Indiana Family and Social Services Administration

Long Term Care Transformation Stakeholder Workgroup

Meeting 1
October 2, 2017

Welcome!

Introductions

- Who are you?
- Who are we?

Workgroup Charter

- Purpose: Provide feedback on FSSA Division of Aging's Long Term Care Transformation Project

- Goal: Improve person-centered access to Home and Community-Based Services (HCBS)

Workgroup Charter

Objectives:

- Identify areas of consensus that can advance the HCBS system to meet the goals, preferences, and needs of Hoosiers seeking and receiving services and supports through Division of Aging programs

- Understand and align the content of HB 1493 with HCBS redesign. Provide constructive and actionable feedback on program design elements:
  - Administration and operations;
  - Access and eligibility;
  - Service delivery model and definitions; and
  - Required changes in federal authorities;
  - Review draft rule promulgation (if necessary) and provide feedback

- Address other issues as needed

Proposed Workshop Ground Rules

1. Show up on time, come prepared, and leave your "hat" at the door.

2. Listen attentively to others and don't interrupt or have side conversations. Treat all meeting participants with the same respect you would want from them.

3. Share your unique perspectives and experiences. If you disagree, try to offer a solution.

4. Seek first to understand, then to be understood.

5. Value learning from others. You can respect another person's point of view without agreeing. Respectfully challenge ideas, not people.

6. Stay open to new ways of doing things and watch/listen for the future to emerge.

7. Stay on point and on time. Keep comments brief and to the point.

8. Attend in person; do not send substitutes if at all possible.

Roles and Responsibilities

Division of Aging

- Develop Workgroup meeting agendas and materials
- Communicate with Workgroup members
- Facilitate discussions and keep group focused on session topics and questions
- Compile minutes including the tracking of action items and/or items in the "parking lot"
- Post agendas, materials, and minutes to the FSSA Long-Term Care Transformation website

Workgroup Members

- Review materials in advance of each meeting.
- Provide verbal input on redesign program elements.
- Exchange ideas, innovations, strategies and solutions.
- Follow workgroup ground rules (see above).
- Review meeting minutes for accuracy before posting.

Timeline

Meeting #	Date	Location
Meeting #1	October 2, 2017	Conference Room C
Meeting #2	November 6, 2017	Conference Room 1+2
Meeting #3	December 4, 2017	Conference Room C
Meeting #4	January 8, 2018	Conference Room C
Meeting #5	February 5, 2018	TBD

HEA 1493 Report Overview

Purpose of the report

Report Development

High-Level Goals

HEA 1493 Report Requirements

1. Evaluation of the current system of services;
2. Study of functional and financial eligibility process;
3. Identification of options for services and supports that are cost effective, high quality, and focus on social and health outcomes;
4. Evaluation of reimbursement rates including rate methodology; and
5. Review of potential migration of individuals from one waiver to another or one service from another should that be necessary.

Stakeholder Engagement

Method	Stakeholder Groups Represented	Total # of Participants
Provider Listening Sessions	Providers Area Agencies on Aging	270
Public Hearings – Oral and Written Testimony	Area Agencies on Aging Providers and Provider Associations Individuals Caregivers Advocates Case Managers Health Insurance Providers	34
Online Stakeholder Survey	Individuals Receiving Services (All Ages) Individuals Not Receiving Services (All Ages) Caregivers HCBS Providers Case Managers	1,234
Phone Stakeholder Survey	Individuals Receiving Waiver Services (Age 85+) Individuals Receiving CHOICE and Older Americans' Act Services (Age 85+) Caregivers of Individuals Receiving Services Age 85+	998

Major Systematic Changes over the Past 40 Years

- Changes in health care that intersect long term services and supports (LTSS)

- Growth in Medicaid as the largest payer of all LTSS – both in Indiana and across the United States
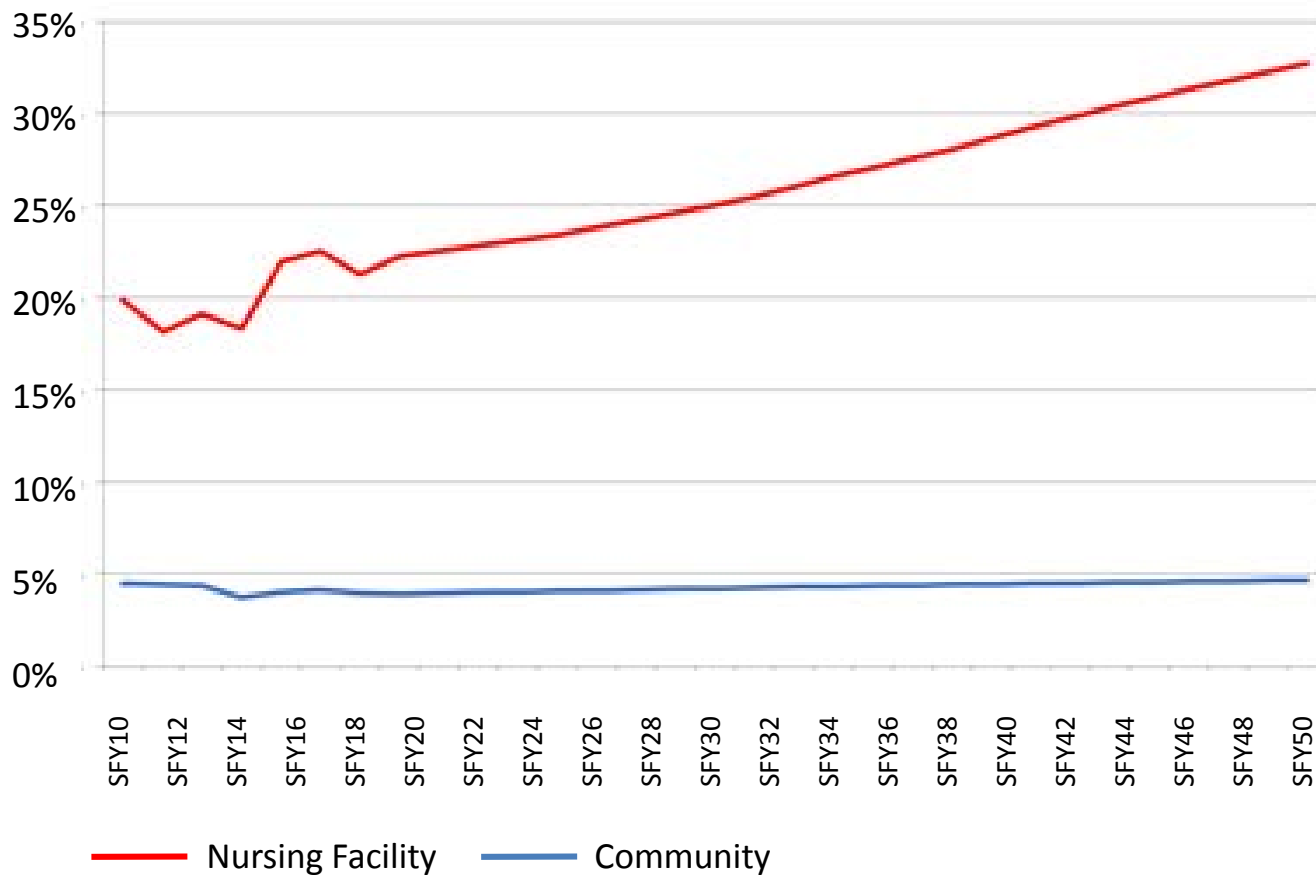
- Aging of the Baby Boomer generation

Indiana Age 65+ Population Growth, 2010-2050
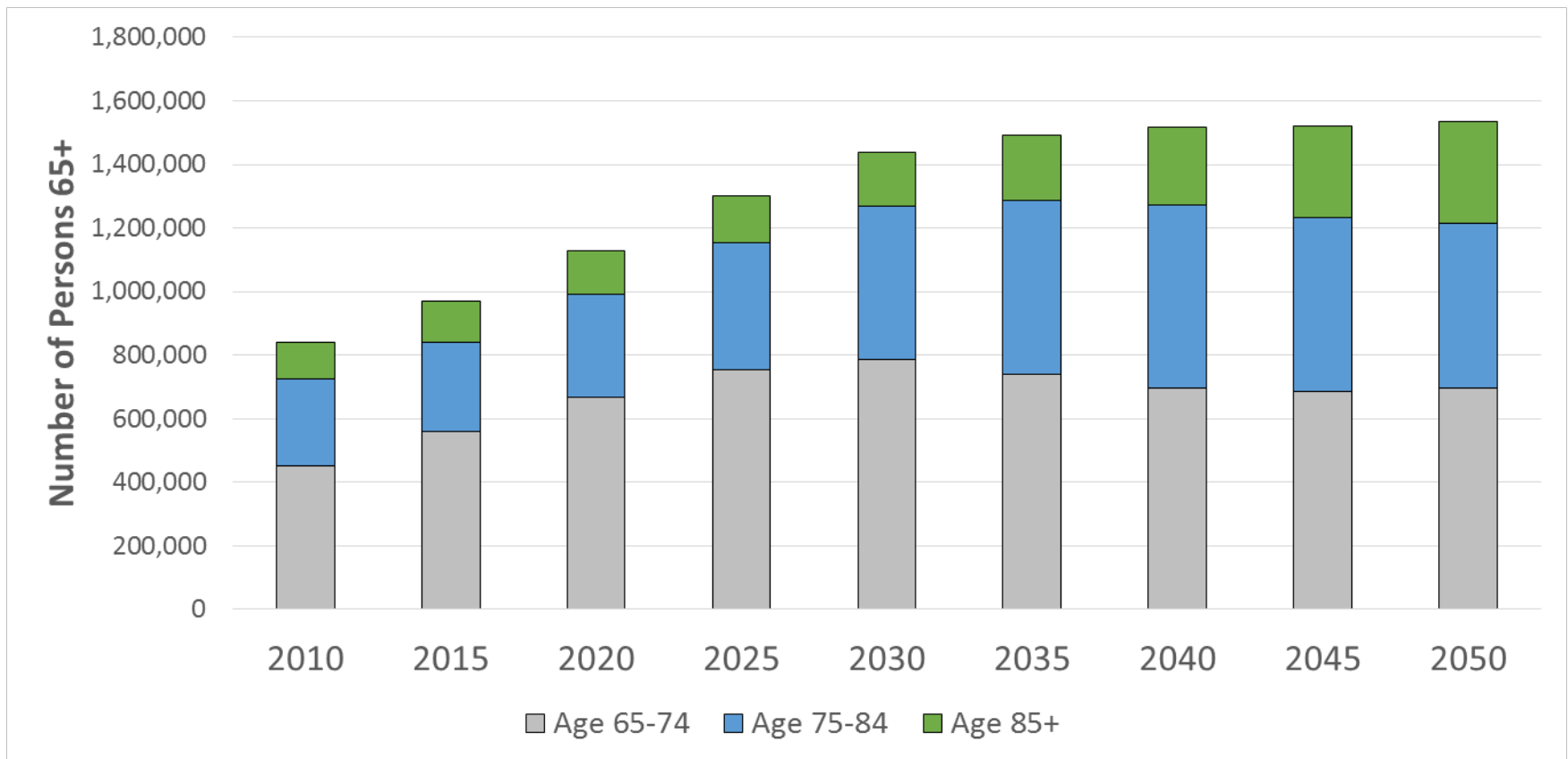
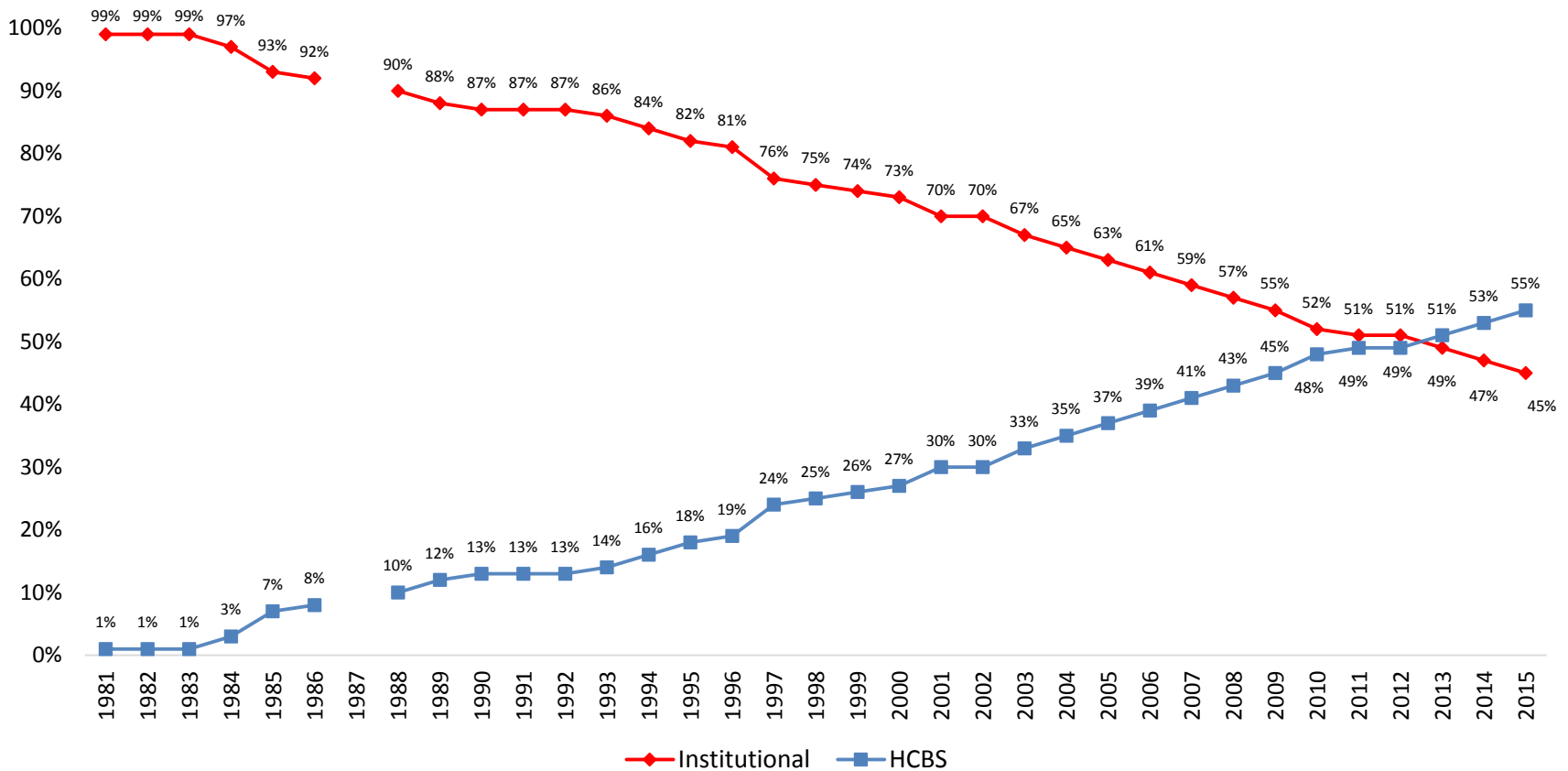Data Source: Milliman Forecast

Long Term Care Expenditures for the Aged and Disabled as a Percentage of the Indiana Medicaid Budget State Fiscal Years 2010-2050, Status Quo

Data Source: Milliman Forecast

National Medicaid HCBS and Institutional LTSS Expenditures as Percentage of Total Medicaid LTSS Spending, FY 1981-2015

Vision for the Future

The State of Indiana provides efficient and effective access to services and supports when individuals need them, provided in homes or in community based settings, prevents or delays nursing facility placement, and maximizes an individual's ability to remain as independent as possible within their community.

Steps towards Indiana's Vision for the Future

- Provide for high quality and cost effective HCBS options as alternatives to nursing facility placement

- Support caregivers' ability to provide ongoing informal supports

- Mitigate direct care workforce challenges;

- Reduce fragmentation in systems of access and oversight

- Promote informed decision making and improved social and health outcomes through needs-based, person-centered practices

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High Level Goals for HCBS in Indiana

1. Ensure Availability of HCBS Options
   a) Access
   b) Housing and Supports
2. Support Caregivers
3. Mitigate Workforce Challenges
4. Reduce Fragmentation
5. Informed Decision Making/Person Centered

Ensure Availability of HCBS Options – Focus on Access

A. HCBS Options ensure diversion from unnecessary institutionalization at hospital discharge, loss of caregivers, and other events that traditionally result in institutionalization.

B. HCBS Options ensure that persons who wish to move into or across community settings know about and have access to needed person-centered transition and diversion services and supports, within available resources.

C. HCBS Options provides statewide coordinated access to HCBS.

D. HCBS Options assess to provide a more complete picture of a person's abilities and needs.

Ensure Availability of HCBS Options – Focus on Housing and Supports

E. HCBS Options are comprehensive enough to allow a person to maintain or improve their independence or slow the deterioration and address the person's increasing needs as the person ages.

F. HCBS Options include the delivery of health-related tasks by non-licensed personnel with appropriate training, and/or delegation and oversight by medical professionals.

G. HCBS Options are supported by housing that is affordable, accessible, safe, integrated and available, meets person's needs and considers the person's preferences.

Support Unpaid Caregivers

A. Supporting Unpaid Caregivers provides a range of support services to ensure that caregivers are healthy, able to improve caregiving skills, and remain in a caregiving role.

Mitigate Workforce Challenges

A. Mitigating Workforce Challenges ensures that persons have access to a home and community-based direct service workforce (paid and unpaid) that meets their unique needs and preferences.

Reduce Fragmentation within and across Programs

A. Reducing Fragmentation increases cost efficiency enabling care to spread across those in need.

B. Reducing Fragmentation improves program effectiveness increasing quality of life.

Informed Decision Making/Person Centered Delivery

A. Informed Decision-Making/Person Centered Delivery includes coordination of services and supports such as;

    i.   Evaluation and/or re-evaluation of financial and/or functional eligibility;

    ii.   Assessment and/or reassessment of the need for services;

    iii. Development and/or review of a person centered plan;

    iv. Coordination of multiple services and/or among multiple providers;

    v.   Linking participants to other Federal, state and local programs;

    vi. Monitoring the implementation of the person centered plan

    vii. Addressing problems in service provision; and

    viii. Responding to crises

Informed Decision Making/Person Centered Delivery (cont.)

B. Informed Decision-Making/Person Centered Delivery ensures that planning;

   i. fully involves the person, others selected by them (family, friends), and guardians in directing the planning process and identifying and developing a plan with specific goals and activities that reflect what is important to the person.

   ii. shifts the paradigm to a person-centered approach, the professionals take their lead from the person, designing a service delivery plan to meet their specified goals, needs, and desired outcomes, providing what is both important to the person as well as what is important for him/her.

Workgroup Members Round Robin

- Name and organization

- What excites you most about transformation?

Small Group World Café

1. Ensure Availability of HCBS Options – Focus on Access

2. Ensure Availability of HCBS Options – Focus on Housing and Supports

3. Support Unpaid Caregivers

Questions to run on

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

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

- What needs to happen to successfully implement these action steps?
  - For instance, what other changes need to be made in the current delivery system (e.g., legislation, regulations, delivery models, other) in order to accomplish these goals?
  - What else should DA consider as they plan to implement?

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

Come Back to the Group!

Full Group Discussion Debrief

Break!

Small Group World Café

1. Mitigate Workforce Challenges

2. Reduce Fragmentation within and across Programs

3. Informed Decision Making/Person Centered Delivery

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  - What else should DA consider as they plan to implement?
- Which action step(s) should be a priority for Indiana?

Come Back to the Group!

Full Group Debrief

- Are there any consistent themes that are likely to have the greatest potential positive impact on people? On the delivery system?

- Are you excited about the potential for change?

- What commitment can you make today to support implementation of these action steps?

Next Steps and Wrap-Up

- *HEA 1493 Legislative Report Review*

- *Next meeting: November 6, 2017*

Questions or Comments?

- Email Indiana-HCBS@lewin.com