

July 15, 2017
14235 Raven Way, #101
Noblesville, IN 46060-8790

FSSA Division on Aging
402 W. Washington, Room W454
Indianapolis, IN 46204

RE: Commentary on Home and Community-Based Services

Dear Madams/Sirs:

Thank you for creating this opportunity for consumer input into the modernization of Indiana's home and community-based services (HCBS). As a long-time advocate, volunteer caregiver, and potential future user of this system I feel that I bring substantial understanding of the current system and opportunities for its improvement.

I will specifically address your requests for 1) Evaluation of the current system of services... 3) Options for individuals to receive services and supports appropriate to meet their needs... and 4) Evaluation of the adequacy of reimbursement rates....

My overarching concerns today are with the over-medicalization of services and the excessive control given to provider organizations over the lives of individual consumers and service delivery in Indiana's home care system.

Today, I personally know several Hoosiers with disabilities who are confined to institutions solely because our current home care system is incapable of – or provider agencies are unwilling to -- provide the care they need in the community, thus significantly driving up our overall system costs. This is not because these consumers' care needs are complex or difficult, but because they need many hours of care and Indiana's current system forces them to use only the most expensive care option.

Meanwhile, Indiana currently has both a severe nursing shortage and home care nursing reimbursement rates that providers say are not competitive with the rest of the market. The shortage of all types of staffing is only going to grow and worsen as our population ages while medical intervention continues to expand life expectancy for people with all types of disabilities.

In the private home care market, Hoosiers are able to personally hire and direct any level of care that they choose, up to and including nursing services. In publicly financed services, however, Indiana only allows self-directed – or consumer-directed – Personal Attendant Care services. Neither do we utilize nurse-delegation for routine services that could be provided by trained, non-nursing staff. Indiana's Medicaid program generally requires HCBS consumers to use only employees of licensed agencies. Each of these restrictions significantly increases costs and reduces the work force available to consumers, especially in rural areas.

Many adults and seniors – as well as family caregivers -- are perfectly capable of directing their own care and would much prefer to personally select, train and supervise their home care staff. (Who wouldn't prefer to personally select the person who will accompany you into your bathroom each morning?)

Indiana should significantly expand the availability and utilization of consumer-directed care options, including nurse delegation (which is available under Indiana law) for many routine services. We must establish a robust network of independent home care providers from across the state, with an easily accessible, state-wide, on-line registry available to consumers and family caregivers. Wage rates for independent providers must be competitive with other local employment options (i.e. Costco, Kroger, etc.) The state should also establish (or expand) a user-friendly payroll reporting and management system for self-directed care consumers to use. Finally, the state should make basic health insurance at affordable rates available to independent providers of home care services.

Such a system of self-directed supports and services need not be invented from scratch, but can easily be adapted from other states and programs. Many models already exist in the independent living movement for consumer training on how best to recruit and manage home care staff. Assistance with staff training and supervision can be provided to consumers of self-directed care through quality Case Management and periodic nurse or other medical supervision, as needed.

There will always be a need for agency providers of home care services. Indiana needs to establish reasonable and competitive reimbursement rates for agency providers that will assure availability of all services across the state. However, this can only be achieved once agency providers open their books to document and report total costs in our existing system.

Ultimately, Indiana's goal should be a significant reduction in our reliance on institutional care and increasing access to and utilization of home and community-based services. This dual approach will drive both program savings and significant investment in access to needed, quality services and consumer satisfaction.

Thank you again for this opportunity to provide input into the modernization of Indiana's long term care system. Please let me know if I can answer any questions or be of further assistance.

Sincerely,

Nancy E. Griffin
ngriffin11@gmail.com
#317-828-0815 c.