

CHOICE Minutes

Virtual Team Meeting September 16, 2021

1 to 2:30 p.m.

Call to Order: Jim Leich called the meeting to order and welcomed members. Jim asked for a motion to approve the July 15 meeting minutes. Hannah Carlock made the motion Beth Schoenfeld seconded the motion and was approved unanimously by the Board. Jim said first on the agenda is presentation by Dr. Steve Counsell.

Presentation Dual Eligible Special Needs Plans (D-SNPs): Dr. Counsell introduced himself as the contracted Medical Director for the Division of Aging. The programs run specifically by the Division of Aging are the Aged and Disabled waiver providing home and community based long term services and supports under Medicaid for people who are nursing home level of care desiring to stay in a community setting. CHOICE acronym for Community and Home Options to Institutional Care for the Elderly and Disabled is very similar to the waiver program but its for people who don't quite qualify for the wavier. Money Follows the Person (MFP) Demonstration is around helping people desiring to leave the nursing home and go back home to a community setting. The Older Americans Act and Social Services Block Grant provides a broad spectrum of community services and supports. The Division also has responsibility for Adult Protective Services (APS) and Adult Guardianship and works collaboratively with the Long Term Care Ombudsman which is mostly around institutional care.

The waiver program care coordination is one of the most vulnerable populations of Hoosiers that they have, you have to be both nursing home level of care to qualify which means 3 or more activities of daily living that you need help in. Usually that's not normal aging so if you have those dependencies that's typically due to having multiple chronic diseases that are feeding into that functional limitation. Secondly you have to be financially eligible so income and assets must be such that you qualify for Medicaid financially. So, you can see that this is going to be typically a medically and socially complex high need population. The Triple A's their area agencies on aging typically perform the level of care determination and otherwise can assist people in the financial eligibility part for Medicaid. Each waiver participant has a waiver care management and most are through an area agency on aging, but there are some independent care management organizations. But the main point to take away is once you do enroll into the waive program you have an assigned dedicated waiver care manager.

As they have been working with the health plans they are shifting to using the term service coordinator instead of care manager for these individuals, because health friends and health

care are usually using the term care manager. They are looking to shift to referring to them for clarity as the waiver service coordinators, they are coordinating the services under the waiver program that are helping folks stay in a community setting as opposed to a nursing home.

Dr. Counsell said there is a multiplicity of services available under the A&D waiver. The waiver service coordinator will do a needs assessment and identify strengths of individuals and take a person centered approach to identify what services will match to best meet the needs consistent with their overall goal for care and support. Also, these services are available under the CHOICE program and are state funded as opposed to Medicaid where you have both federal and state funding and where folks who don't quite meet the financial and functional eligibility for the waiver. The Division has currently about 30,000 Hoosiers that are enrolled in the waiver program in Indiana.

Dr. Counsell went over duals and D-SNPs it is a national figure and there are 12 million Americans who are dually eligible and that would be for both Medicare and Medicaid. This population is highly diverse and it has greater race and ethnicity and a mix of chronic illnesses, higher portion of behavioral health conditions, disabilities and functional limitations. If you have both Medicare is the first payer and then Medicaid covers what Medicare does not. People are eligible for Medicare if they are 65 or older or have a disability and covers acute and post-acute care, primary and specialty care and medications. Medicaid in the dually eligible population covers the other things such as the waiver program and long term services and supports. These are 2 distinct insurance programs and were not made to work together and people who are dually eligible in Indiana are fending between both programs and trying to do the best they can, but with or without help it can be very challenging.

What is D-SNP, it is a type of Medicare managed plan. Medicare has to enroll anyone deemed eligible but a special needs plan (D-SNP) the health plan can get special permission and approval from CMS to enroll a selected special needs population. There are 3 flavors of special needs plan, the I-SNP that's for people who need institutional care, the second is (C-SNP) for people with chronic conditions, the final and most popular is D-SNP which is where Medicare will approve a plan where it only wants to serve dually eligible Medicare recipients.

Dr. Counsell explain that the D-SNPs have to get approval from CMS for their model of care plan and describe the population they plan to serve, why they need a special type of plan and what they are going to do that's special for them. The important thing to note is Medicare drives the care coordination and the health care when you are dual eligible and have both Medicare and Medicaid. The people who benefit most from the care coordination are people with chronic disease.

One of the things that they are doing with D-SNP is information sharing. A couple of years ago CMS required in a new rule that the Medicare D-SNPs starting in January would start to share

information with the state and that information would be at the state's choosing. The main goal was to have more timely coordination of care with the Medicaid programs, so realizing that D-SNPs are taking care of Medicare folks sometimes the Medicaid side is invisible to them. The health plan is not really looking after the Medicaid side where that could really benefit if that was better integrated in the care health of the member. This initiative was to try to improve care coordination particularly transitions around hospitals and skilled nursing facility admissions. As part of requirement of the state contract they want them to share information on waiver participants who are their care members in their health plan when they get admitted into the hospital or a nursing facility. They send the state through a data file certain information about who it was, where they were admitted to the hospital, when their discharge happens and information on their past utilization on hospital, nursing home and emergency department to give them some information about this person and their stability.

The Division of Aging takes that information that comes into CaMSS the case management software that is used by the waiver service coordinators and generate a notification out to that waiver service coordinator that is designated for each waiver participant. This will allow them to work together and coordinate the health care of that person. D-SNP and some representatives from the area agencies on aging have an ongoing coordination workgroup to help build on this information sharing. The purpose of this workgroup is to increase care coordination for waiver participants between their D-SNP interdisciplinary care team and the area agencies on aging waiver service coordinators to improve health outcomes. In July they provided virtual training to all the waiver service coordinators across the state, there are more than a 1,000 and they had more 500 on the initial training. The D-SNPs are Anthem, Care Source, Humana, MHS, United Health Care and the area agencies 3, 8, 11 and 14.

The next step is to create a repository of information so D-SNPs can have the Triple A map and have contacts within the Triple A's if they need to call the designated person. The Triple A's have a designated person in each of the D-SNPs that they can also call and get consistent information and work together. They've got templates and have developed some metrics on the process side and outcomes they want to follow to show they are making a difference. For their 2022 state contract they are requiring each of the plans to have IHIE connectivity that's the health information exchange. This will provide more real time information on the health plan that they can pass on to the state more quickly on a person reducing a time lapse. Finally, as they are doing LTSS reform across the state they are trying to be more proactive in helping people engage and become more aware of what services and supports that are available in the community in the home and community based setting. Dr. Counsell asked if there were any thoughts or questions.

Jim thanked Dr. Counsell and said this was an area he didn't know a lot about it's been very helpful, are there any questions. Jim said people on CHOICE that might be Medicaid eligible but not qualify for the waiver how do they fit into these programs. Dr. Counsell said they could be

part of D-SNP if they have partial Medicaid but don't quite qualify for full Medicaid and waiver services.

Rep. Ed Clere thanked Dr. Counsell for an excellent presentation, did he understand him to say that the D-SNPs weren't really aware of the Triple A's. Dr. Counsell said largely yes. Rep. Clere said that's amazingly disturbing to him and what he is about to say is in no way a criticism of his presentation or the great thing he is doing. Last CHOICE Board meeting they heard a great presentation from Jesse he was talking about managed care. This is the CHOICE Board and it seems like most of what they hear about is not directly related to CHOICE and CHOICE is becoming something of an afterthought. And he is afraid the Triple A's in many ways are also becoming an afterthought, maybe he can clarify what he said about the health plan referring people to the Triple A's for information. He thinks the Triple A's are being marginalized and he's concerned the CHOICE program is also being marginalized there is not a lot of discussion about CHOICE anymore and they're always talking about everything else and even at the CHOICE Board meeting they aren't talking about CHOICE.

Dr. Counsell said that he can tell them that CHOICE as a afterthought or the Triple A's that's pretty much unfortunate, they are not even an afterthought in the health care world for the most part. He says that not so much in Indianapolis and some other pockets Fort Wayne there are some health systems that are closely aligned with the Triple A's but in large part health care providers, hospitals, discharge planners and even nursing facility staff, social workers are not aware of the aging network or the area agencies on aging and what they do. With the CHOICE program people don't know about waiver and they don't know about CHOICE they don't know about any of that really home and community based services in the health care world. It did surprise him with the D-SNPs because this is their population, they're dual eligible and about 40% of the dual population in Indiana have nursing home or home and community based waiver services, 20% have waiver services, they still need to do a lot of work.

Reimbursement is a big part of the LTSS reform conversation is how do we really increase access and awareness to home and community services and do it in a way that is sustainable and has the capacity to take on the people who are desiring those services. Rep. Clere said to follow up with one note as we talk about long term care services and supports and access to home and community based services he hopes they continue to fall on the Triple A's to play a central critical role as they have for so many decades and they need to step up as well there needs to be a partnership. He doesn't want to see any of this sideline the Triple A's in any way.

Jim said any other comments or thoughts. JoAnn said following up on what Ed just brought up, but she wanted to share some good that was brought up at the Commission this morning. Justin Ziegler shared that first year medical students now at Indiana University will get some dementia training through Dementia Friends and he considers that a great victory and hopes that gets into the medical school curriculum. Her question has to do with people in early stages

of dementia maybe needing a little bit of help that might come through the CHOICE program and moving into needing more services later on. With CHOICE you need only one ADL, if CHOICE isn't there we have a big gap. How is that being thought about when we think about MLTSS when people have dementia and need that in between care. Dr. Counsell said he would turn that to Jesse that's definitely a big part of the conversation is they want to try to go up stream and that's in part what they are doing with D-SNP referrals. If they are members of the plan and have a diagnosis of dementia or need help in one ADL and they are not in the waiver program they may have other needs and things that they could benefit from they're trying to get them a referral to their local Triple A for information and assistance.

Jesse said what is being proposed in previous stakeholder meetings around this nuance is as he mentioned the CHOICE program would be separate it would not be included in managed care it would remain a fee for service type program. Today people transition from CHOICE onto the waiver its really a common activity as one declines and/or their financial picture changes, because there are 2 reasons why people are on CHOICE versus the waiver and that's because financially they don't qualify or functionally they don't qualify or both. As those change over time individuals transition onto the waiver, the idea is that would remain the same. There is a fair amount of work to make sure those transitions are very consumer friendly and work well but the idea isn't a whole lot different from how their system works today. As one declines further and/or their financial picture changes they would move from CHOICE onto waiver type services, there is still work to be done but generally that's the idea.

Jim asked JoAnn if that answered her question. JoAnn said yes and it's back to the fact that CHOICE remains a very important program in the state of Indiana so it shouldn't be sidelined or considered secondary. Jesse said zero ADLs can qualify if they are considered at risk of institutionalization. Jim said moving to the next agenda item.

Division of Aging Update: Darcy Tower said she is with the Division of Aging where her role is to oversee IRs and Medicaid waivers the Aged and Disabled and the Traumatic Brain Injury. Today she wants to briefly share the work they are moving toward in order to better engage folks who intersect with long term services and supports. A lot of that work is centered towards MLTSS and the waiver population she does expect they will hear feedback from folks who receive CHOICE services and other non-waiver funding as well. She wants to talk a little bit about why they are doing the work that they are doing as well as the information that will be shared during a lot of their community conversations. She would also like to highlight the key areas of engagement that they've identified and an overview of some of the questions they will be asking folks. And then how they will take this feedback and use it to propose changes to the system so that they can ensure that it is truly person driven. The final information she would like to share is to let them know about the logistics of their engagement sessions as far as when they'll happen and where they'll happen and then where you can go to send any questions they have.

In the Division of Aging they talk to consumers and providers everyday about the assistance they need in navigating LTSS and through these one on one conversations they've really been able to apply that feedback to changes within their 2 waivers. Since 2017 they've been working on LTSS redesign efforts to improve access and connections to long term care services. As a part of this redesign effort the Division of Aging has an opportunity for the first time to strategically engage folks who intersect with long term care in order to receive feedback about what's working, what's not working about the care they receive today. This information will help them build a person centered long term care system where the consumer's voice is truly the catalyst that sparks the system change.

One of the things they know for sure is that Hoosiers want to age at home and AARP provided a data point for them that tells them 87% of people over 50 prefer to age in their own home. Recently the risk of contracting covid and then fear of social isolation those factors have been driving the increase and desire to avoid institutional setting. Hoosiers regardless of funding source CHOICE or waiver they deserve the very best care. Today the AARP LTSS scorecard tells them they have a lot more to do in improving coordination of care and cultural component care delivery as well as improving payment models that links to quality outcomes measure to improve the lives of the people they serve.

Since she has been with the Division the best learning that she has ever received had been from folks to intercept with their services and the changes she has made to their waivers have all been really based on conversations with consumers and providers and advocates who are impacted daily by long term care supports and services. The stakeholder engagement and collaboration is really the most critical piece to ensuring a smooth and efficient transition into system reform. They have partnered with some outside organizations to help them do the work and their Division Director Sarah Renner connected FSSA with the Indiana Minority Health Coalition and Advancing States on developing engagement experiences for consumers. Advancing States has helped them create a consumer advisory group to help them more consistently reach folks across the state and make sure they are engaging in consumer and provider centered priorities. They brought together these 2 groups to help them develop and review vocational materials and targeted questions and then adjust their materials based on feedback from these groups. When they heard from folks about the system redesign effort they wanted to make sure they are informed about areas like Medicaid and Medicare and CHOICE and understand the difference and what they pay for. They are also interested in obtaining information from home and community based service providers and what they want to know about how our system redesign effort will impact them and what they already know and what they'd like to know about managed care.

The second pillar to their stakeholder engagement is obtaining feedback about what's currently working and not working within the system. With Advancing State and their advisory group

they've identified several key areas where they will engage folks. They want to know how to improve LTSS access, how it operates, how to better support caregivers and how to make the system easier for providers to participate. Finally, how to improve quality of services rendered to participants. They worked with Advancing States and the consumer advisory group to come up with areas of concern and then from the categories they worked collaboratively to establish sets of questions. The answers they receive will be used as much as they are able to fix some of the broken pieces within the system before they implement any redesign.

They will begin their first round community conversations virtually Sept. 20-24. Advancing State and the Indiana Minority Health Coalition will be working with agencies throughout the state to establish certain physical locations to attend virtually if technology is not an option for an individual. Darcy said she is happy to send out the link after the meeting where they can access the sessions and asked if there were any questions or comments.

Jim thanked Darcy for her thoughts since there were no questions and asked for the next person from the Division. Elizabeth Peyton is the Innovation and Clinical Practice Director for the Division of Aging and today she is going to be discussing the process they took to develop Indiana's first caregiver survey. The caregiver survey project was launched November 2020 and the purpose of this initiative was to develop a survey to learn about the state of caregiving in Indiana to help them improve and promote improved health and social outcomes for caregivers and their care recipients. The survey was also intended to identify and anticipate future needs for caregivers and their care recipients. Through the survey they hope to better understand the health of caregivers in Indiana, their perceived quality of life and unmet need in order to improve future health outcomes for them and persons to whom they provide care. This project will help inform their LTSS redesign efforts and potentially inform new waiver services and program initiatives. They launched the pilot of the caregiver survey in late May and the pilot ended last month on the 6th. The main data collection for the caregiver survey is undergoing right now and will continue through September. They are currently working on the analysis plan for the caregiver survey which should be completed in November of 2021.

Elizabeth some of them might be familiar with the partnership that they at FSSA called WISE Indiana also known as Wellbeing Informed by Science and Evidence in Indiana. The WISE Indiana is a partnership between Indiana Clinical and Translational Sciences Institute and the Indiana Family and Social Services Administration with the purpose of engaging Indiana's nationally recognized academic experts to evaluate and inform Indiana's practices, programs and policies. For this project they will engaged experts in caregiving and survey development from both IU and Purdue Dr. Nicole Fowler, Dr. Kathleen Abrahamson worked together as project co-leads. Dr. Fowler expertise is in family caregiver research and interventions that improve the quality of care and life for dementia patients and their family caregivers. Dr. Abrahamson expertise is in long term care, services and supports as well as survey and

interview development. They also engaged in Indiana University Center for Survey Research to make sure their caregiver survey tool followed survey best practices.

Elizabeth said to properly identify caregivers in the state of Indiana for their survey they chose a definition of as caregiver as family member, friend, neighbor, community volunteer or person with a legally defined relationship with the person receiving care who provides without expectation of pay direct, physical caregiving, health care coordination/medical management, assistance with instrumental activities of daily or emotional support. They did not place any criteria around where a caregiver lives, but they did identify the care recipient must be age 55 or older to ensure alignment with their MLTSS reform efforts. They used a validated combination of tools and questions developed specifically for this survey. When it came to using validated tools they used the shortest version available to help reduce the burden to survey respondents. Another item to note about the caregiver survey is regardless of payer source many individuals providing unpaid care maybe receiving Medicaid or are providing care to individuals who are Medicaid recipients.

They partnered with the Center for Survey Research who recommended that the survey be developed telephonically. This was primarily because of the length of the survey and the target of the demographics. They know from literature that there is a substantial difficulty in reaching individuals with low incomes, who have less education or age 65 or older or live in rural areas which is precisely the population they are trying to reach with this survey.

The survey got off to a slow start and they had to really focus on outreach to increase participation with the survey. They ended up creating a web based survey version, they had multiple engagements with stakeholders such as AARP, Senior Link and Indiana Minority Health Coalition. They are currently also administering a home and community based service CAHPS survey and so they had active recruitment from that survey if somebody seemed to be eligible for the caregiver survey. They sent out caregiver letters through the Triple A's and other stakeholders. They've also used a public call to action, a public news radio interview with the help of AARP and in the community conversations they will also be providing education and awareness of the caregiver survey opportunity to community members. As of yesterday they've had over 440 completed interviews. Elizabeth said she was open to any questions they may have about the caregiver survey.

Jim asked if there were any questions/comments. Andy Weiderkamp said it seemed complicated to get involved in the survey. Elizabeth said IU Center for Survey Research actually called households of all caregivers who would be willing to participate in the survey and they also received letters in the mail so households had the option to call and schedule a time for an interview. And they also have been promoting their web base survey tool.

Jim asked if there was anything else from the Division. Erin Wright said she would send out an outline via email and turned it over to Sarah Renner. Sarah said her one announcement is to keep your eyes on your inbox because they will be sending out the CHOICE Report in the month of October and this will give them a month to look over it and at the November meeting she will go over the report with them for any feedback.

I-4A Update: Kristen LaEace said the first she wanted to make them aware of is that the the Indiana Chamber of Commerce along with the Wellness Council of Indiana is offering recognition for workplaces that have certain levels of vaccination based on self-reporting. This is one way in terms of protecting older adults and people with disabilities and our community at large, that we can all show leadership in our workplaces regarding covid vaccination. You can see there are different levels from 70% vaccinated up to 100% vaccinated. It can be a workplace of any size they have a 0 to 10 category which they fell into, so she is proud to say that I-4A got the platinum award, they are 100% vaccinated at I-4A.

In her education packet she thought she would include the program packet for the Golden Hoosier Awards. A number of persons were recognized yesterday they have the entire program and she would like to call out at least one Commission on Aging member Judith nominated one of the winners. They had at least one from the area agency on aging Jenny Hamilton and LifeStream Services nominated a number of the winners, so she hopes others were able to nominate some of the winners that were recognized yesterday. The packet includes the profile of each of the winners so they can read through those later.

Kristen said at the federal level for years she has started her educational sessions with what is happening at the federal level and they get that information from N-4A. They've heard her talk about N-4A the National Association of Area Agencies on Aging for years, well now they have rebranded to USAging and she will be using that from now on and she wanted to bring that to their attention. In terms of what's happening at the federal level there are 2 things that are happening right now which happens to do with money for the Older Americans Act and home and community based services the proposed budget is \$1.2 billion. The first is the federal budget, the house bill continues forward with that additional investment so that's something they can be reaching out to congress about as they move forward with budget negotiations. The other thing that's happening right now is the very large infrastructure plan that President Biden has put forward. Right now it is in the Senate The Better Care Better Jobs Act, it has lots of money for home and community based services. A lot of this would come through Medicaid so as you hear in the news about this being talked about the separate bill from the budget it is something from their perspective that they would support because of the increases to home and community based services, primarily like workforce support and things like that.

Kristen said moving on the Biden administration made a permanent increase in SNAP and these were to continue somewhat, the additional SNAP that people found very helpful during the

pandemic. This will affect older adults because a lot of older adults don't want to go through the hassle of applying for SNAP because it's a lot of paperwork for sometimes not very much monthly support. As they see food aid through SNAP increase they may be encouraging and enticing more older adults to apply for these benefits which they are eligible for. There are other news reporting data reporting out there now that in addition to SNAP and all the other federal aid that was distributed during the covid-19 pandemic last year that it did have a significant impact of poverty. When we talk about all this spending its not just giving middle class people a big boost that they are saving and putting into their checking or savings account for a rainy day, but this really did impact poverty levels and people who put this money right back into the economy for rent, food, healthcare, etc. That is pretty much what's going on at the federal level.

Following up at the state level they've been talking about the post move to MLTSS, they've talked about the efforts I-4A have made to share their perspective that they shared with them and FSSA. They had the opportunity to share their perspectives with the Interim Community on Public Health, Behavioral Health and Human Services back in August and she has included their testimony so they can take a read through and it will give them a more details on about where the area agencies on aging are coming from, what some of their concerns are, what some of their proposals are. In addition, there were other stakeholders who also shared their perspectives and all the stakeholders shared various concerns. The result of their concerns were mentioned in the final report that came out of the Public Health Committee, she's included that final report for them. Unfortunately, there weren't very strong recommendations from the legislative committee. They want to continue regular updates from FSSA but there was little in direct response to all the concerns that stakeholders submitted. Kristen asked if there were any questions.

Jim adjourned the meeting and told everyone to enjoy the nice weather, the next meeting is scheduled for November.