

Indiana Family and Social Services Administration

Long Term Care Transformation Stakeholder Workgroup

Meeting 3
December 4, 2017

Members and observers - please sign-in!





Welcome

- Round-robin of core members and observers



Agenda Overview

- Review ground rules, roles and responsibilities, timeline, and November 6 Workgroup
- Person-Centered Foundations
- Review CMS White Paper
- Next Steps and Wrap-Up



Proposed Workgroup Ground Rules

1. Show up on time, come prepared, and leave your "hat" at the door.
2. Listen attentively to others and don't interrupt or have side conversations. Treat all meeting participants with the same respect you would want from them.
3. Share your unique perspectives and experiences. If you disagree, try to offer a solution.
4. Seek first to understand, then to be understood.
5. Value learning from others. You can respect another person's point of view without agreeing. Respectfully challenge ideas, not people.
6. Stay open to new ways of doing things and watch/listen for the future to emerge.
7. Stay on point and on time. Keep comments brief and to the point.
8. Attend in person; do not send substitutes if at all possible.
9. If you raise an issue that is not part of the current discussion, we will place it in the "parking lot" for a future discussion.



Roles and Responsibilities

Division of Aging

- Develop Workgroup meeting agendas and materials
- Communicate with Workgroup members
- Facilitate discussions and keep group focused on session topics and questions
- Compile minutes including the tracking of action items and/or items in the “parking lot”
- Post agendas, materials, and minutes to the FSSA Long-Term Care Transformation website

Workgroup Members

- Review materials in advance of each meeting.
- Provide verbal input on redesign program elements.
- Exchange ideas, innovations, strategies and solutions.
- Follow workgroup ground rules (see above).
- Review meeting minutes for accuracy before posting.

Timeline



Meeting #	Date	Location
Meeting #1	October 2, 2017 ✓	Conference Room C
Meeting #2	November 6, 2017 ✓	Conference Room 1+2
Meeting #3	December 4, 2017	Conference Room C
Meeting #4	January 8, 2018	Conference Room C
Meeting #5	February 5, 2018	Conference Room C



November Stakeholder Workgroup Overview

1. Phased Approach to LTC Transformation
2. Case Management
3. Supported Services in a Residential Congregate Setting
4. Secure Memory Care in institutions vs the community



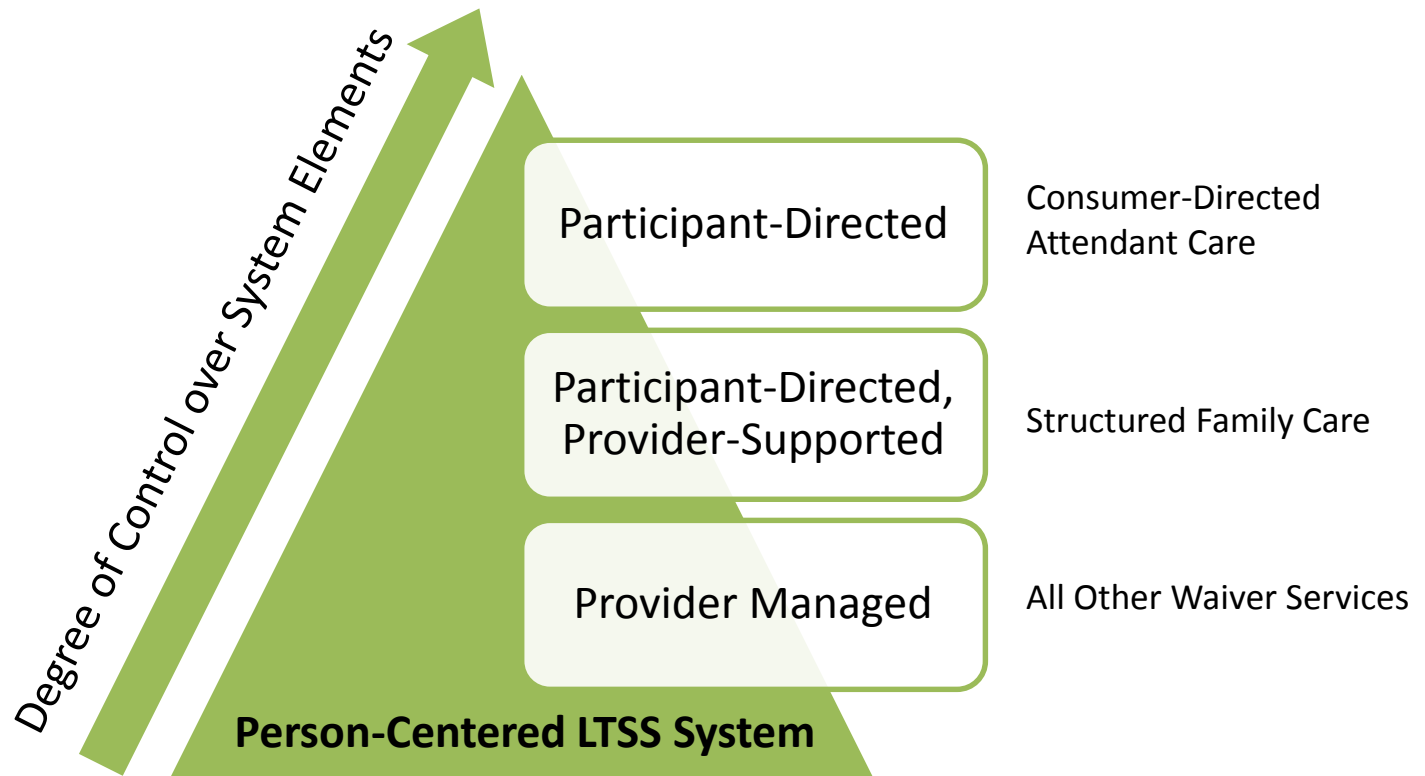
Person-Centered Foundations

What are the goals for person-centered foundations and participant direction under the 1915(c) renewal?

What are the long term goals?



Person-Centered Foundations





Person-Centered Foundations

How do we support choice, direction, and control in all settings and service delivery models?



Participant-Directed, Provider-Supported: Structured Family Care

- Live-in caregivers, usually a family member, receive a monthly stipend, to provide care and support including
 - personal care and services
 - homemaker services
 - attendant care and companion care
 - medication oversight
 - community transportation
 - respite for the family caregiver
 - other appropriate supports, as described in the individual's service plan
- The caregiver completes a daily check-in to a multi-disciplinary support team, who provide coaching, technical support and intervene as needed
- Only agencies may be structured family caregiving providers, with the structured family caregivers being approved, supervised, trained, and paid by the approved agency provider



Consumer Direction

- Consumer direction (or self-direction) is a service delivery model that empowers program participants and their families by expanding their degree of choice and control over LTSS options
- Two basic features of consumer direction:
 - Employer authority: individuals can recruit, hire, establish work schedules, train, supervise and dismiss direct care workers
 - Budget authority: individuals can develop and manage a flexible budget that includes one or more of their services and can include the purchase of individual-directed goods and services to meet their needs



Consumer Direction

The Cash and Counseling Self-directed Service model is considered the “gold standard” for the provision of self-directed services

- Implemented in three states (AR, FL and NJ) from 1998-2003 under a national demonstration
- There were favorable effects on unmet needs, satisfaction with care, and quality of life in all three states—both elderly and nonelderly adults
- Family caregivers of program participants experienced much higher quality of life and lower levels of physical, emotional, and financial stress
- Replicated in an additional 12 additional states (AL, IA, KY, MI, MN, NH, NM, PA, RI, VT, WA State and WV) from 2004-2007
- Based on the dramatic positive impacts, federal policymakers made changes to simplify the waiver process allowing states to offer self-directed service of Medicaid HCBS and required new programs to include a consumer direction option



Consumer Direction

CMS requires states to provide two types of supports when implementing consumer direction programs

1. Financial management services (FMS) or fiscal intermediary (FI) entity
 - Background checks
 - Payroll and timesheets, including tax withholdings
 - Managing participants' service units and monthly spending reports
2. Information and Assistance
 - Assessing participants for the program
 - Oversight and monitoring of service plans
 - Evaluating the quality of services



Participant-Directed: Consumer-Directed Attendant Care (CDAC) in Indiana

- CDAC offers individuals employer authority, with the exception of setting the rate of pay for direct care workers and performing human resources and payroll functions.
- CDAC is limited to attendant care services only. Direct care workers are allowed to provide support in:
 - Personal care
 - Mobility
 - Elimination
 - Correspondence and bill-paying
 - Escorting participants into the community
 - Safety
 - Waste disposal and household tasks



Participant-Directed Options: Full Group Discussion

- How can participant-directed options (both consumer-directed attendant care and structured family care) be expanded or enhanced in Indiana?
 - What measures can be implemented to ensure participants' health and safety?
 - What type of training or additional support can be provided to participants?
 - Can technology be incorporated to allow for real-time feedback and monitoring?
 - Is there potential to incorporate more choice and control in traditional agency care model?
- How should Indiana message participant-directed options?



CMS White Paper Review

- Goal is to review the entire paper to provide feedback for DA's consideration
- Any topics that require in-depth discussion will be placed in the "parking lot" for future meetings
- Observers: Please use the notecards provided to write down your comments (please note the topic and page number when possible)



Next Steps and Wrap-Up

- *Review minutes from today's meeting*
- *Next meeting: January 8, 2018*
- *Questions or Comments:*
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