

CHOICE MINUTES

VIRTUAL TEAM MEETING JULY 15, 2021

1 to 2:30 p.m.

Call to Order: James Leich call the meeting to order at 1 p.m. Jim asked if the new Board member Sen. Ed Charbonneau was on the line, his was not. Jim said they have an update on the long term services and supports reform effort which has been going on for the last 4 or 5 months.

Discussion: Jesse Wyatt introduced himself as the Deputy Director for the Indiana Division of Aging. He said they have presented some of the efforts around LTSS previously to the CHOICE Board so some of this will be repetitive for some of them, but he wanted to give an update. Long term services and supports reform LTSS the first question is why do we need it? Jesse said there are all kinds of reasons one big reason is when you start to compare us to other states you can see how poorly we perform. Many of you are familiar with the AARP LTSS scorecard that comes out every few years. This is the 4th report that they have done in all 4 reports Indiana has been in the bottom 5 of all 50 states. AARP's methodology has consistently placed Indiana in very low standing when compared with other states in how we help people remain at home, remain independent and age in place and avoid institutionalization. He said in the latest report Indiana fared a little better under the AARP dimensions, affordability and access, choice of setting and provider, quality of life and quality of care, support for family caregivers and effective transition.

Jesse said Indiana is an aging society the number of people likely to need long term services and supports is growing dramatically every single year. The Division of Aging helps administer the Aged and Disabled Medicaid Waiver often the starting point for individuals needing services on the A&D is in the high 70's nationwide, it's the low 80's. Demographically Indiana is an aging state so the last growth over the last few years has been tremendous growth on the Aged and Disabled Waiver, they've seen more than a 60% growth over the last few years. Nationally there has been a trend towards what is called rebalancing, back in the early 80's very people were receiving home based support through Medicaid. Almost everyone who needed long term care services and supports were receiving those services through a nursing facility that is no longer the case today. Nationally today more people receive home based support than support from a nursing facility. Indiana is behind the curve 50% or so of the people receiving home based support and 50% receiving support in a nursing facility this is enrollment, but if you look at expenditures the disparity is even greater for Indiana. When you talk about rebalancing there are a couple of different aspects the number of people served or enrollment and the other one is expenditures.

Jesse produced a slide showing what AARP constitutes as a high performing long term services and supports system, affordability and access, choice of setting and provider, quality of life and quality of care, support for family caregivers and effective transitions. Why reform Indiana's LTSS system, our system needs improvement there is all kinds of national research around and the vast majority of people when asked would prefer to stay at home or in the community to receive long term services and

supports as opposed to a nursing facility setting especially with the situation that we are in today. Cost is another factor and sustainability with the aging population growing and Hoosiers deserve quality of care and AARP ranked Indiana at 44 in the nation on this and what we have done over the last two decades needs to be better.

Jesse said moving the past the why is how do we get there. Two big objectives that they've identified is having 75% of new LTSS members who need and receive long term services and supports receive them in a home or community based setting and the second is 50% of long term services and supports expenditures will be on home and community based services. Jesse said again how do we get there we ensure Hoosiers have access to HCBS within 72 hours they do have a pilot program and more than 1,700 people have been served on the pilot and they are working to make it better and permanent. Another step is to move LTSS into a managed LTSS model which a lot of states have been doing for a while, linking provider payments to member outcomes which is what is known as value based purchasing if an entity performs better we pay them more and if an entity performs less we pay them less and we create an integrated LTSS data system linking individuals, providers, facilities and state entities. This is an interim process and more information will come online, this is the initial push of how we get there.

Jesse produced a table that he shared for the proposed MLTSS population. This is just a point in time so the numbers can change and the target is population 60+. Roughly about 40% or so would actually be receiving MLTSS, they need a name for the program because it's a little misleading to call it MLTSS only because they do have a big chunk of people who won't be receiving MLTSS services. But they will most likely as they age, their health declines and they need assistance but not everyone who is 60 needs LTSS. This is just kind of the target population including anyone on the A&D, anyone in the nursing facility, anyone currently enrolled in fee for service, HCC or HIP.

Jesse said a couple of years ago they went through a rate methodology process where they reevaluated the reimbursements they paid through the A&D waiver. Many of those rates hadn't be updated in years some a decade, so there were significant increases in many areas and there were some decreases from areas to. But the goals remain the same from that project having greater alignment, having sustainable rates, person centeredness and value based purchasing and reducing disparities. A quick example is the A&D waiver had one set of rates for providers and for the TBI waiver the rates in most instances were significantly less for the same exact service, so for the 2019 project they were able to align those rates.

The next slide is a little confusing Jesse said but it has some interesting data points, on the list it shows the different kinds of Medicaid authorities and services that are offered. Indiana is on the higher end of the cost per resident and spends substantially more on nursing facilities than many other surrounding states and overall last on person type services. Jesse said if they had questions on this slide to reach out him and he could discuss it more in detail.

Jesse said stakeholders have provided feedback on enrollment and options counseling throughout the engagement and some samplings of feedback include member choice how

many MCEs will a member have to choose from, what happens when members switch MCEs, member access to expedited eligibility and level of care, continuity of care protections and support for single door access. They talked about responsibilities and requirements of the MCEs and also the enrollment process especially in regards to safeguards in enrollment. Other stakeholder considerations in care management include member eligibility, independent care management being available to everyone in the program, choice of who is invited to participate in the person center process, choice of agency and frequency of contact. Also a person centered interdisciplinary team approach, other agencies do this but typically the Division of Aging hasn't used a team based approach to understand some of the social type services and clinical services etc. and how they work together. Other requirements such as member contact requirements, state mandated caseloads and the background for case managers around their education and educational achievements and communication with the appropriate people in their circle of support. The more recent stakeholder activity that they've had include is a design group, finance group, focus group and RFI with some of these groups having subgroup meetings. They continue to ask for feedback through their stakeholder inbox anyone can email them with feedback through that. They are still continuing they've had close to 100 different stakeholder meetings already. One area of concern that they are addressing and had planned to for some time they are going to have some consumer feedback opportunities coming up and more provider feedback opportunities to. He would be glad to take any feedback or responses and thanked the CHOICE Board for the opportunity to speak on the topic today.

Rep. Ed Clere said thank you for the presentation, but he didn't hear a whole lot about CHOICE. Jesse said the CHOICE program is not going into managed care, it is going to remain separate. There are a lot of details to work out how the managed care entities and Triple A's communicate especially around CHOICE, but as a decision point the CHOICE program is not integrating into managed care it will remain as it is today. Rep. Clere said he had a few more questions, he made a comment "for those families who chose nursing home level of care it's the right choice for those families" and in some cases it is the right choice for a number of reasons but he knows from his experience a lot of times it's not the right choice for the families it's the safest choice or what they see as the only choice. Maybe because they've had a bad experience with home and community based services, either the lack of quality of services that their loved ones received or the lack of availability of services or the lack of high quality services or they simple have limited information about what is available. He helped a constituent a couple of weeks ago whose mother is now connected with services and they had no idea what Indiana had available and their conversation as a family was is it time to talk about a nursing home for mom. They had no idea there was this whole spectrum in between, so he wants him to talk about that. And before he talks about that he wants to ask as related question in respect to 75% target and trying to get more people into home and community based services he thinks the pilot that he has been doing is working with assisted living. Jesse said that is one aspect but really it's a very small percentage of the total number of people who have gone through that aspect, the vast majority of folks have gone through the Triple A. He said that's

great to hear assisted living is an appropriate choice and the right choice for lots of individuals and families as well, but he wants to make sure as they continue this discussion he wants him to address the experience the folks have had and why it might be perceived that a nursing home is the right choice versus home and community based services. If he could talk about that along with the timing and the timeliness and the availability when we get out in the rural areas its very difficult many times for people to get services setup. Jesse said he couldn't disagree with any of his comments or wouldn't want to he is absolutely right, he wants to apologize right choice might not be the best use of terms he just wants to respect everyone's decision. For some families and individuals they do want what a nursing facility can provide so its very important. He doesn't view their role as making that choice for individuals they need to respect the choice of individuals and families for the setting of their choice and the services of their choice.

Their job is to provide a system that provides access and a good ramp for folks who need long term care services and supports. It isn't to make that decision for them and it seeps into so many conversations he apologizes he didn't mean to signify something was better or worse he was just wanted to respect the decision that is made by the individual. Awareness he couldn't agree more so many people don't know about the services that they offer, many people don't know Medicaid can pay for assisted living. For example in Indiana the Medicaid market for assisted living is about 10%, 90% of the market for assisted living is private pay and most of it is very expensive. The vast majority of families can't afford assisted living and so to be able to offer it as an option to those who chose for a lower income population and really a more diverse population they're able to offer assisted living services to. He thinks it's very important it's a very critical part of the service matrix that they offer but that's true for many of their home and community based services. Most folks don't know that they can remodel a bathroom to make it accessible, they offer home delivered meals, adult day services, pest control or nutritional supplement and the list goes on. They offer a little bit of over twenty services through the A&D waiver and CHOICE offers a very similar set of services. They offer services that allow a family member to have some payment for providing personal care services. Many people are very fond of this program called structured family care there is an agency involved and the agency provides oversight, training, education, support and then a stipend to the family member who cares for their love ones. They added this to CHOICE it's part of the choice selection, they added it last year. He completely agrees that lack of information is a huge problem.

Jesse said that Rep. Clere mentioned the plot, it is a limited population its currently only 65 and older. There are some limitations on the assets and some other things so someone going through the pilot may not get approved for the pilot, but they may still get approved for Medicaid through the normal application process. They have roughly 9 Triple A's who have the ability to offer expedited eligibility and they do have some non-Triple A's also participating and they do have a few assisted living facilities and adult day facilities and they have one structured

family care agency that are able to process expedited Medicaid for the pilot to get services started quickly. And in the rural areas in his experience for personal care there can be shortages of staff but it much more so in rural areas the density just isn't there for providers to believe they can turn the type of revenue they need to be able to offer services. Rep. Clere said he appreciated the presentation and clarification. Jim asked if there were any other remarks on the presentation and welcomed Sen. Ed Charbonneau who joined on the meeting. Rep. Clere said he is really excited that one of the representatives on the Board is Hannah Carlock representing the ARC of Indiana and touched on the subject of including a part of the aging population who have intellectual and developmental disabilities in the pilot program or some other proactive partnership who would be best be served that way instead of a nursing home setting. He would love it if they could identify a hand full of people as part of the Division's existing pilot or even an informal pilot along side the current pilot and talk to Hannah and the Board about what else we need to have in place to serve those folks. Jesse said that sounds great and he's glad to collaborate with Hannah. They really haven't targeted intellectually or developmental disabled folks on their A&D waiver it's a smaller number of folks, but they are there and he would be glad to have those conversations and forge a path forward to serve those individuals. He would be glad to connect offline and have those further discussions. Hannah said he could use her as a tool and resource they are a minority group that gets overlooked a lot she would love to be a part of it.

Jim thanked Jesse and said he overlook the minutes and they have some more Board members. He asked the Board to look over the minutes for corrections and approval. Andy Weiderkamp made a motion to accept the minutes, Hannah Carlock second the motion and they were approved unanimously by the Board.

Division of Aging Update: Erin Wright said she would start with some general updates about CHOICE. State fiscal year 2021 ended on June 30th in state fiscal 21 the Triple A's were operating with reduced CHOICE funds due to the required cut. They've been keeping an eye on the waitlist and overall the statewide waiting list for CHOICE services has grown 11% since this time last year. The current waitlist is 2,224 and at the end of SFY 18 which would have been June 2018 it's about 150 more people than there were at that time, this is a grow of about 7% since their meeting in May. Some areas have grown expeditiously this time last year they had 10 people on their waitlist and now it's well over a 100 and a hand full have reduced their waiting list. They are also seeing growth in the waiting list for some of their non-waiver programs such as Title III-B services and Title III-C2 for home delivered meals. They don't have the final state fiscal year 21 spending numbers yet but the majority of the Triple A's were on track to spend all or nearly all of their allocations. The grants for SFY 22 have not yet been executed but they are early in the processes of working their way through the system.

Through the American Rescue Plan Indiana received close to \$27 million in additional Older Americans Act funding and Title III and a little in Title VII Ombudsman funding this is about the same amount of funding that they typically receive each year for Older Americans Act services. The funding period is 3-1/2 years so they will have these funds available through Sept. 2024 and the awards fall under the same guidelines and services as the Older Americans Act funds and then will be distributed through the intrastate funding formula.

ACL is encouraging states to think long term and strategically with these funds as its an opportunity to setup for success in meeting the future needs of the older population as they continue to grow. ACL highlighted vaccine access and social isolation as uses for these new dollars. They are still sorting through exactly how these funds are going to work in conjunction with the regular Older Americans Act funds that they received. They recently surveyed the Triple A's to gather input on the uses of the funds and about half of the Triple A's responded, ideas ranged from technology improvements to capital enhancements, enhance outreach and training, some service expansion particularly services like transportation, handy chore or other one time home modification investments, family caregiver support and evidenced based programming. They will be looking at all the feedback that was received from the Triple A's to craft the scope of work for them on the funding and on the finance side related to the funds distribution there is still some outstanding issues with state budget that are holding things up. As she mentioned at the last meeting one issue with this funding is that the funds require both a state and local match and they utilize Older funds typically for their state match for the regular Older Americans Act programs but they don't have Older Hoosier dollars to cover all of the additional funding. As she mentioned at the last meeting that CHOICE is a option they are considering to meet the match and at this point it is looking like that is the only option that they have available. And as she mentioned it would require about \$1.8 million in CHOICE funds between now and the end of Sept. 2024.

The Division is sponsoring the administration of a caregiver survey, the survey will gather direct feedback from adult caregivers to help inform programmatic decisions at FSSA and they've partnered with the Center for Survey Research at Indiana University to administer the survey. The pilot launched last week once the pilot wraps up caregiver survey data collection will continue through October with the final results anticipated by the end of the year. Along with LTSS reform and normal program grants management and day to day operations the Division of Aging will be working on its next state plan on aging for federal fiscal years 2023 through 2026 over the next year. This is a requirement of the Older Americans Act but really reflects the state's overall efforts on behalf of the older population. The area agencies on aging also have a requirement to submit an area plan on aging these were due to them for 2022 through 2023 last month they are in the process of reviewing the plans.

This morning at the Commission meeting they summarized the goals and objectives as the Commission has a statutory role in contributing to planning efforts. The approval of the plans maintain their designation as an area agency on aging and they will be finalizing the review process in the coming weeks. Erin asked if anyone had any questions. Rep. Clere said on the waitlist 22/24 he doesn't think she mentioned how that breaks down by Triple A, region, is she seeing a pretty even distribution proportionate to population served or are we seeing spikes in some areas and what is the timeline for getting the waitlist down to zero. Erin said they are seeing spikes in some areas and for getting the waitlist down she was expecting the waitlist with the cuts in CHOICE for 21 to increase more than they did. She thinks the influx of all of the covid money that they received even though it wasn't supposed to take the place of CHOICE money she thinks that might have helped mitigate some of the growth. And as the population continues to grow there's going to be more people in need of services, they are working on their end, but she doesn't have a targeted timeline to get it back down to zero.

Erin produced a spreadsheet showing the percentage change from SFY 20, Area 13 had over a 1,000% growth but they went from a very small number to over a 100, Areas 3, 6, 7 and 11 have decreased, and

some areas have had several hundred. Rep. Clere said his concern is that there could be a mishap and someone could end up entering into the nursing home while they are on a waitlist. Erin said there could be nuances as to why the numbers are what they are, they could be getting services on Title III C2 while they are waiting for CHOICE those things are not reflected on the spreadsheet, the list on the spreadsheet is just who is waiting for CHOICE.

Sarah Renner asked if Erin wanted to present one of the easy solutions they anticipate resolving this year which has to do with the non-billable charge that consumes about 1,000 people. So if you look at the total number of people they serve it will include 10% that are counted towards non-billable services which is admin and overhead costs in the care management line. So they are trying to move that cost out so that these dollars can be appropriately expressed onto folks, so you could see that 80% of the waitlist could be lifted into those average expenditures in the next year if those costs could shift somewhere else. Sarah said Erin might want to correct if she's not stating that quite well enough. Erin said no that's the general explanation and she doesn't have the details to go into anything else further.

Erin said there was a question in the chat "could she speak more on what programs are lacking matching funds for ARF dollars you mentioned CHOICE needs \$1.8 million and may be the only option". Erin said under the Older Americans Act requirements some of the programs require a 15% match and a 3rd of that match has to be state dollars, she was speaking in relationship to CHOICE the state's ability to match their portion of the overall required match. When they were gathering feedback from the Triple A's on whether there were concerns about their ability and the timing to meet the match, in general nobody's fighting the match and it wasn't surprising but nobody expressed that it was going to prohibit them to either accept or spend the dollars. In relation to the CHOICE dollars its really the state's ability to meet its required match.

Sarah said she wanted to share some of their appreciation efforts for the work done on the covid response over the past year. As the Secretary leaves FSSA she recommended that I-4A and Triple A's receive a sort of a historical document to help them remember the great efforts and sincere appreciation that they have for what they have done during the pandemic. She told Kristen LaEace that she had hoped to have her certificate pulled up but she was able to produce one for LifeSpan and read it to her and as soon as they are face to face she will present all of the awards signed by Dr. Sullivan and maybe they can hang them somewhere prominent so others can know about the good work that they have done.

I-4A Update: Kristen LaEace said they've got some federal policy updates, some things that are happening with the state and some current event news. All the information on the screen is represented in their educational packets. She wanted to share how they are doing on the advocacy at the federal level and they were very pleased that a number of CHOICE Board members and Commission on Aging members took up their offer to fund participation or join into N-4A advocacy participation in May. They were able to hold 10 out of 11 virtual hill visits on federal policy issues both related to appropriations and other policy related things. They appreciated the support from the CHOICE Board and Commission on Aging members it was great to have so much participation and different points of view. They weren't able to get Greg Pence and if they are in his district please ask him why it won't talk about aging issues. She produced a slid showing the federal fiscal year 2021 appropriations the bold

print are increases in funding and decreases are in italics. Some of the increases are supportive services and centers, congregate meals, home delivered meals and family caregivers support for more details the information is in their packets as to what they asked for and what they got with a lot of the line items doubled. With the Biden budget proposal he didn't put in everything they asked for but there is a substantial increase over the December 2020 amount, but they are looking for something that increases the Older Americans Act on a longer term bases. Also included in the packet is an analysis of the president's FY 2022 budget proposal, two advocacy letters that their national organization sent, one related to the different appropriations committees in the congress, the senate and in the house talking about flexibility and please fund us at a higher level. Finally, there is a letter requesting waiver of the matching requirement in the American Rescue Plan.

Kristen said she included the 2021 policy priorities from N-4A, it includes the appropriations she shared with them but its very expansive and very board it addresses Medicaid, Medicare, transportation, caregiver support, social isolation, nutrition and all kinds of other things. As you are talking to your own representatives feel free to use these talking points or the information included in the set of policy priorities. She said one more thing on the federal level that came out ACL publishes every year a profile of older Americans the most recent version came out May 2021. It gives you a sense of what the country looks like in terms of its older Americans demographics. She thought it would be important context for policy makers here so they can think of how our state compares to the national perspective.

Kristen asked if there were any questions on the federal level, with there being none she said she was going to move on to the state level. She said one additional part to the American Rescue Plan that it's bringing boatloads of money to Indiana and it's happening in Medicaid. There is going to be an increase in the matching money coming into Medicaid and to get this additional match the state had to submit a spending plan approval to CMS. They have released this to the budget committee and wanted to share this with the Board. The state did conduct a wide stakeholder survey to gather people's different perspectives on how this money should be spent. It's a broad spending plan but not a lot of detail, this can have some significant impact for home and community based services. It covers things like addressing issues in workforce, she thinks there are things in there about caregivers, CAMS, making sure Triple A's have enough Medicaid admin money that they are not running out at the end of the fiscal year in their ADRC contracts and so much more. She would encourage them to look at this plan as it is very board and if they need more information this it might be something they can invite Medicaid to come talk about more in-depth. Sen. Breaux asked if this was the F Map that she was referring to and this can be increased why. Kristen said yes this was included in the American Rescue Plan as a way to help shore up Medicaid especially in home and community based services. She said it has nothing to do with population or income. Sen. Breaux said she thought the F Map was based on the income levels of the state. Kristen said her understanding it that F Map is set at a percentage and we just draw down based on what we claim to the federal government, but she could be wrong about that. Sen. Breaux asked if this was included in the packet and she said yes in a pdf file that was included in their email.

Kristen the second thing that she wanted to draw their attention to following up on Jesse's presentation is that a request for information regarding managed long term care services and supports was released earlier this week by the Indiana Department of Administration. This the end product of the work with the RFI planning stakeholder group they worked on in January. To give a little context about this first of

all the intended responders are managed care entities so this is directed to the kinds of services a managed care entity would provide. It includes services that happens after a person has reached out for services, has been assessed and determined eligible, moving more towards enrollment, this is all the stuff that happens after that. She encourages them to read the questions that they are asking feedback on and submit their comments to the email box listed in the document, the response deadline is the end of August. There is an article from the Kaiser Foundation regarding Medicare Advantage that is very informative especially for dual eligible folks. Kristen asked if anyone had questions about the state stuff, so she pointed out a couple of articles about a new controversial Alzheimer's drug that received FDA approval, the shortage of workforce and a Stateline article on the importance of trees especially in low income neighborhoods.

With no further business Jim adjourned the meeting and thanked Kristen for all her information.