Indiana Long Term Care Transformation Stakeholder Workgroup Meeting 1 Minutes

Monday, October 2, 2017, 9:00 am - 1:00 pm

In Attendance:

Core Members

First Name	Last Name	Organization
Yonda	Snyder	Indiana Division on Aging
Debbie	Pierson	Indiana Division on Aging
Steve	Counsell	Indiana Division on Aging
Karen	Gilliland	Long Term Care Ombudsman
Matt	Foster	Indiana State Department of Health (proxy for Terry Whitson)
Seth	Hinshaw	Indiana State Budget Agency
Zach	Cattell	Indiana Health Care Association
Amber	O'Haver	Indiana Council on Independent Living
Evan	Reinhardt	Indiana Association of Home and Hospice Care
Kristen	LaEace	Indiana Associations of Area Agencies on Aging
Joanne	Burke	Commission on Aging
Ambre	Marr	AARP Indiana (proxy for Sarah Waddle)
Erin	Davis	Case Manager Representative (SWIRCA)
Jennifer	Trowbridge	Caregiver Homes
Johanna	Hensley	Adult Day Service Provider
Laura	Holscher	ADRC Representative
Monica	Peterson	Family Caregiver Representative
Marc	Sherman	Consumer Representative

Observers

First Name	Last Name	Organization
Murrary	Moorthy	IPMG
Mary	Swinford	Long Term Care Ombudsman
Terry	Miller	Hoosier Owners and Providers for the Elderly
Steve	Wolff	Leading Age
Elizabeth	Eichhorn	IHCA

Facilitators

First Name	Last Name	Organization
Erika	Robbins	The Lewin Group
Tiffany	Tsay	The Lewin Group
Diana	Caldwell	The Lewin Group
Kristen	Vangeloff	The Lewin Group

Welcome – Yonda Snyder (Division of Aging)

Introductions and Overview of Charter – Erika Robbins (The Lewin Group)

HEA 1493 Report Overview – Debbie Pierson (Division of Aging)

Workgroup Core Members Round Robin

What excites you most about transformation)?

- Karen Gilliland (Long Term Care Ombudsman): I've seen the fragmentation over the years – too many times it is where you live, who you know, what's available that drives the services a person receives rather than a holistic process. It depends on whether you live in a rural area versus an urban area.
- Laura Holscher (ADRC Representative, Area 13) – Caregivers play a key role in this continuum of care. We talk about this and do some things piecemeal. I'm glad it has its own headline here.
- Evan Reinhardt (Indiana Association of Home and Hospice Care): I'm excited to take what was learned over the last 30 years and apply that knowledge from consumer and caregiver and create a system that really does wrap around the individual. Those of us who participated in the rebalancing discussion really wanted this outcome.
- Johanna Hensley (Adult Day Service Provider) – I'm excited to talk about caregivers. People are in situations where the caregiver is not able to maintain care and then person gets placed in a nursing home due to a lack of care.
- Debbie Pierson (Division of Aging): There is not only one piece. The caregiver piece is important. I think it is important to have the discussion about real systemic change.
- Joanne Burke (Commission on Aging): This is on another level, but I am excited about the possibility to give more attention to the social determinants of health care. At the same time, I'm concerned about how far we'll go on this in terms of bringing integration—it has been fragmented for so long.
- Erin Davis (Case Manager Representative): Options Counseling and informed decision-making, caregivers, bringing it back to the individual.
- Marc Sherman (Consumer Representative): I like the caregiver and the options pieces and I'm excited about seeing some real action steps. I've been a part of a lot group sessions, but there is no follow through. I'm excited about expanding the caregiving. There are so many areas of the state where people are not served—it just doesn't exist. We also need to increase the amount that is known to people. I've been self-educating to get where I am. I like the opportunity of that happening. Follow through is important.
- Ambre Marr (AARP Indiana): Caregiving is a major issue for us. I'm excited that we're talking about training and education, making sure that the caregiver stays healthy. It is an underserved population. They don't always recognize themselves as a caregiver. We need to move the needle so people can stay in their homes. Direct care workforce is also something we are interested in. There sometimes isn't an opportunity for someone to stay in his or her home because of a lack of workforce.
- Kristen LaEace (Indiana Associations of Area Agencies on Aging): There are multiple areas of consensus that a lot of us can rally around and that excites me.
- Monica Peterson (Family Caregiver Representative): Everybody is talking about caregivers! This is going to be people centered and there is going to be training for caregivers.

- Seth Hinshaw (Indiana State Budget Agency): Part of the process is weigh in on the fiscal impacts. I am looking forward to hearing from everyone's personal experience.
- Jennifer Trowbridge (Caregiver Homes): I'm excited about the focus on accessibility. It is really about when people know all the options, what their needs are, and then eligibility second.
- Amber O'Haver (Indiana Council on Independent Living): I'm excited about the concept of leaving your hat at the door. This is about the people. Caregiver support is extremely important to supporting people. We also need to have discussion about consumer choice, options counseling, providers, and caregivers. People need to actually understand that they have a right to choose what they want in their lives—this goes beyond the person centeredness.
- Matt Foster (Indiana State Department of Health): There is the potential for beneficiary payment control over health care.
- Steve Counsell (Indiana Division on Aging): I am most excited about the opportunity to better integrate with health care, the workforce, and better address caregiver needs. Health care systems (doctors, hospitals, nursing facilities, health plans) can really help to facilitate these kinds of things or they can really blunt what we do. There is an opportunity for synergy there.
- Yonda Snyder (Division of Aging): I'm excited that the report ties everything together in the system—things that have been so long identified as separate elements. This was the place to say that these all work together as a system of supports and services. It is really about how people get the information about what they need. I am an anti-fragmentation advocate the more I know about it. Fragmentation within the system—it is a big job and these are the starting conversions.
- Zach Cattell (Indiana Health Care Association): I look at this as various puzzle pieces and there hasn't been a recent discussion like this with this type of group. Predictability for consumer and family members is important. Folks that run the businesses that I represent need predictability. Families need this, providers need this. Timelines are aggressive—some more than others. I'm excited to see how this fits in a responsible and reasonable change in the system that acknowledges predictability.
- Yonda Snyder (Division of Aging): This was a report on HCBS, so we talked a lot about preventing nursing facility admission and other institutionalization, but I do want to note that if people want and need nursing facility placement, then we want them to have that access. We don't mean to demonize them. A lot of the genesis of this report goes back to discussions with our nursing facility partners. A lot of it leads to this report.

World Café Part 1 (Main Themes from Discussion Groups)

Ensure Availability of HCBS Options – Focus on Access

<u>What action steps are going to have the greatest impact on people in Indiana?</u>

- Raise the standards for case managers and the expectations for levels of coordination between care providers.
- Establish a more streamlined process that allows persons to access HCBS while the financial eligibility determination process is occurring.
- Implement an options counseling trigger for individuals staying longer in nursing facilities.
- Train medical staff and discharge planners to educate individuals about all LTSS options.
- Pursue FMAP and MAC reimbursement for ADRC functions.

- **The groups felt that the ADRC FMAP and MAP action was critical to meeting the other actions noted as having the greatest impact. And, failure to build out financial capacity results in limited customer service overall.
- **The groups also felt that the action to establish a more streamlined process needs to include training and exchange of information given that so many do not understand HCBS or what waivers are.

<u>What ideas do you have, as a group (take off your "hats") that might turn these challenges into opportunities?</u>

- The groups identified several challenges: training of ADRCs; culture change toward people driving services; disparity in what a caregiver may want versus what a person may want; access – persons get through the initial access point to realize services and supports are limited or unavailable; Connection between social and health determinants; and partnership building.
- Opportunities to mitigate challenges are: increased funding for ADRCs; provide training; continue to drive person centered practices; Enforce existing laws (e.g. hospital referral to ADRC for options counseling); increase peer support models; pursue differential rates (e.g. rural areas); build partnerships at the local level; develop a rating system (similar to YELP) to enable people to provide feedback on home health and person care agencies – connect to INconnect; and strengthen the points of care/decision support through advancements of LTSA.

<u>What needs to happen to successfully implement these action steps?</u>

- Develop a referral protocol between various community members/partners.
- Embed ADRC into hospitals.
- Build on education such as partnerships with early education (high school to college – share AAA role and LTSS needs). Determine whether IN code impacts curriculum across academic settings.
- Develop triggers in the electronic health record that transfer to case managers.
- Include hospital referral to ADRC within ISDH survey requirements and establish a penalty for non-compliance.
- Create standardization in the medical record that links LTSS need similar to how advance directives are required in hospitals. Do the same with LTSS.
- Holistic whole person coordination – build into case management standards and across all areas to reinforce and advance culture change.

<u>Which action step(s) should be a priority for Indiana?</u>

- Trigger to options counseling is a priority. Create a diversion trigger prior to and within hospital pathways. Enforce existing rules/laws.
- Fund ADRCs – leverage those already ahead of the curve. Provide consistent information and build upon shared community collaboration.
- Potentially pursue how the CARE act can be used to support triggers to options counseling.

Ensure Availability of HCBS Options – Focus on Housing and Supports

<u>What action steps are going to have the greatest impact on people in Indiana?</u>

- Conduct an inventory of existing housing stock, including quality.
- Support people at risk for institutionalization. Offer planning before a person or family are in crisis.
- Reduce fragmentation by combining the waiver and state plan home health prior authorization processes.

- Enhance case management and/or care coordination. Consider service definition, responsibilities, and timelines.

What ideas do you have, as a group (take off your "hats") that might turn these challenges into opportunities?

- Consider clinical training for non-clinical case managers and/or how case managers can facilitate the role of clinicians in a person centered planning process.
- Combine the waiver and state plan home health prior authorization processes.
- Enhance support to people and families at risk for institutionalization. Identify opportunities to provide education and planning to caregivers to prevent crises and support their caregiving.
- Engage community leaders (e.g. housing, community development, city planning) outside of aging services programs to conduct long range planning that supports age-friendly communities.
- Explore opportunities to leverage or enhance the RCAP program ($8.3 million state funded supportive housing for older adults with behavioral or mental health needs).

What needs to happen to successfully implement these action steps?

- Understand more about self-directed options across the country and potential implications for Indiana.
- Consider a broader approach to safe and affordable housing:
    - Many people appreciate assisted living because of the coordination of housing with services and the ease of selecting housing that is associated with assisted living.
    - Include congregate and scattered site housing options to ensure people have integrated housing options and are not functionally directed to congregate settings because services are available.
    - Recognize resource constraints in providing scattered site housing.
    - Explore tax credit properties, Section 8 choice voucher, and Section 811 (potential partnership opportunity between IHCDA and FSSA).

Which action steps should be a priority for Indiana?

- Combine the waiver and state plan home health prior authorization processes.
    - Integrate processes for physicians, and consider the role of case managers in facilitating integration and coordination.
- Increase focus on prevention by building processes into the system:
    - Implement caregiver assessment.
    - Identify needs before people are in crisis.
    - Leverage community resources and relationships to support people.
- Facilitate peer-to-peer support for caregivers.
- Expand resources for housing modifications for people who wish to stay in their own homes, including funding, support, and education.

Support Unpaid Caregivers

What action steps are going to have the greatest impact on people in Indiana?

- Comprehensive resource website
- Consumer-directed options to pay caregivers – the person knows best what they need
- Adult-day example that provides care for caregiver's loved-ones when they attend trainings or support groups

- Caregiver assessments – individuals receiving HCBS services may not know that their caregivers are struggling; caregivers themselves may not know that they need help until there is a crisis

What ideas do you have, as a group (take off your "hats") that might turn these challenges into opportunities?

- Comprehensive resource lists are a "moving target" – partnerships are needed to continually keep information up-to-date and reliable
    - "Trip Advisor" for services since most organizations/associations are not allowed to rank services and make specific recommendations
- Scan resources for what is available and start by making those well-known and accessible while other services are developed
- We need to "get people talking and planning" – folks don't want to think about having to become a caregiver or having to rely on a loved one for caregiving. As the baby boomers age, they won't have a choice. It is important to start these conversations early.
- Peer support models
- Touchpoints in the community – "pull model" to bring caregivers in for services—can't just hope that they see a website and come in on their own
    - Case managers have large caseloads, Meals-on-wheels are on tight schedules – need another entity to do the "pulling"
- Accountability for abuse and neglect by caregivers – this requires partnerships and coordination between providers, case managers, communities

What needs to happen to successfully implement these action steps?

- Resource website must be easily accessible and understandable to those who are not internet savvy – rather than focus on minute detail, focus on top five resources and point to local connections
- In addition to a website, there should be other means of finding out about available caregiver resources
    - Television advertisements
    - 2-1-1 connection to caregiver resources
    - AAAs are incredibly important in this, but they are stretched already. Also, some people don't think that AAAs are there for them since they are not (currently) in financial need.
- Caregivers need more respite options in order to reduce burn-out and keep them able to care for their loved ones, thereby reducing nursing facility admission
    - Many individuals prefer to live in community-based settings—however, we must acknowledge the need for a continuum of services and supports across a variety of setting options.

Which action step(s) should be a priority for Indiana?

- Develop resources in order to have resources to share with caregivers – a website is great, but if there resources aren't there, there is no point
- HCBS program that casts a wider net – expand the asset limits or reduce the level of care in order to assist folks that are at risk earlier on rather than wait for them to be in crisis
- Community meetings with a push for all (providers, associations, hospitals, primary care, etc.) to spread the word --- "did you know about this service…"
- Education for individuals receiving services – tell them about options for their caregivers

- Training programs for caregivers, especially around dementia care. Support groups are great, but caregivers have voiced needs to learn tangible skills (e.g., how do I best transfer my loved one, how do I respond to memory loss)

World Café 1 - Full Group Debrief

Mary Swinford (LTC Ombudsman) – Connecting options counselors and discharge planners to allow the interface at hospital discharge.

Amber O'Haver – Excited about all that was discussed but wondering about how we accomplish these action steps.

Steve Counsell – Hospitals are now required to provide information on advanced directives; can look into also requiring discharge planners to provide an LTSS contact.

World Café Part 2

Mitigate Workforce Challenges

What action steps are going to have the greatest impact on people in Indiana?

- Develop a Medicaid HCBS program focused on at risk individuals not yet at nursing facility level of care. Equip caregivers to increase workforce capacity.
- **The groups felt that alignment of Medicaid rates with market needs is important to address.

What ideas do you have, as a group (take off your "hats") that might turn these challenges into opportunities?

- Challenges included: developing back-ups to caregivers; shifting expectation requiring case manager to align workforce with need and facilitate back-up planning; consumer direction; and burn-out of informal supports.
- Opportunities included: align case manager standards; enhance consumer direction and structured family care; add a requirement that a home health agency cannot drop a person without notice similar to requirements in a nursing facility; and support caregivers.

What needs to happen to successfully implement these action steps?

- Enhance information technology to enable case managers to see what is authorized and manage efficiency across programs.
- Increase HCBS accountability – in particular within consumer directed programs. Can enhance quality controls to include ad hoc visits. Could build a network of volunteers (Volunteer Advocates Program, Community Ombudsmen Program) to perform quality control which also will lead to greater connections in the community.
- Engage employers in dialogue and potential steps to improve caregiver work/life balance.

Which action step(s) should be a priority for Indiana?

- Pursue the new Medicaid service option for support services in congregate settings (housing with services model). Enable structured family care to engage in housing units.

- Advance consumer directed care by enhancing accountability and supporting caregivers through a structured family care model.

Reduce Fragmentation within and across Programs

<u>What action steps are going to have the greatest impact on people in Indiana?</u>

- Universal waiver programs – children's waiver, roll TBI into A&D waiver
- Add HCBS to state plan services – expand access
- Reduce fragmentation in terms of access to HCBS
- Align scope of practice regulations – make it clear across the state – rework the regulation
- Focus on holistic supports – identify private pay, informal supports, then see where public services can fill in the gaps – don't start with "what are you eligible for?"

<u>What ideas do you have, as a group (take off your "hats") that might turn these challenges into opportunities?</u>

- Concern about duplication of services increases utilization in some areas and decreases it in others – neither are optimal
    - Combining prior authorization for home health across waiver and state plan could help with duplication
    - Information that is clear and central (has state-level authority from OMPP and DA)
- Community partnerships are key
- More options counseling on the front end so people know their options
- This group can work to identify the "pain points" that consumer feel when it comes to fragmentation

<u>What needs to happen to successfully implement these action steps?</u>

- Fragmentation at the state level may be reduced through better and more frequent communication at the state level
    - Have umbrella FSSA organization, which is ahead of some states, but structure does not always translate to practice
- Meaningful connections with doctors, especially primary care – not just the 450B form
- Flexibility in services, a common goal, can lead to more fragmentation – must remain cognizant of this challenge

<u>Which action step(s) should be a priority for Indiana?</u>

- Creating global waivers so that services are standard and not spread across multiple waivers or authorities
    - Children
    - Older adults and dually eligible (Medicaid and Medicare)
    - Everyone else
- Single, needs-based waiver – rather waiver eligibility based on a diagnosis
- Culture change across the board – the term "NF LOC" makes a person think that they need to be in a nursing facility
- Increasing coordination on the local level, not just the state level – case managers and clinic workers don't talk to each other

- Coordination between hospital and primary care doctor and case manager
- There is “co-management,” but no synergy
- Explore the GRACE model, use primary care nurses for care coordination

Informed Decision Making/Person Centered Delivery

What action steps are going to have the greatest impact on people in Indiana?

- Consider Supported Decision Making, a structured process for supporting people to make their own decisions.
- Offer person centered training to everyone in the system. Expand beyond case managers to include providers, administrators, self-advocates, etc. to ensure everyone receives consistent training.
- Consider one waiver (“a universal waiver”) that moves away from categorical eligibility and offers a range of services so people can access the most appropriate to their needs and preferences.

What ideas do you have, as a group (take off your “hats”) that might turn these challenges into opportunities?

- Some person-centered processes are built into the way structured family care services are delivered. Perhaps these practices can be scaled or utilized across other services.
- Expand opportunities for self-direction.
- Enhance health care coordination. There are opportunities for collaboration here because health care is also moving toward patient centered practices, and there needs to be a common understanding across systems.

What needs to happen to successfully implement these action steps?

- It can be difficult to measure person centered practices. Consider what accountability will look like. It requires culture change and systems change.
- A single waiver would require substantial collaboration across agencies.

Which action steps should be a priority for Indiana?

- Focus on supporting people at risk for institutionalization. Focus on meeting their specific needs, rather than directing them toward a specific program.
- Implementing a single or universal waiver.
- Update scope of practice guidelines (including delegation by nurses and also by home health to attendant care).
- Consider access to health care, including telehealth. Lack of health care in one’s community can be a barrier to remaining at home.
- Culture change that occurs both internally and externally.

Observer Group - Notes from World Café Parts 1 & 2

(**Bold font** indicates the action steps that Observers selected as having the greatest impact/priority)

Focus on Access

What action steps are going to have the greatest impact on people in Indiana?

- **Establish a more streamlined approach that allows persons to access HCBS while the financial eligibility determination process is occurring**

- **Raise the standards for case managers and the expectations for levels of coordination between care providers**
    - Ensure quality and expectations are standardized across the state
- **Train medical staff and discharge planners to educate individuals about all LTSS options**
    - Discharge planners not educated – objective is to discharge as quickly as possible
        - May need to provide additional motivation to become educated
    - Discharge planners have large caseloads, more than they can handle
    - Within Medicare 30-day post-acute window, long-term care buildings need to assess the individual, line up needed therapy, and determine what is next post-discharge (e.g. home health, in-home supports)
        - Progression from hospital ➔ post-acute care ➔ home health ➔ personal services agencies
        - Some facilities are struggling to keep 50% occupancy so not trying to find community solutions
    - Some ACO hospitals now have an expectation that the long-term care discharge should be within 12 days with home health, a less institutional option, delivered in the home; hospitals will select rehab facilities that have track records of short lengths of stay
    - Financial incentive for families to choose the Medicare short-term rehab stay immediately post-discharge because there is a presumption of eligibility for 5 days for skilled nursing care which Medicare will cover even if they do not meet skilled level of care. Some family members even think incorrectly that Medicare will automatically cover a 100-day stay in short-term rehab but it is really dependent on the individual's level of need for skilled care
    - Need to train provider groups – home health agencies, personal services agencies – so they understand what AAAs can do
        - AAA network differs regionally
    - Do doctors provide input at point of discharge?
        - Hospitalists have no relationship with the individual and job is to get them out of the door
    - System is working against what people want

<u>What ideas do you have, as a group that might turn these challenges into opportunities?</u>

- Options counselors and AAAs should work with discharge planners
    - If training of discharge planners is insufficient, have options counselors be in the hospital
- Educate case managers to connect with options counselors if needs change or additional support is needed
- Ensure consistency across AAA network
- Connecting options counselors to PCPs
- Connecting options counselors with NFs

<u>What needs to happen to successfully implement these action steps?</u>

- Funding for options counselor to connect with discharge planners or trigger for options counseling when discharge occurs
- Business practice that is established

- Incentive for discharge planners to be educated is quality of life impact on the individual, lessen their caseload
- BDDS has a cap of 60 for caseload – possible to implement on DA side?
- Interfacing options counselors with discharge planner, PCP → holistic approach

Focus on Housing and Supports

What action steps are going to have the greatest impact on people in Indiana?

- **Enhance the current dementia care or specialty care competencies**
  - Based on provider association's knowledge from member AL facilities, 35-40% in AL have some cognitive impairments, especially prevalent in 80+ population
  - Developing a comprehensive plan for complex needs/dementia/specialty care will have the most impact
  - Existing Medicaid waiver services do not address those needs
  - CMS Settings Rule – fine line between keeping an individual safe/providing some protection for consumers in HCBS and affording residents' rights (e.g. locked units, alarmed doors)
    - Tried having alarmed doors send messages to pagers instead of an audible alarm but every once in a while the alerts would not get delivered which was a safety concern
- **Expand the use of consumer-directed care and structured family care**

What ideas do you have, as a group that might turn these challenges into opportunities?

- A&D waiver has limitations
  - Does not allow individuals to share services to cover 24-hour care (shared living arrangement on DD side)
  - Medication is administered by another skilled provider in assisted living

Support Unpaid Caregivers

What action steps are going to have the greatest impact on people in Indiana?

- **Create a comprehensive resource site for family caregivers, including links to training resources**

Mitigate Workforce Challenges

- High staff turnover is a challenge – individuals take the job because they want to help people but it is a tough job
- There is competition between buildings to keep staff – even if you provide sign-on bonuses that stipulates the amount of time to stay, once lapsed, individuals will move on to next building
- CNAs may also be coming from bad home environments – high level of abuse in the home, need to balance money/schedules/family and may not be able to show up to work on time every day → causes building to be understaffed → family comes in and says their loved one hasn't been changed since the morning → CNA is blamed for not doing their work
- In the community setting, CNAs and home health aides may think schedule is flexible but not as flexible as they think
  - Challenges with the client's home – accessibility, bug infestation, family dynamics
- Raising wages just causes a wage war, not attracting new talent into the workforce
- There is often little respect for the individuals who work in direct care and they can be overwhelmed with all the lifting and transferring that they have to do on their own in the home setting

<u>What ideas do you have, as a group that might turn these challenges into opportunities?</u>

- Everyone in the company starts with the CNA position or "CNA for a day"
- CNA support group/team meetings – giving them training and confidence to do their job
    - Validate concerns
    - Conflict resolution sessions
- Culture change – creating a positive team environment where nurses are also willing to do the same work instead of saying "that's a CNAs job"
- BDDS partners with colleges, subsidizes the cost of hiring a trained student
- Offering vocational training as part of high school credits?
- One provider funds a class that is open to anyone that provides CNA training – pick the best of the class to hire
- Allow CNAs to participate in service/care planning meetings – part of care team
    - Need to determine if funding is available for them to attend those meetings

World Café 2 - Full Group Debrief

Themes from the World Café breakout discussions:

- Universal waiver
- Pull model
- Caregiver support
- Have a CNA or a home health aide or a discharge planner in this work group

<u>What commitments can you make today to support implementation of these action steps?</u>

- Evan Reinhardt – Taking this back to our association and coming back with their feedback
- Erin Davis – Getting feedback from other individuals in my organization
- Kristen LaEace – Going to get feedback from my organization and bring back action steps
- Steve Counsell – Look further into legislation mentioned during hospitalization that requires hospitals to notify the ADRC for options counseling—a referral is supposed to be made at hospital admission
- Joanne Burke – Continue to work on health and social service integration – talking with people and getting coordination, involve the AAAs
- Ambre Marr – I will get my director up to speed for the next meeting
- Marc Sherman – Work on establishing the "how" on the caregiving part—how we get the community involved
- Zach Cattell – Learn more about the structured family caregiving program
- Karen Gilliland – Learn more about consumer directed care
- Monica Peterson – Read the report and see what is out there for caregivers right now that is easy to access before we talk about what we need to add
- Seth – Read the report twice and won't skim the second time.
- Amber O'Haver – Read the report and read it again, digest over and over again
- Johanna Hensley – Read the report and check into ways our organization can maybe get other home health agencies on board with the education and opportunities for caregivers by providing respite services for their loved ones
- Jennifer Trowbridge – Taking this back to some great minds that I work with as well

- Laura Holscher – Read the report and underline some things. 1 – Pilot program several years ago for caregivers teach them to provide hands on care to recipients, 2 – Medicaid funding for ADRC and how to draw down.
- Matt Foster -- Call Debbie a lot
- Terry Miller – Enthused by ideas on workforce development
- Mary Swinford – Talk to nursing facilities that call me and ask them what they know about the AAA to see if they work together or just hand off
- Murrary Moorthy – Research ADRC, options counseling, and how that pieces together with care coordination
- Elizabeth Eichhom– Lots to learn, also new to having parents with declining health. I didn't know about the INconnect Alliance, so will test that out.
- Steve Wolff - Google acronyms, bring people at Leading Age up to speed on what we talked about

Next Steps and Wrap-Up

The HEA 1493 Report is available here:
https://www.in.gov/fssa/files/HCBS%20Report%20(HEA%201493)%20FINAL.pdf

The next meeting is November 6, 2017 from 9:00 am to 1:00 pm ET in Conference Room 1+2.

If you have questions or comments, please email Indiana-HCBS@lewin.com.