Planning Indiana's Future The BIG Picture 2015-2030

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Agenda

The Challenge of today's demographics

The Role of Families

How states are building sustainable support models

- Promoting employment
- Rethinking how to support families
- Developing relationship-based living arrangements
- Exploring technology

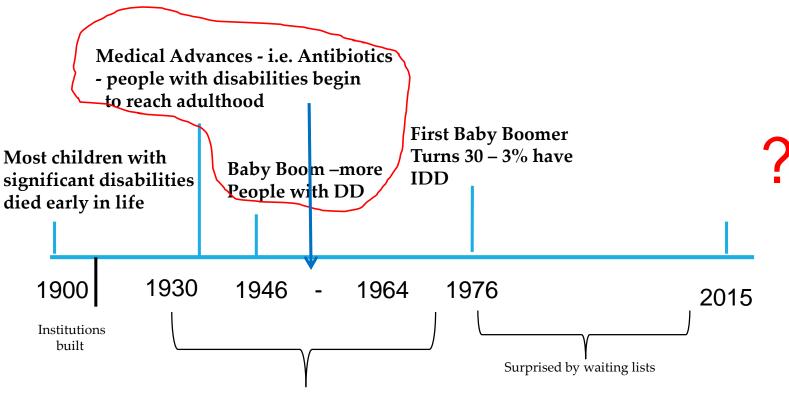
How States are building sustainable systems

- Individual budgeting
- New state plan options
- Managed care

HCBS Regulations



We Don't Seem to See What's Coming



Kept admitting more people into institutions without changing the service even though there were more and people with more severe disabilities.

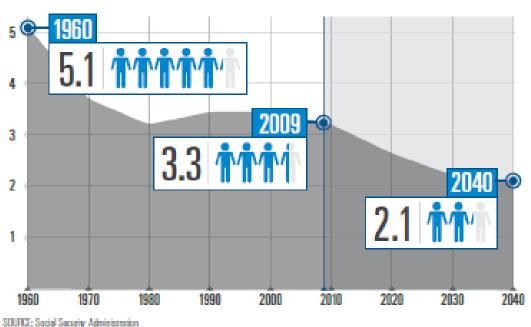
What's Coming Next?

Demographic Climate Change



Aging Baby Boomers

COVERED WORKERS PER SOCIAL SECURITY BENEFICIARY

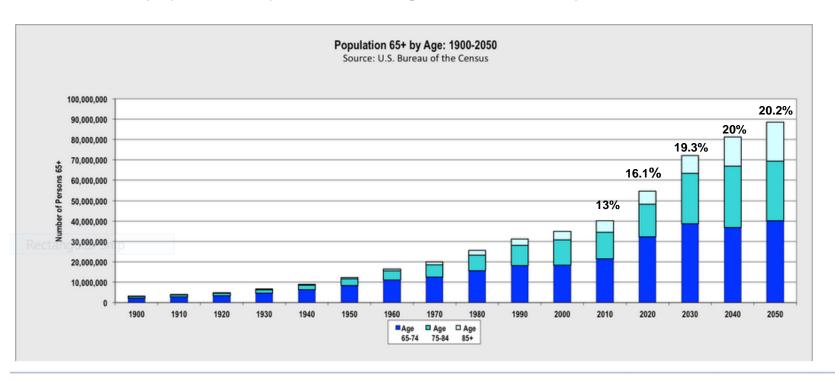


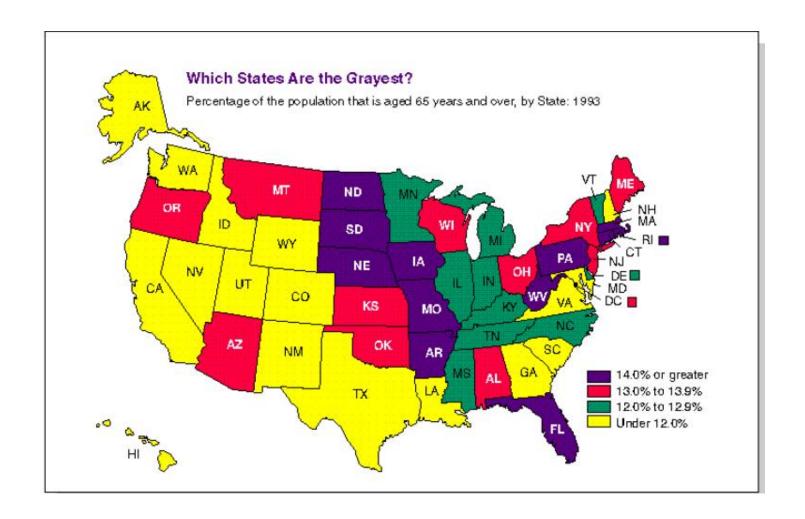
Baby Boomer Tsunami Every day 10,000 Baby Boomers qualify for Social Security

Aging Baby Boomers

This graph shows that the number of older Americans will increase three times as fast as the total population by 2050.

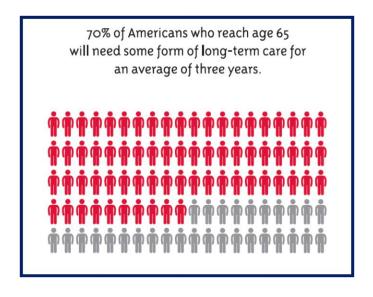
- The number of people 65 years old and older will increase from 35 million to nearly 87 million by the year 2050.
- In the year 2008, one of every eight Americans is age 65 or older. By the year 2050, one of every five Americans will be age 65 or older.
- . The number of people with developmental disabilities age 60 and older will nearly double to 1.2 million in 2030.



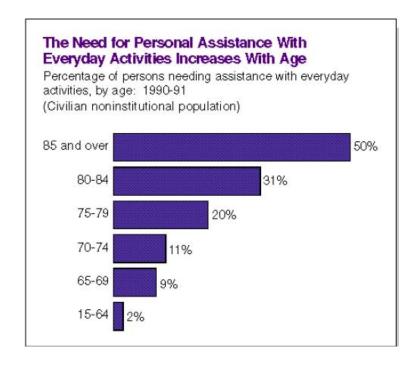


Source: U.S. Census Bureau, Population Division

Needing Care



SCAN Foundation



Source: U.S. Census Bureau, Population Division

Cost of Long Term Care

	USA	Indiana
Adult Day Health	\$17,904	\$20,800
Assisted Living	\$43,200	\$44,310
Nursing Home Semi- Private	\$80,300	\$78,475
Nursing Home Private	\$91,250	\$91,250

National Data from the Genworth 2013 Cost of Care Study Home Care Providers, Adult Day Health Care Facilities, Assisted Living Facilitates and Nursing Homes

https://www.genworth.com/corporate/about-genworth/industry-expertise/state-maps.html

Long Term Costs in I/DD – Vt. 2014

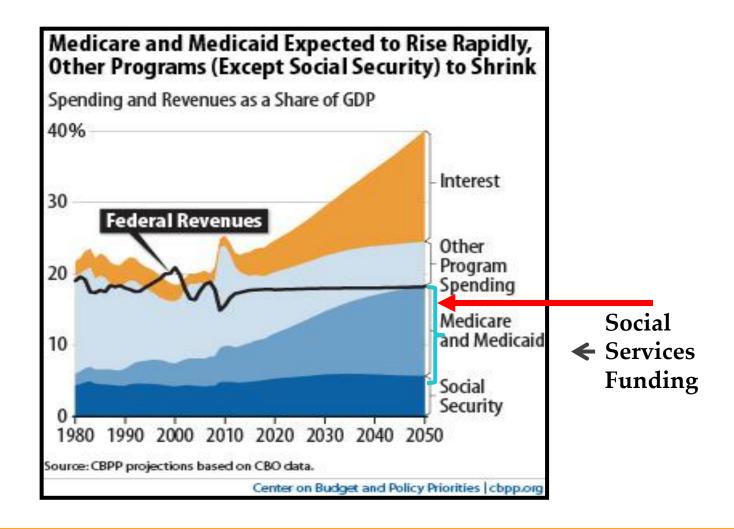
Type of Service	Cost per Person	20 yrs. Cost	30 yrs. Cost
ICF/MR Institution	\$212,504	\$4,250,080	\$6,375,120
HCBS 24 hr. staffed Residential	\$84,127	\$1,682,540	\$2,523,810
Shared Living	\$30,944	\$618,880	\$938,320
Support in Own or Family Home	\$13,424 Own home only	\$268,480	\$402,720



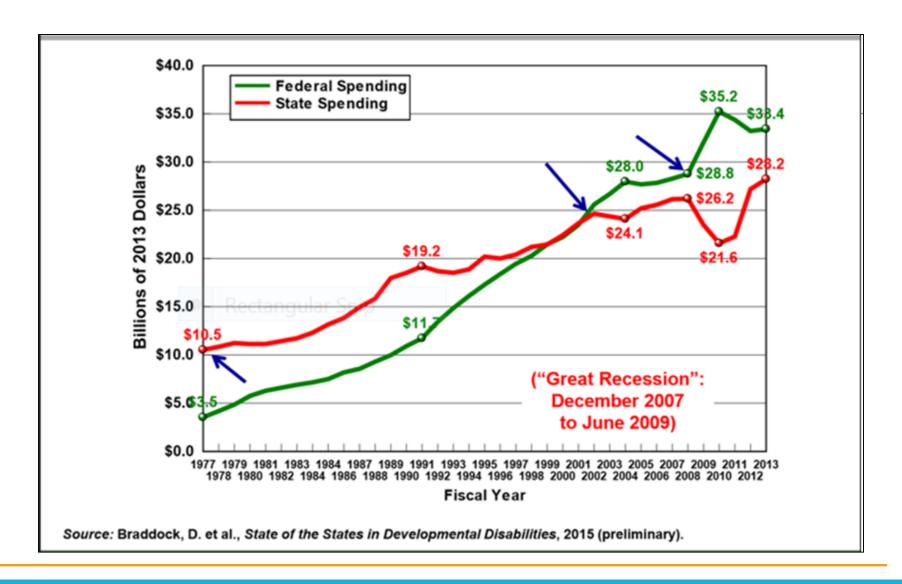


State of Vermont Developmental Disabilities Services State Fiscal Year 2014 Annual Report

Competition for Funds in the Future



Growth in Federal/State/Local Spending 1977-2013



I/DD SPENDING IN FY 2013 INCREASED IN 38 STATES, DECLINED IN 13 STATES

State	Change
Missouri	12%
Kentucky	10%
Mississippi	9%
Alaska	9%
Georgia	8%
West Virginia	8%
Nebraska	7%
Virginia	7%
Massachusetts	6%
Pennsylvania	6%
Wisconsin	6%
Vermont	5%
District of Columbia	5%
New Hampshire	4%
Utah	4%
Tennessee	4%
California	4%

State	% Change
North Dakota	4%
Oklahoma	3%
South Carolina	3%
Michigan	3%
Washington	3%
Iowa	3%
Nevada	3%
Texas	2%
Maryland	2%
Montana	2%
New Jersey	2%
New York	2%
South Dakota	2%
Rhode Island	2%
New Mexico	1%
Ohio	1%
Alabama	1%

State	% Change
Illinois	1%
Kansas	1%
Oregon	0%
Delaware	0%
Arizona	-0.5%
Maine Indiana	-1%
	-1%
Louisiana	-1%
North Carolina	-1%
Minnesota	-2%
Connecticut	-3%
Colorado	-3%
Hawaii	-3%
Florida	-4%
Idaho	-4%
Wyoming	-5%
Arkansas	-7%
UNITED STATES	2.4%

Source: Braddock, D. et al., State of the States in Developmental Disabilities, 2015 (preliminary).

FEDERAL-STATE HCBS WAIVER SPENDING PER CAPITA IN FY 2013*

1 New York	\$277
2 Maine	\$241
3 Vermont	\$240
4 District of Columbia	\$232
5 Minnesota	\$231
6 Connecticut	\$212
7 Alaska	\$211
8 Rhode Island	\$198
9 North Dakota	\$193
10 Wyoming	\$182
11 West Virginia Rect	\$181
12 New Hampshire	\$161
13 Louisiana	\$157
14 Wisconsin	\$152
15 Pennsylvania	\$140
16 New Mexico	\$137
17 Iowa	\$130

18 Maryland	\$128
19 Nebraska	\$127
20 South Dakota	\$125
21 Oregon	\$122
22 Massachusetts	6440
22 massachusetts	ΨΙΙΟ
23 Indiana	\$117
24 Ohio	\$117
25 Kansas	\$113
26 Kentucky	\$107
27 Missouri	\$104
28 Delaware	\$99
29 Arizona	\$9 8
30 Michigan	\$97
31 Tennessee	\$96
32 Montana	\$91
33 New Jersey	\$88
34 Washington	\$87

35	Virginia	\$78
36	Oklahoma	\$76
37	Hawaii	\$74
38	Colorado	\$63
39	Alabama	\$62
40	North Carolina	\$61
41	Arkansas	\$61
42	California	\$60
43	South Carolina	\$59
44	Utah	\$57
45	Illinois	\$49
46	Florida	\$44
47	Georgia	\$43
48	Texas	\$42
49	Idaho	\$40
50	Mississippi	\$30
51	Nevada	\$27

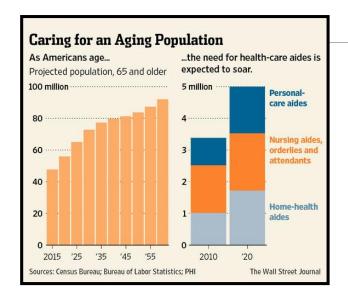
*Per capita of the state general population

UNITED STATES \$100

Source: Braddock, D. et al., State of the States in Developmental Disabilities, 2015 (preliminary).

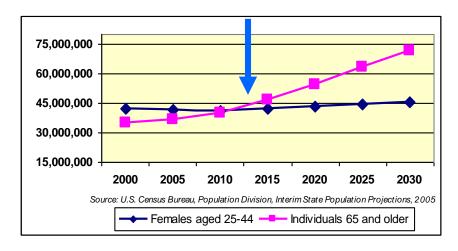
Comparisons	Indiana	United States
% of Residential Service Recipients with ID/DD Living in Places of 6 or Fewer Residents	69.2%	73.9%
% of All Residential Service Recipients with ID/DD Living in Places of 3 or Fewer Residents	52.1%	44.8%
Number in service living with family	33%	54.1%
Number of People with ID/DD Receiving Residential Support in their Own Home (Owned or Rented) as a % of All Residential	44.8%	28%
% of People with IDD living nursing homes 1555 people	8.5%	2.5%
Persons Receiving Medicaid Home and Community-Based Services (HCBS) Per 100,000 of the General Population	173.4	191.8
Annual HCBS Expenditure per State Resident (\$)	\$54.50	\$93
HCBS Expenditures for Persons with ID/DD Per End of Year Recipients in Fiscal Year	\$45,301	\$44,396
Total HCBS Expenditures Per State Resident in Fiscal Year	\$78.57	\$85.14

Shortage of Caregivers



A labor shortage is worsening in one of the nation's fastest-growing occupations—taking care of the elderly and disabled-just as baby boomers head into old age.

Wall Street Journal April 15. 2013



Larson, Edelstein, 2006

The New York Times

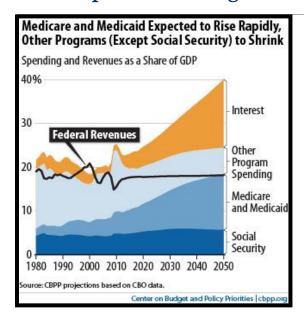
Walmart Raising Wage to at Least \$9

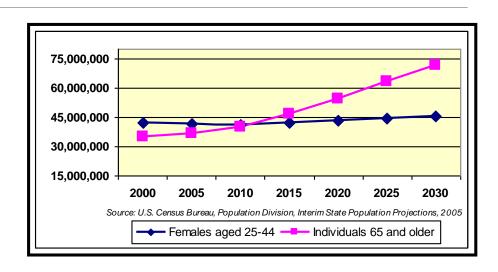
McDonald's raising wages to \$9.90 in 2014 and \$20 in 2016

Confronting Reality

Growth in public funding will slow

Workforce will not keep pace with demand





The Waiting List

People Waiting For Services	Residential Capacity	Growth Needed
76,677 RISP 2011	460,597	16.6%

The Conclusion?

We are facing decades of

- ✓ Tight Funding
- **✓** Workforce shortages
- ✓ More people who need support to live in the community

We have to find a way to reach as many people as possible which means a service system that is

- ✓ Affordable
- **✓** Sustainable
- **✓** Supports people in community life

Part 3

The Role of Families

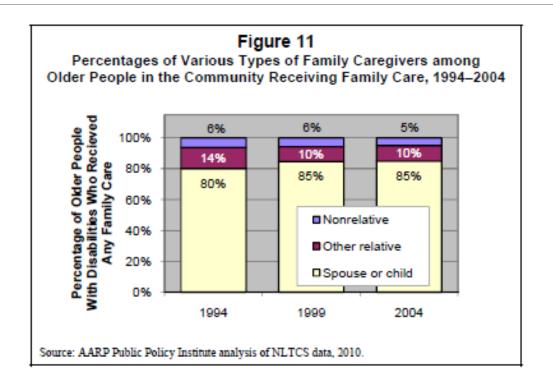
Family Caregivers are the Backbone of the Nation's Long-Term Care System

39% of all adult Americans (2 of every 5) care for a loved one who is sick or disabled, an increase from 30 % in 2010.

It is not just women doing the caregiving.

- Men are almost as likely to be caregivers as women (37% m; 40% w)
- 36% of Americans between ages 18 & 29 are caregivers
- Almost half of family caregivers perform complex medical/nursing tasks for their loved ones — such as managing multiple medications, providing wound care, and operating specialized medical equipment.

The Role of Family Members is Critical



85% of older family care recipients receive care from their spouses or children.

People with IDD Living with Family - 89%

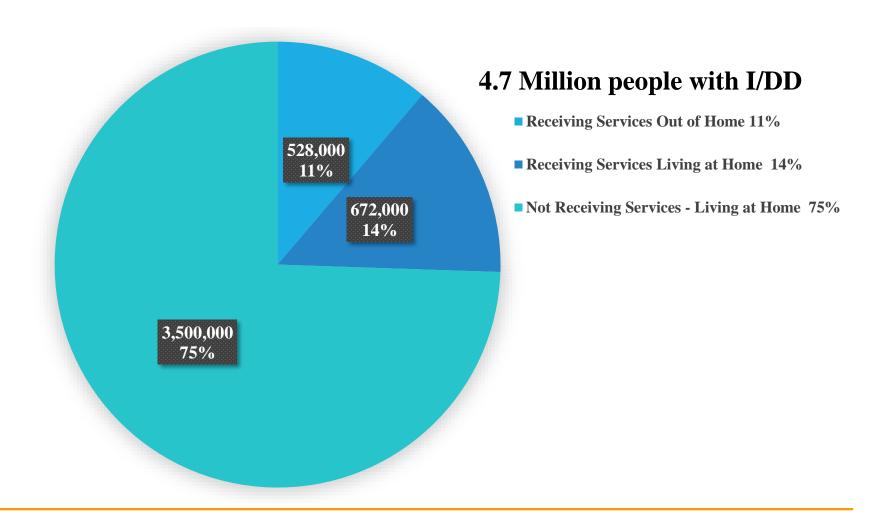
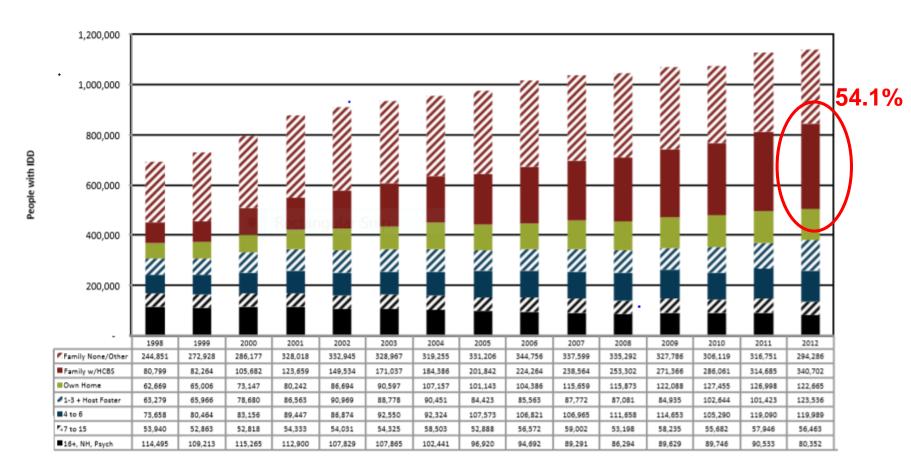


Figure 5.1 Size and Type of Residence for People with IDD on the Caseloads of State IDD Agencies by Year 1998 to 2012 (US Estimated Totals)

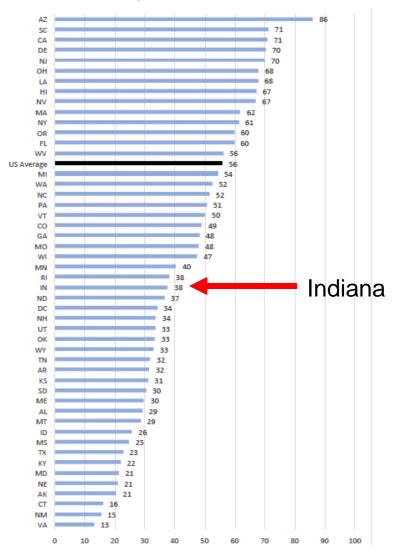


Institute on Community Integration (UCEDD), University of Minnesota: National Residential Information Systems Project



2012

Figure 1.2 Proportion of People with IDD on the Caseloads of State IDD Agencies Who Live in the Home of a Family Member



Proportion of people with I/DD on state caseloads who live in the home of a family member

Arizona 86% S.C. 71%* Calif. 71% De. 70% N.J. 70% Ohio 68%
Louisiana 68%
Hawaii 67%
Nevada 67%
Mass 62%
NY 61%
Oregon 60%
Florida 60%

Status and Trends: Residential Services for Persons with Intellectual and Developmental Disabilities

The Questions Is.....

Not whether people who are aging and/or disabled will be living with and relying on their families for support but..... whether they and their families will struggle alone or have a great life because the supports are there for them and they are part of their community.

Supporting families and helping people get a competitive job—the foundation of a sustainable service system..

Part 3

How States are Building Sustainable Support Models

- Promoting Employment
- Supporting Families
- Developing Relationship Based Living Arrangements
- Exploring Technology

Promoting Employment

- ✓ Get out of poverty
- ✓ More independence
- **✓** Make Friends
- **✓** Make a contribution to the community
- **✓** Positive image and valued role within the family and community
- **✓** Opportunities for learning and expanding relationships



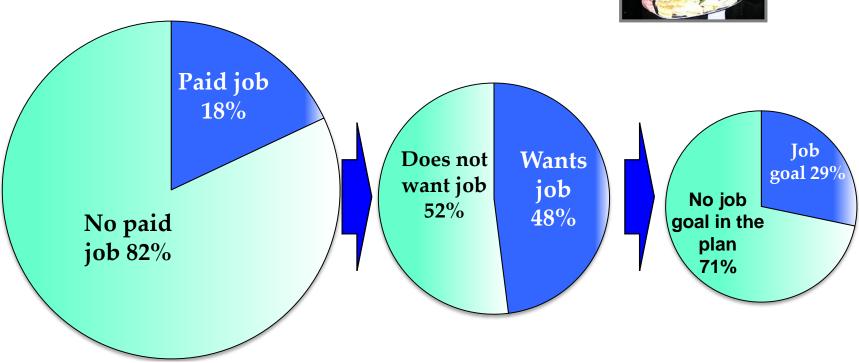
Thinking About Cost - Employment for the Long Term

Type of Service	1 yr. Cost	3 yr. Cost	10 yr. Cost
Sheltered Work/Day Habilitation	\$20,000	\$60,000	\$200,000
Employment Services	\$20,000	\$50,000 • \$20,000 yr. 1 • \$20,000 yr. 2 • \$10,000 yr. 3	\$85,000 • \$50,000 1-3 yrs. • \$35,000 4-10 yrs.

Estimated figures – use your own figures and do the math

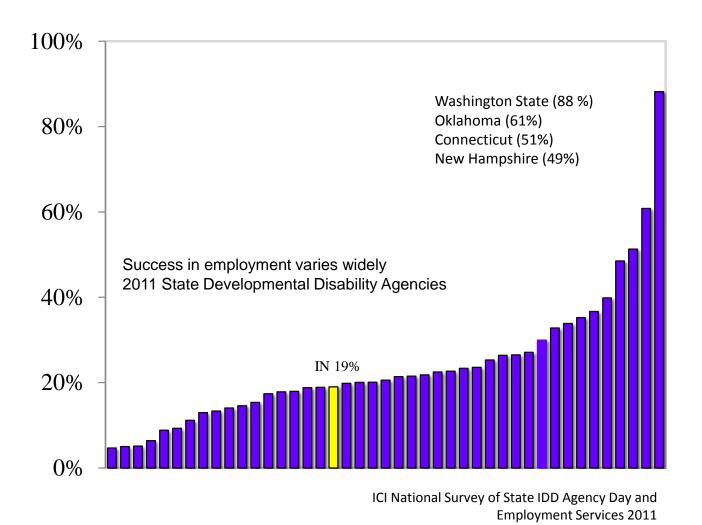
People Want to Work





INDIANA 2012-2013 NCI Data

People Can Work When States Focus Services on Employment





Community of Practice States: Washington; Tennessee; Oklahoma; Connecticut; DC; Missouri

Individual with Disability:

achievement of self-determination, interdependence, productivity, integration and inclusion in all facets of community life.

*Families:

will be supported in ways that maximizes their capacity, strengths and unique abilities so they can best support, nurture, love and facilitate.....



New Charter for Supports



DISCOVERY AND NAVIGATION

Knowledge & Skills

CONNECTING & NETWORKING

Mental Health & Self-Efficacy

GOODS & SERVICES

Day-to-Day & Caregiving/Supports

Supporting Individuals and Families Across the Life course

Information and Training Supports:

Knowledge and Skills

- Information on disability
- Knowledge about best practices and values
- Skills to navigate and access services
- Ability to advocate for services and policy change

Emotional Supports:

Mental Health and Self-efficacy

Instrumental Supports:

Day-to-Day Needs

Supporting Individuals and Families Across the Life Course

Emotional Supports:

Mental Health and Self-efficacy

Information and Training Supports:

Knowledge and Skills

- Parent-to-Parent Support
- Self-Advocacy Organizations
- Family Organizations
- Sib-shops
- Support Groups
- Professional Counseling
- Non-disability community support

Instrumental Supports:

Day-to-Day Needs

Self-Advocates Networking

Have you gone to a self-advocacy meeting?

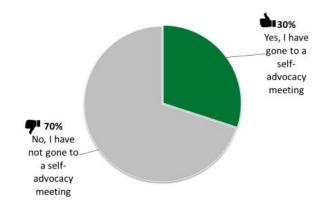












NCI tells us **3** out of every **10** people said they have gone to a self-advocacy meeting.

Supporting Individuals and Families Across the Life Course

Instrumental Supports:

Day-to-Day Needs

Information and Training Supports:

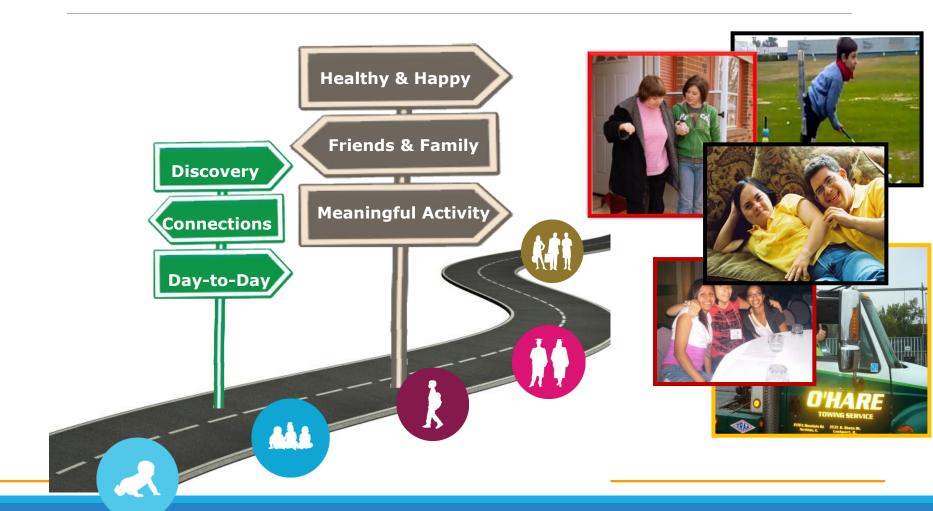
Knowledge and Skills

Emotional Supports:

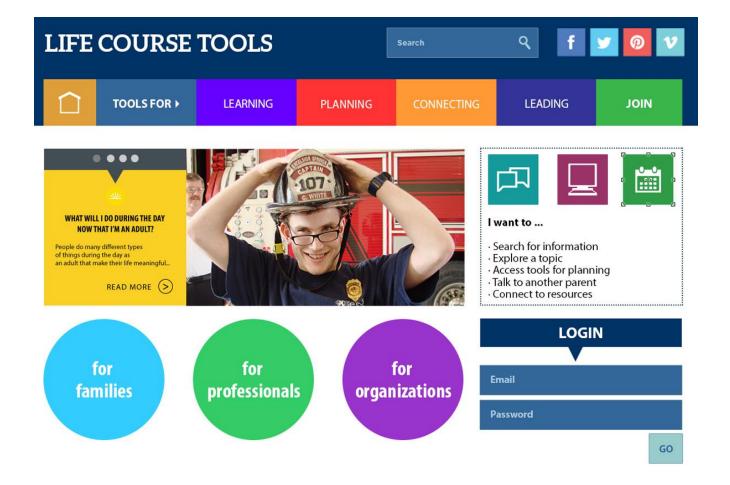
Mental Health and Self-efficacy

- Self/Family-Directed services
- Transportation
- Respite/Childcare
- Adaptive equipment
- Home modifications
- Financial assistance
- Cash Subsidies
- Short/Long term planning
- Caregiver Supports and training

Taking a Life Course Perspective



Coming Soon: LifeCourseTools.com





Focusing on Relationship Based Living Options

- ✓ Living with Mom and Dad
- ✓ Living with siblings or other relatives









- ✓ Supported Living supports provided in the person's own home
- ✓ Roommate/companion
- ✓ Shared Living one person matched to live with another

What Shared Living is Not

- Not a place or a "placement"
- Not a "facility" or a group home
- Not traditional foster care or a bed in a boarding home
- Not a "setting" serving three or four people
- Not a supported setting with multiple "come-in" staff
- Not just "rebranding" old models

What Shared Living Is

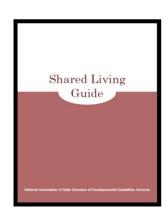
The purpose of Shared Living is to enrich the lives of people with disabilities by matching those who choose this lifestyle with a family or an individual who chooses to open their homes and their hearts.

Sharing presupposes a mutual experience....not a hierarchical one.

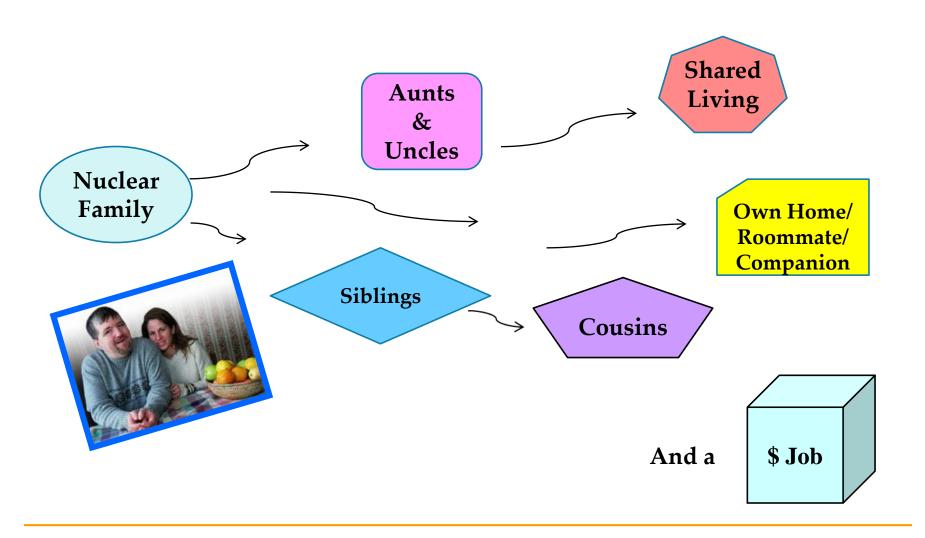
Payment is involved

Who can be a shared living provider?

- Relatives
- Friends of friends
- Someone one new but matched to the person

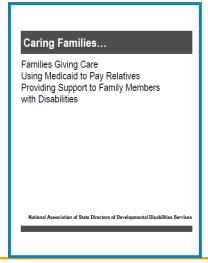


Relationship Based Living Arrangements All Need Thoughtful Support



Paying Family Care Givers

- Things can be great and things can go wrong.....It's Life!
- •Have expectations for outcomes for the person everything starts with the individual plan
- Provide support/supervision that honors the plan and supports the care givers
- Establish rules about which and how many family members can be paid
- "Prenuptial agreement" ...decide what reasons would result in termination of the arrangement



Technological Advances

- Wearable sensors that infer cognitive state and health state
- Residential monitoring systems for safety and independence
- Prompts, reminders and other automatic interventions
- Assistance for navigation and memory
- Behavioral self-regulations and guidance with ADLs
- Assist animals
- Robots

Part 4

How States are Building Sustainable Systems

- Individual resource allocation
- New state plan options
- Managed care

Searching for Equity and Fairness - Individual Allocations with Consumer-Directed Options

Individual Resource Allocation

- Equity and Fairness
- Predictable costs

Consumer-Directed Services

- Hire and Fire Staff
- Hire relatives
- Control a budget

Colorado, Georgia Louisiana, Oregon Wyoming, Conn. Missouri, Maryland Oregon North Dakota

Thirteen states offered individual budgets and consumer control statewide for at least some individuals in Jan. 2009

New Medicaid HCBS State Plan Options

1915 (i) State plan - Home and Community Based Services

- May define and limit target groups
- HCBS for people who require less than institutional level of care as well as those who do
- Waive comparability and income rules for medically needy pops

1915 (j) State plan - Self-Directed Personal Assistance Services

- May define and limit target groups
- Participant directed personal care for people who qualify for State Plan Personal Care
- Waive state-wideness and comparability

1915 (k) State plan - Community First Choice Option

- No targeting of populations must provide to everyone in need of the service state wide
- Consumer controlled, community based attendant care services broadly defined
- Community income rules for medically needy populations
- 6% FMAP increase

Managed Care

IN ACUTE HEALTH CARE

- •1 in 5 Americans are enrolled in managed care
- •65% of Medicaid participants are in managed care
- All states except Alaska, Wyoming and New Hampshire have managed care for Medicaid participants

States Are Doing Managed Care

- •Allows states to achieve budget stability and predict costs
- Limits states' financial risk, passing part or all of it on to contractors by paying a single, fixed fee per enrollee
- •Allows one or more entities to be held accountable for controlling service use and providing quality care
- •Creates the potential to provide services to more people and create flexibility in service provision if done very carefully and all components in place

Managed LTSS Care in I/DD

In Managed Care

Arizona (1115) IDD – gov't

Michigan (b/c) BH/IDD – gov't

Wisconsin (b/c) all pops – gov't & private

North Carolina (b/c) BH/IDD – gov't

Kansas (1115) all pop - private

New Hampshire (1115) - private

Texas - (1115) piloting IDD - private

In Planning Stages

Louisiana (1115)(all pops)

Iowa – scheduled for 2016 (all pops all services)

New York (b/c) IDD

* pre-implementation

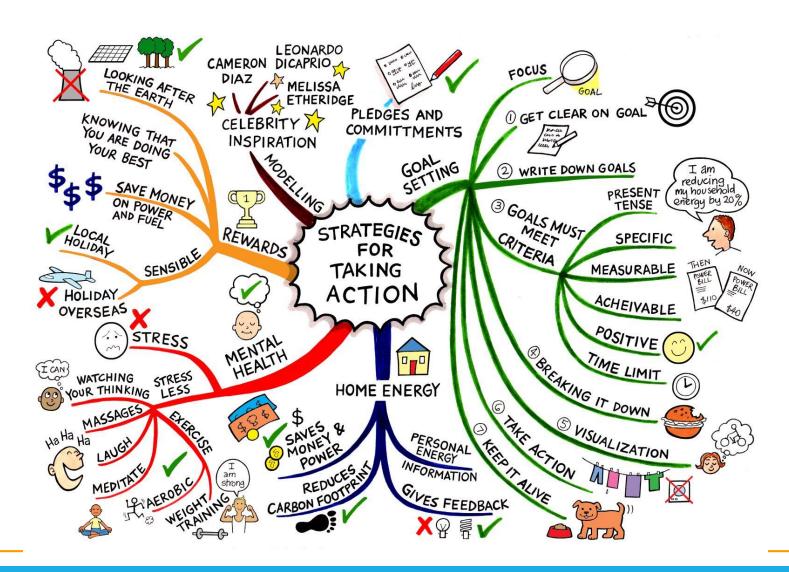
Tennessee proposing to add IDD

New Jersey (1115) – IDD delayed

Florida – legislative interest

Georgia - interest

We Have to Do a Lot of Things at Once



Implementing the HCBS Regulations

IMPLEMENT HCBS REGULATIONS

Peron-Centered Planning

Settings Rule

Conflict Free

Case management

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