CHOICE Board Meeting

July 21, 2022 - Minutes

IGCS – Conference Room D

Call to Order: Jim Leich called the meeting to order and asked if they had a quorum to pass the minutes. Beth Schoenfeld, Andy Weidekamp, Dr. JoAnn Burke, Hanna Carlock, Lauren Mullet were either online or in person. Jim said they have a quorum and will start on the approval of the minutes, any comments, questions or changes they would like to make. Jim called for a motion to approve the May 19th minutes, the motion was made to approve and seconded and approved unanimously by the Board.

Jim said the next step is elections and there were several people who were interested in the positions of Chair and Vice Chair, Hanna Carlock Chair and Laurie Mullet Vice Chair. Jim asked if anyone else was interested if not he would take a motion to nominate those two individuals. JoAnn Burke made the motion and Andy Weidekamp seconded and was approved unanimously by the Board. Jim said this will make a great team and they needed some new people.

Presentation: Dawn Butler said she was excited to share the dementia strategic plan. She has recently been appointed as the Indiana State Dementia Coordinator and is delighted today to talk to them about the strategic plan and her goal today is to give them a bit of an overview of the plan. She recognizes that much of the plan is going to look very familiar as they have been very involved in the advisory group and have been part of the recommendations that have led to the plan. It really took a lot of time to help really catalog what was happening in the state around dementia services, help establish some priority area and really helped to ultimately lead to the recommendations that are the basis of the Strategic Plan.

Last year they were really excited the 2021 House Enrollment Act 1177 officially codified the Indiana Dementia Strategic Plan and you can read the code under Indiana Code 12-9.1, which is the Division of Aging Code Section 5, which is the strategic plan to address dementia. The ultimate goal of the strategic plan is really to identify and help to significantly reduce the prevalence of dementia in Indiana. The strategic plan has a number of key components to it and includes proposed date actions, implementation steps and recommendations to carry out the purposes of the plan. Plan requirements also state that once a year they submit to the legislature an update on the implementation of the plan and recommendations and that was submitted in December of last year.

This strategic plan has 8 key components, and this is where she'll work through and kind of keep it at a high level and lay the foundation of where they'll be going from here. The first key component is to assess the current and the future concerning dementia. There are about 110,000 Hoosiers that are living with dementia, and it continues to grow, and they expect that number to be about 130,000 by 2025. Not only is the number of individuals living with dementia going up, but they know that the cost of care is also increasing as well. The last set of data that they have in 2020 is in Indiana Medicaid alone

it was over $1 billion that was spent on dementia. And they know that this is also expected to increase annually at about 17%, so it's no wonder that number one on their strategic plan the key component is really helping to look at trends concerning the diagnosis of dementia as well as the current and future economic costs, helping to evaluate the services, resources and care that's available to address the needs of individuals living with dementia as well as their families and caregivers. And also help to identify methods to reduce the financial cost of the care.

The second strategic is about increasing awareness and this really comes to kind of three subpoints, one help increase awareness around health care providers. This can involve things such as helping them be aware of the importance of related detection, helping them to be knowledgeable about the value of the annual wellness visits which has a cognitive assessment component to it and also utilizing and being aware of the Medicare billing codes. That can help to support the time of the providers that they are doing cognitive assessments or care plan development. Secondly helping to increase awareness is looking at culturally appropriate public health campaigns to increase understanding and awareness of early signs of dementia and incorporating messages on brain health. Also, public health campaigns focusing on diverse community settings where they know there is a greater risk of developing dementia, so helping to really increase awareness to individuals about what to be looking for and to be aware of. She thinks these components really lend themselves for them to think about what they may have or already happening in the public health world and where they might be able to partner and collaborate and help to share those important messages.

Dawn said the third component is about the dementia based workforce and this is what many of their GWEPs here between USI and IU have been focusing their work on, but specifically looking at dementia specific training requirements for paid professionals who are caring for individuals with dementia. And helping to increase the number of individuals to pursue careers around dementia care and geriatrics and again know that not any of us in the room are immune. Lastly helping to focus on improving the capacity of APS and law enforcement to respond to the individuals with dementia.

The next component released really relates to our home and community based service providers and helping to increase access to those services. So, identifying the type, cost, and variety of services that we have here in our state, assessing the capacity and the access to such services such as adult day care, respite care, assisted living and long term care. Finally helping to find ways to expand the healthcare systems capacity to meet the growing needs and the number of individuals that are suffering from dementia. Their 5th component is around helping to enhance the quality of care, looking at quality care and measures for long term care facilities, assisted living and residential programs and caring for individuals with dementia, identifying existing gaps and dementia services and helping to determine a plan to cover those areas of gaps. Finally, to help identify methods to improve the dementia services that are being provided in their HCBS settings. The last three components are one recommending strategies to decrease health disparities and again not new to any of us in the room, but they know that health disparities are a huge area of importance to them. They know that older black, Hispanic and Latino Americans are more likely to develop dementia than older white Americans. They also know that there is a lot of barriers to care, and discrimination is one of those key barriers. So, they really want to make sure that they're focus is around helping to ensure that they are being mindful of that and doing what they can to help decrease those health disparities and ensure that everyone is getting good quality care.

Are there components around helping to improve or increase the state based support for Alzheimer's Disease research? They are really fortunate here in the state of Indiana they have a number of wonderful universities that are doing some great research and work around dementia and Alzheimer's disease specifically and so they really want to help to continue to support that work and increase that work where they can. Finally, the last thing she thinks is really key is to help identify state policies or actions that are needed to really act upon the findings of this section and help to implement those recommendations and make sure that they can help to implement this plan. As she mentioned that it's kind of the high level overview and probably none of this is new. However, what might feel a little new is to provide a few of the updates that they have had when the State Plan went into action last.

One of the strategic plan elements was to bring on a dementia state coordinator and she is really delighted to serve in this role, as she mentioned she took on this position through her contract work through the IU School of Medicine to be able to work closely with the advisory group, the planning committee as well as all of them to help in ways they can to implement this plan and help meet their goals. Other early recommendations were also about the expansion of the advisory group and the planning committee and is really delighted to share that under Dr. Steve Counsell's leadership they've been able to do that, and their advisory group expanded to include a representative from Structured Family Caregiving. They are delighted to have Kelli Tungate from caregiver home joining them and that will be starting up again soon.

They also have recently expanded their planning team to include a representative from the Indiana Association for Home and Hospice Care and delighted that Evan Reinhart will be joining their planning team. Dawn said the last update is one that she is really excited about, as she mentioned in their strategic plan one of their components was looking at ways to enhance their dementia based workforce and so on July 1st of this year under Senate Enrolled Act 353, they now have a home health aide required dementia training. This law states that anybody that is employed as a home health aide who is providing care for an individual that is diagnosed or has symptoms of Alzheimer's disease or related dementia is required to go through this training. They are now required to have a 6 hr. initial training and then 3 hrs. annually thereafter. The training is approved by the Indiana Department of Health and the content must be person centered and culturally competent. They will learn about the nature of dementia, current best practices, caring for and treating individuals with dementia, guidelines for assessment and care for caring for someone with dementia, procedures for providing patient centered quality care, helping to work with ADL's when someone has dementia, dementia related behaviors, communication, and the use of positive intervention. Finally, looking at the role of individuals, family and caring for an individual with dementia, as we know families are so important and are a big part of our workforce and being able to care for those individuals that are living in the community.

So, the next steps is where do we go from here? They are looking to resume the planning team meetings and getting the advisory board back together or as she likes to say getting the band back together so they can begin their work. Her contact information is on the screen and the slides will be shared with everybody afterwards and feel free to reach to her this plan involves all of them. It's a statewide initiative and it takes all hands on deck to implement and meet the goals. So if you have ideas or thoughts or ways that they can collaborate or share and partnership, please don't hesitate to reach to her. She asked if there were any questions by saying she has been in this role for about 10 days, but she will do her best and look to her DA colleagues for support.

Senator Breaux said she had a question thank you for your presentation and emphasis and focus on cultural competency and diversity and because she was prepared to ask her about African Americans and she said that they are more African Americans, Latinos, people of color are more likely to get Alzheimer's it an organic reason, a physiological reason or is it because of access issues. Her second question is Alzheimer's sort of like an organic disease that happens despite whatever. Are there things that they can do to stop and prevent Alzheimer's and that is how you're planning to reduce the number of Alzheimer's patients in Indiana. She doesn't understand how she can change something that happen organically within an individual through their DNA or whatever the case may be. Dawn said she will do her best to answer her first question, but she doesn't feel as qualified to answer how or why different prevalence rates are different for groups. But she will check with her colleagues at the Alzheimer's Disease Research Center and let her know and get back to her on that. Her question about prevalence she thinks is really important and there so much research, this is where a lot of what is happening in the state is really exciting. They have always known that Alzheimer's disease is a progressive illness and that there is nothing that is going to cure it. However much more work is coming out about risk factors and that there are ways that we can maybe take better care of our brain health and she thinks that part of their public awareness campaigns is helping individuals be aware of what is good practice. Generally what is good for the heart is good for the brain and also having people be aware of what is normal aging, and when should we be concerned. She thinks there is a really big misnomer across the country around as we get older "it's okay you're going to lose your mind, you're going to forget things, this is normal", being really careful about just chalking it up ageism and not being mindful of what is normal and when we need to be concerned.

Jim said they are getting their advisory group back together so she may not have the answer to this but what objectives or areas will she be tackling during the rest of this year and next year? Dawn said they're still early in thinking about that, the advisory group had done a lot of work over the last year to come up with some priority areas and public health awareness campaigns were one of them. She thinks as they get the group back together, they'll reevaluate that so it is still early to say, but she thinks that will be one of their early steps as they think about all their priority areas. Jim asked if they will get any public funding for these public awareness efforts, maybe it's something for the general assembly. Dawn said she doesn't know, she would defer to her DA colleagues. But the strategic plan addresses that, it is ensuring that they look at state policies and efforts to ensure that the implementation of the plan is able to happen, and they are able to accomplish their ultimate goal. Jim said they do have a number of representatives and legislators on the CHOICE Board, so she has a good place to start. Sarah said they do have a funding source to support some of Dawn's efforts in the work group and it comes through the federal match environment out of covid through March of 2025. What happens after that they are still talking about that.

JoAnn said something a bit puzzling in Indiana about home and community based services related not just to people with dementia but very much the people who have dementia and their families are impacted by this. It seems that they do not have adult day service providers in Indiana. Is there anything that they are looking at that could incentivize some development of adult day services or how is that being addressed, because it wears families out caring for someone with dementia 24 hours a day. Dawn said she can't answer that, but she can say that she completely agrees with her question and she thinks the idea of looking at the range of services that are available and again one of the key components of the plan is essentially that, what services do we have and how easily are they able to be

access by individuals living with dementia and their families. She completely agrees with her but no clear answer, the plan is about addressing a bigger map of what do they have, and can people access it and if there's barriers, what can we do to help.

Megan Smith said she is actually with adult services, she is the previous president of the Indiana Association of Adult Day Services, and she really does appreciate that question. They are very small and very small budgets and most of them are non-profit, and they've been trying to work closely with FSSA in order to get a rate increase and be accredited. In the state of Indiana they are not licensed and in order for them to maybe move forward with other legislation and things like that, they need to be licensed. They have been working very hard coming up with their own accreditation that mimics Medicaid that has some best practice standards for adult day services. Jim asked if that association was on her advisory board and Dawn said yes, they are excited to have a representative from the association on their advisory board. Sarah said one item that they looked at during covid, they worked with IHCDA to access assisted living provider need in Indiana and one of the things that they looked into was geographically where are adult day centers and if assisted living is need is needed, wouldn't adult day also be needed. That work is still ongoing from an analysis and feasibility study, but it is something that Lauren Perry the new Provider Relations Director is aware of and wants to work on.

Division of Aging Update: Sarah Renner said she would like to introduce 2 individuals Lesley Huckleberry she has agreed to be the Division's interim director while also serving within the General Counsel role. Lesley said she just wanted to say hello to everyone, and she is looking forward to working with all of them as she gets up to speed and takes on the role of interim director and don't hesitate to reach out if there is anything that you'd like to connect on. She is still working on getting up to speed, so she is on information overload but is happy with all and connect further. Sen. Breaux asked if they are in the process of looking for a permanent director and she is just standing in until that happens. Lesley said correct there is a search for a permanent director.

Sarah said the next announcement is that they have a provider relations director Lauren Perry. She has experience that touches their environment at tangentially, she has worked with several area agencies on aging because they are community action organizations. Lauren has as business background and she has worked with Indiana Housing and Community Development, so it's really excited to have her fill this position.

Her update in MLTSS or managed long term services and supports and she is also going to talk a little bit about the role of area agencies on aging in that environment. She is also going to talk a little bit about waivers and how current and future waivers will interplay in this environment. Sarah mentioned Sharon Effler and she is the director for their new Managed Long Term Care and Supports Program, and she has attended some of their sessions, some CHOICE Board meetings and she is a person who brings aging experience, career experience to the environment and the Division of Aging has enjoyed partnering with her and working with her through the RFP review process.

The Division is in an RFP or bid process now for managed care entities that bid is public and you can find it on the IDOA procurement website. They are in the question and answer period or comment period, which will then be followed by final proposals and then lead into what is a state review or evaluation process. There is a concrete algorithm that they follow they are very set guidelines around the evaluation process. IDOA has used this algorithm for many years so many of them are quite used to this process and the review process is to be finished by the end of September. This should give them

enough time to do procurement work by quarter one of 2023, so they are still on track. This gives FSSA and then managed care entities time to go through readiness review.

Rep. Ed Clere said there was a call to the Triple A's he thinks on the RFP a day two ago. Kristen said there was not a call it was a summary of where things stand that was shared with all the area agencies on aging. Rep. Clere said where do the Triple A's stand in this procurement process and their role in a managed care environment, where do we stand with that.

Sen. Breaux asked if they could name the people who have put in for the RFP. Sarah said no. Sen. Breaux said what if she went to the IDOA website she could get that information there. Sarah said absolutely you may see the procurement document, so the RFP and any appendices that need to accompany that will be posted there. You will not see work done by the MCE posted on that website, it will be just what they have prepared with IDOA. Sen. Breaux said she can't get any idea as to whom might be trying to respond to that RFP, she doesn't need supporting documentation or any of the materials that they submit. She just wants to know who is out there applying. Sarah said they would be able to speak to that in September once the evaluation period has closed. But in a partial answer the area agencies on aging will likely, some chosen entity will subcontract with managed care organizations because the RFP requires a minimum number of service coordinators be from existing area agency on aging and disabled service providers which also includes their independent care managers. So as the RFP work is done it is likely that the bidders who are the managed care companies are reaching out to these potential subcontractors now, so there are folks outside of state government employees who are probably collaborating on this. The state has issues a minimum threshold so 50% of the LTSS population will be provided a service coordinator by an entity described as an aged and disabled community benefit organization, area agencies on aging or ICMs. Sen. Breaux said the aged and disabled population moving into managed care is this an optional move or a mandatory move, do they get to select whether they want to move into managed care. Sarah said yes, they can choose their option.

Sarah said in the environment of service coordination, this is the staff person that they recognize today as a care manager they will coordinate with a care manager employed by the MCE. This is the piece that the Division of Aging gets excited about because currently an individual's life who is working off the Medicaid fee for service model to gain excess to healthcare and then also receiving some form of their waiver services there is no collaboration, no integration, no coordination around provider visit, attendant care coming in the home, comprehensive approach to a person. So this kind of care coordinators will be a team, so there will be for the first time an entity focused on making sure that the comprehensive needs of a person are being met. As a person experiences higher acuity levels in this environment there are additional care coordination supports that happen, access to medical, medical advisor, a dental advisor, etc. based on the needs of the member, this is a real benefit for the person. Sarah said she was going to pause to see if there were any questions only about service coordination and the role of the area agencies on aging and independent care management in that environment.

Andy Weidekamp said he is of the population where multiple things are happening, and he is curious how does the person who is not on Medicare/Medicaid fit into this whole picture in. In particular his case he has the original Medicare plan. Sarah said for someone who knows nothing about Medicaid it's anticipated this managed LTSS thing might be something they would want to look into. There will be an intake process, it will be different from calling up your local area agency, however it will feel very similar, its just that initial point of contact will be one vendor or one entity. It could very likely include area

agencies on aging or some form of that and you would experience an intake discussion. Dr. Counsell said most seniors or people on Medicare do not have Medicaid and so this new plan would not impact them initially, but if do have a decline in their status or in their assets and financial situation such that they would quality or be eligible for Medicaid services. If they have full Medicaid benefits or eligible for that and they take advantage of that, then they would be required to enroll in one of the three or four of the new Medicaid plans. If Medicaid is all they have and they may be 62 or something and they're full Medicaid and that is all they have, the Medicaid plan will be responsible for everything. If the person ages up and gets Medicare the state can require the person if they're going to take benefits under Medicaid to join a plan, but the state cannot require you to join a Medicare plan. The Medicare plans are run federally, and choice is a rule under Medicare so that people can keep traditional Medicare, or they can sign up for a Medicare plan. Those are called Medicare Advantage or if you have both Medicare and Medicaid those are called duals special needs plans. The choice will continue to exist for the Medicare side but if people take advantage of their Medicaid benefit, they will need to enroll if they're 60 and over and full Medicaid they will need to enroll in one of these three or four new Medicaid plans.

Jim said the Medicaid managed care companies will have to create their own Medicare Advantage plan. Dr. Counsell said yes, there are 9 current duals special needs plans under Medicare that they are working with, but it will be narrowed down to only 3 or 4 that will get the Medicaid award.

Sarah said she had one last comment to share a discussion about waivers and how this all interplays. They know the Division of Aging oversees the Aged and Disabled Waiver as well as the Traumatic Brain Injury Waiver and these 2 waivers are not the waivers that support or build or authorize managed LTSS. They are writing 2 new waivers they are called 1915 C&B Waivers to support MLTSS. Much of what is in the Aged and Disabled Waiver compliments itself into these new waivers, because the services are the same or the functional eligibility is the same. They are committed to ensuring services that they foresee being a part of managed LTSS that they currently don't have on the waiver today be amended in. Those services are also available in 2024 and those 2 services are caregiver coaching and goal attainment which is the capable model. They are currently waiting on a waiver amendment approval from CMS to their Aged and Disabled Waiver so that those 2 services will be added. Shannon Effler and her team are working on the new waivers to support MLTSS and the waivers that the Division of Aging managed are still present there is not a mechanism that they morph into something that supports MLTSS, so there'll be 2 new waivers that do that.

Hannah asked if there were any questions or comments. Carolyn Jackson said she had a question, and she is not sure if this a Medicaid or Medicare question. She has had some individuals who are in a substance abuse recovery facility and these individuals are basically in need of life skills, basic how to pay bills, how to take care of yourself, make doctor's appointments, etc. She is wondering if Medicare or Medicaid have a program where these individuals could get help, where would it fall under for these individuals to get help. They have completed a substance abuse program and they're put in a facility to try to live and make it on their own and without those skills they are kind of being put up for failure. Sarah said she would follow up with her on that question, but she can speak to a few things the Division of Aging does not do but could provide some information in response to her question. Yes, there are waivers that provide skill support and education, the Division of Aging would not necessarily be able to provide that if the individual cannot qualify for one of their waivers. But it sounds like the individual maybe eligible for Medicaid and maybe eligible for a waiver within the agency and therefore these types

of supports could be provided. Sarah said she would defer to Dr. Counsell for insight into Medicare on this topic.

Dr. Counsell said that's another area where Medicare isn't so strong on covering behavior health, mental health, or substance abuse. Medicare doesn't cover many long term services and supports that are needed for support of people with chronic functional or illness. So that is where Medicaid comes in for those who have both Medicare and Medicaid. Medicaid comes in as the second payer for things that Medicare doesn't cover. If the person is 60 or older and they have full Medicaid they will be a part of these new plans. If they are under 60 they're continue to be able to access current Medicaid covered services, they will compliment what is provided under Medicare. Carolyn Jackson said the enrollment of new members into the MLTSS and the transition of existing members over to the new MLTSS are you handling it the same and when will all of this occur. Sarah said the enrollment service vendor will be the entity that helps new members who are new to the managed LTSS environment enroll in that process. That scope of work will go out to bid and there will need to be an environment staged and ready for intake before managed LTSS kicks off in quarter one of 2024.

JoAnn said she had a question for CHOICE, this will refer to the area agencies on aging for people on CHOICE. They have a care manager from the Triple A overseeing their services that are funded by CHOICE right now, if their condition deteriorates and they need more care and if their financial situation changes, they have a care manager at the Triple A then it will be the care manager at the Triple A who will connect them with the enrolment manager, is that how it works. What happens with her CHOICE people? Sarah said that is how it works, there would be a warm handoff the CHOICE participant going over to the enrollment service vendor. Erin said they have a large number of people who have Medicaid but they don't meet the 3 ADLs or skilled needs so they don't functionally qualify for the waiver, so that would be another handoff if their physical needs increase and their functional status declines then they will move from CHOICE to the new MLTSS. JoAnn said so the warm handoff would mean all the information transfers seamlessly without the person having to go through a hundred layers. Sarah said something gets to transfer, transferring all data elements may not be necessary. Jim said is it likely the providers are going to be very similar to what the Triple A's use? That would be a problem with the transfer if suddenly you have a new care provider. Sarah said that is a part of the RFP response, so better understanding providers that providers will be lined up under each MCE, that is also part of readiness review.

Hannah said thank you Sarah and look forward to learning more as they move along. They will miss her but they look forward to working with Leslie and Lauren as they on board with them with the CHOICE Board, thank you for your hard work. Rep. Clere said he wanted to add to that he hates that she is leaving her departure is as significant loss not only to the Division and FSSA but to the state government and to Hoosiers you've been an incredible director. Carolyn said she would like to invite Sarah to join the CHOICE Board. Sarah said let her find out if she is conflicted.

I-4A Update: Kristen LaEace said she did not have an educational packet for them but will forward one next week most likely. She has been traveling for most of the two weeks related to various conferences, but she does have an update. What's going at the federal level two major things happening related to older adult issues, one is kind of the ongoing regular appropriation cycle. She said they will recall that Older Americans Act got a really tiny increase last year and so they want to keep advocacy up around the Older Americans Act especially now that the American Rescue funds are being spent and are running

out and they want to be sure that they can backfill that demand with increased Older Americans Act appropriations. It is likely that a budget will not be passed before the end of the fiscal year given the elections coming up, so they can expect to be on a continuing resolution through the beginning of January 2023.

The other thing that could potentially impact older adults and people with disabilities is the most recent effort of the White House to get something of their agenda through. You'll remember the Build Back Better plan that tanked so now they have put together a package which affectionately been called Build Back Manchin in reference to Joe Manchin that has been a linchpin in a lot of these negotiations. There were 4 elements 2 of which are off the table now. One that apparently a deal has been completed has to deal with regulation of pharmacy, pharmaceutical drug pricing. She doesn't know the details on that but hopefully that will be moving forward in congress at some point. The 2 items that Manchin has put the kibosh on have to do with tax reform, which would have increased tax rates on businesses and wealthy individuals with funding going to fix Medicare solvency so there is not a fix at the moment because of that. And then in addition there was a package related to climate and planetary sustainability and that got nixed as well. The other thing the extension of the Affordable Care Act tax credits that help make Affordable Care Act programs or insurance purchased through the Affordable Care Act affordable, those are expiring, and they want to make those are permanent. It's still out there but she doesn't know if it is still in play.

Kristen said at the state level they've heard discussion on managed long term services and supports trying to encapsulate some of the perspective of the area agencies on aging they have shared with them in white papers previously that they were interested in being able to participate in all parts other than enrollment broker services. A front end intake service coordination and then direct service provision on the back end and they've been very pleased to see that the design that the state has put out does provide opportunity for that, so it's up to the Triple A's to figure out how to go after that business. There was a question from Sen. Breaux about who's in play with the managed care entities, so pretty much anybody who has as D-SNP plan right now is going to be eligible for bid and I-4A and the Triple A's have been in conversation with any of the potential bidders. These include the existing Medicaid managed care providers and HIP, Hoosier Healthwise and Hoosier Care Connect, they also include Melina, Aetna, Humana and the Commonwealth Care Alliance. They currently are not Medicaid providers in Indiana or Medicaid managed care entities, but they are interested in potentially submitting bids and have been having conversations with them.

The other thing that is happening at the state right now is that they're going into a special session next week. There are 4 bills that they are aware of that have been filed and she wanted to review those and let them know where their interests lie. The first bill has to do with the restrictions on abortion, that won't be anything the area agencies on aging weigh in on. There is a companion bill that provides additional family related supports to the tune of about $45 million, they will be keeping an eye out on that bill. There is also a bill that addresses consumer relief from inflation, it includes iterations like including a tax refund or a suspension on the gas tax things like that. The form that its taking in this bill would be a suspension of the sales tax on consumer energy purchases so there would be a temporary suspension in that regard. They will be keeping an eye out for how to ensure that older adults and persons with disabilities have equitable access to the benefits. Finally there is a vehicle bill out there which doesn't have anything in it to her knowledge, but they will keep an eye on it as well.

This is about the time of year that the Triple A's start their own legislative public policy agenda process. They will be looking at the ability for their legislature to stop taking CHOICE money from Medicaid waiver especially given the surplus in the state. They will be making sure that's part of their discussion and circle back once they have a formal policy, that's everything at the state level. From the Triple A perspective they had the biggest contingent of Indiana Triple A's staff ever at the National US Aging Conference, which happened in Austin about 2 week ago. This is the national conference of area agencies on aging across the country and it was really exciting because this was the largest contingent in her tenure of 12 years, and it was incredible. It was jam packed with a lot of good stuff for Triple A's and lots of areas very programmatically focused but also strategy focused, and business development focused related to Triple A's. There were 2 things that she wanted to draw to their attention, one is that is a large and growing emphasis on housing issues and the housing crisis that is being faced nationally by older adults. They learned that the fastest growing age cohort of homeless persons is aged 50 and above and who may have never had to engage in public support systems before are ending up homeless and it's a real shock for persons who have never had to engage in those networks before. I-4A was fortunate enough to receive a grant from Humana to help support some effort toward housing specialists and Options counseling. They now have money to develop training courses for Options Counselors to help educate them better on finding good housing choices for people in the community, working with landlords, how you support tenancy, how to help consumers navigate housing benefit programs. Another scope of the work includes doing policy related work, how are we pulling together IHCDA and FSSA, supportive housing providers, community development corporations, etc. around increasing the number of units and the ability of people to afford them and the ability of people to have successful tenancy. The final piece of this which is actually going to be funded by the state includes a housing needs assessment for older adults and people with disabilities. The contractor for all of this is the Corporation for Supportive Housing which has a national corporation and traditionally focuses on homeless folks and homeless prevention, as well as transitional and long term supportive housing.

One other piece that came out of the US Aging Conference that she will be passing along in their packets are updates to an initiative called Reframing Aging and this is from the Frameworks Institute. They help people talk in new ways about the issues that are near and dear to them and talk about them in a way that really engages people and not automatically cause peoples eyes to glaze over or turn them off. The last update that she wants to provide is thanks to the Anthem Foundation has a grant making cycle called food in medicine. Last fall they were invited to apply for a program to help older adults and people with disabilities in Indiana. They submitted an application that would increase the delivery of fresh fruit and produce to congregate, and home delivered meal consumers and they are also including program evaluation from the IU Center for Aging Research which will try to help them demonstrate does this supplement have any effect on health outcomes, weight, and blood pressure. They had proposed to serve 5,000 people for approximately 4 and a half million dollars, they got the money to use over 3 years, but inflation has affected food distribution and access costs. They are going to be working with the Anthem Foundation to revise the number of persons served and looking realistically at what the costs might be. Kristen said we're running over time but does anyone have any questions.

Rep. Clere said we really don't know how CHOICE is going to fit into the new MLTSS environment. Kristen said she thinks they do in some sense unless somebody devolves into Medicaid eligibility its not going to be affected, its going to exist separately from MLTSS in the same way it can exist separately from Medicaid now. Rep. Clere said she mentioned part of her legislative agenda to ask to use all the

appropriations for CHOICE rather than for waiver match, but wouldn't it be more realistic to look at increasing the portion of CHOICE appropriation that's actually used for CHOICE to reflect inflation. Kristen said that could definitely be one of the rationales there are a lot of rationales, like we've got this $18 million that goes to Medicaid match we think Medicaid should take care of that and put it in their Medicaid forecast. Then let them use the money coming back into CHOICE to deal with inflationary pressures and also deal with the waiting lists. Rep. Clere said there are a number of ways to look at this and he doesn't want to belabor the point he just thinks saying that all CHOICE appropriations should be used for CHOICE is an over simplistic approach to the problem. From a policy standpoint first trying to get the legislature to separate the amounts so that going forward they can look at how much the legislature is appropriating for waiver match and separately how much is being appropriated for CHOICE and let the CHOICE amount stand on its own. He thinks it needs to be a discussion separate from the Medicaid discussion and they still don't know how the implementation of managed care will impact CHOICE. He thinks discussion needs to be policy driven and would like to have a discussion about how CHOICE can be expanded.

JoAnn said one clarifying question the 2 year piece could she clarify that. Kristen said the requirement in the RFP is for that delegation of service coordination is required for 2 years. After that what happens remains to be seen, so perhaps its going gangbusters and that requirement will stand. Perhaps its not working and they may need to look at some other kinds of arrangements, but so far there's a 2 year shot at it and assuming all is going well they would anticipate they wouldn't be thrown overboard by the managed care entities if they're doing a great job and contributing to their return on their own investment. JoAnn said that 2 year requirement is for 50% of the service coordination to go to Triple A's for 2 years. Kristen said or for independent care management entities, yes.

Hanna said great conversation and thank you Kristen for all your work and called for a motion to adjourn. Andy said before they adjourn he wanted to thank Jim for being chair and can someone send out the names of the new leadership. Dr. Counsell said he did want to make a comment in their work with the Medicare plans currently those dual special needs plans and consistent with the long term services and supports reform they are generating hundreds if new referrals to the area agencies on aging across the state, upwards to almost a hundred a week already so about 5,000 or more. So he would see the CHOICE waiting list only increasing unless something is done to provide more options.

The motion was made and seconded the meeting was adjourned.