

**COMMUNITY AND IN-HOME OPTIONS TO INSTITUTIONAL CARE FOR  
THE ELDERLY AND DISABLED (CHOICE)**

**Sept. 17, 2015**

**Board Meeting Minutes**

**Indiana Government Center South, Conference Room 5**

**402 W. Washington St., Indianapolis, IN**

**CHOICE Board Members in Attendance:** Jean Macdonald, Lynn Clough, Prudence Twigg, A.J. Weidekamp, Rep. Ed Clere, Lynn Clough

**CHOICE Board Members Absent:** Dorian Maples, Kelly Daugherty, Sen. Jean Leising, Rep. Robin Shackelford, Sen. Jean Breaux

**Visitors in Attendance:** Kristen LaEace, Michelle Stein-Ordonez, Oren Bell, Michael Sullivan, Kathy Johnson

**Staff in Attendance:** Debbie Pierson, Karen Gilliland, Willie Poindexter, Yonda Synder, Michael Patterson, Vanessa Convard, Lakeisha McCarter, Kayla Hickox

**Call to Order:**

Jean Macdonald, Chairperson called the meeting to order. Jean called for a review of the minutes with any corrections or deletions, with there being none the minutes were approved by the Board.

**Division of Aging Update:** Debbie Pierson passed out the CHOICE Annual Report that is due before the legislature by October 1<sup>st</sup>. Debbie said the only piece missing from the Report is the nursing facility cost data where they compare CHOICE cost and nursing facility cost. Debbie cited a couple of changes they added such as the 2.0 pilot program and additional charts by area agency on their allocations and expenditures.

Jean said the Board will approve the Annual Report with reservations and send any comments to Debbie. Debbie said that if there are comments they can do an addendum and present it at the November 19<sup>th</sup> meeting.

Mike Patterson State Director for Adult Protection Services (APS) gave an update of some of the things they have going on and their accomplishments. Mike said that on Wednesday they had the summer study committee meeting. IPAC (Indiana Prosecuting Attorney Council) did a tutorial of what they do at the local level, followed by Yonda Synder Division of Aging Director giving an overview of what they do at the state level. Mike said they only have 3 employees at the state level. They shared best practices from other states and looked at the laws and regulations that govern them and how they might change and improve the system.

Mike cited some of their accomplishments which include an improved APS hotline. The hotline use to be just a referral service, now they input the data into the computer and send the report directly to the

field where it is assigned to an investigator. Mike said standardization by the prosecutors and the state has been requested for over a decade, they now have finally produced a written SOP (Standard Operating Procedure) that they've collaborate with the Units on. The draft is under legal review and once they finish it will be sent to IPAC to concur and then they can go ahead and standardized the procedures. They have also contracted with the University of Indianapolis Center for Aging and Community to do a six months job analysis study. At the end of January they will present the study report showing the maximum and ideal caseload for their geography and population and a number of different contingencies. Mike said this is something that hasn't been done and when they had a national conference call they were asked for the results when they become available. They are also pushing forward with trainers and dedicated trainers by building a training program. Vanessa Convard is a new hire who is an experienced DCS trainer with an academic background in education and is working on her Masters in Adult Education is taking on the training component.

Yonda Synder wanted to bring the Board up to date on a couple of organizational changes. Karen Gilliland has temporarily been relieved of most of her duties to focus on the Office of the Long Term Care Ombudsman. Arlene Franklin retired after over 20 years of service and there are a whole new set of federal regulations and requirements around the role of the Long Term Care Ombudsman that need to be put in place. Yonda said she will keep the Board up to date on what is happening with that.

Yonda said the Division has positions dedicated to managing the staffing or issues associated with the Medicaid waiver programs that they administer, but they haven't focused that kind of attention to the non-Medicaid waiver programming. They have recently promoted Lakeisha McCarter to be the Division's dedicated person for the non-Medicaid waiver programming, looking at the programs and their funding sources. Yonda said lastly in support of their rebalancing agenda they have been collaborating with OMPP (Office of Medicaid Policy and Planning) on rebalancing and they will be issuing a white paper in October outlining their rebalancing goals for the State of Indiana. They want to rebalance Medicaid away from institutional spending and more towards home and community based services. The paper will outline a number of possible strategies they will use to achieve that goal.

The Division has also made some changes since Juman Bruce who was the Money Follows the Person (MFP) Director resigned. They are now taking the opportunity to redesign the organizational structure of the MFP program. MFP is a federal demonstration grant which ends in 2020, they will stop doing transitions under the MFP program in 2018.

Debbie handed out this year's performance measures for the CHOICE pilot program updated numbers and reminded them to keep in mind the difference between pilot and non-pilot. The difference is expected with the eligibility criteria being reduced as they are serving a different group of individuals. The pilots have reduced their waitlist significantly and a lot of it has to do with their cleanup of their waitlist, such as having started services on another program, in a nursing facility, not interested in services, passed away, etc. Debbie said it's too early to report on the Quality of Life Survey as there haven't been enough of the surveys done, so they will probably wait until they are a full year in to report on the results.

Debbie said they have a lot of activity around the No Wrong Door planning grant. They did three focus groups with statewide stakeholders and FSSA and they held ten regional events around the state to get input on the planning process. The Division did an online survey and they've had subgroups within FSSA working on drafting pieces of the plan and there is a retreat scheduled for Friday. The No Wrong Door grant was a one year planning grant and is due Sept. 29<sup>th</sup>. They did request and receive approval for a one year extension so they have another year to complete the plan, but they intend to submit the draft on time this year.

Debbie said that as part of the No Wrong Door planning process they realized that they needed to do some investment and work with the ADRC's. Debbie said on that end they were able to use some one time some short term money that they earned through the balancing incentive program to put some investment back into developing the ADRC's network. They awarded fourteen grants to the ADRC's and asked for proposals directed at either building and strengthening their community resources or enhancing and developing their resource database. In total it was about \$1.3 million that was awarded.

The Division of Aging has contracted with the Lewin Group who provides technical assistance at the federal level for the ADRC's, No Wrong Door and the MFP program. They will be coming to Indiana to do several meetings and trainings with the ADRC's helping them to develop some standard operational protocols. After they develop the protocols there will be a train the trainer event towards the end of their contract cycle. Debbie said the third piece is that they've been able to do a contract with a PR firm to work on an actual branding of the ADRC's network, so that they will be a statewide recognizable name. There will be a marketing campaign launched in the late spring that will rollout to publicize that. With all of the initiatives it will be about 3-1/2 million dollars that will be spent on the ADRC's.

Debbie updated the Board on PASRR with the legislation that passed last session and is sun setting the Indiana Pre-Admission Screening statute in June of 2016. They've had meetings and discussions to talk about the current problems with the system and their goals for the new system. Last spring they engaged with the national PASRR technical group and they were here in June for 2 days. After planning and getting input they came to a consensus on Option 4. Debbie said that she could send them information on Option 4. The contract is signed and they are confident that they can have the software piece up and running by July 1<sup>st</sup>.

Karen Gilliland gave an update on the other part of HEA 1391 the long term care services report, it is due to the state legislature in two weeks. They've been sending out rough drafts to the Board throughout the summer and have been working on this since Christmas. They are on about their 5<sup>th</sup> or 6<sup>th</sup> version. They've had 5 public hearings on this document and it has gone through critical program view by the Indiana State Dept. of Health, Office of Management and Budget, the Medicaid Office, Yonda Synder and Debbie Pierson. The Division was tasked with looking at all the options for services within the home and community and whether they were formally regulated or not regulated, the past policies implemented in Indiana, demographic trends, payer sources for the services that are delivered, the demand and utilization of long term care services, the impact of a moratorium for the nursing homes remote patient monitoring and tele-medicine. The final draft will be posted by the end of the business

day Friday and sent to the Board and it will be on the website as soon as it can be updated. The final review will be on Sept. 28<sup>th</sup> by the Task Force.

**I-4A Update:** Kristen LaEace asked the Board if they had any questions, with there being none she proceeded with her updates. During the summer there were two conferences the National Association of Area Agencies on Aging and NASUA(National Association of State Units on Aging) Home and Community Based Services Conference which was centered on managed care because their constituents are interested in hearing about long term care services and supports.

Kristen said the other thing to think about is the amount of influence our traditional community based network has compared to larger entities. The administrator for Community Living has talked about how their total annual budget is less than one day of operation for CMS. Kristen said you can see where the balance of power is at the federal level and you can see that kind power at the state level.

Kristen said on the educational side Kaiser has a report that talks about long term care in the United States and how it all came about. The Truven Report looks at the federal Medicaid data to see what percentage states are spending on home and community based services. Nationally for the first time the country is spending more Medicaid money on home and community based services, unfortunately Indiana is ranked 49 out of 50 states. AARP put out an annual report on Long Term Care Services and Supports (LTCSS) scorecard that measures the state level performance of LTCSS, Indiana doesn't rank very high in this report either. Kristen went over a couple of other reports produced by AARP, the Long Term Care Financing Collaborative, a report on family caregivers, the United State of Aging Survey a partnership that includes the National Council on Aging, I-4A and others, most of their data is national and a report on how older adults are falling short when it comes to getting vaccinated, etc.

**Public Comment:** Michelle Stein-Ordenez from Indiana Association of Home and Hospice Care is a membership services director and one of her responsibilities is to work with their members on Medicaid issues. After communicating with their members she wanted to report on a transition of a portion of the ADD population to Hoosier Care Connect. Hoosier Care Connect is a managed care program. They have noticed that since its inception July 1<sup>st</sup> they have noticed home and community based issues have occurred. Michelle said there have been delays in processing transition PA's, delays in payments, delays in response to customer service line or customer service staff not providing correct responses to questions. They are currently working with them to correct these issues with monthly conference calls. Michelle also wanted to briefly mention how this has impacted a small portion of individuals who reside in the community who receive hospice services on Medicaid only. She said there is a lack of understanding that when someone goes from a private home in the community and they go for inpatient respite or general inpatient care under the hospice program, that is not someone residing in an institution or institutional care it is someone who is brought in to receive short term care based on their acuity level.

With no further business a motion was made to adjourn the meeting and was seconded and approved by the Board.