



Comments of Hoosier Owners & Providers for the Elderly
Public Hearing
Report Required by HEA 1493-2017
Submitted Electronically 7/18/17

Hoosier Owners & Providers for the Elderly (HOPE) is a trade association committed to advocating and advancing the interest of Hoosier owned and operated providers of health care, housing services and assistance to the elderly. I appreciate being involved in the dialogue and looks forward to continuing the work with the Division of Aging (DA) and the Office of Medicaid Policy and Planning (OMPP). This collaboration is an important step to improve Indiana's system of Long Term Services and Supports (LTSS).

1 Evaluation of the current system of services to determine which services provide the most appropriate use of resources.

Assisted living provides safe, appropriate and cost effective use of Medicaid resources.

Assisted living provides an efficient and effective use of limited financial and workforce resources and optimizes the health and social well-being of seniors who reside in assisted living.

HOPE has concerns that assisted living is currently thought of and presented as a less desirable option when case managers are working with seniors. We are concerned there is not sufficient qualified and capable workforce to provide care in non-congregate settings.

With all settings, we need to ensure an appropriate level of oversight to reasonably protect beneficiaries and ensure taxpayers that services are being delivered as expected. This, we believe, should serve a fundamental principle used to evaluate the appropriate setting and HCBS provider.

Licensed residential care assisted living should continue as the only model qualifying for participation as a home and community based service provider.

With the current 1915(c) Aged and Disabled waivers, the only approved assisted living settings allowed are those licensed as Residential Care Facilities (RCF) by the Indiana Department of Health (ISDH). HOPE believes there is sound rationale behind this current requirement. Individuals currently served in RCF under 1915(c) must be eligible for nursing home care. By definition, these individuals must have medical conditions requiring some oversight by licensed professionals directly employed by the assisted living community. HOPE does not support expanding HCBS to include non-licensed assisted living communities. Inclusion of non-licensed, unregulated assisted living does not ensure appropriate level of oversight to protect individuals who require the direct professional medical oversight of a RCF.

We encourage ISDH to change the RCF rules as required by SECTION 9 of HEA1493-2017 to ensure licensed RCFs continue to qualify as home and community based services providers. Working together, ISDH, DA and the provider community can create a set of rules that complies with the federal settings rule while modernizing and improving upon the existing RCF rule.

HOPE believes DA should expand the stakeholders to include individuals with clinical expertise in dementia care to provide more insight and a different perspective on how to best serve those with dementia in HCBS. Currently, the HCBS plan lacks an effective path for dementia providers extend their expertise to individuals needing specialized services in assisted living communities.

4. Evaluation of the adequacy of reimbursement rates to attract and retain enough providers, including a plan to regularly and periodically increase reimbursement rates to address increased costs of providing services.

HOPE appreciates the work of DA and OMPP staff in seeking and implementing a 5% increase in reimbursement rates. Without a stable and predictable rate and reimbursement system the DA risks having too few HCBS providers proving counter-productive to efficient use of Medicaid resources and prematurely forcing individuals into higher cost nursing centers. There must be a common-sense methodology of regular rate reviews to address increasing acuity and a scarce labor force placing greater pressure on wages.

I look forward to continuing these discussion with the DA and OMPP and appreciate the opportunity to comment.

Sincerely,



President

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