CHOICE MINUTES

VIRTUAL TEAM MEETING May 20, 2021

1 to 2:30 p.m.

Members in Attendance: Jim Leich, Sen. Leising, Laurie Mullet, Dr. Ellen Kaehr, Megan Smith, Hannah Carlock, Beth Schoenfeld, Dr. JoAnn Burke, Rep. Carolyn Jackson, Andy Weidekamp, Sen. Breaux, Rep. Clere

Members Absent: Sarah Renner

Call to Order: Jim Leich called the meeting to order. Senator Leising said she had to call in as they aren't set up for microsoft team meetings only zoom. Jim announced that they have a couple of new members Laurie Mullet and he asked Erin Wright conformation. Jim asked Laurie to introduce herself. Laurie said resides in Northwest Indiana in Westfield she has been a nurse for 46 years and she will officially retire in 2 weeks. She will be serving on the Board as a citizen interested community participant and the majority of her career has been in the home health administration. Jim said he has worked with Laurie for many years and welcome onboard. Dr. Ellen Kaehr with IU Geriatrics and she practices in the nursing home setting and she does outpatient dementia consults. She is very much focused on dementia care and represents the provider in geriatrics on the board. Megan Smith said she is currently with Golden Gardens Day Center on the eastside, she is the Community Relations Director which means she wears many hats. She is also the President of the Indiana Association of Adult Day Services. Jim asked Hannah Carlock to tell them a little about herself. Hannah is the Director of Public Policy for the ARC of Indiana she works with Rep. Clere and the other legislators at the State House lobbying for people with disabilities. Jim said 4 new members and they are finally getting close to a full Board.

Jim said the minutes from March 18th are open for discussion and/or questions. If there none is there a motion to approve the minutes. A motion was made to approve the minutes and seconded by Beth with no objections Jim approved the minutes. Jim said up next is a presentation on supported decision making with Melissa Keyes.

Presentation: Melissa Keyes said she had the pleasure of speaking to the Commission this morning. She is the Executive Director for Indiana Disability Rights they are the state's protection and advocacy organization and they provide legal services and advocacy to people with disabilities across the state in a number of different areas. She has a Master's Degree in Clinical Psychology with a focus on developmental disabilities and serious mental illness along with a law degree. Between those 2 she has a lot of interest in this area along with a lot of student debt. She is going to start out with a little exercise, she would like two volunteers, Hannah and Jim volunteered to do the exercise. She asked them each to share 3 things that are very important to them as part of their identity. She asked them to pick one thing from each other's lists that they could no longer have. She asked them how did they

decide which one to pick and after picking that one item did it ever occur to them to ask the other person which one they no longer wanted to do.

Melissa said she did this exercise for one reason and that was to remind everyone that we all have things in our life that are important to us that have value and are truly individualized. What is important to her is different from what is important to him, but we all have things that fill our buckets that make us whole that gives us purpose and life. The other thing about this is all the things on our list we've come by decisions we've made in our life whether they're big or small decisions. That's how they came to be on our list, who we decide to partner up with, what education we decided to go that led to a job, everything that is involved in our core identity was down to a choice that we have made for the most part. That's reason number one the second one is to really highlight the big responsibility decision makers have and how quick a decision maker when faced with a time limit how quick it is to substitute their own values as opposed to trying to determine and put forth the person's wishes. Again, this is a thought exercise it's highlighting that whenever possible we really want to make decisions based on what the person wants because that's what we want to direct our lives. Part of how we can do that is through supported decision making, she thanked Jim and Hannah for their participation.

Today she is going to talk very briefly about what is supported decision making as well as other decision making supports. They will touch briefly on why we need this and why it is so important and then she will spend a few minutes talking about how they can support decision making in Indiana and hopefully leave some time for questions that they may have. She said if anybody has an interest in learning more about anything that she talks about today she will send her slides out afterwards it has her email and feel free to reach out to her.

Melissa said Indiana is fortunate enough to have legislation that was enacted a few years ago that specifically allows for supported decision making and recognizes it as a less restrictive alternative to guardianship. The definition reads "Supported decision making refers to the process of supporting and accommodating an adult in the decision making process to make, communicate and effectuate life decisions without impeding the self-determination of the adult." Lawyers love job security so what does that mean in plain language. Everyone is familiar with accommodations, an example eyeglasses to help people see better, wheelchairs to help people get around, so when we think about supported decision making what we are thinking about it is an accommodation to help people make decisions. The person uses supports and tools whatever they need to help them make that decision, but they make the final decision they retain all decision making authority as opposed to somebody else.

Melissa said who can use supported decision making, everyone in fact we all do this already every day in our lives with some degree of formality. From a legal perspective the principles of supported decision making of using supports can be used within other legal frameworks. It can be used within guardianship it can be used within power of attorney arrangements as a way to help develop those decision making skills. The important thing is to allow for whatever support is needed in the least restrictive manner possible.

She wants to talk briefly about capacity because that really becomes the sticking point for people when we talk about decision making supports. It is important to note that capacity really exists on a spectrum,

it's not just a yes or no its not something that happens and you are all of a sudden incapacitated there are a lot of gray areas with it. And whether someone has capacity is really determined by a lot of factors, it is determined by the situation, the complexity of the issue as well as internal external factors like time of day, physiological state, these are some things that can go into somebody's ability to make decisions. Capacity can also change over time based on skill acquisition so the more you learn or practice a particular skill the better you become at it the same principle is true for decision making.

When we talk about what options are available the greatest thing is we already have a lot of options available to support folks with decision making in Indiana, so guardianship is not the only option. However, because of the way our system is setup guardianship becomes the default rather than the last resort and that is really what needs to change. Our goal should always be to start with the least restrictive option. Our current options they can be used in combination and they can change over time to support a person's need but is has to be more than a blanket one-time solution. As part of the decision making legislation we now have a definition for less restrictive alternatives. Less restrictive alternatives – an approach to meeting a person's needs that restricts fewer rights of the person than would the appointment of a guardian and they've got options for that, supported decision making, appropriate technological assistance, appointment of a representative payee, appointment of a health care representative, creation of a power of attorney. She said if people are interested in any ideas she has lots and would be happy to share those with them in a separate session.

Melissa said she thinks it's easier to use an example to show the difference between power of attorney, supported decision making and guardianship because those are the 3 that get interchanged the most frequently. An example Diana has schizophrenia lives along and retired. Her adult son helps her out around the house and helps her when anything major comes up. Diana slipped on some wet tile and hurt herself, her son goes with her to an orthopedic doctor's office the doctor says she has a tear in her ligament and treatment is either steroid shots and physical therapy or surgery. Neither option sounds desirable to Diana and causes her some anxiety and maybe because of her diagnosis or the presence of her son the doctor begins to question her ability to consent for treatment. Under supported decision making if Diana had her son as a supporter he could ask if she could have a break or they could get back to the doctor the next day, etc. whatever she wanted or needed to be able to make the decision herself.

Having a supported decision agreement written down which is allowed in the Indiana statute allows the doctor to better understand she has made that decision using an accommodation. In the presence of the supported decision making agreement at least in Indiana would allow the doctor to recognize that okay I recognize that Diana is using some accommodations to make her decision and I'm going to recognize that as evidence of her conform consent and I don't have to worry that she is not able to make this decision without a higher level of intervention. Under a power of attorney arrangement if Diana had named her son as power of attorney for medical decisions the doctor could look to her son in conversation with Diana to make that decision on his mother's behalf in accordance with the language in the POA. He would presumable talk to his mom and go with the option that best supports her wishes. If Diana didn't like the way he was performing as her attorney she could remove him from her power of attorney and appoint someone else, so she has the power to name who will be helping to make decisions. Under guardianship if her son had been appointed guardian by the court the doctor would exclusively talk to her son to make that decision. Her son hopefully would look to Diana's wishes for best practices to make that decision but he would not necessarily be required to do that. Supported

decision making you make the decision yourself using the tools and supports you need, power of attorney you make decisions yourself using a supporter but under these specific circumstances you appoint someone to make the decision for you and guardianship the court has appointed someone to make the decision for you.

Why do we need decision making supports? This is a human rights issue and everybody wants control over their life. While it's been signed but not ratified in the U.S. the United Nation Rights of Persons with Disabilities along with 40 other states, countless organizations and individuals all agree the right to make decisions about your life, the right to self- determination is essential and there is also health and wellness benefits associated with being able to exercise control over your life.

Melissa asked how can we support decision making in Indiana? They all agree everyone wants as much control in decision making as possible for as long as possible, why aren't we doing it more. There are 2 major reason: 1) people don't know about it or they don't know how to use it or they don't know what to do with it when presented with a decision making support and 2) our system is not setup to meaningfully consider it. It is very easy to get guardianship and it's very hard to get out of and move to a less restrictive option. While education is undoubtably important it's an effort they are currently working on through a grant with the Association on Community Living. She really wants to focus on the second issue in particular, last week she participated in the 4th annual guardianship summit with researchers, advocates, thought leaders from around the world gathering every 10 years to just nerd out and talk about the future direction of guardianship and decision making supports. One thing became abundantly clear while Indiana is progressive in its recognition of supported decision making Indiana's guardianship code is woefully inadequate. So, when we talk about how to best support people with disabilities and those who are aging to preserve that autonomy for as long as possible here are some key things that they can focus on in regards to the guardianship code. Our code does not provide a great deal of protection for people at risk of guardianship.

Melissa said Indiana lacks standard statewide medical or diagnostic information or evidence necessary leaving it as a county by county court rule. Indiana lacks requirements for representation and participation which are the cornerstones of procedural due process, leaving it to an underutilized or unfunded guardian add item program, allowing for waiver participation by the person. Indiana lacks standards and clear guidance for both professional and family member guardians, in fact there are only minimal prohibitions on who can serve as a guardian and we lack a consistent way for folks to raise issues concerning their guardian. Finally, aside from the recent requirement that guardians report the availability of less restrictive alternatives as part of a biennial accounting to the extent that the court doesn't waive that requirement there is no ongoing review of guardianship to determine if it continues to be necessary making it extremely costly to move to a less restrictive alternative.

Melissa listed a few recommendations convening a workgroup with the goal of recommending changes to the current guardianship code. The workgroup would need to have equal representation from both the disability and aging communities including all stakeholders. They could look at funding projects for example establishing a guardianship ombudsman program and remembering the courts are the last stop in being able to prevent unnecessary guardianship they are not the only link in the chain. Its long past time for Indiana to acknowledge the problems that we have and to start working towards a viable solution. Everyone is at risk of guardianship and we owe it to ourselves and we owe it to others to make

the system as good as it can be. If someone would like her contact information it is Melissa Keyes, Executive Director at mkeyes@IndianaDisabilityRights.org 317-722-3463 she has tons of information.

JoAnn said she would like to make a comment Melissa gave her presentation to the Commission on Aging this morning and after her presentation they had a lengthy discussion and they decided to develop an advisory committee to work on a position paper to support decision making in Indiana. They would like to invite the CHOICE Board to consider working with them on a position paper on this.

Jim asked if there were any other thoughts or questions for Melissa. Rep. Clere said thanks for joining them today and an excellent presentation. Could she talk a little bit more about this from an advocacy standpoint, in terms of individuals either on their own or as part of their respective organization, employer, etc. from a process standpoint. He doesn't thank there is a requirement correct him if he's wrong but if a judge is presented with one of those more restrictive forms, they don't have to force consideration of supported decision making, correct. Melissa said correct. The way the guardianship currently works under the adoption of supported decision making legislation is that as part of the participation of the petitioner the person who wants to be the guardian submits information as to whether or not a less restrictive alternative was considered or implemented and why it is no longer viable. The judge does not have to do any particular finding or fact for conclusion of law regarding that it is just supposed to give the court additional information to be able to make that decision. Other states have gone further and required LRS to be used she doesn't think from a practical perspective when someone is in a persistent vegetive state that you have to try to show that you tried to do something else prior to seeking guardianship.

Rep. Clere asked how would she suggest that folks in this group advocate at the local level and help make those connections and make sure judges and organizations and provider organizations, physicians, etc. are educated and empowered to make sure supported decision making is considered at an appropriate time. Melissa said from a basic level just connecting people with resources so that people are aware that there are other options, so often guardianship is presented as the only option. She is hoping that eventually to establish kind of an Indiana supported decision making resource center so that people would have a place to go to get some good evidenced based information. There were some interesting recommendations on legislative changes that they could make in Indiana, but it really comes down to recognizing that our guardianship code is extremely outdated and in need of an overhaul and a facelift and we've got to have the willingness to do it.

Sen. Breaux said she came in on the tail end of her discussion and quite honestly she needs to be educated. She missed her presentation and she doesn't really know what they are talking about in terms of guardianship. It looks like Indiana needs some legislative changes and she thinks Rep. Clere and her working together and Rep. Jackson she thinks it would behoove her to get them off line and educate her and talk to them about what Indiana needs to do and maybe prioritize some of those needs from top to bottom. Let's see if they can try during the summer put something together that they might be able to offer in the fall. Melissa said she would take them up on that.

Ellen Kaehr said she really enjoyed her presentation and she sees this play out clinically so she would love to kind of partner with her. Because she is already thinking about how do we get this to the bedside and she also agrees with her comment that we reflex to that guardianship. She sees that play out clinically so as far as partnering with different educational opportunities like discharging from the nursing home she will email her.

Rep. Jackson said she agrees with Sen. Breaux she will definitely be willing and interested in having dialogue to see what they can do legislatively to help.

Senator Leising said she wanted to be involved, she thinks its important for all of them that actually know this issue well to be engaged in it especially the legislators.

Kristen LaEace said she wanted to toss in a little bit of perspective for the CHOICE Board particularly the legislators on this issue of needing to update the guardianship code. A major roadblock has been the Probate Study Commission there are folks on the Probate Study Commission that wrote the original guardianship code and because they wrote it it's their legislation and they think it's just fine. They have been resistant to looking at the new uniform code that came out of the Uniform Code Commission and so that's one of the reasons why they talked about trying to get a position paper together. It would be coming out of the Commission on Aging, coming out of the CHOICE Board and they could engage other institutions and it would really be great to have the legislators pushing the Probate Study Commission to take on this issue. They have tried to move it forward in the last couple of years and have not gotten anywhere.

Kristen said if they come up with legislation without it having been vetted by the Probate Study Commission she's concerned it won't go anywhere in session. Sen. Breaux said she has heard the probate stuff gets clogged up in other areas as well that's not the first time she has heard this. Sen. Leising said she is not on any of what she calls the legal committees and she doesn't know if any of the other legislators are. Rep. Clere said no, but to that point he would ask Melissa, Kristen and Hannah to take the lead on convening this discussion with legislators and circle back to them for some input. Sen. Leising said someone could maybe reach out to is Sen. Liz Brown who is an attorney and she chairs the Senate Judiciary Committee. Rep. Clere said let's have that conversation later. Jim said he thinks Melissa would be happy to have anybody here get involved and to contact her. Melissa said she will send out her slides and it will have her email information and they can reach out from that.

JoAnn said she would invite the CHOICE Board to join the Commission for a joint position paper if they would like to. Jim said anyone who is interest to let him know.

AAA Presentation: Dr. Steve Counsell said he also presented this morning to the Commission on Aging. Two things this morning 1 is to follow up on a request from last September from the CHOICE Board at that time he presented to them the work of the Indiana Dementia Care Advisory Group over a year and a half they developed recommendations for the Division of Aging around proceeding with a dementia capable home and community based services system in Indiana. They received a grant last summer from the Administration for Community Living (ACL) consistent with many of the goals and recommendations from the advisory group.

ACL awarded in 2020 grants to 10 states totaling $10,841,332. The primary purpose of the grant was to design, implement and evaluate new and expanded home and community bases services to help people with Alzheimer's disease and related dementia and their caregivers. They were awarded a $1 million federal grant with a 25% match which was provided by the 5 area agencies on aging involved in the project which brought the total of the award to $1,333,333. The overall goal was to enhance, strengthen and expand existing IU and area agencies on aging dementia capable home and community based services system to maximize the ability of people with Alzheimer's disease and related dementias

and their caregivers. Per the grant proposal they had to demonstrate that they already had a dementia capable system that they were then strengthening and expanding. Their objectives under the goal was to provide dementia capable home and community based services to individuals with Alzheimer's disease and related dementias who were living among or aging with intellectual and developmental disabilities and provide dementia training to family caregivers and home and community base services direct care workers. Finally ensure delivery and sustainability of high quality and expanded dementia capable home and community based services.

Dr. Counsell said their current partners are IU Geriatrics, IU Center for Aging Research, IU Center for Health Innovation and Implementation Science, Eskenazi Health - Sandra Eskenazi Center for Brain Care Innovation and primary care and community health centers, CICOA Aging and In-Home Solutions care management for A&D waiver participants, IU Geriatrics Workforce Enhancement Program and the Greater Indiana Chapter of the Alzheimer's Association. They also have new partners 4 area agencies on aging Area 3, Area 6, Area 2, Area 11 and the Indiana Association of Area Agencies on Aging, Dementia Friends Indiana, IU Center for Youth and Adults with Conditions of Childhood, Indiana Professional Management Group, U of I Center for Aging and Community, the Division of Aging and Disability Services and Indiana Family and Social Services Administration.

Dr. Counsell cited interventions to implement across the 5 area agencies on aging for those living alone with dementia and those with intellectual developmental disabilities and those who are living with family caregivers. Each area agency involved has hired a care coach who went through an intensive 10 half day virtual training sessions instead of the 5 day in person training because of the pandemic. The program is specific to the caregiver stress prevention bundle it has been proven to reduce dementia symptom and caregiver stress by using these 4 key components; caregiver counseling, education and referral, development of a crisis plan, weekly respite care and monthly support group participation. The second part is to provide dementia training to direct care workers who will receive a certificate of completion once the training has been completed.

Dr. Counsell listed the outcomes for the end of the 2 year grant, targeted services to persons living alone with Alzheimer's disease and related dementia, new services for individuals aging with intellectual developmental disabilities and Alzheimer's disease and related dementias, have care coach consultation for waiver participants and their family caregivers reduce dementia behavioral symptoms and caregiver stress and improve the quality of life for people with Alzheimer's disease and related dementia and their caregivers, increase competency of direct care workers and expand dementia capability of the IU area agencies on aging home and community based services system. The care coaches started at the end of January received their training in February and started to see people with dementia and their caregivers in March. Finally, the Administration for Community Living wants to see the state impact of this program, so they have an assessment tool for the grant awardees that needs to be submitted.

Dr. Counsell did a quick overview of the care coach dashboard which monitors if they are on track in enrolling people into the program, measures dementia behaviors and caregiver stress, tracks their success by implementing the protocols around the counseling and education, crisis plans, caregiver time off and support group involvement. He said he would stop there for questions.

Their goal for the dementia care initiative came out of the Division of Aging. It started a couple of years ago under Sarah Renner's leadership and was to develop and expand dementia capable home and community based services that maximize the ability of people with dementia to remain independent in

the community and include support for the caregivers. He will distribute the slides to the Board since it contains a comprehensive overview of the project from all the way to better serving people with dementia and making sure they get the proper evaluation to programming at the state level and allocating resources, staff equipped with communication skills, workers being educated and trained and public education around brain health and other informative information regarding the initiative. Dr. Counsell said he also wanted to let them know that HB 1117 was signed into law establishing a state dementia strategic plan, he would stop there and take questions.

Rep. Jackson said she was a co-author on the bill 1177 that was adopted by Rep. Porter and she is concerned as to how far along they are with working to make that become a reality within the state.

Dr. Counsell said he would bring up the next slide to bring everyone up to speed. HB 1177 to develop a dementia strategic plan to identify and reduce the prevalence of dementia in Indiana and it needs to include state actions, implementation steps and recommendations to carry out the plan. It is to be a summary on the dementia strategic plan and outcomes from the implementation. The strategic plan is to address 8 dementia factors and they are excited to dive into this work and he has been tasked to take the lead on this from the Division of Aging and they plan to tap into the work that has been done over the last couple of years with the Dementia Care Advisor Group. He has already had conversations with Natalie Sutton of the Alzheimer's Association they are very eager to help and have offered to help them gain insights from other states who have been down this road for some time. Finally, they will also plan to align this work with the LTSS reform which is really great timing. That's where they are and they are looking for a kickoff around this in the next few weeks with the Division of Aging and the Alzheimer's Association and with the Dementia Care Advisory Group.

Jim said a lot is going on and he really appreciates what they've been up to. He asked any thoughts or questions for Dr. Counsell if not he is going to turn it over to Erin to present the changes to the manual.

Division of Aging Update: Erin Wright said she was going to go through this pretty quickly and pick the high points. She sent the updated version of Section 10 of the Operations Manual which is also known as the CHOICE Manual to them last week. For their information she wanted to highlight some of the changes. They have added 2 new services to the manual, the first one is the goal engagement which Secretary Sullivan several months ago arranged for a presentation for FSSA regarding a program called Capable out of John Hopkins School of Nursing. The Division of Aging and their Provider Relations Director Darcy Tower has been working to establish a pilot to bring Capable to Indiana.

The pilot is planned as a collaboration with Adult Protective Services and the long term goal is to possible add this as an option under the Aged and Disabled waiver under the name Goal Engagement. Does this program align with the goals of CHOICE they have heard some interest in this being an option available under CHOICE from one Triple A and it is an option that is allowable under the Older Americans Act. They wanted to use this opportunity as they are updating the manual to include it so that they are in the position to have it available as a service option for when the program is established in Indiana. The second service that is new to the manual but it has been in their Operations Manual is nutrition counseling. It is one on one counseling provided by a registered dietitian and addresses options and methods for improving nutritional status with working for a measurable goal. They also wanted to have it as an option under CHOICE to provide an additional nutrition service option for those who may be determined to be at high nutrition risk and would benefit from the service. Lastly, they added some clarification regarding home modifications. They updated some language regarding the qualifications

for care managers, this has been overlooked in the past updates to the manual its nothing new it just hadn't been in the manual. Finally, they cleaned up some of the typos and made some language updates. They are targeting July 1st effective date to correspond with the start of the state fiscal year. Erin said if anyone has any questions or concerns to let her know and feel free to reach to her afterwards.

Erin said she will cover the next topic quickly they are in the year end of state fiscal year 2021 as they know the Triple A's have been operating with reduced CHOICE funds due to the cut. She not sure if everyone is aware but the CHOICE budget was restored so thank you to all the Board members and/or any guests who worked to make that happen. Overall, for this state fiscal year the statewide waiting list for CHOICE has grown only 3% since last July they're at about 2,080 people currently on the waitlist. Their financial projects are showing that by far the majority of Triple A's will fully exhaust all their CHOICE funding and a couple are projected to underspend but it's really too soon to tell how they will end the year on unspent funds.

They are working on the state grant for 2022 in those they've updated some language regarding care management and indirect cost for clarification, they are also planning to include some guidelines on spending for services delivered they have not finalized the grant amount. They also received about $27 million from the Americans Rescue Plan in Older Americans Act funding, its funds for over a 3-1/2 year period through Sept. 2024, unexpectedly this fund has a match requirement both a state and local match. They are trying to figure out how they are going to meet that match requirement and what the distribution of funding and the timing of that needs to be for the Triple A's and the state match that they have to put forth. CHOICE is one of the options that's being considered as a possibility for meeting that match requirement. Again, they are looking at any and all options trying to figure it out, they are hoping to have some clarity soon so they can proceed. Erin asked if there were any questions.

Rep. Jackson asked if the manual she referenced is that online she doesn't remember getting a copy that she referenced that was sent out to the Board members. Erin said it's not currently posted but she will resend it. Rep. Clere asked how much is the match? Erin said overall it equates to about $1.8 million between now and September 2024. Andy asked if the manual that she sent out incorporates the new changes. Erin said yes. Jim thanked Erin for the update.

I-4A Update: Kristen LaEace said the packet contains wall to wall public policy. She wanted to thank the legislators for the state budget it was a joint effort regarding CHOICE advocacy not only the area agency on aging and their constituencies, AARP, Indiana Coalition for Human Services, Citizens Action Coalition and in particular legislators who had this at the top of their priority lists. One thing that she was impressed with was the power point that came out explaining what all the updates to the budget were after the revenue forecast called out CHOICE and she doesn't know if that has ever happened before. The rest of the report includes legislation that was of interest to the older adult and disability area, in addition to the budget they worked hard on Senate Bill 3 and were very excited about the expansion of telehealth. She noted in the packet that the telehealth statute expansion applies to licensed practitioners and unfortunately that excludes waiver case managers that are not licensed clinical social workers and or other aspects licensed. They worked really hard to try to get this expanded to Medicaid certified care managers, but leadership and the state wouldn't move on it. They've promised to continue to look at the expansion and look at expanding it to Medicaid certified care managers in future years.

Kristen said one of the things they've been calling out for the area agencies on aging and she would really encourage the advocates on the meeting who are involved or have some connection with the regional development initiative, the Readi Program which is like the regional cities initiative but on steroids. They've been talking with their advocates about how this is an excellent opportunity to insert ideas, commentary, etc. about age friendly communities into these plans that are going to be coming out of regional development councils and economic planning commissions, etc. And whether or not these include specific initiatives or services related to older adults and people with disabilities or concepts of age friendly and disability friendly communities are incorporated into other kinds of applications, they are encouraging people to reach out to the folks in their regions that might be applying for this funding and help make those issues a priority. In their packets it includes articles about the initiative as well as program description and frequently asked questions to provide some background on that.

Kristian said Erin talked about the money coming in from the American Rescue Plan she has included a chart that shows the American Rescue Plan allocations by title, subpart and state. Kristen said as Erin mentioned the Title III services and ombudsman are getting $27 million and she knows the Division is working on looking at those match requirements and how to meet those. One of the things other states have been doing have been soliciting ideas about this money because it's kind of one time money. They don't want to build a huge service obligation moving forward because this money is going to move through the system and then go away unless the allocations are increased at the federal level. If you have ideas about how the money could be spent talk with your local area agencies on aging or contact the Division of Aging directly.

She also just got an email that the total amount of CDC funding allocated to Indiana was about $930,000 and that will be another source of funding coming into the Triple A network to support vaccine uptake and distribution and the Division of Aging will be working on how to get that money out as well. She included a discussion of the American Rescue funding and what it can be used for, there is a discussion following that about the CDC funding with the same distribution and then the other big pile of money coming through the American Rescue Plan is an enhancement to FMAP the federal medication assistance percentage. It's basically saying the federal government is going to send the state more money to match it's Medicaid expenditures and it lays out all kinds of things it can be used for with an emphasis on home and community based services. She wanted to draw their attention to a letter to the Medicaid Director on how the money could enhance home and community based services.

The other big federal news is the infrastructure plan that the Biden administration released includes $400 billion to support long term care infrastructure home health care infrastructure. This a long way to go before we see anything coming out of congress even specific legislation that will be drafted. There is a lot of discussion about the size of that entire infrastructure plan as well as if things like health care count as infrastructure, so we need to pay attention going forward. The N-4A held its annual policy summit and released its national policy priorities and you can read up on that. She encouraged the Board to go through the rest of the packet for other interesting bits of information on what's happening.

Jim asked if there were any questions. He said it was a great meeting they went a little over and the meeting is adjourned.