



## Area Agencies on Aging Lunch and Learn

### Date

Friday March 26, 2021, 12 p.m.-1 p.m., virtual meeting

### Presenters

Kristen LaEace, Indiana Association of Area Agencies on Aging (IAAAA), CEO

Tauhric Brown, CICOA, President and CEO

Mark Lindenlaub, Thrive Alliance, Executive Director

Laura Holscher, Generations in Vincennes, AVP

### Learning Topics

AAA role in mLTSS

AAA awareness

NCQA care management accreditation

Medicare Advantage chronic disease case management

### Agenda

1. Introduction
2. Presentation by IAAAA, CICOA, Thrive Alliance, and Generations in Vincennes
  - a. Network introduction
  - b. How AAAs would like stakeholders to view their role in mLTSS
  - c. The AAA relationship with Medicare Advantage
  - d. The value of NCQA care management accreditation
  - e. Topics AAA organizations want to learn more about
3. Questions/Answers  
*The presentation slides will be shared along with the minutes.*

### Summary of important facts from the presentation

Laura Holscher, Generations in Vincennes, AVP

#### Introduction to the Network

Area Agencies on Aging (AAA) were established in Indiana in 1973 under the Federal Older Americans Act. There are 15 AAAs serving all 92 Indiana counties. Currently, there are more than 2,100 Home and Community-Based Service (HCBS) providers, covering every address in



Indiana. AAAs provide more than 1,850 jobs within local organizations and coordinate 5,500 volunteers.

AAAs provide a wide range of person-centered options and coordinated services to ensure all Indiana residents can age safely and efficiently in their preferred community setting. Indiana AAAs were the first, in the nation, to establish a state-wide Aging and Disability Resource Center (ADRC) network.

AAAs help consumers optimize the services available to them. Beginning with intake screening, AAAs complete an initial assessment to determine the best direction for the consumer. Additionally, AAAs provide consumers with information and education about Long Term Services and Supports (LTSS). Options Counseling helps consumers identify unmet needs and Level of Care (LOC) assessments ensure consumers get the right level of services. Once enrolled, the consumer works with a Care Manager to choose providers. Last, but not least, AAAs coordinate contracts and quality assurance for the statewide network of providers to ensure consumers continue to have choices.

During the COVID-19 pandemic, AAAs were able to deliver 1.5 million meals in 24 weeks. Social isolation was addressed through wellness checks and coordination was provided for grocery and prescription pickups. Caregivers and those they serve were provided with the resources and information they needed to continue care during the pandemic. AAAs also stepped up and were a key partner in the COVID vaccine registration.

## Tauhric Brown, CICOA, President and CEO

### How AAAs Would like Stakeholders to View Their Role in mLTSS

AAAs view mLTSS as a seamless integrated approach to the consumer experience. The Indiana model is focused on ensuring a continuous and connected consumer experience across the LTSS landscape. The advantage of the Indiana design, from a consumer perspective, is a through-line from initial intake, to care management, and throughout their aging journey. AAAs are the link for care integration by addressing social determinants of health and alignment with critical care. This positively impacts the consumer experience, quality, and efficiency which leads to better outcomes.

The existing LTSS service coordination is siloed in clinical care. This structure contributes to gaps in care, systematic inefficiency, poorer outcomes, and costly care. The state seeks to correct all of these issues via the mLTSS transformation.

The AAAs believe that a team-based approach to service coordination is best. A team-based approach can remove existing barriers and maximize the benefits of the existing structure. Any mLTSS initiative should be comprehensive and ensure equitable coordination across the established systems with a goal of eliminating known gaps and ensuring person-centeredness, promoting quality, and achieving efficiencies. Transitional care is an example of how Indiana AAAs are already doing this.

mLTSS presents an opportunity to align within clinical care. AAA's and FSSA's emphasis on care integration and managing social determinants of health should be leveraged to drive clinical care and other consumer outcomes.



AAAs feel the following should be maintained: ADRC designation, Community Living grants, Pilot and Choice 2.0 implementation, Alzheimer's Disease Prevention and Intervention grant, No Cost Care Transition Extensions, Person Centered Training, Expedited Eligibility pilot, and Vision Link.

### Kristen LaEace, IAAAA, CEO

#### The AAA Relationship with Medicare Advantage

A significant increase in Medicare-related contracting is occurring across the nation and in Indiana, for all types of health plans as well as health systems and large employers. Indiana has created [enlivIN](#) to provide a single source for AAA contracting within the healthcare environment. Indiana AAAs are actively engaged in contracting networks both as individual AAAs and as the enlivIN network.

A survey from the Scripps Gerontology Center collected data on the services that community-based organizations (CBOs) most frequently contracted to provide. The services outlined in the survey are services that Indiana AAAs are already providing under Indiana's various LTSS programs. Those services are all necessary under mLTSS and complement well with Medicare Advantage (including the dually-eligible population).

The future interests of Indiana AAAs are to use the mLTSS transition to leverage the investments the State and AAAs have already made and to further enhance the system capacity and performance. AAAs are confident the state, other stakeholders, and all Indiana residents will benefit from the State's proposed mLTSS waiver retaining the AAAs' role as trusted advisors to guide consumers through the mLTSS system. The Indiana AAAs are open to discussing how this can happen through direct contracting with the State or required contracting with healthcare plans. AAAs believe that with their collective commitment, Indiana can and should make the compelling case that the proven, existing Indiana way is worth preserving in a transition to mLTSS.

### Mark Lindenlaub, Thrive Alliance, Executive Director

#### The Value of NCQA Care Management Accreditation

Driving quality is one of the key reasons that Indiana is looking at Managed Care for LTSS. The National Committee for Quality Assurance (NCQA) has been measuring quality and driving quality improvement for health plans and initiated a credentialing program for LTSS case management. From Indiana's AAA network, Aging and In-Home Services (AIHS), was chosen to pilot an accreditation product that was developed. AIHS became the first CBO in the country to obtain the case management credential for LTSS. Once the NCQA rolled out their program, Indiana AAAs committed to their standards as a network. Due to this, Indiana's AAA network has a history of working with external accreditation, as well as meeting and complying with the quality metrics that the State will expect under mLTSS.

Key areas of emphasis include: stressing the importance of building on Indiana's investments and taking a team-based approach to Person-Centered Planning for care coordination. These should be core principles that are built into Indiana's mLTSS system. The team should consist of both clinical professionals and social determinants of health professionals. It should leverage the



work that the AAA community-based care managers are already doing to coordinate services through a person-centered approach. Consumers need a coordinated team approach that crosses sectors and engages multiple clinical and community-based providers. Consumers need a team approach that puts them at the center.

Indiana can deliver a team-based LTSS system if it is built for and around the people it serves. The AAA network is local, known, and trusted by people in communities across Indiana. Indiana's network is uniquely positioned to ensure continuity of care. Choice, cost, and quality do not need to come at the expense of continuity of care for the consumer. AAAs have already successfully navigated these challenges and erected appropriate structures to ensure conflict-free case management with current services. Indiana's AAAs would continue to do so under a managed care environment.

AAAs believe it is in the best interests of consumers to provide a thread of continuity under Managed Care and want to work with the State to explore best practices in this area. AAAs also agree that Indiana needs an integrated data system that will link individuals, providers, and facilities in the state. AAAs suggest that the State consider utilizing one data system when going forward to the Managed Care Organizations.

## Questions/Answers

**FSSA:** Can you elaborate on the role you all have played in the Medicare Advantage programs around the state? We would like to hear your experience with them and the work you have done with them?

**Indiana Association of Area Agencies on Aging:** Related to Medicare Advantage, AAAs are informally serving their client base. AAAs do not have specific contracts with Medicare Advantage plans. The real opportunity with Medicare Advantage, as individual AAAs or as a network, are with the Special Supplemental Benefits for the Chronically Ill (SSBCI). Currently, the problem with SSBCI is that each Medicare Advantage plan decides what the SSBCI are and they can target geography, consumer, etc. Accordingly, it has been hard as a network, to figure out how to go into a Medicare Advantage plan that may only be serving certain parts of the state or may only be looking to provide one or two services. Due to this, we have let individual AAAs work that out on their own, informally within their client base, or in coordination with health care practices.

**FSSA:** Aging & In-Home Services of Northeast Indiana (AIHS) has a long history of working with CMS in the Community Care Transitions program. This program was not under Medicare Advantage, but was a top-performing program in the country. This showed substantial reductions in hospital readmissions of Medicare beneficiaries under that program and is a large part of why Indiana awarded a grant to help the Administration of Community Living demonstrate a business case and return on investment for this kind of integration between the AAAs, hospitals, and health systems.

## Closing comments

**Sarah Renner, FSSA**



Thanked Indiana's AAAs for all of the labor put forth during the COVID-19 relief efforts.

### Secretary Sullivan, FSSA

Echoed the gratitude for AAAs and reported that as of 3/26/21, the AAA network has scheduled over 11,000 people for vaccinations with outbound telephone calls. These were mostly individuals who would have not have registered for the vaccine on their own without the support provided by the AAAs. Additionally, as of 3/26/21, the Homebound Hoosier Portal program has administered its 500<sup>th</sup> dose of COVID-19 vaccine to homebound individuals across the state.

### Follow-up

At the next Lunch and Learn on Friday 4/9 the group will hear more about the Dually Eligible population

### Stakeholder Attendees

Ambre Marr, AARP Indiana

Angela Marino, LifeSpan Resources (Area 14)

Becky Zaseck, REAL Services

Chris Myers, Area 10 Agency on Aging

Dan Mohnke, REAL Services

Elizabeth Eichhorn, Indiana Health Care Association (IHCA)

Ellen Burton, University of Indianapolis Center for Aging & Community (UIndy CAC)

Ellen Miller, University of Indianapolis Center for Aging & Community

Erin Thomas, LifeTime Resources

Evan Reinhardt, IAHHC

Jennifer Lantz, Indiana Professional Management Group (IPMG)

Jenny Hamilton, LifeStream Services

Jessica Taylor, THRIVE West Central- WCIEDD Area 7 Agency on Aging and Disabled

Kristen LaEace, Indiana Association of Area Agencies on Aging

Laura Holscher, Generations, Vincennes University

Lora Clark, LifeSpan Resources, Inc

Mark Lindenlaub, Thrive Alliance

Megan Smith, Indiana Association of Adult Day Services (IAADS)

Michael Halling, SWIRCA & More

Michael Kaufmann, Indiana Department of Homeland Security



Michelle Stein-Ordonez, Indiana Association for Home and Hospice Care (IAHHC)

Rachel Richards, Caregiver Homes of Indiana

Rhonda Zuber, SWIRCA & More

Ryan Keller, Thrive West Central

Sarah Waddle, AARP

Sherri Hampton, American Senior Communities

Steve Gwin, Area Five Agency on Aging and Community Service

Tauhric Brown, CICOA Aging & In-Home Solutions

Terry Cole, Indiana Hospital Association

Terry Miller, Hoosier Owners and Providers for the Elderly (HOPE)

Zach Cattell, Indiana Health Care Association (IHCA)

## FSSA Attendees

Allison Taylor, Andrew Bean, BreAnn Teague, Cathleen Nine-Altevogt, Daniel Rusyniak, Darcy Tower, Elizabeth Peyton, Erica Ng, Erin Wright, Gus Habig, Hamilton Smith, Jennifer Sullivan, Jesse Wyatt, Katheryn Foglesong, Kathy Leonard, Kim Opsahl, Kimberly Self, Laura Dodson, Lucy Morrell, Lynn Clough, Maggie Novak, Matt Foster, Meredith Edwards, Michael Gargano, Mindy Flowers, Natalie Angel, Sarah Renner, Shannon Effler, Steve Counsell, and Timothy McFarlane