

CHOICE MINUTES

VIRTUAL TEAM MEETING MARCH 18, 2021

3 to 4:30 p.m.

Members in Attendance: James Leich, Rep. Ed Clere, Andy Weiderkamp, Hannah Carlock, Sarah Renner, Dr. JoAnn Burke, Megan Smith, Dr. Ellen Kaehr

Members Absent: Sen. Jean Breaux, Sen. Leising, Rep. Carolyn Jackson, Beth Schoenfeld, Laurie Mullet

Call to Order: Jim Leich welcomed the members especially the new members and called the meeting to order. Jim asked for approval of the January 21st meeting minutes from the Board the motion was made and seconded and approved unanimously by the Board.

Dr. Counsell's presentation slide showed the goals of the project. What they found from the care transition part of the project was that their best data came out of the two hospitals in Fort Wayne. The data shows the people who were waiver participants who were admitted to the hospital during the period of July through December 2019. They were able to get transitional care programming to 83 discharges and 66 of those were waiver participants, 69% were age 65 or older and 66% were women. What they found was those who got care transition from the area agencies on aging were readmitted less than 10% of the time compared to all other waiver participants in Allen County during the same period and discharged home, their readmission rate was almost 17%. This was a 43% reduction in the 30 day readmission rate for those who got a care transition from the transition coaches at the area agencies on aging versus those who were transitioned on their own. These results show a clear return on investment if we look at the cost of a hospital stay and a hospital readmission compared to the cost of the care transition program that for every dollar you put in you are going to get 2-1/2 back or an ROI of 1.5 in savings.

Dr. Counsell said going on to the next results, on the outcomes of the Options counseling they were having some difficulty getting information, so they used people in Allen and Marion County. Those who got Options counseling for the first time during the period of July through December 2019, almost 1,700 got new person centered counseling, 659 were enrolled on the A&D waiver program within 90 days. They tried to also track data on those who did not get onto the waiver but it was too hard to track on an ongoing way for those who went onto CHOICE or other services. He can give you a general percentage within the first 3 months 65% were moving towards the waiver and about 10% into CHOICE and 25% into other programs. They were only able to follow rigorously the results of those who were enrolled in the waiver programs because by definition they all had Medicaid and they were able to follow Medicaid claims data and know where they were living as long as they were enrolled in the waiver programs. He wanted to track them to show that they were helping to prevent people from being admitted to a nursing home even though they were nursing home level of care and had high needs.

Dr. Counsell said in a 90 day follow up 95% were still in the home, 4% in assisted living, less than 1% in a nursing and 1% were deceased. He said long story short this program is helping keep people out of nursing homes. They don't have a control group so it's not as rigorous as the care transitions outcome but this is demonstrating that through Options counseling people are staying in the community.

Dr. Counsell said what they've done in the third year they've taken the results those they thought they would really leverage the readmission reduction and see if they couldn't spread the transitions programming further across the state and help other area agencies on aging develop closer interactions with their local hospital. They're working with the area agencies on aging and they are calling this third year the Triple A Transition Project. They realized that a number of people they approached to help with the care transition home were already waiver participants sometimes, they didn't want a new coach even though the transition coach was from the same area agency on aging. So what they did was use some of the extra funding to train some of the current care managers to provide the care transition to their own waiver clients that they were following.

What they found out is that the hospitals has no idea when a waiver participant is admitted, they don't know much about the area agency on aging services, let alone whether someone has a waiver care manager or not. The care manager doesn't find out until a couple of months later when they are checking in with the waiver participant and they tell them they were in the hospital. They are trying to move to more of an ideal state like what they have in Indianapolis and Fort Wayne at several hospitals in both cities where they have an embedded area agency on aging staff person at the hospital (virtual now with covid) who are kind of a liaison from the Triple A who can help coordinate transitions with the hospital staff and help get information back to the area agency on aging care manager. So everyone works together on the care transition and people can get discharged home and more often stay and avoid a hospital readmission.

They have deployed their Project Team to help out several area agencies on aging make a closer relationship with their hospitals and identify an area agency on aging liaison that will hopefully be eventually embedded in the hospital or at the health system. They have developed some tools/flyers that they could use in-service to the hospital staff to better know what the area agency on aging does and when to contact them and how to coordinate care. They've also developed tracking programs within CAMS the state's software for the care managers so they can do a better job around tracking. So far they've worked with the original Triple A's Area 3 and 8, they've had 4 early adopters who they've been working with in the last 4 or 5 months Area 1, Area 11, Area 12 and Area 14. Recently they've just kicked off 3 more area agencies on aging Area 2, Area 6 and Area 7 they've found some good success connecting with the hospitals and finding the hospitals agreeing that they should be working together since they take care of some of the same people to get better outcomes for these participants. He said he would end there, this has been really exciting launch and working together with the Triple A's to better connect them with their local hospitals around transitions. They are in the near future through some of the changes going on with the better care coordination for older adults and dual eligible participants, people with Medicaid and Medicare in particular, waiver clients working with Medicare health plans to better coordinate care in particular around hospitals and nursing home transitions in the coming months.

Jim thanked Dr. Counsell. He said at the last meeting they had a discussion about long term care and services reform as an update he has been virtually attending both the one dealing with organizational aspects of long term care services and supports and long term care financing. He asked Sarah if she had

any updates for the Board and unfortunately one of the meetings is going on now and he's not able to attend. Sarah said he is correct the finance workgroup is in discussion about rate methodology and the work FSSA has done. Over the past couple of years it was actually in the Division of Aging space, the good news is they know what's being talked about because it was their rate methodology work. Kathy is having a high level discussion about rate methods and different LTSS models. They've had several lunch and learn sessions, the first topic of one of their one hour Friday learning sessions was Hoosier Care Connect as well as some of the nuances between Aged and Waiver and fee for service connecting points that are cumbersome. They talked about caregivers last week and this Friday they will have a Indiana Minority Health Coalition presentation and conversation about equity and then on March 26th there will be a Triple A focus to the presentation with Kristen, Area 3, Area 8 and Area 11. Intermittently they have some focus group happening with experts who will tackle issues. So far they have eligibility and level of care, care management and this week conversations about credentialing and she believes there's a upcoming prior authorization focus group that's rounds out the May schedule. They also had a design workgroup meeting last week about what is an RFI and what does it mean to the work that they are doing. Sarah said Jesse might be here today and if there is anything he might want to add to anything they've been working on. Jesse said that she had covered it for anyone on the Board or public listening, there is a Back Home Indiana inbox that anyone is welcomed to send questions or comments.

Jim said this is going to be a long process but this is a major initiative, he's been trying to make sure they figure out how CHOICE fits into this since most of it is related to Medicaid publicly funded services. It seems like it has to be part of the reform and he just doesn't want it to get left out, so that's been his goal. Next is the purposed CHOICE budget, the purposed CHOICE budget cuts through fiscal year 2023 by about 5 million dollars and they are not close to the end of the session. He knows there is going to be some revenue projections which will have an impact and there is some revenue replacement 3 billion dollars coming into the state from the latest covid bill at the federal level.

Jim asked Rep. Clere if he had any information that would be helpful. Rep. Clere said that he didn't really have anything to report, unfortunately the Governor's budget cut CHOICE funding and that was still the case when the budget the left the House the budget is in the Senate now and he is hopeful they will restore CHOICE or it will be restored in the Conference Committee process. There will be a April revenue forecast, there's always a April revenue forecast in budget years and they rely on that in finalizing the budget. He expects the forecast will be strong, the December forecast was stronger than most people would have expected a few months earlier and there's a lot of expectation that the April forecast will be strong given that people are getting out and spending money. There is a lot of money flowing right now, the stimulus money coming in there is a lot of discussion about how that will be spent coming into the state and he is hopeful the net result will be restoration of CHOICE funding hopefully. Lots of folks out there around the state from the Triple A's to other stakeholders are also advocating as well, anybody who hasn't reached out to their legislators at this point he would encourage them to do that sooner rather than later. He expects the session to wrap up around the 22nd of April it has to wrap up by law on the 29th of April, so they've got a little over a month to go so if you care about CHOICE funding now is the time to reach out to your legislators.

Jim asked if anyone else had any thoughts on this issue. He thinks this is something the CHOICE Board could take action on at least to oppose the cuts and ask for the full restoration of the funding and that is something that could be passed on from the Board to the legislature if there is an interest and if he can get a motion to do that. Rep. Clere said rather than opposing the cuts it might be better to simply say

the CHOICE Board supports restoration of the funding, authorize him to write a letter reflecting that assuming someone makes a motion and there's a vote to that effect. He would include in the motion directing him to write a letter to that effect and convey it to the legislative leadership on behalf of the Board. Andy Weidekamp said he would make a motion to that effect JoAnn said she would second. Jim said any other discussion with none from the Board all those in favor of the motion say "I" all those opposed "no" there was no opposition. Jim said he will working on it and figure out how to get that done from home and it shouldn't be a problem. This is critical and one of the main functions for the Board to continue to support the program in the legislature.

Rep. Clere said their new Board member Hannah Carlock is a very skilled lobbyist and would probably be able to help him find the appropriate addresses and ways to get his letter to all the appropriate legislative leadership. Jim said he might be reaching out to Hannah on that, thank you. Hannah said she would be happy to help. Jim said the Division of Aging you're next on the agenda do you have any news that you would like for them to hear about related to home and community based services and CHOICE.

Sarah said she would be happy to give an update on their covid relieve efforts, she asked Erin from a timing perspective is she turning this over to Jesse or her. Erin said she had a couple of updates that she could share, she wasn't sure if there was an area agency on aging presentation today, there's not one today so she will go afterwards. Sarah said they've been participating in vaccine registration through the area agencies on aging for folks 50 and over and the Aged and Disabled and TBI waivers. They also have through FSSA the Homebound Hoosier portal, they are trying to be the entry point for individuals who are homebound and need the vaccine. The area agencies have made over 50,000 contacts to date and now that eligibility has moved to 45 some of the A&D clients who are young are able to move through at a faster registration process. She believes the registration is at about 10,000 individuals so it's been a big lift from the area agencies on awareness opportunities within the aging public and caregivers to know that the Triple A's are there for them. They've seen some vaccines administrated in-home, there have been a couple of hundred individuals and connectors are still being made between Health Department, hospitals, clinics, EMS who aspire to try to get into folks' home. The hardest part of the goal is to take the vaccine left in the vile at the end of the day and try to come up with something logistically to do with it so nothing gets wasted. The A&D and TBI participants are able to register for vaccine with some help from the Triple A's and Zoetec because of the special population criteria that was released last week. Sarah asked if there were any questions.

Jim said he knows there are some area agencies on the call do you want to say how it is going at the local level, if not Sarah is there anything else before he turns it over to Erin. A Board member had a question, this is really exciting to hear about all the work that they are doing. They are getting the waiver and CHOICE participants registered, is there any education going out to their caregivers to encourage them to be vaccinated as well. Sarah said the caregiver is included if they meet the age criteria, right now if the caregiver is not in the age category they would not be vaccinated. It was asked how are they determining who is eligible to get the in-home vaccine. Sarah said it's a pretty specific function of daily living question that is being asked and it's focuses on if there is no ability to leave the home. Sarah said she would share the criteria with the Board after the call.

Dr. Counsell said its very similar to the criteria to receive in-home health services from a home health agency but simplified. Essentially if you have great difficulty getting out of your home routinely due to chronic illness or disability or needing extra help in getting out the main point is getting people the vaccine. Jim said any other questions, things have really been moving forward he's had both his shots

and is very excited and had his grandkids over this last weekend it was the best day he's had in over a year.

Erin said they are finalizing their fiscal year 2020 annual report to the Administration for Community Living which reflects not only Older Americans Act services that were delivered but they also include CHOICE services and Social Service Block grant funds. If you recall Indiana received about \$20 million in supplemental Older Americans Act funding through Families First Coronavirus Response Act and the CARES Act. They received it last spring to support existing services but also to expand services and introduce new services in response to the public health emergency. Because Indiana still has a major disaster declaration there was really a lot of flexibility for the Triple A's in utilizing those funds. These funds were required to be spent prior to their regular federal fiscal year 2020 Older Americans Act funding, but they were also used concurrently with nutrition services, SSBG and CHOICE funds, keeping in mind that CHOICE is the funding of last resort. They finally had an opportunity to analyze what services were provided with the Families First and CARES Act, covid funding. As you can see they spent by far the majority of their FFCRA funding on home delivered meals. Over 55% of the funds were spent on that and care management and Options counseling was the next largest spending with those funds. The funding through FFCRA and CARES goes through this September, this data just reflects through September 2020 which is the end of the federal fiscal year, but by that point around 70% or so of the funding had been utilized.

Erin said last year throughout Indiana there was a 15% increase in older adult served compared to the prior fiscal year through all the services including information and assistance to home delivered meals, attendant care those types of services. The network served 241,677 individuals the services reported increases in units of services for home delivered meals which was a 147% increase from the prior year in home delivered meals, information and assistance, outreach, legal assistance those 3 increased about 10% and then other services had close to a 20% increase compared to the prior year. In 24 weeks there was 1,458,392 home delivered meals to 18,885 recipients at a cost of \$9,414,895.98 in funding. This was an increase of 52% compared to the first half of fiscal year 2020.

Erin had a slide of the listing of covid related other services that were introduced in response to the public health emergency. Individual socialization which refers to telephone reassurance, friendly phone calls there was close to 20,000 contacts made in a 6 month period, group socialization includes things like zoom workshops, parking lot bingo and consumable supplies was provided to about 3,600 individuals and this includes things regularly provided such as home health supplies or nutritional supplements but also included some PPE. Twenty-five hundred hours of grocery and medication pickup and delivery were provided to get necessary essentials to over 2,000 older adults, assistive technology, durable equipment, emergency response items was provided to 376 people, other fitness/health promotion these were virtual fitness and activities was provided to 391 and there was close to 2,000 public information activities. Some of the funding was also under their National Family Caregiver Support Program through the Older Americans Act and of the funding that was spent during that 6 month period a little over a million dollars of it went to caregiver support services. She is excited that she can finally share what the FFCRA and CARES funding was used for it was quite a process to consolidate all of that information.

Erin asked if there were any questions. Jim said thank you it was helpful to see how the money was spent, questions from the group. Rep. Clere said the funds that she talked about were one-time money and she addressed needs that arose because of the pandemic but probably not just because of the

pandemic right. There were a lot of existing needs that they were able to meet that they can't meet under normal circumstances, so can she talk about that and what it meant to have the funds and what it means going forward not to have the funds to fund the needs identified, where there were gaps that are more obvious now where they need to focus going forward. Erin said as she mentioned the FFCRA and CARES funding was to be utilized before their regular grants and so essentially the 2020 grants were kind of put on hold for a 6 month period and are being utilized now. Some of the Triple A's have already moved on to their 2021 federal grants. Some of the services that have kind of risen as things to consider she thinks going forward outside of the public health emergency, the whole assistive technology kind of providing those resources to help people stay engaged connected to their families and loved ones and related to that supporting friendly phone calls and well-beings check ins aside from those receiving case management services and are already receiving that. And kind of reaching those who aren't connected to in home long term services and supports that would benefit from that, that type of interaction those are the 2 types of services that stuck in her head that has arisen.

Erin said they are waiting for some guidance from ACL as far as the Older Americans Act kind of what services are going to look like going forward. They do anticipate another influx of funding through the Americans Rescue Plan, they are not sure when that is coming, it's going to be equivalent to double the amount they received in this round for the network. Rep. Clere said with assistive technology you alluded to this you're including tablets and devices to allow people to participate virtually. Erin said yes, they actually have a contact with INDATA which is a program at Easter Seals they are the state's assistive technology provider and their ADRCs and Triple A's refer their clients to INDATA to get a device. INDATA will work with the individual to access their needs and provide training, they have that contact with them through the end of September with some covid money they received. Rep. Clere said he would advise them to continue to focus on that because he sees so many opportunities in keeping people connected and not so isolated, thank you for what you are doing.

Jim said Kristen was on another reform committee call and asked Kristen if she was on the call. Kristen LaFace said she was here and wanted to give them a little bit of a legislative update. She wanted to say welcome to the new members they've been waiting for their official arrival. She is going to share her screen so she can walk them through the packet that was sent out. They've already talked about the CHOICE program and the state budget. When they look at the bill list she's highlighted the things they've worked on, red means they oppose it, yellow means that they were prepared to weigh in but they haven't necessarily done so yet, that bill is HB 1002 civil immunity related to covid-19. There was a Senate version that passed and is already law and it covers a lot of businesses and places in Indiana. This version focuses a lot more on health care they are particularly watching this bill to make sure it doesn't get really broad and throws open the door or she should say shuts down the doors completely to any kind of accountability on behalf of health care entities related to things happening between now and 2024. Right now this bill they are not concerned about, they had some concerns about it in the House now that it is in the Senate it got out in a version they are okay with it now. There are some bills in the list that they are watching and are happy about but they really haven't worked on. But she did want to point the state health improvement and grant program this might be something that they look forward to in the future, if this passes related to the healthy aging prevention programs that the area agencies on aging administer, so if that goes through they will be looking for opportunities to connect their Triple A's and wellness with the grant program. Some of the things that they have been working on include the strategic plan on dementia, they've had these in the past the last one expired several years ago so it's time for a new one, but it really needs to be an infrastructure that is ongoing. This kind

of planning and coordination needs to be ongoing and not just happening every few years when they do a strategic plan on dementia. So far the plan has made it through the Second Chamber Committee so it passed out of the Senate Committee, they are happy for the most part with it. The Division of Aging is the responsible party for conducting the plan, they really want to stress the importance of coordination with the Indiana Dept. of Health again related to the wellness and prevention things that address dementia precursors. The other nice thing about this piece of legislation is that it appears to be evergreen in that there's not an end date, this requires a report submitted to the legislature annually and there doesn't appear to be an end date. The next set of issues they've been working hard on involves telehealth, Triple A's made the pivot to remote services via generic telephonic as well as true telehealth platforms in conducting their Options counseling and their in home assessments that were conducted over the phone and that kind of thing. The only reason that they can do that is because of the pandemic and the flexibilities that the Division of Aging and FSSA has requested from CMS as well as the Administration for Community Living. The 2 telehealth bills expands telehealth authorizations for most kinds of licensed health care providers, the main difference between the 2 bills is whether or not they would include people like Triple A care managers who are state certified in Medicaid to provide these services, but they may or may not be as social workers or licensed clinical social workers or RNs or other kinds of health care clinical licenses. There is a group of behavioral health specialist that are also in the same boat. The House version of the bill they really like because it does include them, the Senate version of the bill they don't like because it doesn't include them. They've been working on trying to talk to Senator Charbonneau in various ways through testimony, through conversations with other legislators, through constituents and they are trying to get the message through that you really don't want to leave them out, its not a good policy direction to not be able to have this option moving forward. They are looking forward to when they can get back into the home this would be a really good option to have when the situation warrants.

Kristen said the next set of issues that they've weighed in on and are following is broadband and they did talk about that as part of assistive technology part of things. Senate Bill 1 has already passed, Senate Bill 3 is the telehealth bill that they are not fond of. Another bill that they've weighed in on Senate Bill 47 now in the House ensures that going forward pharmacies can provide the covid vaccine the same way they provide the flu vaccine. They worked on health care advance directives they've supported this in conjunction with the Indiana Patient Preferences Coalition it reorganizes and rewrites the health care advance directive statute and allows for other models of advance care planning to be recognized. Parents with disabilities is one that they've weighed in on particularly representing individuals who are younger and disabled and have children. The issue here is making sure peoples' disability is not a determining factor in their ability to parent and their rights and responsibilities as a parent. They've also been working on Senate Bill 276 powers of guardian after death they've been working on in conjunction with the adult guardianship task force this allows a guardian to sign off on final arrangements for their deceased ward. By Indiana law the guardian's responsibility would end at death and this would allow the guardian to come in and make sure the deceased body is properly care for. That's what they are kind of looking at in the General Assembly and just following a bunch of everything else. She will stop there to see if anyone had questions.

Kristen said in their packet it includes some bills and articles related to some of the issues that they've talked about liability protections etc. there is information with details about the Americans Rescue Plan that Erin mentioned. The \$470 million she suggested represents approximately a doubling of assistance available through FFRCA and CARES Act it's been partial out to various line items in the Older Americans

Act including supportive services, nutrition, evidence based, health promotion, disease prevention , ombudsman, etc. and because we are still in this emergency situation we will probably have some flexibility but we need to be careful how we invest this money, because it's probably not going to happen again, so it's not something we want to set up long term draws against. One more additional thing she wanted to mention is in the back of their packet there is a broadband benefit program coming out with the federal communications commission it is meant to assist individual households to access board band both the monthly access fee as well as one time assistance purchasing equipment.

With no further business Jim adjourned the meeting.