CHOICE BOARD MEETING

MAY 19, 2022

402 W. WASHINGTON ST., IGCS - CONF. RM. 1

1:00 P.M. TO 2:30 p.m.

Call to Order: The meeting was called to order by Dr. JoAnn Burke. No official business will be conducted such as approval of minutes and elections of new officers because there was not a quorum.

Presentation: Andrew Bean is the Medicare and Medicaid Coordination Manager with the Office of Medicaid Policy and Planning. Andrew said he and Dr. Counsell are really excited about the work that they have been doing with the long-term services and supports reform and dually eligible special needs plans which is referred to as D-SNPs and how they have really started to enhance the care coordination process with the area agencies on aging.

Andrew said first is putting things into context in terms of Indiana's LTSS reform. They have put LTSS in some goals pillars and one of those pillars is CHOICE. They have seen over time and through a lot of different resources that Hoosiers want to age at home, and they are trying to figure out ways in which they can make sure they are eliminating barriers so that folks have the choice to age at home if they so choose. Another pillar is cost, developing some long-term sustainability for the system. Indiana currently has about 2% of the U.S. population but over 3% of the nursing facilities and that really puts a lot of pressure on cost. The third pillar is quality, so making sure that the care that members in Indiana have is the best care that is available, as we are ranked at the bottom in AARP's scorecard. These are the 3 pillars that set the stage for what they are doing with the D-SNPs.

Andrew said where are they at today in terms of integration of Medicaid and Medicare in Indiana? Currently Indiana has about 230,000 dually eligible members who are currently enrolled in Indiana Medicaid, about 72% are full benefit duals. This means that people have full Medicaid benefits along with Medicare and 28% are partial benefit, this means that they pretty much pay the cost share as well as the premiums for Part B for those individuals, which means that they do not actually have full Medicaid benefits. Indiana duals eligibles are all enrolled in Indiana fee for service and there are no managed care entities that currently operate and serve dual eligibles on the Medicaid side. They typically see dual eligibles experience high level of care fragmentation based on the fact that they have to navigate really big government healthcare systems that don't really communicate and are not really built from the beginning to communicate. Many users who are dual eligible are receiving care either in long term stay nursing facility or through home and community-based service waivers particularly the Aged and Disabled Waiver. Andrew thinks it is safe to say that Indiana spends disproportionately more for its dually eligible in institutional settings than it does in the community, despite evidence that home and community-based services can be made more available for the aging population.

In 2019 Indiana began to place a higher priority on implementing dual policies that positively impact quality and outcomes, that is where his position comes from. The Medicare and Medicaid Coordination Manager position became new in August of last year, so they are really committed to dual eligibles and really improving access to care for those populations. Even with the increased focus over the last couple of years they are still at a low level of integration of Medicare and Medicaid. This is something that him and Dr. Counsell are trying to remedy, they are building their capacity internally and starting to work on building these systems and practices to improve the care for the elderly. Something that they have talked about a lot is Medicare and Medicaid integration. They are talking about bringing together the services and the administrative processes and the systems that populate both Medicare and Medicaid bringing them together so that they work together seamlessly and in a positive non-repetitive and efficient way for dual eligibles. So when they talk about integration, they're talking about both the service aspects as well as the administrative processes.

The state Medicaid agency contracts are currently the mechanism that they are able to contract with dually eligible special needs plans in Indiana. CMS requires that all D-SNPs who wish to operate within a state must contract with the state Medicaid authority in order to be able to operate within the state. What is nice about this is that states have kind of an expanded ability to leverage these contracts to really build out some good goals for dual eligibles. They don't have to do the bare minimum they can actually add things like data sharing, information sharing, systems linkage which can build on the state goals that are currently in practice.

In 2019 for the Hoosier Care Connect re-procurement they required that successful bidders had to establish a statewide D-SNP one year after the contract goes live. The whole statewide is important because of the Medicare network and making sure that people have access across the state. Even though it is not necessarily fully aligned, and you didn't have people in the same system on the Medicaid and Medicare side, it did reflect an increased investment in D-SNPs as a really key vehicle to coordinate care for dually eligible. In 2019 CMS came out with information sharing requirements, which basically said that if you were not a state that had a highly integrated program that the D-SNPs had to share information with state designated entities in order to make sure that care is coordinated. They got to define a high-risk population which is the Aged and Disabled Waiver population, and this is a precursor of what Dr. Counsell will be talking about in terms of care coordination.

Andrew said it is important to say that these early policy decisions have played a really key role in how they have shaped their decent landscape and how they have kind of targeted particularly the Aged and Disabled Waiver folks as a population that they can coordinate, and it has a high level of value and return on investment in terms of the coordination. The 2021 data reflects that they have actually grown since then from 2015 to 2021, they only had about 14 counties in the state that had D-SNP enrollment in 2015 that has grown to about 28% to 2021, and now it is about 37% in 2022. They have really experienced a whole lot of growth in terms of their D-SNP market not only in terms of members but also in terms of statewide, they are pretty much in every Indiana county in terms of the D-SNPs market.

In terms of realizing the state vision they have started to build a decent market. It's important to understand that they have now started to build them into their contracting language and they are actually codifying what their goals are for dual eligible special needs plans and these plans are a key vehicle for integration in the state of Indiana. They are in their 2022 contracts to make sure that folks understand that they see integration as a highly valuable mechanism to coordinate care and that they will see this as a critical component going forward as they move forward with LTSS reform.

The opportunity that they recognize are by the numbers, currently 38% of Indiana's dual eligible members are currently enrolled in a D-SNP. Of those members 10,047 Aged and Disabled Waiver members are enrolled in one of these networks, which means about 1 in 9 individuals enrolled in D-SNPs are Aged and Disabled Waiver members and designated as high risk via their contracts. Because they are high risk they are focusing more of their coordination efforts on that.

Dr. Counsell said one of the questions he frequently gets from presenting is why is this growing so fast that they have 38 to 40% who have signed up for Medicare Advantage Plans. They are still learning about that, but somehow the word is getting out and people are finding out about D-SNPs and signing up with them. It is a lot of work they intend to try to be very deliberate about how are people getting this kind of information. They are starting to kind of move forward in helping people realize that there are other options than nursing homes. He thinks that is where they are really kind of back to the basics in their LTSS reform and looking at how they can help people better become aware and access home and community-based services that most of the public and healthcare providers aren't aware of. Indiana has been a nursing home kind of default state for a long time, so this is exciting to work with Andrew and the Medicaid office and the Division of Aging around this.

Steve said a little bit more about D-SNPs, you've got traditional Medicare Part A, B and D and then Medicare Advantage that's the Managed Medicare, special needs plans if you're a normal Medicare Advantage plan you must enroll anyone with Medicare. But you can apply to the Centers for Medicare and Medicaid to become a special needs plan where you're allowed to enroll only a segment for a subpopulation of those who have Medicare. There are 3 flavors, there is the institutional SNP special needs plan that they can enroll people who live in a nursing home and there's a chronic condition or C-SNP they can enroll people with a chronic condition like heart failure or diabetes only. A D-SNP is special for duals, this is a special population and that have higher numbers of chronic illnesses, typically more behavioral health, lower resources and social challenges. D-SNPs are recognized by CMS as a subpopulation that could warrant a plan gearing it' benefits and its healthcare coverage around their specific needs.

Dr. Counsell said they probably know more about the area agencies on aging and the Division of Aging and when they talk about home and community-based services, that's what the Division of Aging is all about. Services are primarily accessed through the area agencies on aging defined by county across the state, there are 16 planning and service areas and one of the area agencies on aging covers 2 of those areas, so they have 15 organizations. This work is looking to get those 2 groups the healthcare health plan side to work together with the area agencies on aging side to better connect people together. To actually work together in an interprofessional manner and teamwork approach and even developing individualized care plans with the whole person in mind. The work has been running almost a year, they meet a couple of times a month and the goal is to improve health outcomes for the D-SNP members. There are 90,000 of them currently with complex needs so their focus is on those members especially those who need help in their activities of daily living. They do that through enhanced care coordination, and integration of the healthcare and the social services. They started with silos, many of the health plans and personnel had no idea what the Triple A's stood for, let alone what they do and that their health plan member is getting in-home supports and care management through an area agency on aging or independent care manager. So, they started out just connecting the two and now they are working towards these integrations. In their meetings they refer to their success stories, this was something

Andrew came up with a triangular moment, where everyone is really working together in the interest of the patient, the beneficiary and the client.

The D-SNP workgroup is the Division of Aging, OMPP folks and the 9 dual special needs plans and the four area agencies representing the 15 across the state, Aging and In-home Services of Northeast Indiana, CICOA, Thrive Alliance and Lifespan Resources. They regularly share the triangular moments and then dive into two components. Last year they started with care coordination for waiver patients, one out of the 9 of their members are enrolled in the waiver program. It was surprising that most of them did not know what an area agency was, they didn't know who of their members were actually enrolled in the Aged and Disabled Waiver program getting in-home supports, because they were both nursing home level of care needing help in 3 or more activities of daily living. Also, the recipient qualified for Medicaid and getting services coordinated through a care manager with an area agency on aging or an independent care management group. That was their first place to start care coordination for those people that they shared in common and working together. The second pillar that they have been working on in more recent weeks and months is to backup those people who are not on the waiver but have risks and strong predictors of needing help, this is where the proactive referral comes in. They typically have no idea of what is out there, how they can help, and how they can access services. They have proactive referrals from the health plan to the local area agencies on aging for information and assistance and Options counseling to figure out what is out there. This has been real collaborative work, the D-SNPs have been all in as well as the 4 representative area agencies on aging. They've worked through processes and mapped them out it's been laborious, but everyone is coming, and it really is a workgroup collaboration.

Dr. Counsell said the first area is around information sharing that Andrew described is required of D-SNPs to share information on hospital and skilled nursing facility admissions with the state on a population that the state chooses. They chose the waiver participants they are sending them hospital and D-SNP information, it goes into CAMS the state's care management system, and it sends an email to the waiver care manager alerting them that the person was admitted to the hospital or a skilled nursing facility. It gives them some basic information and they can loop back and start to coordinate care with the health plan, hospital or skilled nursing facility. That has been their original focus to start to work together with the care manager at the health plan and the waiver care managers.

In January and February, they had over 1,200 D-SNPs records from this information coming into the state goes into CAMS, which says you have got a D-SNP record on this waiver participant because they just were admitted to the hospital. In PSA 8 they have the largest of these with Fort Wayne having the 2nd largest, but this is happening across the state with all the area agencies on aging and the independent care management organizations getting these D-SNP alerts. They are showing about 60% of the area agencies on aging and the independent care management groups are acting on this information and starting to coordinate care with the health plan, hospital or D-SNP. They are tracking this, and it has improved overall since October and November. On the health plan side they in return are telling them how many emails they're getting from the waiver care managers to start care coordination and how quickly they're responding back to them in a timely way. The numbers in the slide are primarily focused in Anthem, Humana and United Healthcare which have about 95% of the D-SNP members in Indiana. So that is the first focus care coordination of people who are already connected with the area agencies on aging and the independent care management groups, because they're enrolled in the wavier program and getting support.

The second group that they just really started more recently to kind of try to go upstream and really be consistent with their LTSS goals to help increase awareness and access to services before people become nursing home level of care. Maybe they can help them way before that and even if they do become nursing home level of care, they might access home and community-based services first before or maybe instead of institutional care. They identified one risk factor for needing long term nursing home placement and its having been in a nursing home before. If a Medicare plan had someone admitted to a skilled nursing facility and they're not already covered under the waiver, they flag those folks and make referrals and talking to the members asking them if they know about the local area agency on aging, do you mind if I make a referral for you. They do that through the online referral form to the area agency on aging and then their Option folks will then contact that person and go forward according to their personal preferences and needs. They have just started working on identifying people in the health plans who have a diagnosis of dementia, so they can flag those folks and their caregivers and their families to proactively refer them to find out more about what's available in the community to help support them.

They have 365 new skilled nursing facility admissions or about 90 a week across the state who are members of these D-SNPs but not in the waiver program. They're tracking these process measures to see how successful is the D-SNPs in contacting their members who are admitted to a skilled nursing facility and offering them referrals. And also how often are they making an online referral to those folks and the numbers have improved over the last 2-3 months. Dr. Counsell said it's interesting that when health plan contacts the folks some of them don't want to refer and some have already connected and it was a mistake and they're already enrolled in the waiver program and some of them don't want to go home they want to stay in the nursing facility, or hang up, etc. How many referrals are the area agencies on aging receiving, when they heard there were 90,000 D-SNP members and they were going to require referrals to the Triple A's there was a minor freakout. But when it came down to it only about 25% actually get referred and that is about 80 or 90 a week, so it's only about 20-25 people a week that are new referrals statewide. They now have the other eleven area agencies on aging report to them on how many D-SNP referrals they have had. They had to do some work to standardize the online referral form across the state and have a special checkbox on the online referral form so the D-SNPs could check the box that the D-SNP was the referral source so the area agencies would know.

They are getting their arms around the skilled nursing facility admissions and proactive referrals of those folks. Next, they are going to identify people who are D-SNP members who have a diagnosis of dementia. Most of the health claims do not have special programming for people living with dementia and their caregivers. The state legislature law requires a dementia strategic plan, and the Division of Aging has a big focus on supporting caregivers, the family and informal caregivers. They had a workgroup yesterday and United Healthcare provided them with their data, and they have over 1,200 members that have had a diagnosis in their records of dementia, and they gave them the ICD 10 diagnosis codes to filter through and identify these folks. About 30% of waiver participants have a diagnosis of dementia and the slides shows that 2/3 of those United Healthcare members are waiver participants, so it's that 421 non-waiver that they're starting to work with. It has been decided that the area agencies on aging do not want United Healthcare to refer all 421 on the same day, but they're going to figure out some way to stagger and prioritize those referrals.

Where they are going next, they will be focusing on coordinating care for people already enrolled in the waiver and then proactively referring people who have strong predictors of needing help in the home.

And then they want to expand and build on that, so for the care coordination of waiver, they're going to require now that the waiver care manager is integrated with the health plan care manager. They work together and share care plans and incorporate the waiver service plan in their overall individualized care plan. The second is that the health plan will be required on the waiver participants that are enrolled in their plan to assess and document what matters most to those members, so they can have advanced directives or help them designate a healthcare representative. The next steps for the proactive referrals for those folks, if they have had a D-SNP, meet diagnosis, dementia and a third one they're going to be working on is if they have one or two ADLs. In addition to providing the referral to the Triple A they want them to access and document informal caregiver supports and needs to help get their arm around what can we do as a state to better support informal caregivers. In 2023 they are requiring access to address social determinants of health. This is even a broader touch looking at social risk factors and social needs will be especially focused on, food security, transportation and housing, they will expect the health plans to address and try to build those things in. They won't be able to act or have interventions for all that but at least address and include that in their person-centered care planning and collaborate with the state and the area agencies on aging around coordinating and optimizing the use of all the home and community-based services. They know the Older Americans Act has limited funding and the waiver requires certain criteria, but the D-SNPs have a lot of leeway about what supplemental benefits they can provide. So, they want to coordinate that so they can make the most out of the resources they have in the state.

Dr. Counsell said something that is near and dear is the age friendly health systems, it is gaining a lot of momentum nationally, person-centered approach to help maintain the health of older adults based on evidenced based care. A lot of research has been done here in Indianapolis through the IU School of Medicine and other institutions as to how they can deploy programs that have been proven to better support older adults and aging in place. Employing the 4M framework that they have incorporated into their D-SNPs Triple A planning. They are "what matters" prioritizing care to older adults, "medications" avoid deprescribed high risk medications, "mentation" prevent/identify delirium, dementia and depression and "mobility" encourage older adults to move safely to maintain functional ability and do what matters.

The last slide is borrowed from Dr. Glenda Westmoreland on how the IU Workforce Enhancement program is applying these 4Ms, teaching future healthcare professionals as well direct care workers these principles. This is stemming out of funding and support through the John A. Hartford Foundation. They have had strong support from the foundation in the IU Geriatrics Program for several years. What really got this going nationally is the connection with the Institute for Healthcare Improvement and their quality improvement efforts and age friendly health systems, age friendly clinics, and age friendly nursing homes that they are working on. They are wanting to work towards age friendly health plans. JoAnn said thank you a lot of work has gone into this evidenced based approach to deal with some of these issues, next the Division of Aging Update from Erin.

Division of Aging Update: Erin Wright she is going to give a brief update on CHOICE. They were able to amend the state fiscal year 22 grants, they shifted some funding around and also increased most of the Triple A's grants. They had some unobligated funding and were able to amend an additional $3.5 million into the network across the state. This was pulled yesterday, and they are down to 1,677 people on the waitlist, which is a 25% reduction from the beginning of the state fiscal year. It's the lowest that it has been since 2018. They have been working with the Triple A's to clean up their waitlists because there

were people on there who were no longer waiting, but of the 500 person reduction only about 10% of that is from the cleanup. The rest is related to the Triple A's efforts to put more people on services, so she wanted to recognize them for all of their efforts. They're working on the 23 grants and the funding levels in those are restored to the pre-pandemic levels. She is hoping that they'll continue to see more people getting on services. They are currently soliciting feedback on their 2023 – 2026 State Plan on Aging. The plan is available on their website in the public comment section. This is a 4-year Plan that they submit to ACL as part of the Division's requirements under the Older Americans Act. ACL provides the guidance for the Plan and what the areas of focus are and priority and even some of the objectives that they have to include, and they were more prescriptive this year in the Plan than in previous cycles. They are working with the Center for Aging and Community at the University of Indianapolis to facilitate their stakeholder engagement and feedback. They're having 3 in person and 2 virtual sessions over the next month so. She will make sure everyone has the information and hopes to see them there. The Plan is due to ACL this summer. There were no questions from Erin's presentation.

I-4A Update: Kristen LaEace said thanks to a grant of about $50,000 from Humana with the Corporation for Supportive Housing they want to put or enable Triple A's to designate housing specialists in their ADRCs. Those housing specialists would be trained to know the housing resources in their community to develop closer relationships with landlords to help consumers navigate the local housing environment to support their tenancy, etc. She will keep them updated as they go along.

Kristen said one of the things that Erin talked about were the comments to the State Plan on Aging and she wanted to let them know the federal government is soliciting comments on the Older Americans Act, implementing regulations, so this isn't the overall law. That hasn't changed, that can only change during reauthorization, this is something that I-4A will be encouraging all the Triple's to take part in, the comments she thinks are due June 6th. Another thing that's happening at the federal level that she'd like to encourage people to engage in is preparation for a White House Conference on Hunger and Nutrition that will take place in September. They have started holding stakeholder meetings every couple weeks. There are going to be some listening and virtual sessions at the end of May or early June. They are also publishing a toolkit for stakeholders to hold their own listening sessions an to feed that information into the conference organizers. Once the toolkit is published, they will help with the dissemination. It's an opportunity for their nutrition programs to have listening sessions in their local communities, and they might be able to do something statewide through the Division of Aging.

Kristen said now their educational packets, its Older Americans Month and so nationally they'll see social media and various kinds of comments and hash-tagging around age my way. The Governor also created a proclamation for the State of Indiana, and she has seen some FSSA communications referencing Older Americans Month. They have just finished an FY-22 budget through Congress and at their last meeting she talked about how disappointed they were that aging was not funded at a higher level. Well, they've started the 23 budget talks and maybe they'll get something by the end of September, but the President has released his budget and again he hasn't included significant increases for aging programs. In their housing packet she wanted to highlight Thrive Alliance in Seymour recently opened an affordable housing project with over 50 units. It is situated next to the hospital and they're really trying to integrate the hospital and social determinants of heath kinds of services in with that housing project. Its almost completely leased so congrats to them and it points to the need that exists in the community for good affordable housing enhanced with services and there is discussion about a potential project in the Terre Haute area. The inflation is hitting not only housing prices but food prices

as well and given the population that they serve on fixed it's a big concern. It's affecting local food banks and kind of along with that Feeding America released its most recent publications on senior hunger and almost senior hunger. They have published reports and those executive summaries are in their packet, and full reports are available online. She thinks the other thing that is pretty well highlighted in their packets is just information about the workforce shortage and you know it's an ongoing discussion. She hopes Peggy Welch with FSSA who is heading that initiative for the state might be able to give an update at the next Commission on Aging and CHOICE Board meetings even though they don't have results yet. She has heard her make formal presentations 2 or 3 times on this in the last month or so and she thinks it would be very informative for everyone. She was a former legislator and former nurse and so she has a real heart for the populations served by direct support workers, older adults, people with disabilities, people with intellectual disabilities and developmental physical disabilities. Kristen said she would stop there and see id anybody has any questions. JoAnn said she had been watching television and its time to enroll in Medicare and there's a bewildering array of Medicare programs to choose from. Who might help with that and help sort through all the different insurance programs? Kristen said our state as does every state operates thanks to federal funding a program called the Senior Health Insurance Program. Its administered through the State Department of Insurance and their funding originates with the Administration for Community Living and it goes out federal. They have paid as well as volunteers that are highly trained to provide counseling to individuals. Many of these SHIP counselors are located in the area agencies on aging, the local community, hospitals, etc. JoAnn thanked Kristen for her report and asked if there was any more they needed to discuss at the CHOICE meeting. Sen. Breaux said she just wanted to say thank you for allowing her to participate via zoom. JoAnn said she said it at the Commission on Aging meeting and she will say it at the CHOICE Board meeting, they're hoping people will get back to Indianapolis if they can for these meetings. If not, she's thinks there's a plan to continue with hybrid meetings, but it's always to see people. Rep. Clere said it is nice to see people in person but it's also nice to have the option for those who can't make it in person to participate virtually. He's seeing increased participation overall at a lot of meetings, but it's always nice to see folks in person when they can be here.

JoAnn said if there is no further business or comments the CHOICE Board meeting will adjourn.