

Commission on Aging

September 16, 2021, Virtual Meeting

10 a.m. to Noon

Call to Order: Dr. JoAnn Burke called the meeting to order. JoAnn said there is a great deal happening in Indiana concerning aging, so they have a lot to discuss today. She welcomed everyone and said she would do a roll call to be sure they have a quorum today. Technical difficulties prevented some members from attending. Margaret Smith absent, Katie Elhman present, James Goen present, Laurie Mullet present, Jennifer Lantz present, Debra Lambert present, Dan Mustard present (via phone), Bob Bischoff absent, Michael Sullivan present, Judith Schoon present, Sue Grossbauer present, Kelli Tungate present, Megan Springer present. JoAnn called for a motion to approve the July minutes, Kelli Tungate made a motion to approve the minutes and was seconded by Jennifer Lantz with unanimous approval from the Commission. JoAnn said Kristen LaEace had to be moved up on the agenda because of a conflict later in the day so she will be giving her I-4A update next.

I-4A Update: Kristen LaEace thanked JoAnn for moving her up because she has a 211 Advisory Board meeting at 11. She was doing double duty, but there will be several Triple A's remaining on the call if they need their perspective on anything. She is going to share her screen for her report. Her first news is good news for I-4A, and she encouraged members to look at this and take advantage of it in their workplace; the Indiana Chamber of Commerce along with the Wellness Council of Indiana is offering recognition for workplaces that have certain levels of vaccination based on self-reporting. This is one way to protect older adults and people with disabilities and our community at large. We can all show leadership in our workplaces regarding covid vaccination. You can see there are different levels from 70% vaccinated up to 100% vaccinated. It can be a workplace of any size they have a 0 to 10 category which they fell into, so she is proud to say that I-4A got the platinum award, they are 100% vaccinated at I-4A.

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

Kristen stated that she would begin her educational session with what is happening at the federal level, and they get that information from N-4A. They've heard her talk about N-4A (the National Association of Area Agencies on Aging) for years, and now they have rebranded to USAging, and she will be using that from now on. She wanted to bring that to their attention. In terms of what's happening at the federal level currently, there are two things involving funding for the Older Americans Act and home and community-based services. The first is the federal budget, the house bill continues forward with that additional investment so that's something they can be reaching out to congress about as they move forward with budget negotiations. The other thing that's happening right now is the very large infrastructure plan that President Biden has put forward. Right now, the "Better Care Better Jobs Act" is

in the Senate. It has provisions for home and community-based services. Much of this would come through Medicaid. As you hear about this in the news, understand that this is separate bill from the budget. It is something that I4A would support because of the increases to home and community-based services, including workforce support.

The Biden administration also made a permanent increase in SNAP, and these were to continue somewhat the additional SNAP that people found very helpful during the pandemic. This will affect older adults because a lot of older adults don't want to go through the hassle of applying for SNAP because it's a lot of paperwork for sometimes not very much monthly support. As they see food aid through SNAP increase they may be encouraging and enticing more older adults to apply for these benefits for which they are eligible. There is evidence that additional SNAP and other federal aid that was distributed during the covid-19 pandemic last year did have a significant impact of poverty. When we talk about all this spending its not just giving middle class people a boost, but this really did impact poverty levels and people who put this money right back into the economy for rent, food, healthcare, etc. That is pretty much what's going on at the federal level.

Following up at the state level, they've been talking about the post move to MLTSS. They've talked about the efforts I-4A have made to share their perspective that they shared with the Division of Aging and FSSA. They had the opportunity to share their perspectives with the Interim Community on Public Health, Behavioral Health and Human Services back in August and she has included their testimony so the Commission members can read through it, and it will give them a more details about I4A's perspective, what some of their concerns are, and what some of their proposals are. In addition, there were other stakeholders who also shared their perspectives and all the stakeholders shared various concerns. The result of their concerns was mentioned in the final report that came out of the Public Health Committee. She's included that final report for them. Unfortunately, there weren't very strong recommendations from the legislative committee other than notice "hey there is going to be other opportunities for legislators to monitor this", they want to continue regular updates from FSSA but there was little in direct response to all the concerns that stakeholders submitted. Kristen asked if there were any questions, they have related to covid, Triple A's, federal level, etc.

Judith Schoon asked if the legislators see the concerns, why are they not acting on these concerns? Kristen said that's a good question. Honestly, she thinks this has a lot to do with the committee chair. There's going to be a need for more advocacy moving forward with legislators. It's going to be an education process with legislators.

Kristen said she would pick up a few more things in their educational packet. A lot of this comes from the Kaiser Family Foundation which is a very reliable source of health-related information and analysis. They have put out a piece on Medicaid authorities and options to address social determinants of health and they want to see that move forward as they address MLTSS in Indiana. Further along in the packet there were 2 things that she found related to racial justice, they know that diversity, equity and inclusion and the diminishment of health-related disparities has been a big focus of FSSA. There was an article that came through about what we can do with our elder justice efforts related to racial justice reckoning and another thing being important for older adults has to do with extreme heat and some of the things going on with climate change. There are several items that have to do with covid-19 and the vaccines, there is an article about the high number of US seniors that are vaccinated. Covid-19 continues to be one of the big causes of death in the U.S. and there is information on what that data looks likes and data on the unvaccinated hospitalizations and the cost for insurance companies. There is also information on the workforce shortages that have worsened during the pandemic which inhabits

HCBS services, there is an article about private insurers who are no longer waiving cost sharing for covid-19 treatment which might be an incentive for people to get the covid vaccine. There is a little bit of information on how states have responded to covid-19 primarily in their Medicaid programs and information on how older adults are making it and supporting themselves, particularly if they are childless or if they need to have a roommate or if they need to have specialized housing with grand families. Finally, they do have some recognition months; September is known as Fall Prevention Month and National Preparedness Month, she said she would stop there and see if there were any questions on what she has shared.

Judith said to tell people to check with their insurance company because a lot of the insurance companies now have a policy that if you do get covid-19 and have had your vaccine they will get rid of your deductible, but if you have not had your vaccine and get covid you must pay your deductible. Kristen said that's very helpful news and thanks for sharing. Megan Springer said talking about the racial disparities she is just wondering how that's being played out, she knows the vaccine rates among minorities is much lower and effecting direct care staffing and employment are there concerns there. Kristen said she thinks so, one of the big concerns coming out now is some of the plans the Biden administration has for mandated vaccines in the health care related to Medicaid and Medicare funding, the proposal is inclusive of home health. She hasn't looked into the specific definition of home health to see if it would include personal service agencies or not, but Martha is shaking her head yes, so it does include that. She wanted to confirm her concerns about that the low levels of vaccinations in terms of the workforce, in home health care and how that feeds into some of the racial disparities, so she doesn't have specific data on that for Indiana, but if they need that it can probably be tracked down from the Dept. of Health or the Indiana Association of Home and Hospice Care. Kristen said thank you for letting her go first and looks forward to the rest of the meeting.

JoAnn thanked Kristen for her wonderful information. They have a special presentation today regarding the older Hoosiers and Caregiver Advisory Group and they have with them consultants who are working with the Indiana Division of Aging and FSSA as they move along towards managed long-term services and supports. JoAnn asked if Martha Roherty and Camille Dobson were present, and they are very much looking forward to their presentation on their work with the older Hoosiers and Caregivers Advisory Group.

Presentation: Martha Roherty said thank you for inviting us and she took copious notes on Kristen LaEace's presentation, and she wants to be invited back every month. She is the Executive Director of Advancing States, Advancing States is the sister organization to USAging which used to be N-4A and they represent all the state aging and disability agencies across the United States as well as the long-term services and supports directors and communities. All the states and territories are members of their association. They have been working with a lot of states as they rollout the redesign of their long-term services and supports systems as they go into MLTSS. She has with her today her Deputy Director Camille Dobson. She said her area of expertise in addition to being Martha's Deputy, is her focus on managed long-term services and supports, policy and program design, based on her work in CMS when she was the Senior Policy Advisory on Medicaid Managed Care, drafting the federal regulations on MLTSS programs. Her expertise is hopefully going to be deployed with Indiana to help them think through their system change.

Martha said the state of Indiana contracted with Advancing States to do five main things over the next three years with them. One is that they are going to be doing stakeholder engagements and those are what they are calling the Older Hoosiers and Caregivers Community Conversations. They are also going

to be standing up and supporting direct care workers/professional advisory groups that will be made up of actual workers that will be meeting on a quarterly bases to see if they can aid them in terms of how to recruit, how to train and retain additional support workers in this critical field in the long-term services and supports arena. The third thing that they will be doing is provider education about MLTSS. The fourth thing is home and community-based business acronym training for community-based providers. Camille will talk more about these two. The 5th thing is to provide support and assistance to FSSA as they design the program based on Camille's extensive knowledge and the fact that she wrote the regulations on managed care.

She wants to talk about the community conversations that they want to have, next week they are embarking on their first round of community conversations. They are really targeting the actual individual seniors and the actual individual caregivers, whether that's a friend or family member or whoever is doing the assistance with care. They want to do the first round of conversations focusing on ways the system is currently working, things that need to be fixed, things that are working well that they don't want changed and just hearing from the community in general about their concerns about what's happening with their services currently.

Martha said that as you go into any state that is going to be undertaking some change, one of the things that they have learned is you don't want to hand over a broken system into the managed care companies and expect that it's going to work well. They must figure out what's not working and get it fixed before you hand it over to the managed long term care services and supports system. The initial conversation is designed to do just that. Because of COVID they could not go in person to Indiana to see and meet all the people they normally would go and meet. They go where seniors are to do the stakeholder work whether its McDonalds or a senior center, church, YMCA, library, etc. Next week they will be offering 15 sessions, 3 each day at 10:00 a.m., 2:00 p.m. and 6:00 p.m. and they hope that each of them can open their outlook address app and invite all their friends and tell them about the sessions and get them to register for them so they can participate. Registration doesn't cost anything, it's just to get the zoom link. The registration will ask for the individual's name and email for the purpose of reporting the feedback that they get from each round of stakeholder engagement. They don't disclose names of participants. She asked if anyone had any questions, there were none. She said the other thing that they are open to is working with many of the groups representing older Hoosiers and caregivers. They are also going to participate in events that are occurring so they will be working with the Alzheimer's Association, AARP, some Triple A's have reached out and offered to do things during lunches at the senior centers. In several weeks they will have an all-Spanish version where they will be hosting with a translator, and they will be put up on YouTube and they will have the ability to submit comments in writing through a survey and through their dedicated email box and dedicated 1-800 phone line. They are trying to make sure that they are reaching out to everybody who wants to contribute and share. She asked if there were any suggestions that they can give to them on things that they might not have thought of that she hasn't mentioned. She asked Camille to share a little about the work that they will be doing with the providers.

Camille said she posted their flyer on the chat to download and share for next week. FSSA shared with them a lot of the concerns in the provider community about the proposed design change to implement MLTSS and from her long work at CMS overseeing and approving states move to MLTSS while she was there and then consulting with states. Since she's been with Advancing States provider education is probably one of the number one activities that a state needs to undertake. They've already heard from FSSA that there is concern and worry from the provider community about what that's going to be. They are coming at it from two different perspectives all the providers in the LTSS system both the

institutional providers and HCBS providers really need to understand what's coming. She is guessing a lot of the providers haven't had a lot of engagement with managed care, so fear and concern about those issues.

Camille is planning to do just a generic MLTSS one on one for any provider that's interested sometime this fall and then more focused webinars on training on specific areas of concern that they typically hear about claims, payments, authorization timeframes, provider contracts, what's the expectation around quality and reporting, etc. and based on the feedback from those and as the program rolls out prepare to do more intensive provider engagement activities. They will also do "Speed dating" or what they call "minute summits" once the plan has been selected and then start the contracting process to put providers and health plans together and whatever else bubble ups from the conversations that FSSA has with providers. That's for everyone and what they have found in several states with small HCBS providers is that the institutional providers typically don't have as many issues here, but small HCBS providers may have one payer and that's the state and the challenge of being able to contract with multiple health plans is really a challenge. For those providers who probably need a little bit more help they are prepared to provide what they call "business acronym training" which is the skills and capabilities that providers need to contact with private entities. They have administered a 3-year grant from the federal government to do business acronym training for disability focused community-based organizations. They have a tool kit they will be deploying to those providers so its really about the providers raising their hands and saying they would like this more intensive assistance in getting ready to contract with managed care organizations.

Kelli had a question; "How are they going to define community providers and their eligibility to receive TA?" Camille said current HCBS waiver are the focus, which would include the Triple A's, small home care agencies, peer support organizations, anyone who is delivering elder and disabled waiver services today who feel like they need some help to prepare for what's coming. Camille asked if there were any other questions about that bulk of their work. Camille was asked to send both the link for additional information for providers who might need help and for consumers to be a part of these conversations. Martha said they were going to send a copy of the flyer via email to the entire group. They don't have the dates yet for the work that they are going to be doing with the community-based providers, but they will spend their email for the project out when they send out the project and they can send any questions to that dedicated email box. Camille said they are kicking off the work with the providers later this month and based on some of that initial information that they are going to gather in terms of needs they will be building a specific training plan to provide to FSSA. Camille said that's all they have and would really appreciate anything they can give them encouraging individuals to attend the sessions in the following weeks. Everything will be posted on the FSSA stakeholder engagement page, and they've partnered with the Indiana Health Coalition they will be driving the materials through their social media and network as well. People don't have to have zoom there is a phone number so people can call in and listen an email so they can send in questions and an 800 number that people can leave voice mails about their issues, they want to hear from consumers.

JoAnn thanked Martha and Camille for their presentation. The Commission has really been focused a lot on collaboration and so she encourages everyone on the Commission and all their partners to try to get the public involved in this process as they do this major change in Indiana. Martha said she would be happy to come back in December to brief the Commission on what they've heard in the first round. JoAnn said she would be in touch.

Division of Aging Update: Elizabeth Payton is the Innovation and Clinical Practice Director for the Division of Aging and this morning she is going to discuss the process that they took to develop Indiana's first statewide caregiver survey, which is really an exciting initiative that they have going on at the state office. The caregiver survey was launched in November 2020, the purpose of the initiative was to develop a survey to learn more about the state of caregiving in Indiana to improve health and social outcomes for caregivers and the care recipients. The survey was also intended to identify and anticipate future needs for caregivers and their care recipients. They hope to better understand the health of caregivers in Indiana and their perceived quality of life and any unmet needs to improve future health outcomes for themselves and the person to whom they provide care.

This project will also help inform the Division's long-term services and supports redesign efforts and may potentially form new waiver services and program initiatives by truly capturing the lived experiences of Indiana's aging population in their community of choice. The survey development project launched November 2020 the launched the pilot of the caregiver survey in late May and the pilot ended last month on the 6th. The data collection for the caregiver is going on right now and will continue through September. They are currently working on the analysis plan for the caregiver survey which should be completed in November 2021.

Elizabeth said some of you on the call may be familiar with the partnership we have at FSSA called WISE Indiana which is also known as Wellbeing Informed by Science and Evidence in Indiana. WISE is a partnership between the Indiana Clinical and Translational Sciences Institute and the Indiana Family and Social Services Administration. The purpose of this partnership is to engage Indiana's nationally recognized academic experts to evaluate and inform practices, programs, and policies within Indiana. For this project they engaged with experts in caregiving and survey development from Indiana University and Purdue University. Dr. Nicole Fowler and Dr. Kathleen Abrahamson worked together as project co-leads. Dr. Fowler's experience is in family caregiver research and interventions that improve the quality of care and life for dementia patients and their family caregivers and Dr. Abrahamson's expertise is in long term, services and supports as well as survey and interview development. They also engaged with Indiana University Center for Survey Research to ensure that the survey tool that they created followed survey best practices.

Elizabeth said to properly identify caregivers in the state of Indiana they chose a definition that was broad enough to capture the nature of helping relationships for older adults but narrow enough to exclude relationships that exist due to financial compensation. So, for the purposes of this survey, they defined a caregiver as "a family member, friend, neighbor, community volunteer or a person with a legally defined relationship with the person receiving care, who provides without expectation of compensation, direct physical caregiving, health care coordination or medical management, assistance with activities of daily living or emotional support." Other points worth noting are that they did not place any criteria around where a caregiver lives but they did identify that the care recipient must be aged 55 or older to ensure that this aligns with their MLTSS reform efforts. They used a combination of validated tools and questions that Indiana created specifically for this survey. When it came to using validated tools in most cases, they used the shortest version available to help reduce the burden on survey respondents. The caregiver survey tool included questions about demographics and current health status of both caregivers and care recipients. Wherever possible they choose to use validated survey tools because they have been rigorously tested for sensitivity, reliability and validity and have been proven to measure what they intend to measure. The validated tools that they included consist of the behavioral risk factor surveillance system also known as the BRFSS. They used questions from multiple core sessions of the survey including health status, healthy days, health care access, chronic

health conditions, arthritis, and optional caregiver module. They also used the patient health questionnaire (PHQ-4) to measure anxiety and depressive systems among caregivers. They used the 3-item loneliness scale to measure perceived isolation caregivers may experience. They used the DSM-5 self-rated adult substance abuse scale which is a 3-question scale assessing alcohol, tobacco, and illicit or prescription medication substance use. They used the 12 item Zarit Burden interview to identify the burden that caregivers feel including personal strain and strain caused by the role of caregiving. They used the functional activities questionnaire to determine the level of care that the care recipient needs from the caregiver to identify instrumental activities of daily living and assess cognition of the person receiving care as a proxy for the level of care needed. Lastly, they used the Katz index of independence in activities of daily living to determine the level of care the care recipient is receiving from the caregiver.

In addition to these validated tools their team also created 4 types of questions for the survey, questions about unmet needs, questions about information, education or training caregivers may need. And then questions on safety and abuse of the care recipient and questions about benefits currently being received. Elizabeth said that in everything that they do they want to make sure that they are supporting diversity and equity so as a part of their implementation plan, they incorporated the oversampling of minority and rural communities to learn more about the burden that caregiving places on these communities as well as to learn more about communities differential access to resources needed by caregivers and the persons to whom they are providing care. Another item to note about the caregiver survey is that it is regardless of payer source, but they do know that many individuals providing unpaid care are also receiving Medicaid or are providing care to individuals who are on Medicaid.

They partnered with the IU Center for Survey Research who recommended that they deliver the survey over the phone primarily because of the length of the survey and the targeted demographics. They know from literature that there are substantial difficulties in reaching individuals with low income, who have less education or age 65 or older or who live in rural areas. This is precisely the population they are trying to reach with this survey. They used address-based sampling to provide the most random sample to allow for greater over sampling, however this methodology does increase the number of individuals who would need to be recruited to make sure they have a viable sample. They over-sampled addresses based on the census block demographics and geography, but this methodology does take significant effort to screen and encourage participation because they are not offering an incentive. So, they did have to focus on their outreach efforts and the survey got off to a slow start.

They modified their strategy by implementing multiple different methods. They introduced a web page survey which has been successful, they partnered with stakeholders AARP, Senior Link, etc. to help them ensure that their strategy was sound and that they would help them with outreach efforts. They are also conducting home and community-based services CAHPS survey and IU Center for Survey Research is helping them administer that survey and as they find individuals who qualify for the caregiver survey, they are doing active recruitment through that method. They've sent out multiple caregiver notification letters and public call to actions that have been disseminated through listeners, Triple A's, and stakeholders. Darcy Tower from the Division of Aging conducted a public radio news interview with the help and support of AARP and lastly our partners in Advancing States will be providing education and awareness in their community conversations about the caregiver survey. As of yesterday, they have 441 completed interviews, and they still have a couple of weeks left and looks forward to updating the board later in the year.

JoAnn thanked her and said it's nice to see robust methodology being used to gather needed information and data.

Erin Wright said Kristen had mentioned the Golden Hoosier Awards this year and there is a recorded video recognition. She posted the link in the chat, and it was also sent out to the Division of Aging lists served by FSSA Communications and she will also follow up and send the link via email as well. In addition to the stakeholder engagement efforts Advancing States talked about in the caregiver survey, Indiana with the area agencies on aging is about to begin a 3rd round of the community assessment survey of older adults. This is a national survey that they conducted in 2013 and 2017 and now again in 2021. The survey looks at community strengths and weaknesses in serving older adults, articulates the specific needs of older adults in the community, estimates contributions made by older adults in the community and determines connections to the community. It's a very community-focused survey and casts a very wide net. In addition to the mail surveys which goes to a random sampling of households headed by individuals 60+ there will be a new feature this round which is an online platform. They will be able to share and assist in gathering additional survey responses. The data will help inform their next state plan on aging. They recently received guidance from the Administration for Community Living regarding the expectations for the next round of state plans and their current plan is through federal fiscal year 2022 which starts October 1st. The next round of state plans ACL has announced there are 5 key required areas Older Americans Act core programs, covid-19, equity, expanding access to home and community-based services and caregiving and look for more discussions at future meetings.

Erin wanted to provide an update on the 2022-2023 area plans on aging. The DA staff have nearly completed the review process for the area plans and almost all Triple A's have received notification that their plans have been approved for the upcoming 2-year cycle with an effective date of Oct. 1st. There are a couple of outstanding clarifications that they are still sorting through but expect the process to be wrapped up this week. They greatly appreciated the Commission's role in the process at the last meeting and she does want to acknowledge the time and effort the area agencies put into the plans, this was not a small task and they really appreciated commitment from the network and look forward to working with the Triple A's as they implement their plans. She asked if there were any questions if not, she would turn it over to Dr. Burke for the Commission on Aging updates.

Dr. Burke thanked Erin for the update from the Division of Aging. She reported that she has done four podcasts along with some key partners that are being produced by Qsource. The list of the podcasts will be on Qsource's website. The first podcast focuses on senior centers in a leadership role in local communities to either develop a focus in collaborative meetings to work with initiating age and dementia friendly initiatives within the local communities or to work with existing collaborative groups that are in the community already. The second podcast focuses on faith community nursing, parish nursing and faith communities taking a leadership role to initiate dementia friendly initiatives. The third podcast focuses on dementia friendly initiatives across Indiana in nursing homes and assisted living communities and the 4th podcast looks at the significant role of area agencies on aging in Indiana and their work with initiating age and dementia friendly initiatives within local communities. She sent the link out to the Commission and Advisory Committee this morning who worked with the Commission on the Living Longer, Living Better Guide. The first podcast regarding senior centers is now available on Qsource's website, and the other three are forthcoming yet. Also, herself, Mitzi Daffron and Dustin Ziegler from Dementia Friends and Jenny Hamilton from LifeStream just had a recording with PBS Ball State and they gave an update on the Guide and the work that's being done across the state and that will be shown the middle of October.

JoAnn asked Dustin if he was on, she said he contacted her last night and she asked her if he would share some exciting news on some of the work that is being done with Dementia Friends across Indiana. Dustin said Dementia Friends Indiana has a lot of success in the last few years it's been around, even since Dr. Burke, Mitzi and Jenny Hamilton and he did the recording at PBS. There's been a development with IU School of Medicine that they have been talking about for a while, but he never thought would come to fruition just because of the complexity and how large-scale IU School of Medicine is. They have an opportunity to do 2 dates on October where all of IU School of Medicine first year medical students will be going through a Dementia Friends Indiana info session and becoming Dementia Friends and introducing the movement to future physicians. That's a huge win and you must give a lot of credit to Dr. Glenda with Eskenazi and the IU School of Medicine who has been a big champion of this. This is an opportunity to get to these doctors very early since this is their first year as students and painting the picture for them very early and setting the foundation about how to approach, how to perceive and how to understand their engagement with patients and their caregivers with dementia and seeing it way beyond the disease process and pathology of it. If it comes to fruition, another area they're dreaming of is that Dementia Friends will get officially integrated into the IU School of Medication first year medical student's curriculum which would be a first for the nation. This is a huge step, and he will keep them updated.

JoAnn thanked Dustin and said she was excited to get the email about this and all she can say about this is many, many hands have been involved in moving some of their Dementia and Age Friendly initiatives along. Thank you to everyone and they are making progress in Indiana. Judith Schoon is going to give them an update on what her committee Shared Decision Making is working on.

Judith said JoAnn and the Commission charged her with helping to bring forth a working outline on shared decision making. The Committee has had 2 meetings so far, the sum of the 2 meetings is in the outline that Melissa put together for them and was sent out this morning. Other than that, they really don't have a lot going forward, what Melissa put together is what's free, what's legislative, what else needs to be done so that's where they are at this point.

JoAnn asked if people have questions or comments for Judith as they continue to work on shared decision making. Judith asked on this one Melissa put together this outline some feel they are done, some feel they need to do more to it, does she have any thoughts on it? JoAnn said she was going to open it up to the Commission for comments to Judith. Judith said lets table this to the next meeting to give everyone a chance to look it over a little bit. The committee is having another meeting coming up and then they can bring it all together in November and see what they have a decision on. JoAnn said very good give them an update in November and they'll see where this has moved at that time.

JoAnn said they are going to get done early today, but are there any other issues? She knows there's a lot happening right now, particularly around managed long-term services and supports. Is there anything anyone would like to bring up, questions, issues, discussion? If not, they have gone through their agenda, but she is going to circle back and ask about one other point here today and that is the discussion the conversation that will be held the Older Hoosiers and Caregivers Advisory Group. Is there a way their Commission members can think of a way they might get more participation across the state because it's important that they get people involved in this, are any of you planning on initiating anything or any ideas on this? Judith said she had been working with Oak Street Health quite a bit lately so she is going to give it to them so they can pass it out to all their clients/customers. Kelli Tungate said her organization is working on with their account managers across the state although individuals who participate in Structured Family Caregiving because they are paid are not able to participate in some of

the surveys. They are doing all they can to get the message out to the provider network that they work with across Indiana to support participation. Katie said they have an advisory group connected through their main project on campus that's made up of people who she thinks would meet the exclusion criteria so they will send that flyer out to them as well. JoAnn asked Deb if she had anything in the Fort Wayne area that she knows of that's getting people participating. Deb said she doesn't really know of any organized efforts to get that done, but if folks on the line from Fort Wayne want to email afterwards and maybe get something coordinated. JoAnn asked Megan for any thoughts, she said they can distribute to their clients and their families and other agencies the link. JoAnn asked Sue up in Valparaiso, "Any ideas?" Sue said she would have to think about that, she doesn't have one off the top of her head. JoAnn said she is just looking for ways to get people's participation in this. Judith asked if they can also make copies of the flyer that they are emailing them so they can take to the senior centers, nursing homes, adult day cares. JoAnn said she's sure that would be great, they just want to encourage as broad of a participation as possible. Sue said maybe VNA of Northwest Indiana can help them promote this locally they consider themselves an advocate for the needs of the aging so she can talk to Bob Franko to see what they would be willing to do. JoAnn said she is not trying to pick on people here, but she is trying to say whatever they can do across the state this is big. They're doing a culture change in Indiana as they deinstitutionalize the care of older adults as they focus more on home and community-based services, although they will always need institutional care.

Judith asked if you qualify for Medicaid, but you aren't necessarily totally institutionalized, does that mean you are going to help provide services in each person's home and if so, what number of services are they going to be getting? JoAnn asked if anyone from the Division wants to respond. Sarah Renner said the concept would be that anyone that they serve who is age 60 and over will be able to receive services that are currently provided through the state plan or kind of a Medicaid health care lane, as well as supports for home on what they offer on the Aged and Disabled waiver. The plan is if you meet the eligibility requirements then there is a lot more collaboration around how you are provided services and supports. Judith said this is only for people who are on Medicaid. Sarah said individuals who will also be on Medicare, but yes from at least a state eligibility side Medicaid as well as those who are dually enrolled in Medicaid/Medicare. Judith said if you are private pay will this affect you in any way shape or form. Sarah said no.

JoAnn said Sarah responded from the Division of Aging official work that is focused on people who qualify for Medicaid and meet nursing home level of care. However, this is still a culture change in that it probably will impact the older population more broadly in that it will bring more home and community-based services to areas, and they may have more people opting to stay in home and community-based services than would be going to institutional care. Judith asked if the 2 speakers who talked to them earlier would be the ones who are going to setup the program, and will they be the ones who will make the determination of who goes institutional and who gets to stay in the community? Sarah said Advancing States is a consulting firm in an advisory capacity. They will not be the entity that sets up the structure. It will be led by a managed care organization who bid on the product. JoAnn said the work is still in progress and nothing has been determined. Judith said if the managed care says they can stay at home, but the person feels that they can't, and they want to be institutionalized is CMS having the final word on that? Sarah said a managed care entity can't institutionalize anyone against their will. Judith said If a person feels they need to go to an institution because they can't handle being at home, if the managed care says, "oh no you have to stay home because we think you can take care of it there", will they have that option will they be able to go to the institution? Sarah said yes there will always be paths to different forms of living at home that would include living in a nursing home. Accessing nursing home care is still a component of this product and work. JoAnn asked Judith if that

answered her question and she said yes. JoAnn said again this is in process and there will be lots of questions and things not quite determined yet and with no further business the meeting was adjourned with the next meeting scheduled for November and if anyone has anything for the agenda let her know.