Indiana Long Term Care Transformation Stakeholder Workgroup Meeting 4 Minutes

Monday, January 8, 2017, 9:00 am – 1:00 pm

In Attendance:

Core Members

First Name	Last Name	Organization
Joanne	Burke	Commission on Aging
Liz	Carroll	Indiana Assisted Living Association
Steve	Counsel	Indiana Division on Aging
Erin	Davis	Case Manager Representative (SWIRCA)
Laura	Holscher	ADRC Representative
Melissa	Keyes	Indiana Disability Rights
Kristen	LaEace	Indiana Associations of Area Agencies on Aging
Amber	O'Haver	Indiana Council on Independent Living
Debbie	Pierson	Indiana Division on Aging
Evan	Reinhardt	Indiana Association of Home and Hospice Care
Yonda	Snyder	Indiana Division on Aging
Jennifer	Trowbridge	Caregiver Homes
Ambre	Marr	AARP Indiana
Terry	Whitson	Indiana State Department of Health

Observers

First Name	Last Name	Organization
Dani	Deckard	Divison of Aging
Emily	Cook	Division of Aging
Terry	Miller	HOPE
Michael	Bolling	Gardant
Kelsie	Duggan	OGC
James	Budden	Division of Aging
Jesse	Wyatt	Division of Aging
Amy	Rapp	Division of Aging
Jennifer	Crosbie	Seniorlink/Caregiver Homes
Chris	Myers	AAA 10
Michael	Sullivan	Alzheimer's Association
Sean	Nelson	Silver Birch Living
Rachel	Fugate	OMPP

Facilitators

First Name	Last Name	Organization
Erika	Robbins	The Lewin Group
Tiffany	Tsay	The Lewin Group
Jennifer	Weil	The Lewin Group

Welcome, Re-Cap of December Meeting and Review of Workgroup Ground Rules and Responsibilities – Erika Robbins (The Lewin Group)

Review of A&D Service Definition Language – Debbie Pierson (Division of Aging)

Debbie Pierson – we want to level set with everyone on what's in the renewal. There's not as much in the renewal as we would have liked due to challenges with getting into the new case management software and timing around that. How to make changes, etc. Had to scale back what we were putting in the renewal. The waiver renewal will go out for public comment by the end of the month. Don't want the group to see it and say what about all the stuff we talked about. We will get it in the amendment.

A couple big things we did with the A&D service definitions –

- Clean up language – making sure we are using person-centered language. Took language around participant/individual and made sure it was consistent throughout
- Documentation standards for all services – separate what was standard for case managers versus standard for providers
- Services that require LOS evaluation (ADS, AFC, AL, SFC) – removed reference to LOS assessment. When we actually get rid of that tool and move to interRAI (hoping for July but depends on software changes), used a more general reference to waiver assessment so we don't have to do a waiver update. Just based on assessment information. Hopefully CMS is okay with that change.
- Services that saw the biggest changes and update – case management – only service where we are requesting a rate increase. We have a contract over next 6 months with Myers and Stauffer around developing the rate methodology for more services.
- Since we are increasing expectations around case management, we are taking a stab at making rate increases – hope it will be convincing to CMS – increase from $100 to $150/month. May be tough to get through but we're asking for it. We still don't really have that methodology to go along with it. We've got our best argument in the language for the waiver, we'll talk about how we came up with the $50 – at least around requirements around HCBS settings rule – person-centered modifications. Tied to that, put in caseload limitation. If you have waiver consumers, you should not have more than 65 consumers with one case manager. That number seemed reasonable based on discussions with this group and some other conversations. Seemed reasonable for timeframes (90 day reviews for 65 people) as well.

Amber O'Haver – $150 – how does that compare to other states

- In HEA 1493 – Myers and Stauffer did some comparisons to Region 5 states but very hard to make comparisons. Managed care – closer to $250-300 – responsibilities for medical care
- Other waivers in our state – DD side is close to $130 a month now. Some increased responsibility on case management end on settings rule so they're going to look at their rate methodology too.
- Once we complete rate methodology process with Myers and Stauffer in next 6 months – we may update the rate again but didn't seem fair to change service definition and increase expectations without seeing something

Review of Individual Service Definitions

- Adult Day Service – removing reference to LOS tool and talking about person-centered assessment. Know we have rate methodology issues to address. 3 levels of service are at the same rate which doesn't make sense.
- Adult Family Care – up in the air service with settings rule requirements. Very few people who are impacted, didn't do a whole lot to service definition. Removed level of service requirement. Allow participants to access vehicle modifications if it is their own vehicle and use PERS.
    - Dr. Counsell – What is difference between level of service and level of care?
    - Debbie – Level of care (LOC) is an eligibility standard, NF LOC required for A&D waiver, level of service is rate determination of three tiers. On our tiered services, it assigns points.
    - Laura Holscher – So if we are taking it out for renewal, for July 1. Until we get the software issues straightened out, there will still be 3 tiers?
    - Debbie – hopefully in July, care managers wouldn't have to do separate assessment and use interRAI directly. Same tiers.
- Assisted Living – won't change service name yet. Remove requirement for licensure. LOS references are gone. Clean up service definition language. Some discussions with providers and trade associations – if there's anything we can clean up, we'll certainly do that. For amendment, we'll be changing the name, and other requirements around settings rule.
- Attendant care – cleaning up language, documentation standards for case manager vs provider. Continuing to make it clear what's attendant care vs home health. No big substantive changes.
- Case management – all new language. A lot of the things aligns with the things we talked about – how we define the components of case management as a process of discovery, planning, facilitation, advocacy, collaboration, and monitoring.
- Community transition – a service we haven't been using a whole lot because a lot of transitions have been under MFP program. As that winds down in the next year or two, we'll anticipate using this a lot more. Nothing too major in terms of changes. Service dollars should be used within 3 months of discharge. Some cases went on and on and difficult to track. Allow of purchase of TV, setup costs for internet and other utilities, also covering cost of government IDs.
    - Amber O'Haver – apartment application fees?
    - Liz Carroll – there's security deposit on the list.
    - Amber O'Haver – that's different
    - Debbie – we might want to clarify that. Would probably be something we can add
    - Amber O'Haver – in the past we brought it up, it's been denied.
- Home Modifications – asking for 2 bids instead of 3. But we will still go with lowest bid. Added some language to allow us to address minor structural repairs that are necessary to complete modifications. Ripping up a floor to do bathroom modifications and discover structural repairs needed. We always had but didn't have language in there. Making modifications and adaptations to kitchen listed as allowable activities.
    - Amber O'Haver - Lifetime cap still at $15,000 right now?
    - Debbie – for now. We'll need rate methodology to justify. Cost of living adjustment would be due. Most of bathroom mods are between $10k and $12k. If you do a ramp with that, you're pretty much done.

- Home modification assessment – change in the language requiring that home modification assessment is required if it is in your county. DA can order an extra third visit from assessor if consumer/assessor is unhappy with the work that was done. Assessors can go back a third time to verify information.
    - Amber – do you have home modification assessment providers that you allow individuals to use?
    - Debbie – yes they have to be enrolled in Medicaid. But not available in every county yet.
- Integrated Health Care Coordination – will become the service for the primary care physician to build that integration between waiver services and primary care. Some beefing up of language to move that direction. That real change will happen more substantially in the amendment. Not doing anything to rate yet.
- Home Delivered Meals – no major changes.
- Homemaker – only significant change there – under allowable activates, added activities to allow for minor pet care. Allow providers to be able to sit with that. Try to keep it pretty limited. A lot of our providers have been doing that anyway.
    - Amber – Up to discretion of the agency?
    - Debbie – we left some discretion there. Similar to the running errands have been. Some agencies don't have their aides run errands. As long as participant is aware.
    - Kristen LaEace – thank you for including this. I'm thinking people with pets may be guinea pig or birds – whether the phrase companion animals would cover those. Instead of limiting it to cat and dog, say pet?
    - Debbie – maybe leave it more open?
    - Melissa Keyes – it does not address service animal?
    - Debbie – we will add clarification that it's not a service animal.
- Nutritional Supplements – only change there, allowable to residents of assisted living.
- Personal emergency response system – no changes to services. Just documentation standards.
- Pest Control – increasing cap, $600 to $4000
- Respite (home health or skilled nursing) – aligning home health/nursing decision with state plan. Continue to work on that. If you qualify for state plan home health, you should get respite home health. Nursing, you should get respite nursing. Attendant could be used as respite – not classified as respite. Take out any barriers to provide respite in places other than the home. Quite a bit of change with documentation standards. What is case manager responsibility vs provider responsibility.
- Specialized medical equipment – Removed communication devices. Manual or portable wheelchairs because covered under state plan. Added allowable medication dispensers and lift chairs. On lift chairs, state plan will typically cover mechanism, waiver covers the chair. Cleaned up documentation standards.
    - Dr. Counsell – how do you define medication dispensers? Any limit on that?
    - Debbie – we can get the fancy ones – the ones that talk to you. There are ones that are pretty basic like a pill box and alarm clock, or others that dispense one dose at a time and connected to phone line. Work together with PERS. Prices of them don't vary all that much. $25-$30/month to $75/month.
    - Dr. Counsell – are there any other covered under the state plan?
    - Debbie – no

- Erin Davis - Adaptive devices to be able to use technology, remotes to access computer/internet, would that be included?
- Amy Rapp – I think we did open up that language
- Debbie – in home modifications, and specialized medical equipment. They used to say these are the allowable activities period. Now it includes the addition "up to discretion of DA".
- Amber – Assistive technology would fall under both?
- Debbie – just specialized medical equipment.
- Evan Reinhardt – Lift chair, is that the chair that raises up to allow you to stand up?
- Debbie – Yes
- Evan Reinhardt – for specialized medical equipment, does that include Hoyer lifts?
- Debbie – hoyer lifts covered under State Plan. That's always first. Even on lift chair – State Plan will cover the motor and we cover the chair. Sometimes Medicare will cover motor but not the chair.
- Amber – What about interpreter services?
- Amy – don't think it has been used at all in the last 2-3 years.
- Laura Holscher – We use $200/month out of local funds to pay for it – United Way
- Debbie – It would not be something we would add under SME. As a separate service.

- Structured Family Caregiving – some language changes. Beefed up expectations for providers, to ensure providers are operating the same way. Some parts say live in the home, other parts say they didn't. Requirement is now that they don't need to live in home.
  - Thinking of including payment for respite care but not for renewal. Something we want to look at for amendment. Respite in addition to per diem.
  - Providing training to caregivers so provider agencies know that those are the expectations.
- Supported Services – did not do that in the renewal, will look at that in the amendment.
- Transportation – no major changes. Running out of time to get renewal under way. Transportation is way underutilized, need to understand why that is. Need to make changes in amendment. Handful of providers. We know there's need. Figuring out what. Adult Day Service Transportation used more frequently than the other.
  - Ambre Marr – we always think transportation is the biggest issue. Can you elaborate?
  - Debbie – we have a service for non-medical transportation. Not a lot of providers, not put on a lot of care plans. Clearly we don't have it right. Something wrong. Good discussion for this group. What do we do about it so we have providers, etc.
  - Ambre O'Haver – restriction on mileage?
  - Debbie – monthly rate, not very specific on what monthly rate entails. Up to case manager writing on service plan. Part of the problem, creates a lot of uncertainty for CM and providers. How many trips should I put in this? Rate and how it's structured is part of the issue. We need to get some more feedback on that. In the meantime, leave it be.
- Vehicle Modifications – 2 bids there instead of 3. Before lowering the floor of the vehicle was a forbidden task for some reason. Added that to allowable list.
  - Amber O'Haver – is there a year limit on how old vehicle can be or can't be?
  - Erin Davis – if it's over 5, it needs to be checked. If it's over 10 years, maybe can have a mechanic waive the requirement?

- Amber O'Haver – it's an issue for a lot of people. Can't afford to purchase a newer vehicle.
- Debbie – used briefer language in service definition to avoid tying our hands too much. Could see some of those things come back when we look at administrative rule.

Questions/Discussion on Service Definitions

- Laura – What is the timeline again for combining TBI with A&D?
  - Debbie – not for renewal, will be for amendment. Couldn't get that work done with DDRS and make that change.
  - Amber O'Haver– rather it been done right than be rushed.
  - Debbie – spoke to some parents of people with TBI, they were very supportive with the merge of the waivers. We just want to be sure we do it right and not alarm, upset anybody. Not our intention for people to lose services. We had a meeting with DDRS the other day, still on the same page on that. It's complicated when there's two different waivers involved. Want to make sure everything's in line.
- Liz – Do you know what the reimbursement will be for unlicensed ALs?
  - Debbie – the reimbursement will be the same. Service definition is the same.
- Erin Davis – Case manager provider qualifications, sociology eliminated for bachelor's/master's
  - Amy Rapp – we're not saying it's not allowed. But with sociology degree, what they're trying to do in schools now is more towards statistics, research. So now requiring 2 years of minimum experience, to come into our profession. Just can't come straight out of school to this kind of position for where we're going.
  - Debbie – we also have some grandfathering in of existing case managers.
- Unidentified observer – Transition service – who holds the checkbook for that?
  - Debbie – the actual provider of record is the AAA. Act as the financial pass-through for community transition and get reimbursed through Medicaid.

Review of Conflict of Interest – Erika Robbins (The Lewin Group)

- Bigger than case management – happens in provider controlled settings, congregate settings, adult day, about limiting control and choice.
- What types of things come to mind as you review the CMS guidance on conflict of interest and see the NCI data?
  - Amber O'Haver – What you think is best for client is not necessary what client wants or chooses.
  - Erika – natural tendency of people to protect too much. Creates conflict. Not going to let you do this so I'm going to do it. Enabling access can't also be the provider of service. Most of their language is focused on that.
  - Debbie – Key word is real or seeming conflict. Perception matters just as much as reality.
    - Erika – Yes that is very important. It doesn't just show it on paper. You can have firewalls to mitigate conflict. It's more than what it looks like on paper. What really happens? How that person feels.
  - Kristen LaEace – is NCI data just waiver participants? Or all?
    - Debbie – you can see responses broken down by funding source.

        - Kristen LaEace – number of responses?
        - Debbie - Total 1,100 across all funding sources.
    - Kristen LaEace – a number of consumers don't have perception they have choices.
        - Erika – not just case management. May be perceiving that other services may not have choice. Highlighting opportunity for improvement.
    - Kristen LaEace – for people that were reporting – 82% said that they can choose or change who provides their service – correlation between that response and number of providers available in that area. One assisted living bed, one provider of adult day – because there isn't that choice. Any kind of look done?
        - Debbie – we can look
        - Laura – if there's only one transportation provider
        - Amber O'Haver – It's two things. case managers is limiting/honoring changes vs there are choices
        - Erika – NCI doesn't look at that. State has a workforce capacity issue so could be an issue.
        - Erika – 2014 CMS final rule allows for flexibility in this area. But need to ensure what is really happening in addition to documentation on paper.
- Amber O'Haver – I'm assuming case managers talk to them about it?
- Erin – if it's provider of A&D, here's your pick list, if you don't like your current provider, you can change
- Amber O'Haver – specific to a service?
- Laura Holscher – pick list is by service. Here is your list for home health aides, case management, etc.
- Amber O'Haver – thinking of a grander scale. Here's a choice of providers. Choice is bigger than that. How do you get that discussion about choice. Prior to them getting more specific?
- Erin Davis – some of it comes in with options counseling. Talking about what they're looking for. Are they more independent. Looking for in-home services. What kinds of services. A lot of that is on the front. As things kind of arrived. If they need adaptive device. What do they want to choose, therapy
- Erika – some of it gets to training. To make those outcomes more real. Getting people to think that way. More than words on paper. From HEA1493 - Some people felt overwhelmed by all the choices. Some of that could be supported better.
- Amber O'Haver – if we're going to address COI from a system level. It's great that we go through choices. Just some basic understanding of choice. That whole conversation gets missed. Individual's rights, freedom to choice. General basic conversation.
- Laura – if you're talking about direct service providers, all of that is discussed. Challenge for case managers is that they've become very administrative over the years. Need to fill out a whole stack of paper. Then an extra paper to prove that they talked about choice because 6 months from now, client may not remember
- Amy Rapp – For the waiver language, we talk about building into a circle of support. Related to supported decision-making. Some core training curriculum around that. Go back to 2015 – amber you were helping us with that getting started with person-centered. We do have some work to do on that.
- Amber O'Haver - It's hard to change culture when client doesn't know

- Melissa Keyes – regarding conflict, a lot focusing on case management. haven't seen a lot on within providers. Providers become guardians. Provider is owner of multiple services, drive people to use certain services. Going back to what Amber is talking about.
- Erika – would think that's the same goal. A lot of CMS focus is on case management. Totally agree with you. Exists on many levels. Maybe not in renewal but in the amendment.
- Debbie – comes into our provider rule language. Some language around provider ethics and avoiding conflict. Probably going to need to continue to improve. Be clear on what expectations are. Working on adding participant rule – some significance of that is that they understand their responsibilities. Chance to make sure people fully understand their rights.
- Amber O'Haver – the more empowered the individual is, the less burdensome it is for the case manager.
- Erika – not just with that case manager relationship but in provider environment.
- Debbie – It is also a driver of quality. Quality of services will increase with expectations. If people just accept anything, then the quality will not be there.
- Amber O'Haver – getting them out of mindset of "I'm forced to be a part of the system, if I don't get these services, I can't be independent" – to change that is a big deal.
- Kristen LaEace – when you're talking about provider and participant rules. Are you talking just A&D services. Or other Medicaid programs?
- Debbie – DA participant rules, provider rules. All our programs. There are Medicaid rules around provider conflict of interest that would apply equally to waiver providers.
- Erika – probably less on the participant side.
- Debbie – don't think we have anything on participant side.
- Erika - State Plan is more medical model, acute care – so you'd think person-centered delivery would be woven in eventually.
- Keep COI concept in mind, when you look at the waiver application later this month and amendment language

Review of Case Management – Erika Robbins (The Lewin Group)

- See annotated slides from meeting

Review of Supported Services – Erika Robbins (The Lewin Group)

- See annotated slides from meeting

Commitments to Action

- Erika Robbins – For the group. Think about what worked. What didn't work with this stakeholder group? Think through what should happen after February meeting. What kind of role do you want to play on an ongoing basis?
- Dr. Counsell – wait for DA to provide direction
- Laura Holscher – pretty good idea of why case managers don't use waiver transportation, verify reason and bring it back
    - Amber O'Haver – quick question. How reliable are waiver transportation providers?
    - Debbie – don't know

- Amber O'Haver – look at case management definitions and provide feedback on self-advocacy piece
- Erin Davis – Review care management definitions. Investigate transportation issue.
- Liz Carroll – keep working on supported services language.
- Ambre Marr – go back to where we were from the beginning, read to make sure things that have been missed since it is our last meeting in February.
- Melissa Keyes – learn more about conflict of interest
- Joanne Burke – community education project, just walked out of PCP office, what some of the changes were. Language doesn't even work. Looking at language and figuring out how we are going to explain to general public.
- Jennifer Trowbridge – looking through service definitions
- Yonda Snyder – on behalf of DA, being clear on communicating what is happening from process and timing standpoint
- Kristen LaEace – share the service definitions and gather input from AAAs – what is timeline for that?
    - Debbie - our draft to OMPP is due on the 10th.
    - Public comment for waiver will go out before next meeting. End of January for 30-day public comment.