COMMISSION ON AGING
July 21, 2022, minutes
10:00 a.m. to 12 noon
402 W. Washington St.
IGCS – Conference Room D

Call to Order: Dr. JoAnn Burke called the meeting to order and welcomed Deb and stated that hopefully as they continue to go on, they'll be able to have more people coming into the meetings, but they're in this change after covid and in transition. She said the first thing they're going to need to do is to see if they have a quorum. JoAnn did roll call, Margaret Smith absent, Robert Bischoff absent, Katie Ehlman absent, James Goen absent, Kelli Tungate present, Dan Mustard present, Judith Schoon absent, Jennifer Lantz present, Megan Springer present. She said they don't have a quorum so they will have to postpone the election and approval of the minutes.

Presentation: JoAnn said Dawn Butler has a presentation about Indiana's Dementia Strategic Plan. Dawn said she had the pleasure of talking to the Commission several months ago with her colleague Dr. Ehlman about their work with the Geriatric Workforce Enhancement Programs. She is delighted to be back with them today to talk about the Dementia Strategic Plan. She had recently been appointed as the Indiana State Dementia Coordinator and is delighted today to talk to them about the Strategic Plan and her goal today is to give them a bit of an overview of the Plan. She knows that what she's sharing is probably going to be a refresher for many because they've been so involved in the strategic planning that had led up to this Plan that had recently been codified last year. She is hoping today just to give them that overview and then also a couple of exciting updates that she thinks will be of interest as well. Not new to the Commission but in 2019 the Division of Aging launched the Dementia Care Initiative which led to the creation of the Dementia Care Advisory Group, which was chaired by the Division of Aging Medical Director Dr. Steve Counsell. She knows the members of the Commission have been a part of that important board and the group that had met over the course of about a year and half. It really took a lot of time to help really catalog what was happening in the state around dementia services, help establish some priority area and really helped to ultimately lead to the recommendations that are the basis of the Strategic Plan. Last year they were really excited the 2021 House Enrollment Act 1177 officially codified the Indiana Dementia Strategic Plan and you can read the code under Indiana Code 12-9.1, which is the Division of Aging Code Section 5, which is the strategic plan to address dementia.

The ultimate goal of the strategic plan is really to identify and help to significantly reduce the prevalence of dementia in Indiana. The Strategic Plan has a number of key components to it and includes proposed date actions, implementation steps and recommendations to carry out the purposes of the Plan. Plan requirements also has that once a year they submit to the legislature an update on the implementation of the Plan and recommendations and that was submitted in December of last year. This Strategic Plan has 8 key components, and this is where she'll work through and kind of keep it at a high level and lay the foundation of where they'll be going from here. The first key component is to assess the current and the future concerning dementia. There are about 110,000 Hoosiers that are living with dementia, and it continues to grow, and they expect that number to be about 130,000 by 2025. Not only is the number of individuals living with dementia going up, but they know that the cost of care is also increasing as well and the last set of data that they have in 2020 is in Indiana Medicaid alone it was over

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

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

Dawn said the third component is about the dementia-based workforce and this is what many of their GWEPs here between USI and IU have been focusing their work on, but specifically looking at dementia specific training requirements for paid professionals who are caring for individuals with dementia. They have a kind of "hot off the press today", exciting development in this area. Also helping to increase the number of individuals who pursue careers around dementia care and geriatrics and again know that not any of us in the room are immune to the need of helping to encourage more and more of our professionals to take positions and take opportunities to enjoin them in this space of providing this important care. Lastly helping to focus on improving the capacity of APS and law enforcement to respond to the individuals with dementia.

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

doing what they can to help decrease those health disparities and ensure that everyone is getting good quality care.

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

One of the Strategic Plan elements was to bring on a dementia state coordinator and as she mentioned she took on this position through her contract work through the IU School of Medicine and is really excited to be working closely with the advisory group, the planning committee and many of them to help to implement this plan. The other early recommendations were also about the expansion of the advisory group and the planning committee and really delighted to share under the leadership of Dr. Steve Counsell, they've been able to expand that advisory group to include a representative from Structured Family Caregiving and none other than Kelli Tungate who has joined the Commission and will be joining the advisory group. So, they're really delighted to have her there and to be able to share her experience and be knowledgeable about the Structured Family Caregiving.

They also have recently expanded their planning team to include a representative from the Indiana Association for Home and Hospice Care and delighted that Evan Reinhart has accepted that position. His experience and thoughts at the table as they begin to really implement the plan and move forward. A question was asked who all is on that plan. Dawn said they have Dr. Katie Ehlman on the planning team, David Skyler from the Alzheimer's Association, Dustin Ziegler from Dementia Friends and Dr. Steve Counsell as the Medical Director at the Division of Aging and herself. But probably somebody else will be coming in that role from the IU GWEP. She thinks it's about 8 members that are kind of small part of that smaller planning team and then they help to work with the larger advisory group. Deb was asked if they had pulled in the Indiana Healthcare Association, Leading Age, Hope those kinds of organizations. Dawn said yes, they've all been a part of the larger advisory group that they're meeting to help to sort of implement the plan and to share the recommendations and she can share all of that afterwards, she has a table and can share the slides.

Dawn said the last update that she wanted to share is kind of hot off the press. One of the key Strategic Plan elements was helping to identify strategies to enhance the dementia based workforce and so on July 1st of this year under Senate Enrolled Act 353, they now have a home health aid required dementia training. This is for anyone that's employed as a home health aid who's providing care for individuals that are living with a diagnosis or have symptoms of Alzheimer's disease or a related dementia. They are now required to have a 6 hr. initial training and then 3 hrs. annually thereafter. The training is approved by the Indiana Department of Health and the content must be person centered and culturally competent. They will learn about the nature of dementia, current best practices, caring for and treating individuals with dementia, guidelines for assessment and care for caring for someone with dementia, procedures for providing patient centered quality care, helping to work with ADL's when someone has

dementia, dementia related behaviors, communication, and the use of positive intervention. Finally, a real key as to looking at the role of individuals, family and caring for an individual with dementia, as we know families are so important and are a big part of our workforce and being able to care for our individuals that are living in the community. So, the next steps is where do we go from here? They are looking to resume the planning team meetings and the advisory board or as she likes to call it, they're getting the band back together. So they'll be meeting here very soon to get started and also having some individual meetings to find ways to better collaborate and connect and ultimately open to your thoughts, feedback any thoughts and concerns or ideas that you have. Her contact information is on the slides and thank you Erin and she'll make sure the slides are sent to everybody. This is a statewide undertaking, and they have big goals, and they have big dreams. But she thinks all of it is very achievable by working together to help meet those goals of identifying and significantly reducing the prevalence of dementia here in Indiana. She said she would take any questions and has been in the position for about 10 days, so she will do here best and will look at her colleagues in the room for any support. Any comments from the Commission.

Dr. Burke it's just interesting to her after here she is long in the tooth again, kind of looking back over her healthcare career and it's just been so long that they've been struggling with trying to get a workforce prepared to adequately deal with people who present with symptoms of dementia and managing behaviors and so forth. And the other thing she is observing is this brings Indiana in strongly in an area that needs to be done with older adults because when she looks at Medicare and some of the things, they have their quality improvement organizations working on, they're trying to cut back on anti-psychotics and nursing homes, but in her opinion, she hasn't seen the federal government stepping up with trying to deal with dementia. And to see the state doing it means that's wonderful because we have so many people that are struggling, so many families, so anyway they are moving along. Thank you everyone. She said as we move into managed care one of the things that she's been interested in is integration, what we're doing how are we going to put everything together with the waivers with people that are getting dementia coaching from the Triple A's. How this works in with some of the other issues with managed care and so forth, so this maybe a DA issue and she is just asking a question. Sarah Renner said she will those with her presentation.

DA Presentation: Sarah Renner said she would like to introduce to new employees Leslie Huckleberry she is our General Counselor in charge of the Office of Legal Counsel, and she has been a friend to the Division of Aging for five plus years. They've worked together Leslie oversees the Long-Term Care Ombudsman program because there is a separation of duties that exist between the Division and Long-Term Care Ombudsman program based on some changes in the federal code. Leslie has also been a key partner in some of the nursing facility liaison work, and their establishment of the settings rule priorities and implementation, and has always overseen their General Counsel. She is the person that advises then on legal matters, so she is not new to the subject matter but it's a whole bunch coming at her fast. However, she is one of the most methodical and accurate individuals she has worked with and so she really appreciates her stepping up as she moves into a different career path. Sarah introduced Lauren Perry who said it's wonderful to meet all of them and she looks forward to working with all of them further as she transitions into the interim director role with the Division of Aging. Lauren said she is working to get up to speed quickly and is on a sort of information overload the past few weeks but don't hesitate to reach to her if there's anything they'd like to connect on. Kelli said she is going to take a hot second to acknowledge Sarah and the work that she's done. She had the opportunity to work with her

professionally and she could tell you she's been in the industry for 25 years and the relationship has never been better between their industry and the FSSA organization. So, she does credit a lot of that to Sarah and she is saddened to see her go but she is excited for her, and she trusts her enough to know that if she says you're good people then you must be good people. So thank you very much for your dedication to their industry and she greatly appreciates that. JoAnn said on the Commission we really appreciate your leadership, cooperation, coordination, and collaboration with us representing the public here in Indiana created by statute to do so and you have been wonderful to work with, best wishes.

Sarah said she is going to introduce Lauren Perry their new provider relations director. She has a strong operational background; a fellow business degree colleague and she is excited to have that talent on their team specifically in the provider application process and settings rule work that they need to get done over the next couple of years. So, Lauren has also spent time at IHCDA, and they will know and be a conduit to some of their interest areas and they collaborate on some of their HCBS provider relationships with IHCDA so that's wonderful as well. Prior to Lauren coming to FSSA she worked for the Indiana War Memorial which is a subset of agency structure within the executive function of state government.

Sarah said Dr. Burke shared a couple of questions with them prior to their time so she is prepared to respond. She wanted to offer up 3 things one is a general update on the status of managed long-term services and supports and then they'll talk a little bit about the continuing conversation of what will be the role of the area agencies on aging in that environment. Then she'll talk a little bit about the waivers in general and how this structure is evolving and FSSA as they support aging folks and then the remainder of their waiver clients that they serve in the Division of Aging. Their leader in MLTSS Shannon Effler resides in the Office of Medicaid Policy and Planning, and she is their director for MLTSS work that they're doing. Shannon is not new to the agency she has been a part of their work for at least a year, but she's recently to the oversight position. She has a great background too, so she'll be a colleague the Commission on Aging is going to want to know. She has a great background from within the nursing facility environment and HCBS space, so she speaks our aging language well and has had both academic and work experience in their environment.

They have done a whole lot of engagement around MLTSS to the tune of 18 months of work together and most folks know that we are at the point where a public bid is now on the IDOA Indiana Department of Administration website, and they are at the point where bidders submit questions that the state responds to and makes public. After the Q&A session is complete there will be a state evaluation time period where they will get together and review bid documents and go through and evaluate what is a very algorithmic and strong vetted evaluation process. That work needs to conclude by the end of September 22nd which will allow the procurement process to be complete by quarter one 2023.

Sarah said the second item the role of the area agencies on aging, they've talked a lot about this during their stakeholder engagement work. A section of this is already present in the RFP, which is the role of service coordination, so what they call care management today will now adopt the term and become service coordination. Service coordination is a function that is in relationship and integral to care management provided by MCE staff. As they've all discussed they are all excited that there will be care management around the fee for service schedule or the medical things that folks get today and their HCBS social service support will be integrated with that care manager through someone called a service coordinator. You will see in the bid document that service coordination may be delivered by current

area agencies on aging and independent care management entities to a total of at least 50% of the total population and that time period is a 2-year time period where any technical assistance will be provided to support continued success in learning and the definition or scope is explicitly laid out in the RFP. Dr. Burke had a question, you're talking about it, but she just needs to slow it down and be sure they really understand this. So, the term care management as it's used in the Triple A's right now, in MLTSS language will become service coordination. So going forward there will be independent case management organizations and Triple A's doing the service coordination in the bid, did she understand that correctly? Sarah said it would be a sub-contract environment where the MCE may hire an entity such as an area agency on aging to provide service coordination to all or a portion of the population they will serve. So, there's a minimum floor but there's not a maximum. Deb said so you foresee a sweet spot that you're looking at as far as what percentage of their citizens will be served by the Triple A's versus independent agencies or is that in the purview of the managed care organization or how's that's going to work? Is there some sort of allocation system or a vetting system that you can foresee for independent agencies to be able to provide that service coordination. Sarah said independent care entities are able to subcontract with the MCE through the bid process. They may learn what the thought process is in the environment, so they may see things that they've never seen before which is maybe a closer relationship with the independent care management company and the Triple A or they may see an entire population managed by an MCE served by several area agencies on aging and independent care managers. So, they'll learn what the environment would like that to be through the bid process and there'll be contractual relationships between the subcontractor or an area agency on aging and the MCE. Deb said so it sounds like that is going to be driven by what gets turned in as far as a proposal to be the managed care organization. Sarah said their baseline through their stakeholder engagement has been to say the floor is a minimum of 50% of the population will be well served by the existing care managers and care managers are employees of Triple A's or independent care management companies. JoAnn said the requirements for the service coordinators are those difficult to meet for the Triple A's. Sarah said the standards for the service coordinator are the standards of the current care manager, the caseload requirement she believes is 60 individuals. Kristen LaEace said she thinks her question might be more about the educational background, credentials etc. and it's their understanding those are the same in the RFP as the existing requirements for aged and disabled manager. JoAnn said and if someone has complex medical issues and requires nursing not all the Triple A's have nurses on site. Sarah said the care manager would handle that scope, an individual receiving HCBS has a nursing facility level of care they have this extra service coordinator, but everyone in managed care has a care manager. So, folks who aren't yet ready for HCBS, yes, there is a nurse component in that interdisciplinary team and there is come acuity level around understanding that the care wraps around that person to complement the complexity.

Sarah said they have been working on what are functional areas required by CMS of the intake environment and she will put them into 3 categories, and she will do 2 first that aren't necessarily top priority at least in the conversation of the area agencies on aging. Someone must help navigate MCE selection, how do you MCE is right for you and other Medicaid products. They already have an existing contractor doing this work so there is already an established protocol and mechanism. So that work will be within its own environment, so managed care selection, managed care technical assistance and education or what they call Options counseling. Conversations around managed care selection is kind of its own functional area. There is another area that they've called MLTSS Ombudsman or beneficiary supports, so once they are in managed care, if they need a friend along the way in case things don't feel

good, they need an advocate and so there will be an entity outside of managed care. There will always be the Long-Term Care Ombudsman program, this is a function that really helps an individual navigate the things happening in their managed care environment such as don't feel good or they need help understanding, that will be the role of the benefit service entity.

The other functional area will be called intake, level of care assessment PASRR process and general knowledge of moving into this managed care environment. These are the functions that are done by the ADRC's today and in Indiana our ADRC's are our area agencies on aging. You will see through a bid process a scope of work be published for this function, an entity that may have a Triple A background or experience could bid on this process. The scope of number one intake includes many similar functions of the ADRC environment today, it's a bid that open so there's not necessarily a requirement of who must be the bid type for that. But to just try to explain it is the current function that exists today down in the ADRC environment. JoAnn said she had a question, the area agencies on aging by federal law do information referral through the Older Americans Act. Sarah said Older Americans Act requires them to have an ADRC environment, Indiana has given that authority to the area agencies on aging not every state operates that way. JoAnn said so people still call the Triple A, will every Triple A in Indiana will be separate for this or? Sarah said there will be one vendor for this. Sarah said there is a question on how the waiver will be integrated with MLTSS. She said they are writing a new 1950 BNC waiver for MLTSS these waivers exist outside the aged and disabled waiver, of course they will look quite similar because you need to get the same stuff. But what they will do is amend their population base within their A&D waiver to no longer include 60 plus because that population will be in this new 1950 B&C and Shannon Effler is the right person to talk about this. Shannon said she is on virtually and she knows a lot about them through her work over the past decade in aging, end of life and nursing home work. So for the past 1-1/2 years she has worked for the state of Indiana in the Office of Medicaid Policy and Planning and now is in the role of the managed long term services and supports and Hoosier Care Connect Director. That means that she is working very hard to make sure that they are implementing an MLTSS program that is going to serve Hoosiers well, she's also overseeing the Hoosier Care Connect Program. Additionally, she will be overseeing the compliance of the awarded managed care entities that receive MLTSS. She also does that for Hoosier Care Connect, she moved into that role a couple of months ago but prior with the state her job was managing the compliance of the managed care entities which means making they are doing what's in the contract. She's very familiar with holding them accountable and she thinks that's very important, and they have a very robust team within Medicaid that is charged with doing that. Previously to that she worked with Regenstrief Institute in the IU Center for Aging Research, so she worked on the optimistic project where they worked on improving nursing homes on the demonstration project that was funded through CMS. She is a social worker by trade focused on gerontology, very passionate about this work and really wants to make sure they are implementing this program well. Sarah asked any questions about this waiver business, waivers are super complex.

JoAnn said she had question for Dr. Counsell, with this new movement toward enhancing dementia care in Indiana if she understands this correctly, there are dementia coordinators now or there will be or is it still a pilot program in the Triple A's. Dr. Counsell said he thinks he is due to give an update on this group on the dementia care project from ACL but, first what's the question is this the dementia care coaches, we currently have 5 in the area. JoAnn said the dementia care coaches people are on waivers, they're not on the MLTSS how does this work in with the plans? Will they just continue on with the waiver, move on, need more things, will they lose their coach? Dr. Counsell said it's all to be determined, they

have 12 months with a possible no cost extension and so they're working diligently on all the options as to how they can expand to the other Triple A and services areas across the state and sustain and fund the program. The peopled on the current waiver program anyone 60 and over they will be required to identify with one of the managed care entities that is awarded MLTSS and that would start in 2024. JoAnn wanted to open it to other people for questions, comments, or thoughts, thank you we're working together and it's very complex and so appreciate the Division's response to us today for questions.

JoAnn said they are moving on their committees and she's first with Living Longer Living Better Collaborative. A lot of her questions were coming from just thinking on the side of the public, how they're going to understand and get information about changes they're doing in Indiana. The next thing they've been looking at in terms of the Living Longer Living Better Collaborative, she's in very early stages of talking with public libraries in Indiana about establishing a web page that is educational content only. This isn't marketing content this is educational only so that people can have websites that they can go to that will help them understand publicly funded services for older adults, Medicaid, Medicare. She hopes that once this gets refined and operational at the state people can go to a website and understand how managed care works in Indiana. She hopes they can simplify it in a way that people understand, and public libraries serve most of Indiana and she thinks Indiana gets some type of service from the Indiana Public Library system and they could get the Triple A's information on and so forth. This isn't marketing is simply educational so people can understand what is available, this is not to replace the Triple A's they have a place in the community and the reference library seemed very interested in doing that. This is the latest piece of information for the Living Longer Living Better Collaborative that they're doing.

JoAnn asked if Judith was on, shared decision making she thinks they're still in process with some work that the committee is doing, and she asked Deb for an update on Emergency Housing Committee. Deb said they've got a good group of people that they've put together at least initially on the Committee and trying to identify barriers for emergency senior housing. They have some good input from 2 of the ladies from APS that have started to attend the meeting. Basically, they are at the point where they are putting a decision tree together trying to identify different categories that APS and also hospital managers are finding as far as they have a placement problem, how can we get this fixed. So a big part of what they are seeing with the decision tree is funding is going to be an issue, they will be doing some research on trying to get some private public money together. Obviously, this would be some cost saving to the hospitals if they can help get people out of either the emergency room or having to be inpatient and I to a lower level of care area, whether that's a nursing home, assisted living, independent living, or some other entity. Their next step would be identifying different communities that would be open to emergency placement, they are going to try to run a pilot program in Fort Wayne, Indianapolis and they would like to try to find one in Southern Indiana and have some cooperative partners before they would come back and make an overall recommendation on how this would work statewide. They are meeting monthly, and she feels like they are getting some good progress made, they are identifying some important barriers and trying to bring those people on for the next meeting to help them overcome those barriers so they can keep this moving forward. JoAnn thanked Deb and asked questions/ comments. This is really a difficult situation when you have someone with nowhere to send and they don't qualify for anything, and the hospital is saying to get them out. Deb said it's bigger than just seniors and it becomes more complex, you've got seniors with addiction issues as well, so it's been

an interesting process. Deb said they have some smart people on the committee, so she's sure they're gonna figure it out.

Dan Mustard from the Senior Care Coalition said most recently they've been having some meetings with Q-Source, they're trying to explore different partnership opportunities both to share information that Q-Source has as well as raise awareness of the work of senior centers. They're excited about some of the planning that is in process with them. They will be having another brown bag session so if they want to share information with any of their senior center leaders in their area this Friday at 12:00 they are going to be talking about how they celebrate the work of senior centers and some of the ways senior centers do outreach to the community. He thinks it's especially important right now coming out of covid and so many senior centers were closed their number kind of declined and now they're seeing those numbers come back up. He thinks in many ways senior centers parallel what has happened with a lot of churches and there's some overlap in there. It's well known many mainstream churches have seen a decline in membership and we tend to view that as a spiritual issues but, it's also a social issue. A lot of folks in the past would go to different churches or places of faith and kind of get their social needs met and that's not happening so the work of providing spaces where folks can come together becomes that much more important. There is also the issue that a lot of folks now are becoming more dependent on the virtual aspect of meeting, the research is indicating that that can help especially from an emotional standpoint for people to feel more connected. But we are also physically wired to interact with people in real time and when we see those reactions and all of those things it really ignites a different part of our brain, and our brain is really programmed to decode those kinds of things. When we don't have that opportunity it's not the same as meeting in person, so for us the social aspect is important. The other piece of news for them is that as we continue to strengthen our structure and organization, they are looking at dividing into 3 regions for senior centers, the north, central and south. Moving forward it is important for them and they would use their help in identifying these senior centers especially in rural areas where they are hoping to strengthen the existing senior centers or even help communities develop senior centers in those areas where they're seeing folks really underserved in the rural areas especially. They are continuing to work with that Deborah Jones who is their meeting facilitator and coordinator has met with Kristen LaEace and they are excited the ways the Triple A's can work with senior centers moving forward.

They are planning a 3 prong annual meeting later this fall where each of the regions will tackle the same topic but in 3 different locations and they will be able to kind of tailor to the needs of the different regions by doing that. They are looking forward to that and how it's going to play out and that's it for senior centers. JoAnn said thank you comments/questions for Dan. JoAnn said a comment Dan has helped expand the purview of the Commission it was setup to look at older people in general in Indiana and needs and study whatever was going on and so forth so thank you for bringing the senior center perspective and broadening it beyond just people being served through our publicly funded entities. We do have a role to look at older people in general here in Indiana and see what's going on and see what we can so from a preventative standpoint and so forth.

Dr. Steve Counsell said he would keep it relatively brief but did want to provide as requested an update on the dementia care project that is a grant from the Administration for Community Living under their Alzheimer's Disease initiative. It's about 1.3 million over 3 years and they are just about headed into their 3rd year. The last time he updated or described the project to the Commission was over a year ago in the May 2021 meeting. They are still ongoing, but he wanted to give them a brief update about

where this is and that might help them see how it fits and help them work on how they can integrate this with the coming managed LTSS and adjustments and programming. Before he goes on he wants to be sure to thank Sarah Renner for her work as director and providing him the opportunity to lead the dementia care initiative they started about 3 years ago at the state through the Division of Aging and he also wanted to express his deep appreciation to all the members over 2 dozen organizations and people representing those organizations involved in the Indiana Dementia Care Advisory Group. And finally the state couldn't be in better hands with Dawn Butler taking the reins as the state's dementia coordinator for the initiatives that just got started and really forward to the future and working together to continue to advance that work. A part of that is this program that initially they were going to do out of the state an then it was decided to do this out of the University and so this has been going on for 2 years. Their goal through this is expanding a collaboration between IU School of Medicine, Geriatrics and the Center for Aging Research and their work with CICOA and really collaborating in dementia care programming for low income seniors, primarily out of Eskenazi Health previously Wishard. This project looks to enhance, strengthen, and expand the existing IU, CICOA and Triple A dementia capable home and community based services system to maximize the ability of people with Alzheimer's disease and related dementia to remain independent in the community.

Their first objective was to provide a dementia care coach so support persons living with dementia and related Alzheimer's disease and related dementia and very importantly their family caregivers or informal caregivers per se. It's very much a program looking at both the person with dementia and the caregiver. The objective second is to provide dementia care training to direct care workers. CICOA has been the lead and they are looking to expand, and they're do so with 4 area agencies on aging, Real Services, Northeast Indiana, LifeStream Services and Thrive Alliance, they cover about a 1/3 of the counties and likely the population. Each of these Triple A's have hired a dementia care coach who have a community health worker type of background.

The first intervention is to provide that care coach out of the area agency on aging and a component of this is to direct support to those individuals with intellectual and developmental disabilities who are at risk or have dementia. Those with Down Syndrome who have a high risk to develop Alzheimer's disease oftentimes at an earlier age, so they're working with Indiana Professional Management Group for the IDD population, it's a smaller segment but a required component of the project. So the care coaches are providing the caregiver stress prevention bundle, this has 4 component that the care coach tries to provide and help assist caregivers, in particular with their loved ones, to be involved with these activities. It's an ongoing program, it's a get engaged and long-term depending on what the needs are for that person with dementia and their caregiver. The four components are ongoing counseling, education, referral and assistance, development of a crisis plan, especially if the person with dementia has to go to the hospital or if the caregiver has to go. So how do we plan ahead for some of these things? Regular weekly time off, so the care coach really works with the caregiver to get at least 1 day a week where their caregiver responsibilities are off. Finally involvement in a support group, ideally a support group that has activities both for the person with dementia and the caregiver. They've been doing this now for 16 month across all five Triple A's and IPMG and they have a total cumulative enrollment now of 376 by the end of June. They've been referred to as rock stars on their enrollment side from the Administration for Community Living in this time as compared to other dementia programs that they have overseen and funded. There are 339 at the 5 area agencies on aging and those 5 care coaches and 37 at IPMG that care coach comes from the Sandra Eskenazi Center for Brain Care

Innovation that works with the IPMG staff and they're members with intellectual developmental disabilities living with memory problems or dementia, typically Down Syndrome and have care managers and are in a waiver service under Division of Disability and Rehabilitative Services.

The preliminary results just hot off the press University of Indianapolis is doing their 3rd party required evaluation. They monitor caregiver stress, dementia syndromes, quality of life for the person with dementia and the caregiver by the Health Aging Brain (HAB) Center. The monitor tool was developed by Dr. Milazzo Bustani and others at the IU Center for Aging Research. The goal is to help people manage and even prevent the future caregiver stress and improve quality of life for both individuals.

Their direct caregiver training is provided by Dr. Milazzo Bustani and Cassie Hickson, who used to be a social worker employed by CICOA and has now become employed by Sandra Eskenazi Center for Brain Care Innovation. This is directed primarily to attendant care, home, and community assistance personal care aids as well as home health aids that are working in the service areas of those 5 area agencies on aging. Dr. Bustani and Cassie provide a live 90 minute session, the first on communication, then an agitation caregiver stress and mobility. The same session is provided 3 times in the same day and then there's 4 different days that these 4 different topics are covered and if someone participates in all 4 sessions, they get a certificate of completion. It has become increasingly popular, and they've run 3 sessions now, in the first one they had 35, then the next one they had over 52 and this last one they had over 100 participants in one or more of the sessions and now have had over 100 complete all 4 sessions. They have pre and post knowledge tests and competency tests and they are still under analysis, but the trends are looking good that people are gaining at least measurable knowledge and feeling more component in their dementia care after participating.

Future directions they are planning beginning in August to start to enroll non-waiver persons, so that the goal so far both on the aging side and the IDD side have been to serve waiver participants and partner with waiver care managers. So they are going to start to identify non-waiver, so people on CHOICE or people getting home delivered meals, 2 of the most common kinds of programs and also Title III-E family caregiver support program will start to enroll people at the 5 area agencies on aging for their members or participants who have dementia with their caregivers. They've been invited by the Administration for Community Living and will be making a national webinar presentation in September, Tauhric Brown representing CICOA and Kathy Frank their project manager, the IU Geriatrics and Program Administrator and himself will be giving that webinar and they'll be sure to get that information out to all of them.

Dr. Counsell said finally how do they keep this going after the grant monies dry up a year or so from now. They're looking at how they might develop an IU Geriatrics Dementia Care Training Resource Center so that they can provide these kinds of resources and support currently provided to the care coaches and the Triple A's long term. And looking at methods that potentially they might provide training and startup support to other interested area agencies on aging across the state. Then they will explore multiple funding opportunities whether it's a tiered waiver care management or what will become service coordination. So some of those changes in the waiver they may be able to build this in so that it becomes a waiver service that can be provided by the area agencies on aging. The Older Americans Act has a specific family caregiver support program, there's limited resources there but there are resources available and that could potentially cover the costs of these and pay for the care coaches and support. Finally a Medicare Advantage Plan contracting, so some of the Medicare Managed Care

Plans may be very interested. These kinds of programs have not only shown to improve the quality of life of the person with dementia and the caregiver, but also lower emergency department and hospital admissions and the people served and thus you know maybe of interest for that particular reason as well to Medicare Managed Care Plans and maybe even the MLTSS programs as well.

JoAnn thanked Dr. Counsell for his leadership in all of this, she thinks having a geriatrician provide leadership as dementia is a real challenge and to look at this and take a holistic approach to care has been wonderful, other people/ comments. Deb said she had a quick question did he say what stage or level of dementia that the enrollees had and then is there a level of dementia that would not be appropriate for this program. Dr. Counsell starting out they wanted to make sure they were serving people that needed it and had a diagnosis of dementia. So typically, that's where they were serving people and the Aged and Disabled Waiver who had a diagnosis of dementia and were being served by the area agency on aging or IPMG. So, it was people with behavioral changes that the caregivers were concerned about, it was all stages of dementia, but typically if you have a diagnosis of dementia, you're moderately at least severe symptoms and such. He thinks as they move into the non-waiver they will continue to look at people with a diagnosis of dementia, so this is not an early recognition or a valuation or detection program but support for those who are in the middle of it. Memory problems are not a normal part of aging and dementia certainly isn't normal aging and how to have people identified and evaluated sooner so that the resources can come to bear and help that person and their family.

I-4A Update: Kristen LaEace said that she had been on travel for the last couple of weeks an so she doesn't have a packet for them today, hopefully she can send it along next week. Starting at the federal level a couple of issues right now, the first is the annual appropriations debate. The federal government must approve a budget every year and we're in that process. They always advocate for increased appropriations to the Older Americans Act, they might recall they got a very tiny increase last year and they need a much bigger increase especially with the Americans Rescue Plan money running out.

The other legislative thing happening at the federal level is that the Biden administration is taking another run at their agenda. They may recall that it was called Build Back Better and that tanked, well now this one was affectionately called Build Back Manchin, because Joe Manchin has been the linchpin as to whether this stuff moves forward. There were 4 components of this, one has to do with reform for prescription pricing, prescription drug plans, apparently those negotiations are complete and there's a deal on that. Two other components Manchin has put the brakes on one is related to climate and just our planetary sustainability and the other is tax reform to fix Medicare, which would have increased taxes on businesses and the wealthy. The other thing that is left that is in process and she's not aware if it's still alive or if its dead, which would be an extension of the Affordable Care Act tax credit for individuals. It helps to make those Affordable Care Act plans more affordable for people. Those are expiring and they need to be extended and made permanent.

Kristian said at the state level she thinks that their discussion on MLTSS pretty well covered everything that she would have talked about. They may be aware that there is a special session starting next week imminently and there have already been 4 bills that they are aware of. One you have been seeing in the news about abortion restrictions, one has to do with the creation of a new fund of about $45 million to provide additional supports to pregnant moms, postpartum moms, young families, adoptive and foster families, etc., so making good on their promise around providing additional family support in terms of how it affects the population of older adults and people with disabilities. There might be some

tangential relationships in terms of younger children, people with disabilities that might be supported under A&D waiver or CHOICE might be a tie in. But those 2 pieces are not going to be something that the Triple A is paying a lot attention to just because of their purview. There is a financial relief package out there, there was talk about a tax refund going to taxpayers, there's been talk about a gas tax suspension, the bill that has been put out among other things including paying down pension and other kinds of state debt. Would include a short term sales tax exemption on energy, residential, consumer, energy, electricity, gas, etc. as well as interstate telecommunications. There is also a cap on the state gas tax that would also be short term, but they wanted to make sure from their perspective that the benefits of those kinds of relief also extend to people who are older adults and people with disabilities. So, they'll be looking at those proposals to look at the impact on that.

Finally there's a vehicle bill out there and those are always a little scary because they can toss things in there and you never know what comes out. So, they'll be keeping an eye on that and will be able to provide an update and the next meeting in September. They will also be starting their public policy agenda planning process hopefully in September but by November and they will be providing them an update as to where they're heading with their priorities. Some of the Triple A staff traveled to Austin, Texas to attend the National USA Aging Conference formally known as the National Association of Area Agencies on Aging. It was packed and it was very much directed at concerns of individual Triple A's as opposed to state level stuff that they work on, anything that the Triple A's does you could probably find a session on it and there were quite a few on opportunities with managed care entities and other kinds of healthcare payers and managed long-term services and supports, affordable and accessible housing, etc. One of the statistics that she heard was that the fastest growing population of persons who are becoming homeless are those aged 50 and above, and many times that is their first experience with homelessness and that is something that they need to be on the lookout for in Indiana. She will also include in their packets information on what they are calling reframing aging and it's to combat ageism that affects policy and grant making, philanthropy, access to services, etc. There is lots of recommendations on how you can reframe the language you use to better get your message across about support for older adults and people with disabilities, it comes out of an organization called the Frameworks Institute.

They are excited to be working with an organization called Corporation for Supportive Housing. They are a national organization that has an office in Indiana and CSH has worked in Indiana for a long time, and they were fortunate enough to get a grant from Humana to address some of the housing needs. This $50,000 grant will create a training series directed at Options Counselors so that they could develop subject matter expertise around housing and housing supports and hope to implement that training the first of the year. Another component of that scope of work is simply policy related work about how Triple A's and state agencies in the Indiana Housing and Community Development Authority and other interested parties can all work together. Finally really significant thing that has happened for the area agencies on aging network is they had been invited by the Anthem Foundation which is probably now called the Elevance Health Foundation to make an application to their food as medicine program and their proposal was to increase the delivery of fresh produce to people in congregate and home delivered meals programs. They were very fortunate to be awarded $4 million to be used over the next 4 years and so they're having a kickoff meeting with the foundation and try to finalize things IU who is a program evaluation partner along with several other organizations. So, there's going to be a lot of work at the local level in sourcing this food and getting it delivered, so she will have some interesting updates

for them on that in the next couple of months and they are working on the MLTSS stuff and that's about it in the Triple A world.

JoAnn said comments/questions, the Triple A's are providing so much across Indiana, and she thinks they are in the process of deinstitutionalizing the care of older adults in Indiana and it reminds her of when they deinstitutionalized behavioral health. Some worked and some not so well, they also deinstitutionalized orphanages and went to foster care some of that works well and some of it doesn't we learn as we go. She thinks we are in that kind of change in Indiana, and she asked that the Division keep them up to date on what's happening in the affordable housing for older adults. Its really important as they move along with the initiative toward managed care, deinstitutionalization of care and the Triple A's. She asked if there was anything else as they didn't get to the minutes today because they did not have a quorum. Is there any further business that needs to be brought forward to the Commission today? Dan said he would like to thank the folks who provided the technology today because it all worked well and that isn't always the case when you try to do a virtual meeting. JoAnn thank you Dan for bringing that up, yes this was a great improvement and Commission members please come to meetings if possible, we will see you at the September meeting, meeting adjourned.