

CHOICE Board Meeting
September 15, 2022 - Minutes
IGCS – Conference Room A
1:00 p.m. to 2:30 p.m.

Call to Order: Hannah Carlock Chair called the meeting to order and would like to open up the floor to anybody that wants to say some words about Andy Weidekamp who passed away yesterday. He was pretty much present at all of the meetings, whether it was virtual or in person and so she is going to open up the floor to just share their memories. Jim Leich said he has known Andy for many years because he worked for one of the members when he was running Leading Age Indiana, just dedicated to seniors and just a very good man. It's a tough loss, he knows the Board will miss him but there will be a lot of other people missing him as well. Rep. Ed Clere said he would echo that, he had the opportunity to get to know Andy through the CHOICE Board and certainly feels his loss today because among other things he was steadfast in his attendance and not to see him in the room or his name on the virtual screen here only serves to remind them of their loss. So deepest sympathy to his family and friends and he hopes everybody knows how valuable his contributions were to the CHOICE Board. He was here as they worked through some modernization of CHOICE and some difficult issues around CHOICE and aging and Andy always had great questions. You knew he was paying attention and very tuned in and taking very seriously his membership on the CHOICE Board. So we're going to miss him a lot. Sen. Carolyn Jackson said she would like to offer her condolences to Andy's family and friends he will be greatly missed here on the CHOICE Board. She will definitely miss hearing all his questions and offering his great words of wisdom and just pray that his family will find peace and enjoy the great memories that they have of him she knows she will. JoAnn said she didn't know Andy well just through the CHOICE Board meetings but wanted to echo yes, he would always listen attentively and raised really pertinent questions that made her think a lot about what they were discussing. Yes, she will miss his presence on the Board.

Leslie said she did not have the pleasure of knowing Andy, but it does sound like he will be greatly missed and will be a great loss. She offers her condolences. Rep. Clere said he wanted to add one thing and he thinks it also illustrates how important citizens are to this process, Andy was really a great example of a member of the public who was willing to step up and serve and take the time to make boards such as the CHOICE Board work and we need more people like him. That's the only way that state government functions.

Hannah asked if anyone online would like to share memories of Andy as she didn't want to leave anyone out. Laurie Mullet said she didn't have anything additional to add to the appreciation and contributions for Andy, but as Dr. Burke said she would also add that he often challenged her to speak up and encourage them as private citizens to take an active role in voicing their opinions, so she will miss him. Hannah said the Division on Aging will keep them posted on any of the funeral arrangements.

Hannah said moving forward she will have everybody know online who is here in person. Jim Leich introduced himself, he is retired and this is his fifth year, hard to believe, he was with Leading Age for 21 years, formerly Indiana Association of Homes and Services for the Aging. He's been working during his working life with the CHOICE Board for many years and also really appreciates the opportunity to be a part of this. Ed Clere State Representative from New Albany, Carolyn Jackson State Representative representing Hammond, Whiting and when presenting in Chicago. JoAnn Burke Chair the Indiana Commission on Aging, Leslie Huckleberry Interim Director for the Division of Aging, Hannah Carlock with the ARC of Indiana. Laurie Mullet is retired as well with a career in home health care and senior living and Beth Schoenfeld with the Indiana Home and Hospice Association. She entered the Board as her other part time job Dementia Services group, so she represents the dementia. Hanna said that brings them to a quorum, and up next is the approval of the July 21st minutes. Does anybody have any comments or questions about the minutes before we approve them. Jim made a motion to approve it was seconded, Hannah said we can go ahead and take these minutes by consent.

Division of Aging Update: Leslie Huckleberry Interim Director for the Division of Aging said she is going to give some updates today on some different key initiatives the Division on Aging and FSSA as a whole are working on and Erin Wright with the Division is going to assist with some of the presentation as well and give an update and overview of some of the work that the Triple A's do with them outside of the waiver work. They're at the end of the federal fiscal year and thought it was a good time to do a bit of a refresher and then she'll end with just a quick highlight on a couple of Division of Aging initiatives that they're working on.

The first slide today is to give everybody kind of an overview of the whole LTS reform project. It's something they've been working on for the past few years. A lot of this hopefully is familiar to them, ultimately the objective of this process and this project is for 75% of new LTS members in Indiana will live and receive services in a home and community based setting. This is based on research and information that they have that most people would prefer to age in their home and they're working to support that.

The second key objective for this is for 50% of their LTSS spent in Indiana will be on home and community based services. We have not historically been at that and so that's part of their initiative as well. The way they plan to achieve those objectives is through five key results. The first one is access to home and community based services within 72 hrs., the second is moving to an LTSS managed care model. The third one is linking provider payments to member outcomes which is also called value based purchasing, the 4th one is having an integrated data system for LTSS, and the 5th is surrounding their direct support workforce and recruiting, retaining and training of that workforce. She will go into a little more detail on all of these in the coming slides and provide quick updates. She is not going to go through everything on the slides and they will be distributed to all of them so they can have a reference.

The next slide is the quality framework overview, and this really focuses on the guiding principles that they are operating under for this project. Which includes person centered

services and supports, ensuring smooth transitions and access to services and participant choice. The information on the slide goes into a little bit more detail but these are really the three key items that are their guiding principles as they figure out how to move forward with LTSS reform in Indiana. The next slide is key result 1, the objective is ensuring Hoosiers have access to home and community based services within 72 hours. The way they're going to accomplish this is through expedited waiver eligibility, they did begin a pilot program in October 2020 to have that expedited waiver eligibility process. To date they have approved over 4,100 applications through that pilot program, and they are continuing to work with CMS to come up with a permanent long term program for that, currently they are operating under the federal public health emergency authority. So they need to come up with a permanent authority in partnership with CMS once the federal PHE ends.

The next slide is targeted to key result 2, which is moving to managed care. The illustration is the timeline for moving to MLTSS, this is currently out for bid and right now bids are due she thinks next week, so there's a limit to what she can talk about with MLTSS because it is out for bid. They will spend a few months going through the evaluation process for the RFP and then the awards for the RFP will be announced in quarter one of 2023. That is when the entities that will be implementing MLTSS those managed care plans, that's when that information will be made public and then they'll spend the remainder of 2023 on readiness review and implementation going live quarter one of 2024.

The next key result is value based purchasing linking provider based payments to member outcomes. They are in an information and gathering phase on this key result. A couple of highlights the CMS did release their first ever HTPPS quality measures in July. So they are reviewing that and diving into that and working on incorporating some of those concepts into the work that they're doing to help define what some of those quality goals should be as a guide and or engaging in some national value based purchasing expertise.

Jim said he had a question, one of the things that's always been a problem with this measurement is there's never been a patient centered database like in nursing homes where they do the MDF. Is that what they're trying to work toward. Leslie said key result 4 is focused on data integration and so you are right that their systems have historically been fragmented. So what they're trying to do with this key result is find a way to truly integrate those data systems so that they have a more holistic picture of the individual, so linking individuals, providers, facilities, and the state. Their chief data officer is heading this key result, so they've been hard at work.

Key result 5 direct service workforce she thinks they all know that if we can't get this one right, then it's going to be really hard to achieve their objective because you have to have people to actually provide services to individuals in home and community based setting. So this key result is to create and implement a person centered statewide plan to be able to improve their recruitment, training, support and retention of direct service workers in HCBS. Peggy Welch their chief advocacy officer is heading up this key result. She has been partnering with the

Bowen Center to collect data and information and develop a DSW plan. They did have a session in late July that had a lot of stakeholders in attendance. She knows some of them were there, it was focused on getting engagement and feedback from direct service workers and those stakeholder groups that provide services, so there is more to come on a lot of this. The plan is under development continuing to collect information and kind of delve into what they need to do to make sure that the workforce is supported and available for HCBS.

Leslie said the next couple of slides are not official key results under the project, but they are different pieces of the puzzle that are integrated into the overall reform project. She wanted to highlight a few things there, Medicaid finance that's not a numbered key result, but it is still really important for the work that they're doing. The purpose of this key result is to strategically transition their current fee for service reimbursement structure in a way that drives quality and better alignment and transparency and supports person centeredness and sustainability. This key result group recently formed a steering committee with IHCA, Leading Age, Hope and IHA to start working through issues related to the quality assessment fee, the URL program and quality metrics for the URL program. They are trying to get this ramped up sooner rather than later so folks can have some predictability from the financial side of things.

The next piece is dual or dual eligible individuals who are eligible for both Medicaid and Medicare. Dr. Steve Counsell is doing a lot of work for them and with them to find the best ways to increase coordination for those dual eligible individuals. This is another key issue initiative that they're working on pretty heavily. The next piece self-direction it is something that exist today under the A&D waiver, but a lot of the feedback that they heard as they were engaging in this reform project and all the stakeholder engagement was that that they need to think a little differently about their approach for self-direction and find ways to redesign and expand it and support an even more person centered approach. Currently it is under the A&D waiver they are working on submitting for what's called a J waiver to expand and add some additional services to that design element and make it more robust for folks who want to engage in self-direction.

The next piece is not MLTSS it is a different RFP that they have and that actually is live out there right now for bid as well. This is for their enrollment services vendors, this RFP was released in August 2022 and there are two scopes of work under this RFP. The first scope is focused on sort of the front end enrollment eligibility piece. So this vendor will do level of care assessments, PASRR, options counseling and some Medicaid application assistance. The second scope of work is called member support services. The feedback they received said it's really important to have a group that can provide assistance to individual enrolled in MLTSS and advocate on their behalf. It's very similar to an ombudsman program, but they purposefully did not call it that because they didn't want any confusion with their long term care ombudsman program.

The next couple of slides focus on the role of the Triple A's under MLTSS. Some of the information they've hopefully already heard, but she wanted to make sure she provided as

much information and clarification as possible. Under MLTSS the Triple A's will have a few options on how to engage. One option is this front end side, so the enrollment services vendor is a single Triple A or a network that includes other community based organizations could submit a response directly for the RFP for that enrollment services work or they could serve as a subcontractor for that enrollment services work. That is the level of care assessment and intake counseling and member support services. The other option is the back end what they call post enrollment role, under MLTSS the managed care entities will be responsible for providing for what's called care coordination which is just another way of saying case management. So the case management that's provided for waiver today will be provided through the MCE's under MLTSS. Triple A's can subcontract with those MCEs to provide that care coordination service once MLTSS goes live. They have built into the managed care RFP, and it will be built into the contracts that at least 50% of the HCBS members under each MCE will have to have care coordination through an existing case management waiver provider. So that's by and large our Triple A's, we do have a couple of independent case management organizations as well.

Rep. Ed Clere said he had a couple of quick questions, one he had raised several times in the past with respect to that 50% threshold requirement. Is there any requirement around how those cases are selected or assigned, in other words will it be random? Leslie said that is a great question, she would have to look at what they've got in the scope in the RFP and follow up with him. He said with respect to reimbursement, will Triple A's acting as a subcontractor be reimbursed at least as much as they are currently reimbursed for case management? Leslie said another good question she would have to look and double check and they can provide that information to him. Rep. Carolyn Jackson said in regard to the member support vendor, the RFP where can that be found online? Leslie said it's on the Indiana Department of Administration website and she can send the link information out to her. She asked the qualification is this for one person or is this going to be someone like a regional league where they would provide services for, let's say northwestern Indiana, central Indiana. Leslie said the intent is for it to be awarded to one entity, but there could be multiple entities that partner together to submit a bid. It would be one award, but it could be entities that have come together to submit one bid together.

Leslie said on the next slide the reason the Triple A's will have options is by and large the feedback they received from a variety of stakeholders was that it's really important for the entity doing that front end level of care eligibility assessment should be independent from the managed care entities. And so the Triple A's will have a choice depending on their own individual business models and what their strengths are to determine whether they would provide that level of care service or whether they would provide care coordination. Jim said he is not sure what the conflict is. Carolyn said she can see it, because if you're enrolling and you have the opportunity to place you could potentially if you're doing the front in the back you could potentially send all of them to one place or one managed care, so there won't be opportunities for managed care to have worked a lot more than one managed care provider.

Leslie said absolutely. She said so that is that, is that a reasonable conflict? Leslie said that is part of it, they do have the enrollment services broker who counsels individuals on which MCEs they could pick. The concern that was expressed is related to that, yes, and it applies to any entity not just the Triple A's.

Jim asked Kristen if she had any thoughts. Kristen said their interpretation is the state has chosen to take a stronger stance on this than CMS requires. Pennsylvania has a model where they're Triple A networks are doing both the front end work in eligibility determination as well as service coordination. Leslie said these kinds of things are typically state, states can always choose to design a program that goes beyond the threshold that CMS requires and that's their interpretation based on feedback that other stakeholders provided, and the state is choosing to honor that.

JoAnn wanted to know how is this going to be explained to people, it's going to be a little hard for people to figure out when they have to go through a few more steps. Carolyn said she can see the confusion if you have one Triple A that does the enrollment and another one that does the back end services. Jim asked if one Triple A could say they are going to do the whole state? Leslie said theoretically yes. He asked would the consumer only get that one choice. Leslie said for the enrollment services vendor yes. It would be the one vendor doing enrollment services but whoever wins that bid can subcontract with other entities. And their PASRR process is somewhat similar today. So for their PASRR process they have Ascend their contractor that does PASRR around the state, so in some ways it would be similar to that approach. She does agree that this needs to be understandable to the general public.

Jim asked if CHOICE was going to still be operated by the Triple A's and she said yes. Jim said but they can't coordinate the CHOICE services with the managed care providers, how is that going to be handled. Leslie said perhaps at another meeting they've got a couple of other folks who are really keyed in on this particular part of the project and can come and provide some additional information to everybody. There is also a limit to how much she can talk about since the bids out there right now. Rep. Clere said Jim raised an important point and something that they've touched on a number of times before. One of the things they're losing here is the ability to use CHOICE and waiver together in a flexible way, maybe Kristen or somebody else would like to speak to that. Right now the Triple A's have flexibility, and he worries about losing that flexibility. Leslie said she appreciate that feedback she agrees it's a very important piece of this and something they will make sure they are working through as they go through the readiness review and implementation process as well.

Leslie said the next slide has upcoming LTSS engagement opportunities that she wanted to highlight. They are rolling out what they're calling the stakeholder engagement 4.0 co-design meeting. They've had many sessions over the few years of stakeholder engagement and co-design groups and so they are kicking off another round. Listed are some of those upcoming meetings and if you are not a part of those meetings and would like to be don't hesitate to reach out.

The other thing she wanted to highlight is something that they are excited about ADvancing States has partnered with them to do in-person community conversations both with members and caregivers and then also with providers at separate sessions through September and October. They are holding them all around the state and they're hoping for some really robust engagement, and she will send that information out to everyone along with flyers. The question was asked MCEs can't be direct service providers, what does that mean. Leslie said they will provide care coordination, but they're not home health aids going in and providing services to individuals, they contract with providers to provide those services. And the last thing she wanted to mention was that participants who show up and participate will get a gift card as a little incentive for coming out.

Erin Wright said she wants to go back to the basic of the aging network and talk about what's in federal and state statute related to area agencies on aging. The foundation and core responsibilities of an entity designated as an areas agency on aging is rooted in the federal Older Americans Act. The Older Americans Act was passed in 1965 at the same time as Medicare and Medicaid. It was most recently reauthorized in March 2020 and the Older Americans Act created the aging network, which is a network of home and community based services that serve as a critical component of long term services and supports here in Indiana and across the country.

Indiana receives funding in various buckets that must be used to provide services that fall into those various buckets that are referred to as titles. The Older Americans Act support services that enable older adults to live independently, transportation, care management, personal care services, support for senior centers and congregate and home delivered meals, nutrition programs, evidence based health promotion, the National Family Caregiver support program. There is a part of the Older Americans Act that is not administered through the Division of Aging called the Senior Community Service Employment program that's called Title V that was transferred to Workforce Development many years ago and there is Title VII which is the ombudsman program. Under the Older Americans Act all of these funds must go to specific designated agencies. So the Division of Aging as the designated state unit on aging under the Older Americans Act designates local public or private non-profit agencies to address needs and concerns of older persons in a specific area and these are the area agencies on aging. A generic term but the actual names of the organizations vary in Indiana, some of the Triple A's have area agency in the name.

In Indiana all of the Triple A's are private non-profit, they currently do not have any public agencies designated at a Triple A. Triple A's coordinate and offer services that help older adults remain in their home by making a wide range of supports available. The funding in the various titles or buckets are distributed to the 15 area agencies serving 16 different areas based on a population based funding formula. Similar to the state submission of a state plan on aging which they have been working on over the last year and just received notification last night that their 2023 2026 state plan on aging was approved by the Administration for Community Living.

Similar to their state plan on aging the Triple A's must submit and implement an area plan on aging and the current plans are for federal fiscal year 2022 through 2023. The Triple A's will be working on their next cycle of plans, those will be due in early June of 2023. So through the area plan the Triple A's provide a number of assurances for how they will fulfill their responsibilities under the federal statute. She will highlight some of the key concepts from the Older Americans Act. The Triple A's under the Older Americans Act must provide through a comprehensive and coordinated system for a variety of services. The Triple A's are charged with understanding the needs of older adults and caregivers in their designated service area and they're tasked with making sure that they're hearing the voices of those that they serve.

The Triple A's are under the Older Americans Act are required to assure that adequate proportion of funds are spent in various service categories and service categories associated to access to services, in-home services and legal assistance. They also serve as an advocate and focal point for older adults in their communities and designate a focal point and are required to have a designated focal point in each of the counties that they serve, which is the place where individuals can go for information, access to services and access to additional supports. The Triple A's are also required to have an advisory council which is made up of individuals that they serve or are eligible to receive services under their plan. The key role of the Triple A's involves outreach to identify individuals that fall into the targeted populations under the Older Americans Act; those with the greatest economic need, those with greatest social needs, older adults with severe disabilities, limited English proficiency, dementia, and those at risk for institutionalization. Also in addition to outreaching to these specific populations they are charged with informing them of the assistance available under the Older Americans Act.

The Triple A's are required to set specific objectives for providing services to these targeted populations. The Older Americans Act requires a specific emphasis on low income minority populations, older adults with limited English proficiency and those residing in rural areas. Rep. Jackson would like to know are there specific guidelines on how the Triple A's select an advisory board. Erin said there are specific guidelines on the composition as far as representation, a certain percent have to be older adults, caregivers, elected official, a provider. She said she can share that.

In addition to all the federal requirements she just wanted to mention the state statute in regards to CHOICE says regarding Triple A's. One the statute especially outlines that case management is a service conducted locally by the Triple A's and two the statute references the management and operation of the CHOICE program locally through the Triple A's. For some context she has a slide showing the overview of the grant funding that is provided to the Triple A's to help support all their required roles and responsibilities. It totals about \$63 million on an annual basis for non-Medicaid funding and this does not include any of the additional covid funding that has been received over the last couple of years, split sixteen ways per Triple A. Rep. Jackson said she had another question the funds that were received due to the covid how or is it going to affect any grants that were received by the state. Erin said the covid related

funding that came to the Division of Aging is kind of in alignment with the Older Americans Act, a lot of the requirements for those funds follow the requirements of the Older Americans Act. It was asked the \$63 million that goes to the Triple A's as part of the CHOICE program is that federal money or is that state money. Erin said the CHOICE program is one part of the \$63 million, for state year 2023 the CHOICE allocation to the Triple A's is \$24.3 million. To get to the \$63 million it includes all of the Older Americans Act funding. Rep. Jackson said that is all the money that you get. Erin said yes it's the non-waiver programs. Rep. Clere said they are going to get the slides? Erin said yes. He asked what portion of that went to waiver and what portion remained for CHOICE and what was reverted? Erin said the chart is for 2023 but for fiscal year 2022, \$24.3 million went to the grants for the Triple A's for home and community based services, an additional \$3.75 million in CHOICE is in the waiver intake contract for ADRC functions. Rep. Clere said the total appropriation for CHOICE for the biennium is twice that \$48.6 million. Erin said yes, they will talk about the CHOICE annual report, they will be getting that in the next couple of weeks and they'll go into detail at the November meeting she doesn't have the final reversion numbers for 2022 that just ended.

Rep. Clere said the reversion is important going into the budget cycle. Kristen said historically when they've had Triple A's that looked like they were not going to expend their full allocation. They were able to do third quarter contract amendments to divvy the money back up and get it out to Triple A's that have waiting lists, that kind of thing. They lost the ability to do those late in the year amendments and so with the concurrence of the Triple A's some adjustments were made to the interstate funding formula prior to the start of the fiscal year to account for past performance. And to pre-allocate what they thought might be a reasonable amount so that they would run less of a chance of having leftover funding at the end of the year. That has been going on for the last 3 years and this past year they ran into some difficulties because some of the money the state had to hold back at the direction of the budget agency got released late in the year. And that went back into the Triple A's contracts in about the end of the 3rd quarter of the fiscal year, which doesn't give them a lot of time to get the money out the door. This year they may see reversions because of that last year cash infusion. Erin said they will add that when they're looking at the reversion and explaining and looking at what the original allocation was, what additional funding that they had been holding back and were able to push out and kind of look at it from both ways.

Erin said she wanted to talk briefly to give them a sense of how many people are served. Older adults specifically are served through these programs that they've been talking about. Last federal year there were 240,000 older adults served, the Triple A's were contacted over 630,000 times for information and assistance. They supported nearly 40,000 hours of personal care services, most of that was attendant care in-home support and the network supported the provision of over two million meals. The Triple A's supported over 34,000 hrs. of respite care to try to provide support and lessen some of the burden of informal caregivers and through caregiver targeted information and outreach they reached nearly 38,000 caregivers and that was outside any that were included in the 630,000 contacts.

The Division felt it was important to go over the statute related to the Triple A's on both the federal level and the state level with so much focus on MLTSS and so much going on with this critical role that the Triple A's can feel at times overlooked. The Division of Aging has the responsibility to continue to maintain valuable local accessible support in the community fulfilled by the Triple A's today. As new and different players enter the scene, they really want to make sure that there is seamless transitions and warm handoff between various programs and providers. They really have a great opportunity right now to accomplish this. The Division of Aging recently was awarded a no wrong door governance grant to improve access to long term services and supports for individuals and caregivers from the Administration for Community Living. Through this grant they will work to establish a government structure to develop and support a high performing system of access to long term services and supports for population regardless of payer source. This is what it fundamentally means by the term no wrong door system. They will have the opportunity to assess and analyze how individuals access services and look for gaps to make sure there aren't points where people may be likely to fall through the cracks. They will likely be talking about this more in the coming months.

JoAnn said coming from a person in the general population who would need some help. An example they're in the hospital they are discharged and need assistance with ADLs do they go through the Triple A's to get referred to the enrollment manager or do they get referred from the hospital directly to the enrollment manager. She's not sure where the ADRC's are here. Erin said the ADRC is the Aging and Disability Resource Center the idea is it's a one stop shop for access to services, information for older adults and persons with disabilities of all ages. In Indiana the Triple A's are designated as the Aging and Disability Resource Centers and the waiver intake funding that's provided to the Triple A's currently, which they refer to as their ADRC contract. The function of the ADRC is not just that it's all of the information and assistance that's provided and access to services. She shares some of the same questions as they're try to think through okay there's going to be new players, new entry points, etc. which is why she is really excited about this grant. They have the opportunity to line the walls with flow charts and process maps so they can make sure folks seamlessly and effortlessly get connected to services without being bumped around. So she doesn't have the answer but yes it could be both hospital and Triple A referring them.

A question was asked if with this new change would there be a change in the statute or the operation of the Triple A's with this new managed care entity. Erin said for everything that she went over today no, their statutes are being looked at broadly to make sure that any updates are needed are made related to that. She doesn't think there's anything in state statute specifically for the Triple A's. Leslie said they aren't worried about the Triple A's not existing as they are intrinsically tied with the Triple A's in the Division of Aging and their goal is to make sure the Triple A's receive the support that they need to provide services to individuals in their areas. Rep. Clere and other Board members voiced their concerns about the Triple A's still being viable in the senior communities that they serve. Leslie said she appreciates the feedback

they've given them a lot to think about and apologized for not having some of the answers readily available, some of it is that she is on week seven as the interim director and so she is still learning and getting up to speed on everything. But she will get the information and share it back so they have what they need to be able to continue to provide them feedback and participate in discussion.

Leslie said she had one more slide and will be quick in the interest of time, but just wanted to highlight a couple of things the Division of Aging is working. The dementia strategic plan, Dawn Butler gave an update at the last meeting and that work will continue. They are kicking off their master plan on aging, this is a new initiative it is a cross sector state led strategic planning resource that can help states transform their infrastructure and coordination of services for their aging population. Indiana is taking on the master plan on aging process and they are working with the Center for Healthcare Strategic to develop a 10-year plan for healthy and equitable aging in Indiana. They are just starting this process and will be reaching out to stakeholders soon to start bringing on lots of folks to help them engage in this process and they want to take a really broad approach. Their goal is to coordinate this work across lots of different sectors in the state. And she wanted to give kudos to Erin on the new grant opportunity for the no wrong door. She did a great job spearheading that for them and they were one of 10 states that was awarded that grant. The last piece, they are doing some internal assessment for the Division of Aging. It's a time of change for them as well they will be doing some work over the next weeks and months to determine what should their priorities be and what should they look like as the state unit on aging long term care. So that is what they're working on now and sort of preview again she appreciates all the feedback and the dialogue on all these issues. Hannah asked any other questions or comments on the updates.

Hannah said they have another update on the Division of Aging staff. Erin said she mentioned in the next couple of weeks they will be getting the CHOICE report for state fiscal year 2022. They will be discussing that at their next meeting the 3rd Thursday in November. The 2023 CHOICE grant agreement which most of them have been executed if not all. Earlier someone mentioned the waitlist, currently the waitlist is 1,176 which is the lowest it's been since 2018. Next week in Malnutrition Awareness Week and Kristie their nutritionist put some information together and in the interest of time she will send it out.

I-4A Update: Kristen LaEace greeted everyone. Rep. Clere asked if she would take a moment to comment about the flexibility that Triple A's now have to use CHOICE and waiver together and how she views that limitation going forward under the new system. Kristen said currently they use CHOICE for a waiver eligible individual if they're in need of a service that is not covered by the Medicaid waiver. Going into managed care the managed care entities will still be required to provide all those waiver covered services. However they are generally expected to also provide bonus things the way managed care companies do. Their stance would most likely be that if somebody is in MLTSS then Medicaid, Medicare or the MCE would need to pay for it.

That is the way they operate now if somebody comes to them with a payor source that should be covering those kinds of services, they want managed care entities not to view the services that Triple A's provide as free services. Everybody has to have a payor source and they don't want for-profit companies double dipping into Older Americans Act funded services. That kind of guidance comes down from the national level, it's not just something that Triple A's in Indiana made up. CMS and ACL have both signed on to this philosophy that Medicaid and Medicare are so much more huge than CHOICE or Older Americans Act etc., we're just like a fly on the wall of the Medicaid and Medicare budgets at the federal level. But those entities really need those funding sources to be picking up those kinds of services. It'll be unclear as to how they coordinate if there's something that absolutely cannot be provided by the managed care entity or Medicaid or Medicare. How that will look in the future she will say that as a network, and they've been public about this and with the Division of Aging that they have prioritized as a network service coordination and they have signed letters of intent with what they believe to be all the responders to the RFP around service coordination. As Hannah mentioned some MCE's are more excited about that than others and of course you know they are pulling for the ones that see their relationships as a long term partnership. But that's kind of where they're landing and perhaps if they're participating in service coordination they can do a better job of helping to coordinate all the resources in the community. That's what she would offer. Rep. Clere said thank you.

Kristen asked if there was anything else from the previous discussion, she just wanted to just mainly clear up any concern about Triple A's not getting contracts. Again they're contracting as a network as opposed to individual Triple A by Triple A, so that would help them avoid having a Triple A be left out altogether.

She wanted to share a little bit about what is happening at the federal level that might be of interest to them or their constituents. There was a mention about the nutrition information that Kristie pulled together that will be sent out. It's a real present time to talk about nutrition because on September 28th the White House is hosting a national conference on hunger, nutrition, and health. This will cover all aspects of hunger, nutrition and health and not just focused on older adults. However you can bet that all our older adult advocates and disability advocates have also been chiming in on this conference. It will be live streamed and there are two opportunities to host public events that share in that live stream. There are toolkits available on the website for the conference and there's an article in their packet about the conference itself, so you'll be able to navigate to it if you need to. Another thing that is in their packet around that is just information about the impact of the home and congregate meal and home delivered meal programs. In the Older Americans Act as well as an issue brief AARP distributed in March about food insecurity in older adults. Their packet also includes some information about overall price increases, including those for food. So as inflation has hit food and distribution costs it's a really big concern about our older adults going without. Also included is information about the Inflation Reduction Act and specifically in Medicare how that

will impact and help out with prescription drug pricing. Kaiser Family Foundation released an issue brief that estimates the number of persons that will be assisted in each state as the result of some of the changes in Medicare and so those tables are in there for them.

The other piece of it that affects healthcare for Hoosiers is the extension of the market care subsidies. Marketplace subsidies for the Affordable Care Act those were set to expire and those will continue, so people who are currently getting subsidies to make the marketplace affordable to them will continue to have those for a while.

The other big thing that's happening at the federal level is that there's not going to be a new federal budget before the end of fiscal year because of the elections and the best guess is that there will be continuing resolution at least through the end of December. From the aging network perspective because last year's Older Americans Act was increased by a very tiny amount. They're not happy that a new federal budget won't be ready to go, because when a CR goes in place it is based on the previous year's budget. They would just hope that the federal government could pass that federal budget as soon as possible after the elections and they'll just have to see how that turns out.

They are moving into the time of year that they follow the interim committees and since most of the people here today in the room are legislators you know that they're a little bit behind this year because of the special session and pretty much they're following the public health committee and the housing task force and she's got a lot of information in their packet regarding various kinds of housing needs. It's really critical for their work in the MLTSS transformation as well as serving the aging population in general. There is a lot of stuff in there that can provide some different perspectives and so as you're working in the legislature on housing issues and things that come out of that task force you might save some of this as reference information. They're going to be advocating for older adult housing within that task force. It's been billed as workforce housing, but they know a lot of older adults are still in the workforce and given the workforce shortages just across the board more and more older adults are working longer and longer. So they think it's important they deserve to be housed just like younger families, so they will be providing data and advocacy around that. The other big thing that they're hoping will gain some traction is the results of the governor's public health commission which talked about a \$250 million investment needed in the state's public health. She was surprised that the number was that low, so given the master plan on aging that the state is working on the Division of Aging, which they're excited about because of the cross sector opportunities there and the fact that public health is so much, it's so important to aging successfully in the community. They're hoping to see some real confluence around that with lots of opportunities for advocacy and influence as to helping to push that forward not just around what we think of around public health and funding for local health departments but a better strategy for our state around chronic disease prevention and all those things we do in the evidence based healthy aging programs. So they're really interested to see how that plays

out, they certainly participated in the public hearings and brought up issues around aging, the public health workforce, chronic disease management, that kind of thing. She will stop there as she mentioned there is lots of stuff in their packet just about people's concerns around price in general, services, food distribution costs, etc. and people are worried that they are not going to have enough money to live. So there's articles about that so she will stop there.

Hannah said anything else before they adjourn okay, they are adjourned and she will see them in November.