

# CHOICE BOARD

## VIRTUAL TEAM MEETING JANUARY 20, 2022

3:00 p.m. to 4:30 p.m.

**Members Present:** Jim Leich, Laurie Mullet, JoAnn Burke, Andy Weidekamp, Megan Smith, Beth Schoenfeld, Sarah Renner, Ellen Kaehr

**Members Absent:** Rep. Carolyn Jackson, Sen. Ed Charbonneau, Rep. Ed Clere, Sen. Jean Breaux

**Call to Order:** Jim called the meeting to order and asked Erin about the first agenda item. Erin said they have Rosa from ADvancing States and Stephanie from the HRSI Human Services Research Institute and Jake from Knowledge Services who will be talking about the NCI-AD survey in Indiana.

**Presentation:** Rosa said she wanted to note that they have April Young who is the Senior Director of the National Core Indicators Project at ADvancing States to help her answer any questions that come up with and feel free go ahead and ask questions as she goes through the presentation. She is going to talk a little about the national program and a little bit of the history. Then she will turn it over to Stephanie who will then talk about the sampling they've had in the past 7 years of data they've seen in Indiana and then Jake who is a local partner in the survey and data collection.

NCI-AD launched in 2015 and is a collaborative project between ADvancing States which is where she works the Human Service Research Institute also known as HSRI where Dr. Gerona works and also with participating states and they consider Knowledge Services to be one of those partners with Indiana. It is supported by the 23 participating states, and it is a sister program parallel to the National Core Indicators Program for Intellectual Disabilities and Developmental Disabilities which has been around since the 1980's. Something that's unique about this program is that is offered in multiple modalities. Previous to the pandemic they offered just face to face and they had to pivot, and they now offer both remote options that are telephone or video conferences when they meet with individuals that they survey.

A high overview about the people and programs that they touch with this tool the national core indicators aging, and disabilities side looks to talk directly with people who receive publicly funded long term services and supports and that may include Medicaid waivers. Medicaid waivers has historically included the CHOICE waiver, nursing facilities, Medicaid state plans, PACE program, OAA programs and other stated funded programs which may vary by state and other managed care populations.

Rosa presented a slide that includes the states that are participating this year there are currently 23 and they are looking forward to adding a few additional states next year. There are quite a bit of differences in terms of location, reality, and demographics. The purpose of NCI is to hear first and foremost directly from the individuals who receive long term services and supports. She is going to talk about how states use the data, but it is a tool that is available to assess the quality of life, service satisfaction and outcomes of individuals who are receiving long term services and supports. And its really intended to help support state aging, disability and Medicaid agencies and measuring the performance of their

systems by hearing directly from those who are receiving services and it assists states and improve the quality of services and supports provided in a number of ways.

She has only been working with NCI for about 6 months and have learned so much about how states use the data. It's quite widely used, and they've heard over time it does help states both at a local level and statewide to develop policy to identify areas of service improvement. It's a method by which you can communicate with service recipients, families, and advocates. She is hearing directly from them their experiences about receiving services and if they are at the quality of life that they would like to be at, reporting to lawmakers and state legislatures and a number of states actually use the NCI data to share information about their programs directly with lawmakers and state legislatures. It is a tool first for states to compare programs within the state and nationally through that report that for the state and then the report that is going to be posted online and it's a data by which you can track changes and feedback overtime. NCI is a pretty nice resource that they just wanted to make sure the Board was aware of with regards to their national data and state specific reports that are posted online including Indiana. There is a link where you can see presentations, the history of their webinars and some technical guides and resources if they are curious and want more information. She will turn it over to Stephanie who will talk a little bit more about the domains and Indiana specifically.

Stephanie Giordano said if there are any questions feel free to just go ahead and ask. She just has a few slides that they want to briefly show and some information that comes out of the adult consumer survey tool that they administer through NCI-AD. Taking a quick look at how Indiana typically structures their sample, and they work pretty closely with the state each year to make sure that they have the right number of people within each program so that they can make some comparisons within the state, so programs in the state can look at one another and they can also compare programs against the statewide average. Rosas also mentioned that they come out with a national report where you'll see averages across all of the states, and they can also take a look at that. The slide shows what a sample strategy typically looks like and on the next couple of sides they'll look at some data specifically from the CHOICE program and across the state. What is important to remember here is that you're able to make some comparisons across groups is that you can really do some digging into understanding comparatively where your program is doing well and maybe where there are opportunities to improve. It also gives you some information for what programs you may look into to potentially learn about what they're doing well and possibly where you can teach others to help improve some outcomes.

She wanted to mention that this slide is just a few items that they grabbed out of the 2018-2019 report and there's a link that they can give them to pull up the whole report. But the survey does cover a whole host of topics including satisfaction with services and supports, CHOICE and self-determination, healthcare utilization, person centered planning. They also for this current year of surveying have covid supplement that will help them understand some of the experiences people are having right now with the pandemic. Taking a quick look at some of the data starting with satisfaction and community participation, most people report liking where they live but slightly higher for CHOICE program participants so 87% compared to 81% across the state. Slightly more CHOICE participants also reported being able to get transportation when they wanted to do something outside their home that was non-medical.

They also have several items around case management and support staff. Looking at the slide people who can reach their case manager when they need to is 89% CHOICE participants, roughly a similar percentage 86% across the state reported that they were able to do that. An important one to kind of

keep an eye on especially as we know staff shortages have been exasperated by the covid pandemic and how that might affect peoples' experiences with their support staff back in 2018 90% of CHOICE participants and 81% of participants across the state say that they're paid staff show up and leave when they're supposed to. The vast majority of people feel that staff treat them with respect. The next slide show the statewide averages of participants who can choose and change services with CHOICE participants rating a little bit higher than the statewide average 79% to 60% being able to choose and change service and 75% to 67% being able to choose and change when they get those services. Because this is done yearly, they can do a little bit of trending with some of the data points. The CHOICE proportion of people who say they like how they usually spend time during the day since year 2016 has been creeping up quite a bit so 54% in 2016 to 57% in 2017 and up to 65% in 2018. Just one last note they can do some different looks at the data just in terms of comparing against the programs and looking over time. The survey tool asks several questions around demographics so one of the great things that they can do within programs and statewide and nationally is get a real sense of how people are experiencing services in different groups so they can look at things like gender, race and ethnicity, primary language those kinds of things. Stephanie turned it over to Jake Limbach.

Jake said a little bit about Knowledge Services they are located in Indianapolis and actually got started with the Division of Aging back in 2013. They are basically primarily responsible for the data collection piece of NCI-AD. So, everything that Rosa and Stephanie went through as far as the survey tool and the reporting they're kind of the middle piece of collecting that data, so they have the folks out in the field collecting that data. They started in Indiana in 2013 with the Division of Aging and were participating in a nursing home survey project. The administration chose to participate in NCI-AD in 2015-16, they had a prior relationship and a very tight timeline, and they had a contract vehicle, so they were able to stand that up the first year fairly quickly and then they have been conducting surveys since then for NCI-AD. Due to the pandemic the modality of telephone surveys was tested, and they participated for Indiana in the pilot to test that modality and then for this upcoming survey year, which they haven't started quite yet, they will be doing the surveys over the phone this year for the 2021-22 survey cycle.

A little historical data from over the years, the first year they conducted 937 surveys. There were some additional populations, and the sample was increased in 2016-17 to 1,092 and then in 2017-18 they added some nursing home surveys to that, and the numbers go to 1,467 and 2018-19 they added the RCAP population and that increased the total number of surveys and in 2019-20 they were in the middle of the project and in March of 2020 the project was put on hold because of the pandemic then eventually cancelled. Again, they participated in the pilot in 2020-21 and they will be getting started shortly for the phone surveys for 2021-22.

Some bullet points of their responsibilities, training, and project education, they partnered with the Division of Aging and the Triple A's to be able to flow communication down to the participants. The first year they attempted to mail letters which was not super successful, so they came up the strategy of high level communication to flow down communication to the participants, so they've continued that over the years. The next thing is the interview scheduling and coordination this is a little bit different with surveys over the phone, there is the scheduling, then follow up the confirmation of all those different things that have to take place for an interview to actually go through and take place. The next is the interview completion the interviewers conducting the survey and having the tools at their disposal to be able to do that and the information that they need and the training that they need and as they enter the data some QA to make sure the data is being entered accurately, on time, etc. and the reports are provided to the Division of Aging on a monthly basis.

Jake presented a slide with the project analytics with the in-home survey quotas for 2016-17 and 2019-20 with columns for the 16 area agencies, CHOICE, A&D combined with TBI, CHOICE, and Title III or OAA. They've been conducting surveys in each program across the 16 different Triple A regions his team making calls and scheduling appointments technically to 48 different quotas to make sure that they're completing the accurate number of surveys within each program and within each region. Jake left his contact information in case anyone had questions [JakeL@KnowledgeServices.com](mailto:JakeL@KnowledgeServices.com) 317-806-6132.

Rosa asked if there were any questions, thank you for inviting us we appreciated the opportunity to share this information about this tool and she hopes that they'll take a moment to check out the report.

Jim thanked everyone it was very good information and said he was going to check out the report and really appreciated them being there.

**Division of Aging Update:** Erin Wright said the NCI-AD has been an important touchpoint with those we serve through all our programs, and she will be using the results from the survey to help inform the 2023-2026 state plan on aging, which they are currently in the process of drafting. They will also be using the results of the community assessment survey for older adults or casoa needs assessment that they talked about at their November meeting to help inform the state plan. This is a statewide needs assessment that is being conducted in partnership with the Triple A's and it casts a broader net than the NCI-AD which is focused on recipients of publicly funded service and casoa is just a general community needs assessment gathering input from older adults on community strengths and needs. They expect to receive the statewide casoa results in the very near future and she will share some of the data at the March CHOICE Board meeting.

Along the lines of community needs she pulled the waitlist numbers for the CHOICE program earlier today and statewide the list is 2,290 individuals, which is just a few people higher than the waitlist was at the time she pulled it before the November meeting. For their other non-waiver programs the waitlist has been stable as well. Since July the statewide list for CHOICE has grown by less than 3%, it's about 2.9% since July. They are just over halfway through the state fiscal year and have received the CHOICE claims through November. They are reviewing spending and anticipates reaching out to the Triple A's in the near future to inquire about the possibility of reallocating funds if an area agency anticipates not spending all of their fiscal 22 allocations. If you may remember we are required to match the Older Americans Act funding received through the American Rescue Plan and state fiscal year 2022 CHOICE funds were designated to meet the state match portion of the required match. So, the grant allocations for each Triple A in state fiscal year 2023 beginning in July it will be higher than it has been for the past 2 years so hopefully it may help with the waitlist. But keeping in mind that the demand is just going to likely continue to grow for CHOICE services and for all of their long term services and supports program related to the state's LTSS reform efforts.

The Division has been meeting the Triple A's and I-4A in both group and individual meetings to discuss potential roles and functions of the network and the new managed care environment, no decisions have been made. They are working collaboratively to ensure that the strengths and the expertise of the Triple A's are considered in the new systems design. Kristen will be talking more about LTSS reform and managed care in her update. One other thing she wanted to mention through the American Rescue Plan they have recently been notified of 2 additional grant awards that Indiana will be receiving and one they've already received. The one that they received is for expanding the public health workforce within the aging network for states. It's an ACL grant and it totals 1.26 million dollars which is available through September of 2024. It is to be used to cover wages and benefits and related staff costs for

public health professionals, for public health activities related to the aging network and it is to be distributed to the area agencies. Right now ACL is holding a call to talk more about the specifics, so she doesn't have any yet, but hopefully will learn more in the near future. Steve Gale the controller is actually listening in on the call so they're just now learning more about those funds and then there's a second related grant that is targeted to states and is available to them as a recipient of state ADRC No Wrong Door covid funding and that dollar amount is for the same time period, and it's anticipated to be around a \$100,000 more or less. And again it's for wages and benefits related to public health professionals, so they anticipate knowing more and learning more and figuring out some next steps in the coming weeks. Those are all the updates that she has, does anyone have any questions or anything to add.

Jim thanked Erin and said its good information, and he appreciates the work she is doing. Jim asked Kristen if she was ready with her update.

**I-4A Update:** Kristen LaEace greeted everyone and said the information on the sides will focus on what's happening in the General Assembly. There will be a packet forthcoming she was finishing it up this morning so they would have the most up to date information that she has on legislative steps. In their packets they start off with a legislative update which includes I-4A 2022 public policy priorities. They tend to cover the waterfront on aging and disability issues as you can see they are at the bottom of the page. One thing that they did update or tweak slightly on broadband connectivity, which they started following in the last couple of years, but they also wanted to focus on digital inclusion. It's not just about getting the broadband line into your neighborhood you need a device to connect to broadband, you may need training and you may need relevant content and so they'll be keeping an eye out for opportunities to forward that digital inclusion part of their public policy agenda.

As part of their agenda they kind of offer an educational piece on the other side of their postcard and this year they're focusing on MLTSS. At their last meeting she shared with them a 2-page document that communicated their vision, the Triple A's vision for their role in managed long term services and supports. The viewed document communicates the same in a slightly condensed version so if they haven't seen that document before or want to follow up on this part of the agenda feel free to contact her after the meeting.

What is happening in the General Assembly is included in their packet with the bills that are moving. There are hundreds of bills out there and even hundreds of bills that they are tracking, but she only wants to highlight the ones that have actually had action on them. As of this morning and they have about half a week or so of committee hearings before the first half of session ends, so there could be additions to the list. One of the first things have to do with the Workforce House Bill 1003 is a high Republican agenda item. This addresses nursing workforce and licensing and educational concerns to help expand the educational opportunities and to ease licensing transfers and things like that. She thinks they had a conflict that day, they typically would have been there when it gets to healthcare workforce and reciprocity and licensing and things like that. They tend to step up and say that's important for older adults and people with disabilities and they certainly would say that about nursing. HB 1087 and House Bill 1123 are both brought to you by the Alzheimer's Association, and they talked about the Alzheimer's strategic plan that this state has, and part of that plan includes creating a position in our state who would be a full time dementia services coordinator housed within the Family and Social Services Administration. It is moving and has been referred to the House Ways and Means Committee because it would have a small fiscal impact. In addition, they've asked for inclusion on the Medicaid

Advisory Committee. The Medicaid Advisory Committee is very provider focused, very provider heavy and so this would get some outside input on older adult issues on Alzheimer's and dementia issues, more from a consumer advocacy perspective and they support that. House Bill 1203 is back from last year and it would require that when there is a television set on in a place of public accommodation and if the television was on that the television would have closed captions turned on, but the Committee has found all kinds of things to complain about in this legislation. House Bill 1303 would address and increase tax credits for Able Account contributions these are a type of 529 savings account like you would have with colleges so this would be available to persons with intellectual and developmental disabilities to forward their education and community integration. Again that is one that they would normally testify on but she's here with them today, but keep an eye on that and find opportunities to support that going forward. House Bill 1306 establishes a housing taskforce to look at the affordable housing shortage in Indiana they're looking for ways to increase worker housing, but they are going to be there to say by the middle of the 2030's we're going to be a third of older adults and we are going to need housing for all those people. So we definitely want to find ways to make sure that if it moves forward that the housing taskforce addresses housing for older adults and people with disabilities.

Senate Bill 5 is one of those reciprocity issues around licensing, it effects healthcare workforce, and we support those. The Board asked her to weigh in on Senate Bill 71 absentee voting for the elderly and disabled. The bill did get a hearing, although it most likely isn't going anywhere because God forbid we expand voting in Indiana, and this would actually provide for permanent absentee voter status for the elderly and disabled so they wouldn't have to call and request absentee ballots every year. Housing tax credits is back again, it's a perennial bill that's been handing out in the Senate, it gets through the Senate and stops in the House each year, they spoke in favor of this, and they hope to see it get out again in the future. It leaves Committee and it's on a second reading, they hope it gets out of the Senate. Senate Bill 284 telehealth matters, they've got kind of a not quite green button on that one, they're all about telehealth. But the work that area agencies on aging and care managers for Medicaid waivers isn't considered telehealth or isn't considered eligible for telehealth and they think that's not a good idea. Especially when they're trying to integrate healthcare and trying to integrate the work that they do in waivers in the health care setting. This bill revisits a lot of those groups that were excluded previously, interestingly it includes case managers for the IDD intellectual and developmental disability waivers, but it somehow forgotten the A&D waiver again. So, they are trying to get that bill amended it left Committee, so they'll try to have a second reading amendment or once it goes over to the House try and get that fixed.

Medicaid managed long term services and supports Senate Bill 316, this is the Triple A bill about their role in managed care and it reiterates the things they've already said, almost per verbatim. So they are hoping its gets a hearing next week in the Senate. They've been following SB 352 and participating in news conferences etc., on payday lending and other kinds of predatory lending. The coalitions working against payday lending is fighting against it they don't testify just offer their coalition support because they don't have any great consumer stories to share but they know it affects their population. Senate Bill 365 psychological interjurisdictional compact is just another reciprocity that specifically targets telehealth, so they signed it in support of that yesterday. Finally, Senate Bill 407 is a bill that comes from the nursing facility industry and it's their attempt to require the state to look at other models of care integration and care management as opposed to risk-based managed care with insurance companies. They had some concerns with the bill because there were some definitions in there that defined requirements around care management. They are working with the bill's author and the nursing facility

industry to further specify their concerns and identify that they are concerned about utilization and if they can get that language changed to utilization management they think all their concerns around that will go away, etc. That bill did pass out of Committee and has been recommitted to Appropriations and will be heard next week.

She has included the text of Senate Bill 316 and if you have a chance reach out to Senator Charbonneau and ask him to hear it, Senators Becker and Leising are working on that for them. The next thing to point out is the Governor's legislative agenda he is really hot and heavy on his public health commission, and they haven't come out with recommendations yet because they've just gotten started. So, in 2023 they are expecting a very significant public health legislative agenda to come out of the Governor's office but it's still important to keep their eyes on what's happening on that commission. Kristen said she would stop there and see if there were any questions on the state policy update.

Kristen said she would talk a little bit about what is going on at the federal level. They've been following vaccine mandates and the Supreme Court blocked mandates for large employers so that mandate would have covered most of the Triple A's in Indiana because of the size of their workforce. The mandate still applies to health care facilities, such as nursing facilities, hospitals, etc. the mandate applies. Jim asked if that would have an issue for the Triple A's do that have a lot of staff that weren't willing to get vaccinated. Kristen said she doesn't know if you would say a lot but it was certainly a concern. Another thing that's happening that the Commission and she thinks some of the CHOICE Board participated in last year virtually is the US Aging and Policy briefing and Capitol Hill Day it is happening in person this year. She will be going to that in DC and they're using all the money to send her, so they will not be offering sponsorships like they did when it was virtual last year. But if anyone is interested in going perhaps you have access to professional development funds at your employer please reach and she can coordinate their planning.

Finally in the packets is the Medicaid long term services and supports annual expenditure report. This is through federal fiscal year 2019 it's a publication of CMS. And it's looked forward to every year because it shows how states are doing versus the national average and each other in rebalancing their long term care from facility based care to home and community based services. It shows Indiana had a very small positive increase in terms of spending going to HCBS versus previous years. They still however fall in the lowest quartile in terms of our balance, and we spend more per person on long term services and supports on average than probably about 3 quarters of the states. So we are sadly above the national average of that, but lots of good reports and graphs and she has included the full report. So again, we know we would expect those trends in Indiana to improve over 2020-2021 etc. so hopefully this small increase will be a hard bringer of good things for the future. Kristen asked if there were any questions. Jim asked if this was a budget year and she said no.

Jim asked Erin if they had enough members for the approval of the minutes, Erin said yes. Jim asked if there any corrections to the minutes if not he asked for a motion to approve the minutes. Dr. Burke made the motion and was seconded by Andy Weidekamp and was approved unanimously by the Board. With no further business Jim adjourned the meeting.