

CHOICE MINUTES
VIRTUAL MEETING - NOVEMBER 19, 2020
1 to 2:30 PM.

Members Present: James Leich, Rep. Ed Clere, Andy Weidekamp, Rep. Carolyn Jackson, Sen. Jean Breaux, Beth Schoenfeld, Sarah Renner, Dr. JoAnn Burke

Call to Order: Jim Leich call the meeting. He said the first agenda item is old business and asked Erin if she had news about new CHOICE Board members. Erin said no. Rep. Clere said maybe him and Erin can get this back on track, he thinks the Governor's Office is distracted as well and he doesn't know what the hold up is but they need to get the positions filled so he will continue to work with her on that. Erin said she can resend the email so it will be fresh for him. Rep. Clere said that's great and update him on additional ones that have come in thank you.

Jim said we should take a look at the Sept. minutes has everyone had a chance to look at them. Andy Weidekamp said a general question he found is it took a long time to read the minutes because they were not really composed so they were easy to read, a lot of long sentences, no periods, changing of people and that kind of thing. He didn't know if there was a way to make the minutes easier to read and attach the comments or what and they were 18 pages long. Jim said they did not have who was in attendance either but lets go ahead and approve the minutes. The motion was made by Andy followed and was seconded by Beth and approved by the Board.

Jim said for the main part of their agenda which is the 2020 CHOICE Annual Report. He said you'll notice that they've addressed some of our issues from previous reports of additional information, context for some of the information presented and the covid-19 impact. He asked who would like to walk them through this.

Discussion of 2020 CHOICE Annual Report: Sarah Renner Division of Aging Director said she would be going over the 2020 report today. She is not using her own words or editing anything that they will find in the report. They've condensed high level what's in the report so they can visually see and talk about it today. First item is to go over what the requirements are for the CHOICE Report, there's nothing new here. As a Board they need to review and comment on the report, they could solicit public comments and testimony and incorporate opinions into the report. That's what they'll work on today go over the report and it's just similar to last year if you have comments or additions for us we'll take the feedback. If you'd like to proceed like last year getting a document back to Jim they can do that at the end of the presentation. They will talk about the timeline they need to stick to get that done. She is not going to go through all of this, but this is the state code that aligns with what belongs in the report. You will notice the report has a history and its introduction states the purpose of CHOICE funding. CHOICE funding for home and community-based services is used after all other possible payment sources have been identified and all reasonable efforts have been employed to utilize those sources. We know there is no income restrictions on eligibility, we know a cost share exists for anyone above 150% of federal poverty level and at 350% of federal poverty level and above, have a cost share equal to 100% and there is also a asset threshold. Those criteria define how we are able to serve

individuals on the CHOICE program. The next table speaks to one of the requirements about the amount and source of local, state and federal dollars spent. You will notice on the left-hand side the rows are itemized with the funding source Aged and Disabled Waiver, Traumatic Brain Injury Waiver, Social Services Block Grant, Title III, CHOICE and then a total sum. So these are the funding sources in our program that they use to support participants. You will notice that the total sums for the state is about \$524 million the state's portion of that is about \$197 million and you will notice the CHOICE portion is about \$49 million. How the CHOICE dollars are allocated or how that budget is itemized is really high level. We have our appropriations of \$49 million there is a \$18 million match for the Medicaid Waiver, they transfer about \$3.750 million to OMPP for waiver intake and there is a reserve requirement of \$1.5 million. Their state administration portion is \$1.2 million and \$24.3 million that's contracted for Triple A CHOICE Services. The 2020 demographic characteristics report show that they served 10,254 individuals of that 35.7% represents the 60 to 74 age category and 24% of the population the age range is 75 to 84. At a very high level there is a lot more detail in the report, but for demographic data 75% of CHOICE participants live alone, 68% of participants are female, 64% are white, 21% are African American and 1% are undetermined.

Sarah said the next section of the report is impairments and medical characteristics she would love to over time to work on changing the word usage. What you will notice on this table is there is a humongous roll called others 70% and sometimes it makes her wonder what "all others" is. Under impairments and medical characteristics the primary diagnosis are diseases of the circulatory system at 13.46%, Alzheimer's and dementia related is 8.29%, diseases of the nervous system is 5.40%, all others come at 60.95% and the no diagnosis code is 11.90% all of this data presents the participants that they serve.

Sarah said the next thing is a list comparative costs for all publicly funded long term care programs. The table is split from top to bottom with line items, the top is CHOICE expenditure per day, per month and per year and it breaks it down into a state and federal column. The bottom half of the table is nursing facilities expenditures. This is not an apple-to-apple comparison nursing facility cost would include a length of time around a year, however CHOICE participants may not receive services the entire year, their average utilization is about 4.2 months. They are also not reporting care management into the CHOICE cost. She's not sure how accurate that is because one would receive care management in both environments one through CHOICE and one would be from the nursing facility environment. Per year for CHOICE the expenditure is about \$2,370 per person, if we look per state for nursing facility it's about \$19,000 per year and if you combine the federal cost with that it's much more than the \$2,370 cost for CHOICE.

Sarah wanted to talk a little bit about client care outcomes the first bullet point is they served 10,254 participants which averages out to 3,560 clients per month. The second bullet point is in SFY 2020 there were 2,038 CHOICE participants who were approved and confirmed to start the A&D waiver. The third bullet point is 27 CHOICE participants were approved and confirmed to start the TBI waiver, thus transferring from CHOICE to a Medicaid waiver program. They know that an individual who has some form of Medicaid may also receive services from CHOICE and the number was 7,273. In summary essentially there are individuals who may receive something

from Medicaid and financially eligible, but they may not be A&D or TBI waiver eligible the number of ADLs so therefore they are eligible for CHOICE.

Sarah said this table is an estimated number of applicants for services from CHOICE with activity of daily impairment counts, the individuals receiving CHOICE management only per 0 ADL is 340, for one ADL 297, two ADLs 416 and three or more ADLs is 4,376. Impairment individuals receiving CHOICE care management and other CHOICE services per ADLs; 0 ADL 187, one ADL 391, two ADLs 1,108 and three or more ADLs 2,062. Those receiving all CHOICE per impairment ADLs; 0 527, one ADL 688, two ADLs 1,524 and three or more ALs 6,438. She wanted to note that there is a slight discrepancy in the total number of clients served and the number of clients listed in the rows, so they have some work to do with CaMSS.

They have a total of 931 CHOICE providers that include: adult day centers, area agencies on aging, cleaning services, construction companies, faith based social services, home delivered meals, legal service organizations, home health agencies medical equipment companies, mental health services, personal service agencies and transportation organizations. They provide an array of services to the CHOICE participants from interpreters to vehicle modifications to anything in between. The average cost per day for CHOICE services excluding care management was \$133 lower than the average cost to support someone in an institution.

Sarah said something that's new in the report and is not a requirement is a report on the impact of Covid-19. The Division received two rounds of supplemental federal Older Americans Act funding; \$4,672,826 in Older Americans Act nutrition funding through the Families First Coronavirus Response Act and \$15,536,426 in Older Americans Act funds for nutrition services, in-home and community support service and caregiver funding through the CARES Act with the funds ending in December. The funds were distributed to the area agencies on aging through the intrastate population-based funding formula. She wanted to highlight they have more flexibility with these funds outside of commonly purchased services such as in home care, care management, transportation and meals. There was also wellness check-in calls and the purchase of technology to assist in supporting virtual communications and services and expanding the meal program.

CHOICE is the funding of last resort the Cares Act and Families First Coronavirus Response Act federal funds must be spent first. As we think about this \$19 million investment they believe that this amount contributed to a 23.5% decrease in overall clients served. This decrease reflects a 32.4% decrease in the number of individuals receiving only care management, however the percent of individuals receiving care management plus services remained about the same.

The CHOICE costs for participants receiving care management only versus those receiving additional services. In SFY 19 there was 13,408 participants with an annual cost of \$1,889 per participant and SFY 20 there was 10,254 participants with an annual cost of \$2,370 per participant. For participants receiving care management only in SFY 19 there was 9,604 participants with an annual cost of \$200 per participant and SFY 20 there was 6,496 participants with an annual cost of \$224 per participant. For participants receiving care management and other services in SFY 19 there was 3,804 with an annual cost of \$6,153 per participant and in SFY 20 there was 3,758 participants with an annual cost of \$6,079 per participant.

Sarah said talking a little bit more about the covid funding Cares Act and Families First funding that they received this year and the impact of covid on the state and the reduction that occurred for their SFY 21 contracts for transparency. The total funding allocated to the area agencies in their SFY 2020 CHOICE grants was reduced in SFY 2020 from \$25,321,483 in SFY 2019 to \$24,300,000 in SFY 2020. This included \$500,000 that was reallocated in consultation with the area agencies on aging to the Aging and Disability Resource Center contracts for Medicaid waive intake services, which receives a 50/50 federal match increasing those contracts for the area agencies on aging by a total of \$1,000,000. The remaining funds were used to meet the reserve requirements.

Sarah said this concludes the covid update and the next step for the Division will be to update the report on Board feedback and return it to the Board Chair for review and approval and provide to the General Assembly after Nov. 15 and before December 31, 2020.

Jim thanked Sarah and said she did a good job and opened it up for thoughts and comments. Sen. Breaux asked if it was going to be available online or will they have access to this information. Sarah said yes, they will send it out after the meeting. She said will you send it out or will it be available online. Sarah said they can post the presentation. She said she would need advice on this can the presentation go before the report is finalized however they can get both onto the website and she will defer to Erin on some of the logistics pieces. Erin said they typically post the report on our Division of Aging website under the boards and commissions section after it is finalized and approved and a draft of the report itself is sent to all the Board members. She can send that to them again and she will find out the logistics if they can post the power point before everything is finalized.

Rep. Jackson said she would like to thank them she really enjoyed the presentation, but she just wanted to make one comment that concerned her. With the decline in services for the seniors during the pandemic and she's guessing the decline in services had to do with individuals not wanting caregivers to come into their home and possible spread the covid or is there another reason. Sarah said you'll likely notice this when this comes out in the next couple of slides she's going to go over. It may really have to do with cost shifting so there's an influx of federal funds that allow us to serve people first, that may mean we don't need as many dollars from CHOICE to serve people. You'll notice in the next couple of slides that we go through the increase in meals served indicates people are getting services are still accessing what they need from a service perspective. Rep. Jackson and Sen. Breaux think that maybe they need to have that clarified a little bit prior to them sending out the document. Because even though the services are not being reduced, they're just being utilized in other areas that needs to be highlighted. Jim said good point.

Rep. Clere said thank you for your report. It was excellent and she did a great job explaining the report. Looking at the slide comparing costs when you look at daily, monthly and annual costs for CHOICE you are only looking at the time period in which the person receiving CHOICE services actually received services, in other words obviously a lot of folks receive CHOICE for less than a year. So can you speak to that then he has a couple of other follow up questions. Sarah said she recalled that if we looked at our case load folks carry from month to month receiving a service

about 3,500 individuals and they receive something from CHOICE for an average of 4.2 months, it's about one quarter of the amount of time an individual would likely be counted in that nursing facility cost. That's only because it's just how numbers are averaged out when we look at length of time utilizing services. Rep. Clere said do you think this accurately states the cost and cost savings from CHOICE when you annualize this or are we understating or overstating this. Sarah thinks this is an area to look at are modeling back to you the correct information. She is a little bit unclear as to why care management isn't included and she thinks it's again because we see environments not as apples to oranges. She would say it would be nice to reflect on this section for next year. It may be wise for them to offer a couple of examples before they finalize the draft report so you can offer some feedback as to what would be helpful at this point this year this is all they could do.

Rep. Clere this is fine for this year maybe they can carve out some time to do a deeper dive into that not for this year's report but looking towards next year. With looking towards savings CHOICE keeps people out of an institutional setting in many cases it helps keep people from becoming eligible for Medicaid and when we talk about savings we have to acknowledge that once someone becomes eligible for Medicaid often because they have gone into an institution and they have depleted their financial resources. They aren't just receiving Medicaid for being in nursing home or other facility they become eligible for all state Medicaid so the state is on the hook for its share for all of those other Medicaid costs, does that make sense. Sarah said thank you.

Rep. Jackson said she just wanted to say yes, she agrees this is very helpful information presented and that is why she would like to get a copy or know where to find it. Rep. Clere said does what he said make sense can she respond to that. Sarah said yes when we think about savings and a way to look at nursing facility costs but what home- and community-based services can do, probably/possible in this environment maybe in a better way a safer way for folks it may also provide some cost savings to the state. Rep. Clere said right maybe this is something we can take a deeper dive. The only other thing he would say is since we have had CHOICE available for more preventative use allowing it to be used with fewer or no ADLs he wishes we could incorporate more information about that into the report and the impact that it is having, can you speak to that. Sarah said you are right she thinks it's maybe since 2017 the ability to provide service to individuals with fewer than two ADLs is now an opportunity for this program. You are right it does speak to prevention to maybe helping folks not need a waiver sooner. One of the things that they are trying to progress to in the month of December is they have a wonderful epidemiologist on their team now and Rachael is going to work on what may in the first step look like a demographic report or just a baseline to our story about who we are and who we serve. But she thinks this piece about ADLs fits into that narrative and could we take a little deeper dive into a trend line that says are we serving more folks with 0 to 1. And what does that mean based on maybe some of their clinical outcomes or just their need for social support over time. One of the things she was going to mention is they close out the CHOICE report is we know that you would like to see that type of data from us and they've been pretty busy on some covid reporting but they know they will have some time here this winter to start producing what is hopefully a brief but easy to utilize fact sheets and this could be easily incorporated into that. Rep. Clere said she appreciates and learning more about their epidemiologist and getting some good longitudinal on ADLs and usage. Sarah said as she pointed out there is still work to be done there is still some

discrepancies in the data but its significant as you will notice we served 10,200 people but we have ADL counts on 6,400, so there's work to be done. Erin said she would like to clarify for the ADL data they are missing overall its about 10% and the bulk of the missing is related to the case management only.

Sarah said she wanted to talk a little bit about SFY 21 CHOICE funding. They do know there was a reduction in the amount granted in the Triple A grants this year. State agencies were asked to find a 15% reduction in their budgets and when they received the allocation they were to meet they produced what became an 18% reduction to the overall State Fiscal Year 21 CHOICE grants to the Triple A's. An important factor that weighed in the decision was the implementation of the CARES Act and Family First Coronavirus Response Act dollars and they must be spent down before CHOICE funding can be used. They have a spreadsheet in their packets that shows the math breakdown per area agency grant amount. A few additional factors that played in that decision, over the past three state fiscal years, approximately \$1.67 million in CHOICE funds allocated to the Triple A's in contracts went unspent each year. This includes \$1.2 million unspent in State Fiscal Year 20, even after the Triple A allocations were reduced by \$1 million from the previous two years. In SFY 20, 63% of CHOICE participants received care management only less than half of all participants receive other services like attendant care and home modification. In Federal Fiscal Year 20 Title III funds have a remaining balance of \$11.3 million and typically Title III funds is spent year to year. They are still working on compiling all the data, but at least \$1.3 million meals have been served since late March. According to data reported by the Triple A's over 500 older adults received assistance with pick-up or delivery of groceries or other supplies and over 7,000 older adults received wellness or check-in visit these are just a few of the flexibility items of the covid funding. Sarah said she would stop for questions. Erin said she wanted to clarify that they are really trying to compile everything with the addition of the FFCRA and CARES funds because they didn't make modifications in the care management system to account for the new funding sources.

Sarah said she wanted to talk about the SFY 22-23 CHOICE funding. Their budget submission for the next biennial budget includes a similar reduction that was required for SFY 21. The reduction is \$4,850,903 for SFY 2022 and \$4,525,450 for SFY 2023. These amounts are similar to the SFY 2021 reduction, which was \$4,535,759. These reductions are part of the state's overall cost savings measures due to the reduction in revenue resulting from Covid-19.

Jim asked Sarah if there was anything major that they needed to redo before the vote to approve it. Sarah said they had some follow up items from Sen. Breaux and Rep. Clere and Rep. Jackson, but she doesn't think it impacts the narrative that's in the report. Jim said with that being said there are options on what they can do, they could agree to move the report forward to the legislature since they didn't have any major changes. Jim said does he hear motion a to that affect from anybody, Beth said she would make the motion and was seconded Jim said any further discussion hearing none all those in favor say "I" opposed "nay". Jim said Sarah you've got it move it forward. Jim said thank you he thinks it's been some real positive changes in this year's report and they all feel real happy with the report. Are there any other updates from the Division? Sarah said she wanted to give a shout out to Erin she put in an incredible amount of time and energy into the report this year and she appreciates everything she was able to do.

Division of Aging Update: Jesse that between the Division of Aging and the Office of Medicaid Policy and Planning they've come up with a pilot program and partnership with several Triple A's and some other providers. The idea is – they have a lot people in the nursing homes in Indiana in comparison to other states part of the reason why because one can receive services in a nursing facility relatively quickly whereas for services to begin in a home setting it can take weeks or months in some instances. So they have built an online web portal than providers and individuals can go to answer all the questions then the portal can say approved or pending for full application. If it's approved that individual actually receives Medicaid that same day as well as waiver eligibility that same day. They still need to do a care plan to make sure they are meeting that person's needs and that care process through CaMSS the case management system also creates a service authorization in Core MMIS Medicaid payment system for providers to get paid. Right now they are operating in Central Indiana through CICOA, North Central Indiana through Real Services, South Central Indiana through Lifespan they are expanding into Northwest Indiana through Northwest Central Indiana and Southwest Indiana through SWIRCA. They do have some other providers in those areas that are also participating. They've had 256 applications to date for about a third of the state. There is a barrier sometimes with not having enough providers especially in home health and skilled nursing especially in the rural areas. The pilot is limited it's not their entire population, on the A&D waiver they serve all ages, so this pilot is just for individuals 65 and older but they are working on further expansion. It's a deliberate process with them and OMPP. He said if there are any questions or comments, he would be glad to talk that. Jim said that's pretty big news they've been talking about this for years so moving that forward is huge.

I-4A Update: Kristen LaEace first of all she wants to thank the Division of Aging for their CHOICE Report that they presented, she thinks it's the most well-presented report she has experienced since being at I-4A. This morning the Commission on Aging was fortunate to have a presentation by AARP on the long-term care scorecard their most recent update. She is hoping they will have time on their agendas in the next couple of meetings to invite them to do a similar presentation. Indiana improved if you are looking at their overall ranking. Her thoughts that she likes to throw out there to people who will listen, can we have a governor's agenda on next level aging that is really comprehensive and looks beyond what happens way down in the Division of Aging or way down in the bowels of Medicaid. She wants to encourage them to think along those lines and if someone is a better friend to the Governor than she is can they pick up the phone and talk to him about that.

They have approved I-4A's Public Policy agenda for the coming year. It's not pretty yet it's going to be graphically presented in a big post card format. They use this as an opportunity to educate legislators on their role in the health care system to highlight social determinants of health and provide information about the Triple A's impact on the community. The first page will look the as from previous years, they will be talking to legislators about the CHOICE reversion requirements. The new things that they've added in their laundry list of things they want to talk about at the General Assembly, they added broadband connectivity as something they want I-4A to start talking about and this has been prompted by the Covid-19 pandemic, the expansion of

telemedicine and concerns about social isolation. On the back side they talked about all the ways in which the Triple A's stepped up to serve their communities and protect older adults and persons with disabilities during the Covid-19 pandemic.

In the first paragraph she really tried to highlight how the leadership at the very local level which was undertaken before any kind of assurance for additional funding from the federal and state government. The urgency the sense of responsibility that not only the corporations of the Triple A's have but the individual staff members have, which started then and is still ongoing. This month is National Caregivers Month and there have been three things she wanted to share with them that are somewhat important. In their packet are two publications one is the National State of Caregiving under AARP sponsorship with additional partners and ACL and other partners published a document on Medicaid Support for Caregivers. The Raise Family Caregiving Advisory Council met yesterday and approved a set of 5 goals. The meeting just happened so they haven't published the report or the power point presentation, but she will probably be able to share it at the next meeting.

Kristen said at the N-4A level they are working with transition teams related to the incoming Biden administration. They use these opportunities both for the Biden administration as well as new congress people to educate them about the Triple A network, about aging and needs they would like to see in policy agendas. They noted that there was some really good things they saw in the Biden policy agendas, but there was also some things missing that they were going to be working on. They're also advocating on budgets and new covid relief funding. There's a little bit in their packet about some of the Biden proposals related to health care. She tried to find the things that were factual and not opinion based and offering some analysis. You'll see two articles from NPR and the Kaiser Foundation and finally there are some things in there related to health equity and Covid-19. Because of the affects that Covid-19 has had on all of them not just persons who contacted the disease they are projecting that mental health conditions will become the biggest pe-existing conditions we see in the United States moving forward. She asked if there were any questions.

Jim said he was glad to get an update on where we're at with the Biden administration, he guesses they will see a lot more going forward. Keep them in the loop on some of the stuff in future meetings, any questions for Kristen.

Rep. Clere said he didn't have a question but a comment. To Kristen he appreciates everything she said as always, but he especially wanted to comment on what she said about broadband. One of the experiences he's had with virtual meetings and broadband and all of that this year was with Lifespan Resources that hosted senior games in his part of the state and they did that virtually this year and they did an amazing job and it was the right decision.

Jim said with no other comments the meeting is adjourned.