CHOICE MEETING MINUTES

March 17, 2022

402 W. Washington St. - Conference Room 4 & 5

3:00 p.m. – 4:30 p.m.

Call to Order: Jim Leich called the meeting to order. Jim called for a motion to approve the January minutes, Hanna Carlock made the motion to approve the minutes seconded by Laurie Mullet and the minutes were approved as submitted.

Members Present: Jim Leich, Laurie Mullet, Rep. Ed Clere, Sarah Renner, Rep. Carolyn Jackson, Andy Weidekamp, Hanna Carlock

Division of Aging Update: Erin Wright said she was going to talk about the results of CASOA which is the Community Assessment Survey for Older Adults. At the last couple of meetings she mentioned that statewide they were working in conjunction with the area agencies to conduct this needs assessment and they received the results at the end of January. CASOA is a statistically valid survey of the strengths and weaknesses of older adults as reported by older adults themselves. It is administered by the research firm Polco in conjunction with its national research center and this is the 3rd time that Indiana has conducted CASOA. The first was in 2013 and then again in 2017 and really the objectives as they are listed on the slide is to articulate the specific needs of older adults in the community, to estimate contributions made by older adults in the community, and to develop estimates and projections of resident need. In addition to meeting the federal Older Americans Act requirement for conducting a statewide needs assessment CASOA helps to serve multiple goals. It allows for informed decision making, they can use it for planning resource allocation, advocacy, community engagement, policy development. This fall over 85,000 surveys were mailed to a random sample of older adult headed households. In addition, there was an online option both for those that received the mailed survey, they could complete it online and then there was also an open participation survey through the research firm Polco it has an online platform. The results and the data was statistically weighted to reflect Indiana's older population, in total there were 7,845 surveys, returned a little over 7,000 of them came from the mailed survey and about 780 were just from recruiting people for the open participation which was about an 8.52% response rate.

The Division administered CASOA statewide in partnership with the area agencies. Their state fiscal 2022 grants included SSBG state funds to support the survey in their local areas and some of the Triple A's opted to put additional funding to the surveys to get more data for specific communities or counties. A high level picture of the respondents about 55% of them were female, all of them were over age 60, 28% were 60 to 64, about 42% were in the 65 to 74 range and almost 30% were age 75 and older. Over half 60% had lived in their community for over 20 years, 9`% were non-Hispanic white, 35% of them had

household incomes of less than $25,000. Forty-three percent of the respondents lived alone and 18% were still working full-time with 71% fully retired.

CASOA was conducted in 2013 and 2017 and the various components of the survey have been conducted nationwide and this depicts all the different communities, there are 500 of them across the country representing 500 million residents. In addition to being able to look at Indiana's trends over time there were also able to see how they were doing in comparison to other communities across the country, the full CASOA report goes into a lot of detail.   The survey was divided into domains of community livability, there were 6 different dimensions or domains assessed in addition to just an overall community quality and they are also listed. Each of the sections of the survey discusses older adults ratings of the community, participation in activities and potential problems faced by older adults related to each of those different domains. The slides contain a lot of statistics reflective of only a sampling of the questions and she tried to pull out data that she thought was relevant to CHOICE and the work that they do in long term services and supports. The community quality explores how older residents review the community overall as a place to live and retire as well as how likely residents are to recommend and stay in the community.   About 8 in 10 older Hoosier rated their overall quality of life as excellent or good, most of the older residents surveyed scored their communities positively and older residents did give lower scores to their communities as places to retire than they did the overall quality of life.   So only about two-thirds provided assessments of excellent or good in relation to retirement. Rep. Clere asked for the distinction between those two things. Erin said she'll have to look at the actual details of what the questions were but in remembering it was about 80% were yes I like my community and only about two-thirds would recommend retiring there. And as they go through they'll look at some of the areas there were in need of improvement related to transportation and mixed use neighborhoods, availability of services. Erin said 82% of them would like to remain in their community throughout retirement, which corresponds to what they know about people wanting to age at home, age in place, stay in the home and in the community. The results were trending similarly to what Indiana responded in 2013 and 2017.

The first domain of community livability is community design it looked at smart land use, zoning to ensure affordable housing is accessible to all and providing mobility options to support residents aging in place. About half of the respondents rated the overall quality of transportation as excellent or good but trying to walk places was more challenging. When looking at aspects of housing affordability and variety of housing and community features there were lower scores given by the older adults compared to some of the other areas of the survey. Only 38% of the respondents gave a positive score to the availability of affordable quality housing and about 30% gave excellent or good ratings to the availability of those mixed use neighborhoods. Similarly 47% of older residents reported experiencing some kind of housing need and about a quarter reported mobility needs and 30% of the respondents rated the availability of accessible housing as positive.

Erin said in the survey 59% reported at least a minor problem maintaining their home similarly 51% had issues maintaining their yards and these especially maintaining their home which was a downward trend compared to 2017, but comparable to the national benchmarks. Rep. Jackson asked what mobility needs, is that individual personal the ability to physically move or is that transportation. Erin said transportation but also the ease of getting around the living environment and community environment

but since this survey encompasses all aspects it is self-reported so there's some interpretation for whoever's answering the question of how they view mobility.

For the CASOA survey domain they looked at employment opportunities and challenges along with reported financial challenges and costs of living. Fifty-nine percent positively reported on the overall economic health and community, almost half reported problems having enough money to meet daily expenses which is a decrease from 2017. They reported increased problems building skills for paid or unpaid work and also finding work compared to 2017. The 4th domain relates to equity and inclusion and this section looked at respondents sense of community including not only a sense of membership and belonging but also the feelings of equity and trust in other members of the community. There was an increase in the number of respondents reporting an excellent or good sense of community, 59% in 2021 compared to 46% in 2017. However only 45% reported positively that older residents were valued in the community, 49% reported excellent or good for the community's openness and acceptance of older adults with diverse backgrounds and 20% reported at least a minor problem being treated fairly or discriminated against because of age. Finally, as the graph shows about 42% reported feeling isolated or lonely and it was either a minor, moderate or major problem, which was a statistically significant increase compared to 2013 and 2017. But those numbers are comparable to other communities across the nation, this was not surprising and really reflects nationwide trends.

The health and wellness domain looked at safety, physical health, mental health, health care and independent living. The majority of the respondents held positive perceptions of their overall physical and mental health and well-being, about 60% responded positively regarding the availability of preventative health services whether that is health screenings, flu shots, or educational workshops. However, respondents reported increased problems getting to oral health care, vision care and health care compared to 2017. These were statistically significant change compared to 2017 but again on trend with the national benchmarks. Respondents reported problems in several areas, falling or injuring self in home was 36%, about 21% reported at least a minor problem having enough food to eat. Almost half reported problems of feeling depressed and about a quarter reported been a victim of a fraud or a scam and these were also comparable to the national benchmarks, but almost 71% positively responded to an overall feeling of safety in their community, which was one of the few things that trended upward from 2017.

The Information and assistance in the survey looked specifically at the quality of older adults services and the information available regarding older adult services as well as financial and legal services. About 56% felt that they were somewhat or very informed about services and activities related to older adults in the community, which is comparable to prior years. Seventy-four percent reported a minor problem knowing what services are available and only 26% reported the availability of information as excellent or good. This is less favorable than Indiana's 2017 results but is similar to national benchmarks. Similarly about half reported a minor problem having adequate information or support dealing with public programs such as social security, Medicare, Medicaid, while this is trending downward this is not a statistically significant difference compared to the national benchmarks. About 36% reported good financial planning services and 44% gave good or excellent ratings to the overall services provided o older adults.

The last domain has to do with productive activities, and this looks specifically at civic engagement, social engagement, and caregiving. Respondents reported fewer opportunities to volunteer or to participate in community matters compared to 2017. Around half reported at least a minor problem feeling bored, reporting fewer opportunities for recreation, social events or religious or spiritual activities and 14% reported using a senior center in the last 12 months which is comparable to 2017. Rep. Clere asked is senior center defined or how is it defined. Erin said it is not defined it's just have you visited a senior center. Almost three quarters of respondents reported being caregivers for either children, adults, or older adults. The average hours of care provided each week was between 9 and 11 hours, about a quarter felt burdened by their caregiving either physically, emotionally, or financially and this is comparable to the national benchmark and is trending similarly to their past results. Jim asked if caregiving include babysitting. Erin said it could. Rep. Clere said the 74% is it broken down elsewhere by children, adults, older adults, spouse, companion. Erin said she thinks so, but she will double check into that and clarify. Rep. Clere said he thinks it is an important distinction to know the type of care that's being provided and the burden that it places on the individual.

Erin said another aspect that was looked at related to productivity is the contribution that older adults make through employment, volunteerism, and caregiving. In Indiana the value of paid and unpaid contributions total around 18.6 billion for 2021 which is slightly less total compared to 2017. None of the areas did Indiana report above the nation compared to the national benchmark. In 4 areas they were below the national benchmarks, and this was opportunities for recreation, fitness opportunities, having public places where people want to spend time and then overall quality of transportation. Erin said she is not sure if the national benchmark is based the same time period for the survey or the benchmark from the prior year of the survey, but she will check and confirm as she is not remembering. Related to Indiana specifically there were 3 areas that were trending more favorably upwards since 2017 and a number that declined from 2017. But reviewing the list of areas that declined a lot of them have to do with opportunities for being around people and engaging but considering what the world has been like for the last 2 years this is not surprising.

Erin said the slide shows a high-level summary which she will send out the power point and the full survey results. The slide shows the needs of some of the areas that she has already touched on but throughout the survey combining it all together there were more than 40 challenges commonly faced by older adults that were assessed and they were grouped into 17 larger categories. The largest challenges in Indiana related to housing, physical health, and information about available services. At least 40% of the respondents reported at least one item somewhere was a problem in the prior 12 months. When you are looking at the results by the different subpopulations those with the higher proportions and challenges and increased needs for intervention tended to live in the lower income household, they were renters and they lived alone. Seniors at higher risk also tended to people of color, older residents, those 75+ reported greater needs than their counterparts related to housing, mobility and independent living but shared fewer challenges in the areas of finances and healthcare. This is similar to the community comparison this summary of where we are related to the benchmarks and Indiana has 2 areas of higher need compared to the national benchmarks and that was related to building skills for paid or unpaid work and also home maintenance. An area where Indiana improved since 2017 was feeling like their voice was heard in the community and there was a longer list of areas that reported more need from 2017.

Erin asked what Indiana is going to do with all of this information and data. They have completed their first draft of the state plan on aging and once it goes through all of the internal approvals, they will be posting it and holding public feedback sessions to plan out their next 4 years starting in October 2022. Erin said they could discuss a little bit and see if there were any findings that were surprising to them, and she will also post the CASOA results on their website. Rep. Jackson said she had a question or comment. She liked the survey however she is concerned as to whether or not they look at them according to certain areas in the state such as central Indiana as opposed to southern Indiana as opposed to northwest Indiana. The reason that she is asking is because it has been brought to her attention that there are quite a few seniors who have had severe difficulties getting in and out of their homes when there is increment weather and when there's snowstorms and things like that. And other things like assistance with getting grass cut whereas maybe in the southern part of Indiana or another poor part of Indiana where you don't get hit with snowstorms and things like they do up here in the area where she is located, that may not be such a problem with obtaining resources in order to have those things taken care of or assistance provided for the elderly has that ever been considered. Erin said this was the statewide report each of the 15 area agencies on aging in the 16 different planning and service areas also received a report for their specific area and some of the Triple A's have down to the level of detail of county or city, so they do have this information and can look at regional needs and differences. Rep. Jackson said thank you, but it appears as though it may have not been done, meaning that they have not looked at it because she got an influx of calls from seniors who had doctor's appointments and just many different situations where the snow was the issue with them getting in and out as well as the caregivers who come to their homes not being able to get in and out. She just wants to be able to correctly steer them so that they could get those issues taken care of. Sarah said she could link this comment to something in the state plan since she has had a preview of it already. This seasonal issue could also be considered an emergency and one of the things that they just haven't quite gotten off the ground is emphasis on emergency planning which is in preparedness which is again a part of their state plan so hopefully they will have time and effort to move in that direction because weather should be a part of one's emergency planning.

Rep. Clere said she talked about home modifications which he thinks is a great example because whenever they have these discussions, and he appreciates all the information and her bringing out the home modification issue because he thinks it is a great example. He finds if frustrating that we still have such a high percentage of the population that isn't connecting with resources that are available. He thinks it's one of their greatest ongoing challenges, they've talked about how uneven awareness is when it comes to waiver and CHOICE there are people who would be able to stay in their home, but they don't find out or at least find out timely about the availability of the programs. He loves that she pointed to home modification because he thinks that's one of the easy ones, but we're still not doing it enough. How do we translate this and other survey research and data that we have into more empowerment for the Triple A's and more expectations for the Triple A's and others to make sure folks are connecting with what's available. Triple A's have a central role to play but obviously we have opportunities with hospitals, physicals, other providers, and community organizations. He thinks we had a lot of discussions about the Triple A's in this past session and one of things that he always comes back to is that the Triple A's are so well positioned in terms of community, knowledge, and connections he doesn't know what he is asking but when you asked about light bulbs. Every time we see this sort of

information it just reinforces the need to find more ways to connect people so would you like to comment on that. Erin said it was interesting when we met with CASOA the research firm that did the survey with the Triple A's and this very issue came up and they said when they've had this conversation in other communities around the nation the results are the same people just don't know about older adult services until they're in crisis mode. It's just a nationwide trend and hopefully and actually we've included some language and the state plan to try to focus some efforts and resources. She knows there have been various attempts over the last 5 or 6 years with the InConnect Alliance branding and she thinks there's some opportunity especially with 211 coming under FSSA and LTSS reform she thinks they're in a position especially thinking about the aging network to take a step back and look at messaging and how we can find that magic wand moment to make that light bulb click before people are in crisis mode. Rep. Clere said you probably don't want to get into a discussion of LTSS reform but in discussions that they've had, and Sarah was in at least one of these discussions with him where he talked about some of his concerns about LTSS changes specifically the move toward managed care. But within the opportunity for the Triple A's to do more on prevention specifically with the CHOICE program and one thing that he has pushed this body on over the years is doing more legislative advocacy and he thinks if that's something that others agree with then they need to be talking about that as they move into the 2023 budget cycle. Because you guys are going to have to give your budget recommendations and requests to the budget agency probably in 3 or 4 months. He doesn't want to take them away from her presentation, but he just wants to underscore that point and underscore it that if they're going to have a really meaningful discussion about positioning the CHOICE program to do more prevention that's going to require more funding. They haven't increased CHOICE funding and he doesn't know what the capacity would be with the existing funding to do a lot more in terms of prevention. He thinks its an important discussion that they should be having so would either of them like to comment on that.

Sarah said one thing they've talked about and she did look at the data recently however she doesn't have it with her now. They have talked about the fact that when you look at services and care management provided on CHOICE there are lots of participants who are waiting on Medicaid and who are the age of the MLTSS population. The vast majority of folks are waiting in line getting stuff on CHOICE before they go onto waiver, this population because they've aged earlier to 60 hopefully will find themselves enrolled in an environment where there's integration and coordination that's needed but removes them from the line of CHOICE. It will allow them to think about spending dollars on folks who might not yet be ready for waiver the purpose of CHOICE, so immediately they should see their ability to serve more folks possibly with fewer ADLs, and possibly younger. Hopefully it will allow them over the next couple of years to introduce a couple of new services like CAPABLE to see if they are doing prevention stuff better. They hope before the budget cycle begins to be at a point with their data where they can show the length of time a person lives with one ADL, zero ADLs, two ADLS so that they can talk little bit more about this prevention concept. So she does think there's an opportunity to almost immediately go back to the purpose of prevention and fewer ADLs with the CHOICE program. Jim said is that because the eligibility system will be quicker under the new reform. Sarah said as we anticipate being able to keep the expedited eligibility process in place and because folks will think about MLTSS earlier. Originally we could have thought about the age cut off of 65 but they've backed it to 60, so folks who would have been at the 3 ADLs qualification point can be rolled into an environment a little faster through expedited but also receive that coordination around services that doesn't exist today, the medical health plus social health. So they don't progress maybe with needing more functionality

support. Rep. Clere said you are talking about folks who become a part of the managed care system, we are still going to have a lot of folks who fall outside of that system. Sarah said yes, we are talking about the managed care system, we think that the environment people will as they talk about MLTSS whereas managed care entities market, folks who maybe never knew about the waiver or maybe they don't know about Medicaid they would become aware. So you will have this whole population that has just never known about us or maybe they never got through the phone call system and they will be able to serve them because they'll hear about them maybe in a different way. So she does think the population is going in increases because of awareness but hopefully folks who need, who are eligible for MLTSS can sort of move to that spot which frees up volume and CHOICE. Rep. Clere said hopefully there are still questions about what services are going to be provided through CHOICE and how they will be reimbursed. One of things he would go back to Erin in her presentation was the discussion of isolation, he thinks that's something that the Triple A's could do a lot more with that probably does not fall very well into managed care. There are pieces of it that might but going back to the idea that Triple A's have community knowledge and expertise and connections he's not sure anybody is ever going to be as well positioned as a good Triple A to connect seniors and others with resources in the community that can reduce isolation. He thinks there's so much the Triple A's can do if we were to give more of a mandate and more support and tools and flexibility and all the components that are necessary to go after things like isolation, home modifications other thinks that he thinks are probably pretty low hanging fruit that also didn't fall neatly within managed care.

Dr. Counsel said thank Ed for continuing to bring that up and really focus on the opportunity that they have with the area agencies on aging in connection people with community resources and supports and very consistent with Sarah's comments about MLTSS. But something that they're working on now is this work with the Medicare health plans, they have an opportunity over the last year or so that they're working with Medicare dual special needs plans so dually eligible people with both Medicare and Medicaid can sign for one of these plans that is specifically oriented around the needs of low income seniors and those with disabilities. Forty-five percent of the dual eligible in Indiana are signed up for SNIP or a Medicare advantage plan and this includes many of the waiver participants. There are 90,000 duals currently signed up in one of the DSNIPS these dual special needs plans and 80,000 of them are not in the waiver 10,000 are and that's where their work has been initially. Now they are currently working on those other 80,000 who have strong predictors of needing help in the community if they have one ADL dependency, if they have a diagnosis of dementia or if they have a short term Medicare skilled nursing facility admission. They are having the health plans make a proactive referral to the local area agency on aging for those members what would like more information around local community services that might be available to them including CHOICE and home modification and other services around meals and transportation and things that might help them remain in the community. To really grow this awareness not only of what services are available but awareness on the health plans as to the resources of the Triple A's as to how this can help and Area 14 is a very strong contributor to this effort and helping them to move these efforts forward. Erin asked if there were any other comments and turned it over to Darcy.

DA Update: Darcy Towers said she works in the Division of Aging she oversees the Aged and Disabled Waiver and Traumatic Brain Injury Waiver, the providers and most recently the care managers who render services. They are in the process of adding a service called Goal Engagement to the Aged and

Disabled Waiver. This service was developed in conversations that they've had with providers and care managers and consumers and also caregivers. About a year ago the Division attended a lunch and learn with John Hopkins to learn more about CAPABLE it an acronym and it stands for community aging in place advancing better living. It is an evidence based program, it is person directed and it addresses both function ability and health care cost related to functional impairments. The program lasts about 4 to 5 months, and it integrates a team of occupational therapists, a nurse and a handy worker and they are working together alongside the participant to set goals and develop an action plan with the purpose to change behaviors to improve health and independence. During the course of this program the participant will be learning new skills, they'll be doing exercises and learn to become masters at the equipment and the home modifications in order to improve function which also improves the quality of life. They worked with John Hopkins but they also worked with Massachusetts a division of aging because they had also just implemented CAPABLE in their waiver and had some lessons learned so they were really fortunate to get their understanding from the program. The Indiana Division of Aging they did sort of keep the roots of CAPABLE in their program, but they renamed it Goal Engagement.

Darcy said she would like to talk about the benefits of implementing small environmental changes for participants and how those really have a big impact. She wants to look at the current services they have available now to address home adaptations and then she'll take a little bit of a look into the Goal Engagement service and how that is different.

Darcy gave a great example of how small environmental changes create a big impact on a person enjoying being at home. The individual is a retired music teacher she loves to play the piano, but her arthritis caused her to much pain, and she was able through the CAPABLE program to obtain supportive compression gloves, a back brace and better lighting to improve her function to play the piano which she identified is the thing that gives her the most joy. What the Division really observed about the impact of small environmental changes is that supporting the health of older adults really is less about managing specific chronic conditions and more about promoting and improving functional capacity. For individuals on CHOICE and on the waiver their independence and health is often compromised by illnesses like stroke and heart disease and arthritis and diabetes. The inability of folks to successfully manage everyday functions like bathing, dressing and doing their medications, etc. increases the likelihood of their admission into a nursing home. But it also threatens their independence, it strains family, care partners and it dramatically increases healthcare costs, so the premise of the CAPABLE program is rooted in resilience theory. Which tells us that people at any age are resilient and they're surrounded by many overlapping resilient systems, so when small environmental changes are implemented that engages that person's mind, body, and spirit. They see a decrease in disability and an improvement in physical function and self-care skills and enables them to not just live at home but to thrive.

The waiver currently addresses adaptations in the home in three different services, through home modifications, the waiver supports an independent assessor reviewing the participants home and creating a specification for the work that needs to be done. Then a contractor is hired to perform the specifications and they also support participants through different types of equipment to manage medical conditions. But often what they see in the current services are that they exist in silos, today they're thinking about home adaptations in terms of what the physical structure of the home needs.

But these services today aren't really promoting how a person navigates within their environment and these services don't combine to that integrated team of the OT and the nurse and the handy worker.

Darcy said in order to start to shift and break down the functional barriers among service providers and to think about how people navigate within their communities and also how equipment empowers independence, these are the reasons they implemented Goal Engagement. Goal Engagement is a 4 to 5 month program with a $3,000 budget per person per year and that pays for an OT, it pays for a nurse and a handy man, and it also pays for any equipment that wouldn't be covered through state plan or through the waiver. The team will receive training through John Hopkins, and they will help the team use skills like motivational interviewing, active listening, coaching to understand how a successful life is defined by the participants. In this program the participant is the driver they decide on their functional goals. The goal of the Goal Engagement service is that a change in the physical environment will stimulate a change in the individual's motivation. A walk through the program components of Goal Engagement and the roles that each member plays during the 4 to 5 month implementation. The most important person in the program is the participant and during the program that person is doing a self-assessment. They are setting their own goals and they are determining their own priorities and they are also an active member of the team that is looking at options and solutions to help them meet their goals. During the 4 to 5 month program they will be making progress on practicing skills with the new equipment and the new modification. Then they have the occupational therapist who will make up to 6 visits and will be conducting a functional and mobility assessment, they'll identify some home risks as well as the needed type of modification and equipment. They do a fall prevention and equipment guidance and develop a action plan along with the team, participant, and nurse. The nurse makes up to 4 visits and that person takes a health history, reviewing current health care providers, identifying any key health issues or risks, reviewing pain issues and medications. The handy worker joins the team in the first month and that person receives a work order for the home modification and the household items. They are consistently conferring with the participant and the occupational therapist during the entire 4 or 5 months, they're obtaining supplies and installing the improvements to the home. That usually takes about 1 day of work in the participant's home and the average cost for all the home improvements and supplies is about $1,300 per participant.

Darcy said she wanted to walk them through what this looks like in real time with a real participant. Mrs. R is a 76 year old retired music teacher who lives in her own home and has always been active until recently because of her advanced arthritis, a tremor in her hand and she has lung disease. She's having a tough time doing her activities of daily living and she's not socializing as much. When she tries to do activities she finds herself pretty exhausted, having a hard time breathing and she's in a lot of pain. She shared her challenges with her occupational therapist and nurse and together with the handy worker they developed goals with Mrs. R and then they came up with solutions to help her meet her goals. Her first goal was to prepare food without shortness of breath and so her handy worker lowered the cabinets so she could reach items that she needs with less energy. The handy worker also installed an above stove mirror so that she is able to see the food that she's preparing while she is seated. She also obtained a reacher that gave her better control to pick up items. Her second goal is to be in less pain when she plays the piano, the handy worker added an extended chain to her light and switched the bulb to an LED so she could see the music better and then she had her arthritis compression gloves and back brace. So the handy worker was able to build a higher bench to support her back and her final goal was

to bathe with less effort. The handy worker smoothed out the bathroom entry threshold so she could more easily push her rolling walker into the bathroom and then the shower doors and frame were removed, and a shower curtain rod was installed so that she could get into and out of the shower with more ease. Through the program she was able to purchase a new tub bench which allowed her to have more movement safely within her shower. That is Goal Engagement which they hope will be approved by CMS and replicated within non-waiver funding. She asked if there were any questions. Jim asked if this was something that's happening in other states. Darcy said yes Massachusetts and she thinks 13 other states. Rep. Clere said there's a waiver amendment in now and this has to be approved under a waiver but would become a CHOICE service. Darcy said it can be, its today that the Triple A's can use this service if they would like and asked Erin to correct her if she is incorrect. Erin said yes it's there for them the caveat is that they have to have an established CAPABLE program in Indiana which involves having providers go through certain training, there's licensing through John Hopkins and they've added it to the manual last year for CHOICE, they just haven't had any providers go through the certification process. Rep. Clere asked who drives it the providers or the Triple A's or both. Erin said both, they actually were working to pilot it with some APS funding, but she can't speak to the current status. Darcy said they have a home health agency who can do the nurse and the OT, and they have one handy worker provider willing to do it. They've accumulated one team so far to go through the training/ certification process.

Erin said there were 2 CHOICE updates that she wanted to go over very quickly. She wanted to give an update on the current waitlist, they are at 2,200 which is 4% lower than they were in January, and they are in the process of amending the 22 CHOICE agreements to move some money around and add some money in hopes of ending the year with zero, and those amendments should be going out in the near future.

I-4A Update: Kristen LaEace said before she starts her report she learned it's someone's last day tomorrow. She asked Jesse to come on the screen and let everybody know his amazing news and so they can wish him well. Jesse said he has accepted a position with Ohio Medicaid, and he starts in April. Its been wonderful working with the Board and the Division and the Triple A's and he really appreciates it, and he has learned a lot. It's a great opportunity for him and his family thank you.

Kristen said they have their regular packets and Willie is out and will email it to them. She is going to talk them through what is in their education packet. She said in response to Rep. Clere's comments earlier, Sarah talked about systemic things that are happening to connect more people to area agencies on aging and to expand CHOICE. The real thing that she thinks they need to do this year in the legislature is too quit taking CHOICE money to pay for Medicaid. They have a huge budget surplus, and they also have a ton of ARPA relief that came into Medicaid and so next year there shouldn't be any reason why there's not enough Medicaid money that Medicaid can't pay its own freight for the Medicaid waivers. They will definitely be contacting the legislators on the CHOICE Board to see what kind of movement they can get related to legislation that would prevent that from happening in the future.

She wanted to highlight that this month is national nutrition awareness month, and it is the 50th anniversary of the senior nutrition programs in the Older Americans Act. Annually their nutrition directors in the Triple A's work with the state nutrition oversight who is currently Kristie Garner, and

they are able to get a governor's proclamation creating national nutrition week this March. So the governor has proclaimed it and the nutrition directors have put together special programs at the congregate meal sites across the state.

In their packets they just finished up the General Assembly and they have included shortened version of the report that their lobbyist prepares for them related to outcomes of the General Assembly. She knows there are some legislators on the call that have lived through all of this, and she wants to thank them for all the work they've done. The packet will include the Indiana Association of Area Agencies on Aging on the kinds of issues that that advocated on and the status of those issues. They popped into meetings that you might not think they would pop into. This year she got to go in front of a natural resources committee who was assigned a bill on service animals, she got to go an educational committee because they were talking about guardianship issues and there was some language in one of those bills, so you will see that they're talking about issues in her report that you may think why they are talking about that. They are talking about it because either it directly affects older adults and people with disabilities, that it affects social determinants of health, or it affects healthcare in general.

There were a few highlights that she wanted to point out from the report it won't cover all the things that they talked about but just a few things to look for. There was a proposal to increase the senior housing property tax credit and what is happening because the housing market has gone so crazy is that persons who currently receive this credit whose incomes haven't changed are losing eligibility for the credit because of the value of their house has gone too high. The proposal she thinks was to increase the limit to double to about $400,000, by the time the session ended it did make it through but at an increased level of $240,000. As a reminder these people's income typically don't change, so it's not like when their housing values goes up they have a lot more money. Another issue that passed the requirement for home health workers to have required training hours annually on dementia and Alzheimer's. They were also pleased to see a bill that they weighted in on for the last several years has passed, it is a state affordable housing tax credit that piggybacks on the national low income housing tax credit and will hopefully expand incentives for the development of more affordable housing for older adults and people with disabilities.

Kristen said the big bill that they were working on and talking about in January was the bill related to managed long term services and supports and it was offered by the nursing facility association. It required FSSA to promulgate a couple of other models related to coordinated managed services, it introduced a lot of provider protections that their members were interested in. This bill went through a lot of different formats and a lot of effort was expended by all kinds of stakeholders. The Triple A's line on the bill was simply to ensure that anything in the bill would not impact or have a negative impact on the services that the Triple A's might offer in managed care, and they were successful in protecting those interests. Unfortunately, the bill did die in the House Ways and Means Committee. There was some language inserted into a conference committee report that delayed FSSA's ability to enter into a contract with a managed care entity until January of next year, so MLTSS is going forward.

Finally in her report you will see a lot of bills related to various kinds of health care inter-jurisdictional compacts. She thinks there was one in there on psychology, medical licensing and in addition there is a bill that allows the state as a whole to expand the number of nurses being educated every year, there was about 4 or 5 of those bills that all passed. She said she is going to stop there, are there any questions. Rep. Jackson said she thinks she's pretty much covered everything thank you.

She wanted to tell them about some major developments at the federal level that will affect our state. In the last week and a half or so Congress did pass an omnibus spending bill that included appropriations for the Older Americans Act. They had high hopes for the Older Americans Act this year because of the proposed White House and house versions and the senate versions, everybody was proposing more money for the Older Americans Act primarily because of covid and the important services that are provided through Older Americans Act and everybody is kind of realizing that now. There were increases that were approved but they were fairly minimal compared to what the original proposals were. Overall, the state will be seeing some more money coming into the various titles, it's going to be some additional clients will get served, and most likely they will be able to keep up with the cost of inflation but there aren't any kind of systemic earth-changing kinds of appropriations. In addition, they had talked about the build back better plan which included support for the home health care workforce and would eliminate the match requirement for the Older Americans Act the funding that came through ARPA. You will recall her saying that the budget agency won't release the ARPA money in Older Americans Act because of the match requirement, they were hopeful that that would move forward but that bill is dead. There is additional talk about some kind of smaller stimulus bill at address the inflationary costs people are facing, costs at the gas pump, costs in housing, etc., their advocates in DC will continue to push forward on some of those issues that they're concerned about the home health care workforce and that match issue. She said if you have the ability to talk to any of your federal legislators this really needs to get done before May and if it doesn't get done it probably won't happen.

There are also some fact sheets in the packet from the White House regarding initiatives that they have undertaken in the executive branch and the administration has also come out with a toolkit related to combating health misinformation. The federal poverty guidelines have been updated and there are a couple of resource guides and a toolkit on grand families and kinship care. The last piece that she wants to point out in the packet is an article from AARP and the AARP Public Policy Institute is seeking public input on how their long term services and supports state scorecard should be updated. It is something that is used nationally to take a look at how LTSS systems compare across states and Indiana has not faired-well. AARP wants to really create a meaningful scorecard that they know is reliable and is measuring all the right things. If you have an interest in that she would suggest that you reach out and provide comment to AARP. She said that was the end of her report.

There was a comment in the chat that she read; it is from Theresa Lorenz at Thrive Alliance they would like to thank the Division of Aging for working with the Triple A's to reallocate CHOICE funds. With the reallocated funds they will not only be able to eliminate an impending deficit they will also be able to remove all 22 individuals from their waiting list. Sen. Ed Charbonneau said when Kristen was going through the legislative stuff, he thinks the legislature this year did a good job of expanding the telehealth, that should be a big benefit to the folks who have a hard time getting out of their homes. Kristen said thank you for your work on that and they appreciate all the new opportunities that will be coming.

Rep. Clere said he had a question he has expressed concerns in the past about the AARP scorecard. In his opinion it doesn't give Indiana enough credit for the CHOICE program and isn't adequately acknowledge in the scoring metrics since CHOICE is a unique program with state dollars. Can she comment on that? Kristen said she honestly doesn't know how they include that in the report. Rep. Clere is this something that the Division and Jim could maybe co-sign a letter with some of Erin's great data to talk about what CHOICE accomplishes. Kristen said one last comment related to AARP

scorecard, one of the reasons Indiana ranks so low is because we don't rank very high in the caregiver support area, but some of those caregiver support things are outside of the control of the Division of Aging and FSSA. It includes things like paid family leave and includes things like dependent care tax credit and those are things that are workforce policies that take a much bigger coalition to get through than FSSA is usually going to be able to muster on those kinds of issues. And another area has to do with affordability of care which gets into our median income levels in Indiana which are typically lower compared to other states. So again that's another area that FSSA does not have control over and those are certainly things that are important, but it can push a state to look at things more holistically, but again MLTSS is not going to fix that. MLTSS is not going to bring us dependent care tax credit and paid family leave, we may still suffer in some of those areas, it's not going to increase our area median income.

Jim said anything else before we close out the meeting, he said it's great to see some of them in person. Andy Weidekamp said he had one question will we continue to have the zoom feature because he is not sure when he'll be able to get downtown. The consensus was yes the zoom will continue and Jim said it's a good option and thanked the folks for being on the call and adjourned the meeting.