

Home & Community Based Services Modernization Public Hearing Testimony July 2017

Submitted by Aging & In-Home Services of Northeast Indiana, Inc.

Beth Krudop, VP of Administration

bkrudop@agingihs.org

Testimony:

The State of Indiana is to be congratulated for their early statewide implementation of the single-point-of-entry Aging & Disability Resource Center (ADRC) program, and for the continuing enhancement of ADRCs. ADRCs have achieved and continue to excel in their mission as directed by the State of Indiana and the federal Administration on Community Living to simplify access for consumers to long-term services and supports (LTSS). ADRCs, and the community-based organizations like Aging & In-Home Services of Northeast Indiana (AIHS) that house and compliment them, are essential to streamlining access to information and services to deter institutionalization – often the most expensive care alternative.

AIHS has a forty-plus year history of providing services to older adults, person with disabilities, and their caregivers. AIHS is part of a statewide and nationwide network of Area Agencies on Aging established beginning in 1965 to provide services under the Older Americans Act. Today, that network serves as a valuable delivery mechanism of home and community-based services for addressing the Social Determinants of Health (SDOH). According to a 2011 Robert Wood Johnson survey of physicians, 86% felt that unmet social needs were leading to worse health. Results from high-performing participants in the 2013-2017 Centers for Medicare & Medicaid Services' (CMS) Community-based Care Transitions Program (CCTP) reported reductions in hospital readmission rates directly related to addressing SDOH. AIHS and the entire aging network are underutilized in addressing those unmet needs – and are not only the ideal choice based on experience, but an extremely viable choice based on that fact they are in-place in every county in the State of Indiana, and have capacity to accommodate an almost immediate rollout. We urge the State to consider how best to utilize AIHS and this network to achieve desirable and documentable health outcomes for Indiana's most at-risk consumers.

We ask that the State of Indiana leverage this long-term history in-home with complex clients and our documented success in reducing institutionalization, and move the current network forward with technology that facilitates shared care plans with medical providers, allows for risk stratification and interventions targeted appropriately for a client's condition and social situation, and improve quality of care while reducing health and skilled care utilization. We see this as an opportunity to provide national leadership in reducing healthcare costs through model programs locally and statewide built upon a health-IT platform that integrates care across care settings.

Consumers with multiple chronic health conditions, complex medical conditions or those at high risk of deteriorating health status, such as frequent hospitalization, were the target population for CMS' CCTP and also the ideal candidates to benefit from Medicaid Waiver (MAW) Health Care Coordination. Health Care Coordination is perhaps one of the most essential and most overlooked MAW services that allow person-

centered care across care settings often encompassing dual-eligibles - those on Medicaid and Medicare. The “lessons learned” from the CMS’ CCTP could readily be applied to MAW Case Management Care Coordination with resulting reduction in readmission rates and improvement in health outcomes. Blending the aspects of Health Care Coordination with MAW Case Management could offer an enhanced Case Management service for these consumers at high risk who are in turn, high-cost. If the State were to open up access to providing this service by a nurse in any setting (vs. the home care agency only), this approach to providing complex Care Coordination could include addressing related interventions such as further coordination of Care Transitions, working to improve the overall health outcomes of the MAW consumers.

MAW services are essential in maintaining independence at home and outside of institutions – a goal of Indiana’s rebalancing program. Obtaining and maintaining Medicaid eligibility is essential for receiving MAW services. The current process is quite complex and at times both confusing and overwhelming to consumers and their care givers. Even when guided by trained staff, the process remains a challenge and can be a barrier to receiving MAW services in an efficient manner. To facilitate the process, it would be helpful if 1) MAW case manager had the ability to view the documents in process (which was an option at one time); 2) the availability of a Medicaid liaison or point person in the Medicaid office as a contact for the MAW case managers. This technical assistance with the complexity of the rules surrounding the Medicaid eligibility process has the potential to improve staff efficiencies and provide service to the individual in an expedited timeframe. The current pay-points for assistance are appreciated although the process can be even more time consuming. Any consideration for increasing the pay-point reimbursement would be helpful to the overall case management and MAW process. Including funding for Options Counseling and ADRCs will continue to enhance the most efficient care for MAW consumers starting with the first contact and continuing throughout ongoing case management. Many of the 1300 calls per month that Aging & In-Home Services of Northeast Indiana’s (AIHS) ADRC receives are for information and assistance in navigating through the system of long-term care application for services and supports.

Within MAW services, one service of special interest to many older consumers is one that is also vital to achieving their desire to remain in their community and in their own homes. Sometimes those homes are also “aging-in-place” as maintenance is deferred due to physical or financial limitations. When considering the available MAW services, we would recommend a change to the process for services such as Home and Environmental modifications. The bidding process for these services has proven to be a barrier for many independent contractors and home-modification companies to bidding on services, resulting in a barrier for consumers in receiving services in a timely manner. These modifications can be a key factor in extending a consumer’s ability to continue receiving MAW services in their home, and to maintaining the home as part of the community. Any streamlining of the process, especially the upfront work in the bidding process, could assist in attracting new providers for this service and result in more competitive bidding and higher quality competitors.

Another MAW service where providers are not readily available is in non-medical transportation. Access to essential needs such as groceries and prescriptions is lacking for consumers at home who are unable to drive and do not have other reliable means of accessing food and medicine. Isolation is also an issue when consumers are not able to engage in their community and transportation would help address this issue, improving social outcomes which is a deterrent to depression.

We thank the State for the opportunity to provide this testimony. Considering recent publications, such as the LTSS Scorecard, pointing out Indiana as challenged with the need to improve LTSS systems, we are grateful to be part of the process to enhance and improve. Statistics such as the HHS Profile continue to report that persons reaching age 65 have an average life expectancy of an additional 19.4 years; and the 85+ population is expected to triple from 6.3 million in 2015 to 14.6 million in 2040. Keeping pace with other states across the nation will serve to modernize the LTSS available in Indiana to meet the growing needs of Indiana's aging and disability population. However, we hope that the State embraces the opportunity to not just keep pace but to lead.