

Commission on Aging

November 18, 2021, Virtual Meeting

10 a.m. to noon

Call to Order: Chairperson Dr. JoAnn Burke called the meeting to order and did a roll call to determine if a quorum was present.

Present: James Goen, Jennifer Lantz, Deborah Lambert, Dan Mustard, Judith Schoon, Kelli Tungate and Megan Springer.

Absent: Margaret Smith, Laurie Mullet, Bob Bischoff, Michael Sullivan, Katie Elhman is not able to be there this morning but hopes to be on a little later. Sue Grossbauer might jump on later, as well. JoAnn said they didn't have a quorum since they need one more person to join in before they can approve the minutes. Dr. Burke asked Secretary Dan Mustard if he had reviewed the minutes. She asked if anyone have any additions or corrections to the minutes that they see. JoAnn said hearing none she will file them and approve them when they have a quorum, either at the next meeting or later today.

JoAnn said on to new business. Dr. Ehlman was unable to be with them, she was on the agenda next, but she will instead be talking to them in January. She is their Chair for Programs, and she will be talking to them about programming for the coming year. In January they will be having a presentation from both of their geriatric workforce enhancement programs. The one at the University of Southern Indiana and the one at the IU School of Medicine. That should be very timely considering all that's going on with managed long-term services and supports and the concern about workforce issues. That will be on the agenda for January 2022. Dan is going to give them a presentation about the Senior Center Coalition of Indiana and their work with the Living Longer Living Better guide.

Presentation: Dan Mustard is the Executive Director of Mill Race Center in Columbus. He said they talked about the Living Better Living Longer Guide through the last year or so. He and Dr. Burke have had a few conversations about the role of senior centers in perhaps pushing the guide forward and maybe spearheading the effort. Senior centers might tend to fly a little bit under the radar because many of them are not publicly funded. So, the work of senior centers he thinks puts them in a position to really be able to push this work forward. For those who may not be familiar with the guide it's purpose is to help communities to adapt to the aging population and to give some information to folks so that they can understand a little bit better what services are available and help communities become more age and dementia friendly. They're providing tools to folks through this guide. He will talk a little bit more about the history of it as he goes along.

The guide describes the functions that are going to be carried out by 2 work groups. Work group one is a group that focuses on the local community and its attempts to become more aged and dementia friendly. Work group 2 is more involved with local health care providers and helping them to do the same thing. The Senior Center Coalition of Indiana was founded just a few years ago. His background is in disability services, and he was really spoiled by the fact that they had several advocacy organizations that provided networking and training opportunities for folks who work in that area. When he came to

work at Mill Race Center his first question was “What are the networking groups?” and there really weren’t any. There was no state association, so he started having conversations with some of the senior center leaders. In 2018 they had an intern who was assigned the project of compiling a list of senior centers in Indiana. The first thing they had to do was identify who the senior centers were and where they were located. Once they had the list, they came up with a list of a little over 100 senior centers in Indiana there might be more because they fly under the radar a little bit.

In 2019 they sent out a survey to their list that they had pulled together. Ninety-four percent of the folks that they contacted said that they were interested in exploring a statewide association and so that work began. Dan said the silver lining in COVID for them was that everybody became accustomed to doing virtual meetings and for any coalition it is a challenge to bring people together from around the state for in-person meetings. He said many state associations tend to meet in Indianapolis. It’s easiest for people who are closest to Indy to get to the meetings and so they tend to be overrepresented and maybe a little bit more influential. Because of COVID they were all used to doing virtual meetings and they were able to pull in people from all over the state and that format has really been helpful in them exchanging information and being able to meet because they’ve eliminated travel time, so it’s really been kind of a blessing in disguise for them.

They have had several meetings that they’ve been able to provide a lot of networking and support. Their purpose really is to develop a membership driven advocacy agenda that enhances health and wellness for Indiana’s older adults. They can be the focal point for collaboration and coalition building really which is where the Living Longer Living Better Guide comes in and they can provide educational and collaboration opportunities as well.

Senior centers look very different from one community to the other and that’s one of the things that was a real challenge for them; how do we define a senior center? And depending on where you are located it will look very different. If you are in Madison or Beech Grove it’s a retail space that provides some activities, if you are in Carmel, it’s a full-blown Community Center that provides programs for older adults. We all look very different. Some of us are publicly funded with support from their city or county. Millrace Center does not receive any public funding for programs, they are privately funded. As for their history Millrace Center was the first senior center in Indiana as far as they know. They were funded in 1956 as the Bartholomew County Retirement Research Foundation. They have been a County Council on Aging, although they dropped that designation officially because they are in the same city as Thrive Alliance which is their local Triple A and it could cause some confusion about who did what for the local community. People didn’t really know who to call and so they stepped back and stopped identifying as a Council on Aging, so that they would not be in the way of the No Wrong Door program so that when people are looking for services and referrals, they know to call Thrive Alliance. They became Millrace Center in 2011 when the new facility was built. Mill Race Center uses what they call the Aging Well Program, which is based on the 6 dimensions of wellness that they have expanded to 8 dimensions of wellness and then they began within the last year, working with Dr. Burke on the Living Longer Living Better Guide.

One of the key components of that Guide is the formation of care coalitions. In Columbus their care coalition is made up of several partnerships and a lot of these are ongoing. Even before the introduction of the Guide they had been working with community partners in collaborating. One of their prime collaborators in Thrive Alliance, which is the area 11 agency on aging. They’ve been working with them very closely for several years on a lot of different projects. Columbus Regional Health has some services

co-located in their building. He will talk about a little bit more about that. Just Friends Adult Day Services is co-located on their premises, and Mill Race Center hosts a local Home Health Care Providers Association. It's an informal gathering of folks who network and they use space in their building for their meetings. Senior Living providers also use their building, and they partner with them in various forms and then Millrace Center his agency is also part of the local care coalition. Thrive Alliance Area 11 provides the typical work for a Triple A, they're an ADRC, they provide nutrition programs and they have collaborated with them, especially during covid. Mill Race Center has a hot meal delivery program and Thrive Alliance does frozen meals and congregate meals sites. During COVID, Thrive also provided funding for delivery of hot meals to some of their folks, so they collaborated on that. They are also responsible for care management and in home service supports, they do the adult guardianship program for their area. They provide some caregiving services and a couple of different support programs for that and then they're dementia capable systems including Dementia Friends. Their goal in 2022 is that all the staff at Millrace Center will be certified as Dementia Friends Advocates by next year.

Dan said some of the areas that they partner with Thrive Alliance is in transportation. They provide funding for their 5310 senior transportation program, they also do some of the evidence-based programs, matter of balance, Bingocize, fall prevention awareness days, Dementia Friends and there are several other programs that they do informally and formally throughout the year. One of their other partners in their care coalition is Columbus Regional Health. They have physical and occupational therapy located on their premises; they also operate the fitness center that is there. They provide a foundation grant for their aging well plus program, which is a program that provides an additional piece of case management for members who are 200% of poverty or below and have at least one chronic health issue. They provide some case management and service management for those folks and then they also provide some partnerships for evidence based and specialized classes in their building. An example is a fitness class for folks who are dealing with Parkinson's Disease. Just Friends the adult day services that's located in their building they serve persons with dementia and or physical disabilities. They're also a transportation partner and receive funding through Thrive Alliance and they access some of their space in the building and some of their participants when appropriate also participate in their programs.

They work with senior providers through a program that they call Millrace on the Go where they take some of their programming offsite and deliver it to folks who live in senior living and residential settings and then some of their folks come to their Millrace Center and access their onsite programming and then as he mentioned before they also host meetings for Association. Dan said they requested some stories from leaders in some of the different senior centers around the state and this will kind of set the groundwork for why they feel that they can really help move forward the work of the Living Longer Living Better Guide. In Tipton County Cara Kellerman who is executive director there was involved in really the pilot program for the Living Longer Living Better Guide and she shared the story of Esther, who had become socially isolated for nearly a year during COVID. That's a very common theme that they hear repeatedly, and she developed a lot of anxiety and some family members encouraged her to participate in the Encore Center in Tipton County which is their senior center. Now she is a daily attendee and utilizes the bus service and as Cara points out there really are a lot of other folks out there who are like her, people don't realize that there are programs available. They live independently. They might travel independently but they're not sure where to go for socialization. Janis Holiday who is the director of Marshall County's senior services shared some information that they had, and this is a key point, the work of senior centers is very important in wellness. Her point was that they can reduce the need and some of the burden on long term services and supports if we're helping to keep people

heathy. So many senior services are focused on people who are in some form of disability, but there's a wide range of need out there for folks who are living independently but still need some supports and if we can reduce the need on long term services and supports it helps everybody. Her point is that we can spend at least as much time contributing to wellness for able bodied seniors in the general population as we do spending time in direct services and if we can focus on the dimensions of wellness at all ages then we can really help the community. Marshall County was awarded a stellar community designation last year and they're on track to become the first blue zone community in Indiana. So, a lot of the work that they're doing is really representative of the good work that senior centers are doing throughout this state, and they are also one of the 3 counties that was chosen to be part of the pilot for the Living Longer Living Better Guide.

Boone County senior services Anita Bowen shared a story from Kaye Martin who said that when she retired, she felt old and used up, it's an amazing quote, she was isolated, lonely, and depressed again a common theme. Her daughter recommended that she start attending some of the services at their center where she started to attend and made some new friends, and her quote was there was no more loneliness for me. Socialization we all know is a key factor in longevity, in fact there is research that demonstrates that it is the single most important factor in longevity and senior centers do a lot of really good work in reducing isolation for folks. Finally in Indianapolis at the Hawthorne Center Dawn shared the story of Sherrie who was hospitalized for covid twice. When she was released the 2nd time from the hospital, she found an eviction notice on her door. With the assistance of a Hawthorne coach, she was not evicted and through rental assistance was able to avoid that situation and was then connected to the Indy rent program assistance. What's not explicit in some of these stories is the fact that he would assume that CICOA was very much involved in this because senior centers work very closely with Triple A's in referring services back and forth. They get a lot of referrals from their local Triple A for programs when people approach them and are really looking for ways to reduce the isolation. There are some key points in these stories. Senior centers reduce social isolation, we provide opportunities for enhanced wellness which reduces the need for long term services and supports. They often provide transportation both through 5310 which is senior transportation, and many senior centers are also our rural transit providers through 5311. They are also the site for nutrition services, sometimes working independently, sometimes working with the Triple A. They also provide service coordination referral, especially for folks who are sometimes in the gaps of services that are available at the state and federal level.

Dan said one of the most important things that they can do, and he feels this is important as they move forward with Work Group One and the Living Longer Living Better Guide, is providing advocacy and information and he wanted to give some examples of how they do that at the local level. He said first seniors are powerful force for advocacy. So, when they're looking for self-advocacy senior centers are well positioned to be able to do that because they have access to the largest number of folks who are capable of being self-advocates. Many seniors already have experienced and affecting social change, they found that out in the 1960s, all those folks who were involved in the civil rights movement and so many things that were happening in the 60s are now senior citizens. They haven't forgotten those skills and so we reactivate them, they can be a powerful force in effecting change. At the local level this is an example of some of the information that we present when we meet one on one with our City Council members, their County Council County Commissioners, their mayor, and some of the city staff. This is an example of the kind of information that can be shared that helps build the case for involvement of local government and what they're trying to accomplish. In Bartholomew County 40% of their residents are 60 and over, that's the largest segment of their population. Just Friends which is the adult day

service co-located in their building, they are a separate 501c3, but they work very closely. They were closed for 8 weeks due to covid from mid-March of 2020 until June of 2020. While they were closed fall rates of their participants quadrupled and nursing home rate admissions doubled.

They typically see at Millrace a mortality rate of about 45 to 55 members per year and they have roughly have 2,000 members. During 2020 that number increased to 107 and they saw that increase very quickly. They closed their building in March to the public, although they continued to provide services. They shifted a lot of their programming to the virtual realm. They recorded a lot of videos and posted things, as they've always been very active in social media and so they really ramped that up. They started seeing mortality numbers increase by May of 2020, so within 3 months they had already reach the number that they normally see in a full year in mortality. The interesting thing was that very few of those deaths were directly related to COVID. There were very few folks who had COVID. When they talked to their local COVID task force he expressed concern that they were seeing mortality rates that were unrelated to COVID. The only thing that they could attribute that to was isolation and the fact that people were postponing a lot of medical treatment and seeking help on the medical level. He felt like they were trying to protect people from tigers by putting them in the lions den and he thinks that that might have very well been the case. COVID was obviously a threat, but the work that they were doing to try to keep people safe from COVID may have a very well been putting them in harms way for other things and so they reopened in June, not necessarily with the blessing of their local COVID task force but they said go ahead and try it and see what happens and they've not had any cases of community spread from COVID since the beginning of the pandemic.

The average life expectancy in Bartholomew County is a little over 76 years. Life expectancy of their membership is 86 years and those are kind of powerful stats that they share with their local officials. When they talk about the fact that most folks would like to age in place and live in their own homes, they know that about 90% of the people who respond would like to stay in their own home, but the reality is only 30% of the folks get to do this. When they talk about the cost of assisted living these are the number that most of us are familiar with, it's incredibly expensive whereas on the other hand Just Friends Adult Day Services has a much less expensive cost and much of that is funded through VA and Medicaid. Ninety-five percent of the folks over the age of 40 do not have long term care insurance. This is the number that gets people attention at the local level when they talk about the fact that this is the goal of the state is that 75% of the individuals who meet level of care in nursing homes will instead receive home and community-based services, that's the goal in the next few years. The impact of that on folks, especially in the disability services field, he thinks is very real because right now they are struggling to staff those positions. And that's a group of folks he knows from experience who will leave one job and go to another job for 50 cents an hour more.

If the services are funded a little bit better and people begin jumping for home health care, that's going to have a huge impact on disability service providers in residential care. One of the numbers that stand out to him is that half of all the people who reach the age of 85 will develop some form of dementia, which is crucial knowing that the age of folks now is increasing continuously. We're seeing longevity now that was unheard of in the past, we're seeing many old folks at the same time. Half of all the people who are currently 65 at one point will need long term services and supports. We can reduce the risk of dementia and death by as much as 55% through social engagement and again the importance of senior centers just getting people together and we know that it's not just the work of senior centers, people can do the same thing in churches, quite often they are the focal point for a lot of people and their social engagement. Just getting people out of their homes and around other folks is a powerful

form of enhancing wellness. Another number that gets a lot of attention is that 83% of the care of persons with Alzheimer's or dementia is delivered by family, friends, and other unpaid caregivers and one in four of your caregivers is currently over the age of 65. When we're talking to folks at our local government, we live in a county that is very fiscally conservative and this will get their attention. We must be very careful how we present this information because the questions that will certainly be asked is if older adult have so much money why do we need to support them financially? Why do we need to put money into services? Their typically response is you get the oil changed in your car because for fifty bucks you can avoid having to replace the engine for a few thousand. It makes sense to spend a little bit in preventive maintenance rather than paying the big bills when something worse happens.

Right now, the typical 80-year-old household has twice the net worth of a typical 50-year-old household, that's a new statistic for a lot of folks, something that they've not heard before. They know that volunteerism is very significant among baby boomers, home ownership rates are highest among people who are older and the highest percentages between those people who are between the ages of 70 and 74 and 95% of those folks are homeowners which means property taxes. Older Americans are also the fastest growing segment of the workforce that when we're talking about a shortage of workers, we want to keep that workforce healthy. People over the age of 60 contribute 3 trillion dollars which is almost half of all consumer spending. Older adults pay half of all federal taxes, 56% of state and local taxes and they're responsible for almost 79% of all charitable giving. That gets the attention of folks even if they're fiscally conservative because keeping those folks healthy, keeping them in their homes, keeping them spending money in their community and paying property taxes, it just means that it's a good investment to spend money for health and wellness.

The next steps for the Senior Center Coalition and senior center leaders, they're currently in the process of identifying a lead senior center in each of the area agency on aging. They know that there are a couple of areas where they're going to struggle with that and so they might have to look outside of those areas or ask the area agencies on aging to take more of a lead role in developing some relationships with senior centers to kind of bring them along so that they're able to collaborate. The Living Longer Living Better Guide will be a central theme of a senior center coalition conference that they're having in March 2022. Dr. Burke will be presenting at that conference talking more about this, it has been a conversation of virtually all their meetings. The guiding team for the coalition meets every 2 weeks every month, they do a brown bag session for leaders across the state and they're looking at ways that they can effectively implement the Guide. They are sharing the information and providing kind of a guideline of how folks can advocate in their own local community. They will continue to collaborate with and strengthen their local Community Care Coalition's and work with Thrive Alliance and the local hospital.

Dan said he would point out that when their local Community care coalition first started talking, he met with Sue Lamborn and Mark Lindenlaub from Thrive Alliance, and they agreed that the last thing that any of them needed was to attend more meetings. The idea of that was what could they leverage locally? What coalitions already exist that can take on some of the work, so that they don't have to shoulder the whole load. When they started talking about the partnerships that they already have, they realized the coalition already existed in their community, they just needed to focus a little bit more on where they were going and develop some common guidelines and some common goals. It wasn't that they had to go through this agonizing process of forming a new coalition, they already had the members. They were already working with those folks, and it was just how do we identify the players in the community that are already doing this work and how do we kind of come together without having to

increase anybody's workload. It's not that they must invent something new, let's just refine what they're already doing.

If you would like to contact a member of the Senior Center Coalition, you can reach out to Deborah Jones who is their volunteer coordinator or himself their emails are listed, and he will share this PowerPoint presentation and Erin and Willie. They can send it out to folks and if anyone has any questions, he'd be more than happy to answer some questions.

JoAnne said this is exciting that the Senior Center Coalition of Indiana has spearheaded the leadership and has pointed toward the work that they have been doing with the Commission to get some grassroots action for aged and dementia friendly initiatives across Indiana. She wanted to thank him for that work and wants to hear from other people thoughts, ways they've been partnering with senior centers. Sometimes at their meetings they've been focused very much on people who are using the services that are offered through the Division of Aging people that are receiving Medicaid waivers, etc. For the Commission they are focused on everybody, and she thinks their prevention idea and what they were talking about social isolation is really a cogent piece of what they need to be thinking about also. They've got a board population of older adults and that they're looking at here in Indiana and the health and wellness and prevention aspect is key. She's worked in Pennsylvania and Ohio and there's various ways that senior centers are funded. She thinks the state lottery in Pennsylvania used to send some funding to them and in Ohio she thinks there's a county mileage tax and Indiana they don't have any statewide approach to this, and they must work hard locally to get their funding.

JoAnn said let's have a discussion this morning with Dan. Judith Schoon said she wanted to thank him very much for his comment about the influence of agencies around Indianapolis who get to get involved in all this stuff. Because those of them that are way up where she is at really don't get to get involved in that very much, but he did answer the 2 questions that she sent to him. She just wanted to say thank you for what you're doing it's really helping a lot and they really want to get more involved up here. She met with the new head of their area agency yesterday and she is amazing, and she really wants to do things and they have a senior center here in her town and they do absolutely nothing they're still closed because of COVID. She wants to adjust his slides so they can make the same kind of presentation in front of their council and see if maybe they could at least get their senior center back open.

Dan said the conversation that they had with their local COVID task force was that they were losing folks whether it's due to COVID or not and it can be done safely. They have several hundred people in and out of the building every day, they still require masks and they're still doing an enhanced form of cleaning in between activities and things and people have just kind of gotten used to the whole thing and their folks were among the first to get vaccinated and they are used to it now and he would be difficult to justify remaining closed. They reopened June 2020 and they were very cautious at first and were very careful to space people out and they had very limited programming and it was an advantage to have a very large community space that they could open, so they had the space to be able to distance people 6 feet. But it can still be done in a smaller space and now they're back to pretty much to their normal programming and they've still been able to avoid community spread, so it was time to open the doors.

Judith said she agrees, she just must get her council to agree their senior center is sort of insignificant they don't have a lot of people, they don't have activities, they're just there. So, they are trying to improve that greatly.

Dan said he complained a lot about the fact that they don't get any public funding, but at the same time it also means that they don't have to jump through many hoops. So, they can operate independently, so for them they didn't have to really ask permission but if the health department or the covid task force had said you can't reopen they wouldn't have. Judith said they are 100% supported by their council so they can say whatever they want. Dan said be careful what you wish for. Judith said I agree.

JoAnn said she wanted to comment that in his presentation he was very clear about his collaboration with the area agencies on aging as Indiana goes through its reform or transformation of services to a managed long-term services format. She thinks his collaboration with the area agencies on aging and helping people understand what some of this transformation will be. Some will be impacted by it and many people in Indiana won't be impacted by it, she just wanted to point that out, anyone else.

Rebecca McClaren from the Division of Aging wanted to point out there's one question in the chat from Jennifer and she asked if Dan would be able to send a list of all the senior centers in his network. And she's sure Erin can help distribute that as well with the PowerPoint slides. Dan said he would be happy to do that.

Kristen LaEace said she loved hearing his presentation and she's glad he finally got to give the full shebang because you've been deferring some of your time in these meetings. She said she has 2 questions can he talk a little bit about either his or his coalition's interaction with the national level group and then if there are national level policy priorities that are coming out of that group.

Dan said the National Institute for Senior Centers functions under the NCO it's their national organization for senior centers. In terms of policy one of the big things that has really been a focus is getting staff trained and it's similar with disability services. Where is the workforce going to come from as folks age? That's a big part of what they're looking at and the other is health and wellness programs based on younger seniors and getting people into the senior center network a little bit younger and this goes along with wellness and prevention. Sometimes we wait until it's too late the damage can be done physically and sometimes to our brains by the time, we reach that part where we're really beginning to get into the aging process. A part of our goal is to reach people who are 50 and get them involved in programs that are again more wellness oriented and so it's a real challenge because a lot of folks don't necessarily want to come to a senior center because they don't want to admit they're old. He's talked to people who are in their 80's and they get, yeah I'm not old enough yet for the senior center. It's difficult to get them out of that mindset, it's more than just coming in and playing bingo and sitting in a rocking chair having a hot meal. Our programs a lot more varied than that and kind of getting that message out there. He thinks the other area is programs based around aging in place, that's another real priority area and so he knows a lot of their networking opportunities and a lot of the presentations are about helping folks understand some of the services that are available, some of the providers that are available in helping people age in place and again that goes back to younger seniors. Dementia friendly communities and age friendly communities is a big part of the work.

Kristen said is there's anything that she can do to help support the conference let her know. In March she will be able to report on what's happening in the general assembly so if you don't have a lobbyist, she'd be happy to come in and provide some of that information or share documents that kind of thing, just let her know. Dan said he thank you he really appreciates that.

Division of Aging Update: Mitchell Reller said he is the Grants Program Coordinator for the Division of Aging and Erin Wright had asked him to provide the DA update on her behalf. She unfortunately has lost her voice almost entirely so hopefully everyone can hear him. The PowerPoint is up and running, in Indiana's 2023 through 2026 State Plan on Aging is due to the Administration for Community Living that's ACL prior to the end of state fiscal year 2022 which is this coming summer. The ACL has released specific guidelines and expectations related to the plan, so they have been busy strategizing their approach and part of that approach involves extensive information gathering. So as a part of the LTSS reform efforts there has been several opportunities for stakeholder engagement and feedback that in addition to helping them inform reform efforts it will be also used to inform the state plan, including the Older Hoosier and caregiver conversations that they had conducted over the last couple of months and the caregiver survey both of which they have highlighted in the September meeting. Their other initiatives such as the creation of Indiana's dementia strategic plan will also contribute valuable information towards the next state plan on aging. In addition, they are also in the process of conducting a community needs assessment in partnership with the area agencies. So, they have officially launched the third installment of the community assessment survey for older adults. As a quick reminder this was a national emailed survey that they conducted in 2013 and 2017 and now they're conducting this again in 2021.

The survey's primary focus is to look at community strengths and weaknesses in serving older adults, articulating the specific needs of older adults in the community, trying to estimate contributions made by older adults in the community and to help determine the connection to the community. It is very much community focused, and it attempts to cast a wide net. The great part about the survey is that 1 the Triple A's and the state will have comparative data for prior years results specific to Indiana and 2 that there are national benchmarks set by the survey and the survey link is in the chat. In addition to the mailed surveys that are given to a random sample of older adults headed households, there's a new feature to this round of surveys which is an online platform to assist in gathering additional survey responses, so the link is live, and you can see it on the previous slide that Rebecca had put in the chat. We encourage you to go fill out the survey and share with your friends and colleagues particularly those 60 and older. The survey will be live and available through November 9th and if you directly received a survey invitation in the mail it's important that you do complete that version rather than responding to the open participation survey links. They expect to have the results by the first of the year and will be using those findings to help determine the shape and priorities and activities for their next state plan. In answer to a chat question the survey will end November 29th.

As they think ahead and plan for the next state plan, he wanted to just to take a couple minutes at a very high level of sort of ask them to brainstorm areas of importance and priority that they think should be reflected in some way in their next state as a member of the Commission. As a member they are representing a variety of interests and areas of expertise in different parts of the state, but they have come together on behalf of older Hoosiers. And he thought he would start by just a quick reminder of where they're at, they're currently in their final year of the 2019 to 2022 state plan on aging and there are 5 goals that they have been working towards. The 1st is to improve the performance of Indiana's aging network to meet the needs of its growing senior population efficiently and effectively, 2nd is to support caregivers ability to provide ongoing informal supports, 3rd is to enhance the current dementia care or specialty care competencies, the 4th strengthen the statewide systems for advocacy and protection of older adults and the 5th is to institute policies and evidence based programs to possibly impact social determinants of health.

Since that plan was written in 2019 a lot has changed, the global pandemic, the state has embarked on a broad scale effort to reform the system for long term services and supports and specifically moving towards a system of managed long-term services and supports. Legislation was passed requiring the Division to develop and annually report on a strategic plan to identify and reduce the prevalence of dementia in Indiana and as we think about the next 4-year plan there is much we can continue and build upon. ACL dictates to a certain degree the topics that need to be reflected in the plan, some of the required key focus areas and other areas that require at least dimension and the states prosed activities but not necessarily a major theme. The slide shows a list of many but not all the areas that ACL has required to be reflected in some way in their next plan. The key topic areas have an asterisk next to them, so the areas that need to be highlighted more prominently in the plan are the Older Americans core programs the OAA that are found in Title III supportive services, nutrition, disease prevention, health promotion and caregiver programs, in Title 7 elder rights programs and serve as the foundation of the aging services network, all core programs must be addressed in the plan. Covid-19 highlighted the overall importance of the services and made it possible for older adults to live independently and created the national awareness of the impact on social isolation on older adults and caregivers and increase the awareness of the need for the plan for future disasters. It will also transform the aging network into a rapid innovation and creation of new approaches that will endure beyond the recover. The next asterisk is serving individuals with the greatest economic and social needs means ensure quality in all aspects of the plan administration. The state plan should address activities to support these goals, the next one would be expanding access to home and community-based services. Which are fundamentally used to make it possible for older adults to age in place and the 5th asterisk is caregiving, which is just enhancing supports and services for caregivers. We are hoping to get some feedback from the Board, is there a topic missing on this slide, what topics or direction do you want them take on the state plan. What topics on the slide are important to them personally, he wants to open the floor for feedback? Does anyone have any thoughts or questions?

Judith Schoon asked on expanding access to HCBS can you expand on that? What are you looking at, what are you considering? Mitchell said he would flip that question to Erin, and we can get back to you after the Board meeting, because he wants to give her the best answer as possible to that question. Sarah Renner asked Judith to ask her question about HCBS services again is it in reference to the bullet point expanding access. Judith said yes, they're looking at supported decision making right now, is that considered part of that area? Sarah said she thinks often when we think about expanding access we are living in the sort of referral and sharing information, so if supported decision making is a new opportunity an option in the HCBS or aging environment for sure it sounds like that's something that would belong on a list of things that folks offer and want to network someone into.

Judith asked about financial protection for those who are making supported decision making. What kind of financial protection do they have against people, is that part of the expansion. Sarah said they are hoping to hire an individual to their team that is designated by the Older Americans Act as our sort of lead director and this person would have scope in that area. So, they need a little bit of time, but they are committed to better understanding of exactly what can be done in this area. They are in the process of getting permission to hire a person and hopefully they'll learn a whole lot more in this area. Judith said thank you.

Megan Springer said she wanted to comment or ask when you're talking about expanding access, she's assuming it's regarding getting more of our aging and disabled on these or more of our aging people getting access to home based services whether it's home health or adult day is that what you're

meaning by that. Sarah said it's our home services. Megan said one of her questions is if you're looking to add more recipients onto Medicaid the funding issue, she thinks has become very big at least with home health it's causing a lot of staffing issues. She has talked to quite a few agencies here recently and that's one of the biggest concerns is that the state right now for home health is paying \$19.82 an hour for a home health aid to go out and visit maybe 2 hours. So, then they must drive to another house and that's wear and tear on their care and the agency is getting \$19.82 an hour but the staff are getting somewhere between \$11 and \$13 an hour. So, people are constantly calling and saying I can go work fast food and don't have to deal with this or that and deal with people's personalities. The workforce is kind of upset over their low reimbursement and it's causing a lack of staff who are trained but willing to provide the service if that makes sense. So, she thinks when we're talking about expanding home and community-based services, she thinks funding for those services is crucial. Is that something that is being addressed when you're looking at these expansions. Jesse said a couple of things to point out we are very aware of staffing shortages related to home health and really the inflationary wage pressures related to that. A couple of things to know that the rates for all health services were just recently increase a small amount. In addition, the number that you're quoting excludes the overhead so for Medicaid home health when a person goes out there is an additional overhead fee of 0.34 and some change that is also paid to the agency. No, you are right the effective rate for 2 hours for example that we pay an agency is not \$19 an hour, the effective rate is closer to \$36 an hour for 2 hours stays. For extended visits that drops dramatically the longer the individual stays that overhead fee is effectively worth less and less, but for a one or 2 hour visit the effective rate is much higher than \$19 an hour. But that doesn't mean that you are correct that there are a lot of staffing shortages and we're hearing it a lot from providers and that's certainly under consideration by FSSA. It's a little outside of topics for ACL state plan because home health is a Medicaid entitlement and the rates are set by the Medicaid Office, not the Division of Aging, but certainly it's feedback that we get because many individuals on the A&D waiver and many individuals on what they call or non-waiver programs such as CHOICE, Older Americans Act an SSBG also receive Medicaid services, so it's certainly something they're focused on.

JoAnn said other people, this service is important for us to weigh in on these things. She said she has an issue and was trying to think through how to ask it. She has been part of some of the development as they work through managed long-term services and supports and the consultants from advancing state. When they were reporting back on some of the feedback that they read they received from the older adults and caregivers advisory group indicated that people in Indiana were not very well informed. The awareness of programs and services which does not have an asterisk after it and she thinks it's very much connected to expanding access to home and community-based services, there is no asterisk after awareness of programs and services. One of the issues that she is going to raise is that people don't get into the right kind of services and can get directed toward some very expensive services if they call some of these commercial entities that give out information that get commissions for sending people to certain places and then they run out of money and end up needing to take a look at what government supported programs exist in to get care for the remainder of their life. How do we get information out to people that aren't looking for government funded services for care of older adults? So, they get a better idea of what's available and don't just go to the new facility that was built down the road it may not what they need. What array of services exist, and we've been very nursing home focused so how do we get more attention to home and community-based services? If somebody from the DA could comment, please. Sarah said Darcy their Leader for DA on that committee isn't on the line. When attended some of the virtual sessions it was clear that individuals were likely not recipients of waiver services that wasn't something that was in their lane or are they qualified for, and the comments were I'm completely unaware and needed this stuff. It was difficult the life stories and the underlying tone

was I didn't even know you existed and how do I find you. A good example that she heard was a woman whose husband was coming out of surgery and this family didn't need to be on Medicaid, but they did need somebody to talk to. She said you the bible was there in the waiting room but not the brochure she explained that she relied upon her network, the women in her church to answer her questions, maybe those who experienced what she was experiencing, but she said it would have been helpful if it had been right there. JoAnn said she was just raising the question and we must get some information out to the people, so they know where to turn, anyone else with thoughts or questions.

Megan said when her grandparents had been discharged from the hospital if they could be given information like that when they discharged. The discharged planner if they could just mention these are the different services, something just in general not exactly the hospital or their affiliates. Our city is pretty good with the 211 but not everybody knows what's on that, so maybe a printout of the 211 format for the discharge planner to hand out.

Judith Schoon said yesterday when met with Jen, she introduced her to her Aetna guy because Aetna has a program where you put in the zip code and the age of the person and it gives you a full list of everything that's available for that person, any kind of benefit and it tells you how to apply for those benefits. They thought it was an Aetna only program, but they found out it is a NCOA program, and you can go into their website and find this program and use it and its for their area to. If they could get that information out to everybody that would be wonderful because once they go home and have gotten through all the processes they can sit down and see what's available to them and start filling out paperwork for it.

JoAnn said as they go forward and move to managed long term services and supports obviously people that enroll in one of those MCEs, they will get some information and she's hoping it will be a time that they can get some broader information out across the state with more awareness of home and community services because they've been so nursing home focused. She is still a little confused as to whether there will be a little bit more with helping people find their way through some of these services. She's waiting for a comment if anybody has a comment.

Sarah said it's a good suggestion for the state plan, she thinks that's the takeaway for the original discussion. So, if we're still talking about what feedback do, we have for the state offices as they think about their priority areas it sounds like Dr. Burke's recommending a stronger emphasis in this area. She thinks this is a good it takes everybody effort, she's a big believer that things get done at the local level and collaboration with the state is the best approach, but not to be told often what to do by the state. She really recommends to this Commission that we all take it up as a goal and a priority and know that the state is part of it all but will restate it or make it a little more obvious in this state plan for everyone. JoAnn said thank you, in the Older Americans Act information and referral is part of what the area agencies are involved in. She doesn't know how much funding is available to them, but it's always limited and there will be a lot of people not eligible for Medicaid waivers for Medicaid. Where do they get their information that has been a source? She's just throwing some things out there as the state plan gets considered for the next version. Anything else from the updates from the Division of Aging or comments. Mitchell said they do appreciate the input that everybody has given, and they'll keep them posted as they work on the state plan over the next several months.

Jesse Wyatt said he wanted to give a quick update on one aspect of MLTSS and that's simply around self-direction. For those who may be unfamiliar he wanted to first to give a quick primer on what self-

direction is and he will say it's called different things by different people. He tends to just refer to it as self-direction, but if you look at the waiver document it's called participant direction an older term that exists out there is consumer direction but regardless it's all talking about the same thing today, we offer self-direction. The A&D waiver and we offer a little through the CHOICE program too. They're often 2 main goals for a consumer for self-direction, a big one is allowing a family member or loved one to get paid to provide personal care and it can be very intimate and very personal. So often that is the biggest drive for someone who's interested in self direction is the ability to have someone they know provide that very personal care. They have 2 different options for self-direction one is strictly personal care and so they allow someone to hire someone who normally would never become a certified Medicaid provider and it's been around for a long time. It's small and they have about 300 people doing it. They also have a pilot program that not only allows personal care to be self-directed, but it allows skilled nursing to be directed to and this pilot not only offers that ability to hire who you want, it also offers what's known as budget authority. Budget authority means effectively that the state sets a maximum limit that can be spent, but within that budget. The member can set the number of rates and hours, that's the pilot program and it's been around a short amount of time, and they have a very small number of people doing it. There are other ways to pay for family member to provide personal care it's called structured family caregiving and it's been a very popular choice in Indiana on the waiver and it's recently been added to the CHOICE program for Triple A's who want to take advantage of it. It really does the same kind of thing, but the structure family care agency provides a lot more support, education, training, and oversight. It's really been a very popular and fast-growing program, so that is another option, but again doesn't really consider it true self direction and then often what happens as well is simply a personal services agency or home health agency hires a family member as like a W-2 type of employee to provide that type of care, so these are all 3 ways to hire someone you know to provide personal care. But their actual true self-directed program is still very small, and the utilization is very low so they're trying to increase access to what CMS would define as true self direction. They're looking for feedback if anyone has any comments or wants them to be aware of.

Judith Schoon said she had a couple of comments. Self-directed that's only people who are on Medicaid or on the waiver. Jesse said it could be on the waiver. Again, outside of MLTSS CHOICE does offer an option to today. Judith said she has a client that just became on Medicaid, where would she go forward because her daughter had to quit working to take care of her mom. So where would she go from here. Jesse said she has a couple of choices. He just wanted to make sure if she's simply on Medicaid and not on the waiver she would still need to apply to be on the waiver, so she has to not only meet Medicaid but also has to meet the functional level of care requirement. The appropriate place to start is their local area agency they can talk about all the different levels of supports that are available.

Kelli Tungate said to Jesse you mentioned that the self-directed option was very popular in Indiana and outside of a family member or an individual being hired by a PCA or going through structured family caregiver. Can you give us an estimate of just the size of self-directed care in Indiana under the waiver? Jesse said we have about 300 people who are self-directed on the waiver as opposed to structure family care. We have a little bit more than 4,000 people statewide utilizing structured family care. He doesn't know the employees of all health or personal service agency so if they hire someone, they are unaware but certainly it is also anecdotally very common.

Judith asked if someone is on the waiver and they decide to go on an advantage plan, how does those work together. Jesse said he not sure they're doing a good job of preventing the potential duplication of services between Medicaid Advantage and waiver. In general, if the Medicaid Advantage plan is

providing the type of clinical care that Medicare typically provides then there's really no concern other than coordination is not the best. Judith said let me request that dual eligible Medicaid Medicare Advantage Plan, how does that work with a waiver plan? And do they work together? Jesse said there is a lot of nuances there it depends on where you are going. Judith said the question is inside of Medicare Advantage dual plans we have a ton of respite care in there, there's 21 days. So can those work together. Jesse said the short answer is yes and he would argue that this is a very important reason for the move to managed care. Judith said so a person who is on a dual eligible Medicare plan a Medicare Advantage plan can they also be on a waiver. Jesse said yes. JoAnn said this might be a place to move along and thank you to the Division of Aging.

JoAnn said she would give a very brief report back to the Commission on the Living Longer Living Better Guide. In late September and it aired in October with WIBP the PBS station at Ball State. They did another Wellness Matters Program there talking about the Living Longer Living Better Guide. Mitzi Dafran from Qsource, Dustin Ziegler from Dementia Friends Indiana, Jenny Hamilton from LifeStream and JoAnn gave the presentation that is available on their website at WIBP Wellness Matters in Muncie. She also gave a presentation on the guide in early November she gave to the Indiana Center for Parish Nursing and they're encouraging faith community nurses to become advocates for age and dementia friendly initiatives in their local communities encouraging them to get in touch the Dementia Friends and to work with the area agencies on aging. This morning she presented on the Living Longer Living Better Guide to the Health Improvement Alliance in northern Indiana and Angie Baginski had invited her to present with her this morning. They have a very new adult day center based on the approach from the Netherlands with the dementia village, that will be opening in January. She's been busy doing some presentations and some consultations with people trying to move along with some of their initiative here with representing the Indiana Commission on Aging. JoAnn asked Judith Schoon if she had an update on the shared decision-making committee.

Judith said she didn't know if this was going to work since they didn't have a quorum. What they were hoping for was the outline that they gave at the last meeting, she was hoping the Commission would approve and vote for supporting supportive decision making and support their outline. They know there's a lot of work that still must be done, Kristen was looking at some legislation that must be done, Megan is always working on it and she's working with Consumer Protection Bureau right now to work on the financial side of it. There is still work to be done but they would like for the Commission to approve the supported decision making and to approve the outline they've presented. JoAnn said they have 8 people, and they don't have a quorum. Michael Sullivan said he is here, but he can't figure out the communications. JoAnn said that with Michael on would one of you like to present a motion. Michael said he would present a motion. Judith said she would like to make a motion that we support decision making decisions and approve the outline that was presented at the last meeting. JoAnn asked do we have a second. Kelli Tungate seconded the motion. JoAnn asked any discussion, not hearing any she asked all in favor signify by saying aye. JoAnn said Judith you have the support of the Commission to move forward with your work and she said they will look forward to an update at the January meeting. Dan Mustard asked Dr. Burke should we go ahead and approve the minutes since we have a quorum. JoAnn said do I have a motion to approve the minutes from Dan and do I have a second. Michael Sullivan seconded the motion JoAnn said all in favor say aye, the minutes were unanimously approved by the Commission.

Judith Schoon before Kristen starts, she wanted to thank her she put both her and Jennifer who is the head of the Triple A together and it was amazing meeting. We learned a lot from each other, and she really wanted to thank her lot for that.

I-4A Update: Kristen LaEace said she is going to talk about a couple of different issues. They're going to do a federal policy update because there's a lot happening at the federal level that affects Older Americans Act funding, home and community-based services funding and older adult issues and she wanted them to understand where that's at. And she also needs to talk a little bit about what's happening with the Triple A's now and then the rest of your education packet you can look at your leisure.

She will give them a preface the slide came from the beginning of November and since the beginning of November they may have heard in the news that the bipartisan infrastructure bill was passed. She believes it has been signed by the president at this point. The bill does not include direct Older Americans Act or Medicaid services, but what it does include is additional public transit funding. The 5310 program provides senior transportation, so they'll be more money in there for senior and disability transportation overall. There's also a ton of money in there for broadband expansion and we know that access to the internet and broadband has become a matter of life and death since the pandemic. So, this will hopefully in some way trickle down to the infrastructure in Indiana and get more of our unconnected rural areas connected. Finally, there's a note in there about just typical infrastructure. She will highlight that there's a lot of work going on right now around climate change resilience and when we think about climate change and extreme weather events, we need to think about the kind of additional dangers that puts on our older adults that may be affected by flooding or bad storms or ice storms or tornadoes, etc. We might see some conversations about that coming down the road.

She has included some information in there about the build back better plan that's the part that would have personal services infrastructure, the caregiver infrastructure. That's the part of the federal funding package that has all that kind of stuff and that has gone through a series of negotiations, and it keeps getting smaller and smaller. The most recent from USA Aging is that the increases related to the Older Americans Act are still in there, but advocacy is needed to keep it in there and there's some additional advocacy around the build back better plan. The other thing that's in the build back better plan is there is a waiver of match funding for the American Rescue Plan funds. There is a significant number of Older Americans Act funding coming through the American Rescue Plan to the state, there's currently a match requirement on it and there's a waiver of that. So, it is important to keep our minds on that and provide some advocacy around that. Finally, the other thing that's happening the 3rd big piece of legislation that's happening right now is just the typical federal budget that we go through every year. Right now, we're in continuing resolution land and the longer the continuing resolutions go on it kind of worsens our chances right for actualizing all those Older Americans Act increases. So, we really want to see the federal budget come to a resolution quickly and that would include the debate on the debt ceiling.

In addition, Kristen said you may have heard about the vaccine mandates that potentially apply to area agencies on aging and other home and community-based service providers. At least as it relates to the area agencies on aging the only one of the three vaccine mandates would typically apply would be the general one for large employers. They have Triple A's as a good number Triple A's that have more than 100 employees. You may have been following the news on that and it's currently stopped in the courts and OSHA has said they're not going to enforce it until the courts decide. However, there are area agencies on aging that have passed policies with their board requiring compliance and so if that goes

through enforcement you will see area agencies on aging enforcing that with their own staff and there will be some impact on the workforce. They know that some workforce will leave as a result.

They had a meeting with the Region 5 Area Agencies on Aging they didn't have one last year because of the pandemic but this year they met virtually. That meeting is open to all the area agencies on aging and Federal Region 5, they gave them a federal update regarding priorities around ACL's work and you will see some of those priorities reflected in the state plan requirements at the Division of Aging. Key priorities around ACL include covid-19 recovery, advancing equity, expanding access to home and community-based services, and supporting caregiver building that caregiver infrastructure both paid and unpaid. There was also a discussion of what will aging services look like post pandemic and this was presented by US Aging and some of the themes that came out she thought were interesting and this is something as a Commission that you need to be keeping your eyes on. Some of the themes were new ways of delivering services, hybrid model, various kinds of flexibilities that they've implemented, social isolation and engagement as a core service. Emphasis and outreach on technology that's way we're so concerned about broadband and investing in home and community-based services, emphasis on aging and dementia friendly communities as well as dementia capable workforce. Greater roles and transportation and housing with services for area agencies on aging and supporting caregivers, investing in the workforce, partnering with healthcare, which the area agencies have been doing over the last several years and partnering with public health as part of the dementia plan.

One of the major things going on with the Triple A's operationally right now is that they are still waiting on their federal fiscal year contracts. They were a month and a half into the federal fiscal year and the Triple A's do not have the ability to draw down their federal funding, but they're still trying to ensure services are going forward. No claims have been submitted and she just want to make them aware that Triple A's are into their lines of credit, they are drawing on their reserves to keep payroll going at their level as well as reimbursing providers when they can. If they don't get their contract soon, they may be looking at a real concern with the provider workforce that are getting funding from Older Americans Act. They haven't received any American Rescue plans funding in the Triple A network, the money was passed last spring. They're still waiting on that to come through that would provide a significant increase in funding, to they are looking forward to that again and they still have the match requirement.

Finally, they've heard a lot about MLTSS they've talked about their concerns and their vision for the Triple A role in MLTSS moving forward coming from the Triple A network. And they've shared this since March when they first got an opportunity to present, and they've boiled it down to a 2-page vision statement which is included in their packet, and she wanted to bring this to their attention and she is happy to talk to them about this off line. She is going to stop there and take any questions.

JoAnn said any thought or comments from anyone Kristen gave them a lot of information to think about. JoAnn said we still have a lot in development in Indiana and we continue to try to improve the quality of care and quality of life for older adults in Indiana. Our next meeting will be in January, and she thinks it might be a hybrid meeting, so if there is nothing further the meeting is adjourned.