   ii. Annual Education Attendance: 76% of LTC-MAP member facilities represented (84% of Nursing Home plan members). This represents a 9% increase in overall attendance from 2017 (12% increase in Nursing Home plan members attendance).
   iii. Annual Exercises: 180 LTC-MAP facilities participated in the 2018 Annual Full-Scale Exercises which represents 72% of the plan members in CT. This was a marked increase of 22% from the 2017 participation rate of 50%.
   iv. Emergency Reporting Drills: Conducted in conjunction with our LTC Coordinating Center Training Sessions in March, June and September.
      1. In 2018, emergency reporting compliance within the first thirty minutes increased over the year from 31% to 43%. Compliance within two and a half hours increased from 59% to 63% over the year. Both benchmarks show an upward trend over the year representing improvements in plan members reporting on the web-based management system.
      2. The three-year trend line for emergency reporting compliance within the first thirty minutes shows a marked and steady increase from 21% in 2016 to 43% in 2018. Despite significant improvements in the first thirty minutes reporting over three years, reporting compliance in two and half hours has remained flat at 62% from 2016 to 2018.
   v. Steering Committee / Responder Attendance
      1. Finished 2018 with thirty-five (35) active Steering Committee Members / Responders. Attendance at Steering Committee Meetings and LTC Coordinating Center Training Sessions was 51%, an improvement from 44% in 2017.
b. The final 2018 CT LTC-MAP Annual Report will be distributed by the end of March. 2019 Plan Benchmarks / Metrics
   i. In 2019 we will continue to measure the plan performance based on the following metrics:
      1. Annual education conferences attendance
      2. Full Scale Exercise participation
      3. Emergency reporting drills compliance
      4. Steering committee and responders training attendance
      5. Ongoing facility data maintenance.

4. CT LTC-MAP Contract & Financial Sustainability Update
   a. Matthew Barrett, President & CEO, CT Association of Health Care Facilities (CAHCF) provided an update on the status of the LTC-MAP contract and that it is with the AGs office at present and due to be executed soon. DPH suggested that we begin discussions in early March on a five-year contract to ensure the agreement can be in place by July 1, 2019.

b. The annual cost up to 2018 for the LTC-MAP program has been ~$205,000, of which CAHCF receives a small amount to offset administrative costs and the balance goes to the sub-contractor, RPA, a Jensen Hughes Company.

c. The current financial sustainability model is funded ~60% from the HPP/PHEP grants through DPH and the balance of the annual cost is paid from the escrow account held by CAHCF. Each plan member facility pays $350 annually as plan dues to CAHCF which goes into the escrow account. The current balance of the escrow account is $147,854 after paying the sub-contractor for the first half of the 2018-2019 contract.
   i. No payments from CT DPH were received for all of 2018 and for the first quarter in 2019 due to the AGs office needing to approve the contract and release the funds for 2018 and 1st half of 2019.

d. As of January 22, 2019, there are outstanding plan member invoices in the amount of $53,200 of which 15 plan member facilities have yet to pay their annual dues in four years. The LTC-MAP Executive Oversight Team is preparing a letter to go to all plan member facilities with outstanding invoices with a cutoff date to pay outstanding balances or be removed from the plan. The LTC-MAP will support non-plan members in a disaster if the assistance is requested. DPH will review how non-plan members respond to preparedness questions when not a plan member.
   i. DPH, as a 60% funder of the plan, will be copied on the communications to plan members.
5. Memorandum of Understanding (MOU)
   a. Payer process update
      i. Barbara Cass, RN, Branch Chief, Healthcare Quality & Safety Branch, CT Department of Public Health (DPH) provided an update on the payer process discussions with CT Department of Social Services (DSS) and finalizing the LTC-MAP Memorandum of Understanding (MOU). The LTC-MAP Executive Oversight Team has met with DSS and they are currently reviewing the memo drafted by the Commonwealth of Virginia Department of Medical Assistance Services (DMAS). DSS is expected to develop a similar memo to all LTC-MAP members approving the payer process and finalizing the MOU.
      ii. Members of the LTC-MAP Executive Oversight Team to present to the CT General Assembly Medical Assistance Program Oversight Council (MAPOC) on the history and success of the LTC-MAP on Friday, March 8, 2019.
   
   b. Memorandum of Understanding (MOU)
      i. The final MOU will be distributed to all LTC-MAP members, ideally prior to the Annual Education Conferences, for review and signature by plan member facility Administrators / Executive Directors. Final signed copies of MOUs will be linked to each members page on the web based management system at www.mutualaidplan.org/ct.

6. Steering Committee / Responder Updates
   a. Regional Reports
      i. Region 1: Recruiting of new LTC Coordinating Center Responders needs to be a focus in 2019 and we need to look for a new backup LTC Coordinating Center for the Region. Review will take place whether the back-ups are necessary or if another Region could be the back-ups.
      ii. Region 2: We continue to have good participation of Steering Committee / Responders in the Region. We need to ascertain if Masonicare Health Center will continue to support the LTC Coordinating Center function since the departure of our LTC Coordinating Center lead from the facility.
      iii. Region 3: Continue to struggle with recruiting and retention of Steering Committee Members / Responders. LTC Coordinating Center function at the RCC in Manchester is going well; the center is very accommodating. There is a backup LTC Coordinating Center available at the RCC in South Windsor.
iv. Region 4: Like the other Regions, maintaining Steering Committee Members / Responders is an ongoing issue. Moving in the direction of cross-training the Responders to function at any Coordinating Center is key to the success of the plan going forward.

v. Region 5: Excellent support at Newtown Rehabilitation & Health Care Center for the Coordinating Center function with improved wireless internet, better room location and dedicated phone lines.

7. Healthcare Coalitions Updates in CT
   a. All five regions in CT have established a fiduciary organization and are managing their own contracts and deliverables. Projects in the current grant guidance include continuing to develop preparedness and response plans. The 2019 Coalition Surge Tests for each Region are planned for the week of April 15 to April 19. The goal this year is to include the LTC-MAP in the exercises in each Region.

8. Open forum / Q & A
   a. Monthly Duty Officers
      i. We currently have ten duty officers with two more coming onboard. We will be holding a Duty Officers Boot Camp webinar on Wednesday, March 6, 2019 for all Duty Officers to review the online tools and processes to assure consistency in application and plan activation.
      ii. Duty Officers present expressed frustration with some facilities when the facility does not want the plan or emergency reporting system activated. Barbara Cass indicated that the Duty Officers have the authority to activate the system even of the plan member is requesting not to. This will be incorporated into training with a focus on the appropriate messaging to support a facility when emergency reporting is requested (review when the word “evacuation” will be used or not used).

   b. LTC-MAP Communications Strategy
      i. A comprehensive strategy for communications within the LTC-MAP needs to be developed to address mass communications within each Region and across the state. At present, the systems being used is fragmented within each Region and there is limited opportunity for multi-region or statewide group messaging without coordination between several C-Med Centers.

   c. DPH May Functional Exercise
      i. Held a preliminary discussion with members from DPH and Regional Steering Committee Co-Chairs regarding the DPH functional exercise being planned for May 2019. Further actions will be reviewed with each Steering Committee the week of March 4. The goal is that DPH will exercise their Emergency Coordination
Center (ECC) and the LTC-MAP will report, have 1-2 Regions heavily impacted by the scenario with 1 facility evacuating, and the LTC Coordinating Center team potentially re-locating to DPH for communications support.