Indiana Long Term Care Transformation Stakeholder Workgroup
Meeting 3 Minutes

Monday, December 6, 2017, 9:00 am - 4:30 pm

In Attendance:

Full LTC Transformation Workgroup (9:00 am – 12:00 pm)

Core Members

First Name	Last Name	Organization
Joanne	Burke	Commission on Aging
Liz	Carroll	Indiana Assisted Living Association
Zach	Cattell	Indiana Health Care Association
Steve	Counsell	Indiana Division on Aging
Erin	Davis	Case Manager Representative (SWIRCA)
Karen	Gilliland	Long Term Care Ombudsman
Johanna	Hensley-Smith	Adult Day Service Provider
Laura	Holscher	ADRC Representative
Melissa	Keyes	Indiana Disability Rights
Kristen	LaEace	Indiana Associations of Area Agencies on Aging
Ambre	Marr	AARP Indiana
Monica	Peterson	Family Caregiver Representative
Debbie	Pierson	Indiana Division on Aging
Matt	Rayburn	Indiana Housing & Community Development Authority
Evan	Reinhardt	Indiana Association of Home and Hospice Care
Yonda	Snyder	Indiana Division on Aging
Jennifer	Trowbridge	Caregiver Homes
Terry	Whitson	Indiana State Department of Health

Observers

First Name	Last Name	Organization
Dani	D. (unsure of last name from sign-in sheet)	Division of Aging
Rachel	Fugate	OMPP
Mark	Laubacher	Silver Birch Living
Murrary	Moorthy	IPMG
Sean	Nelson	Silver Birch Living
Amy	Rapp	Division of Aging
Mike	Reinbold	Leading Age
Jessie	Wyatt	Division of Aging

Facilitators

First Name	Last Name	Organization
Erika	Robbins	The Lewin Group

First Name	Last Name	Organization
Kristen	Vangeloff	The Lewin Group

Congregate Settings Planning Meeting (1:00 pm – 2:30 pm)

First Name	Last Name	Organization
Michael	Bolling	Gardant
Joanne	Burke	Commission on Aging
Liz	Carroll	Indiana Assisted Living Association
Zach	Cattell	Indiana Health Care Association
Steve	Counsell	Indiana Division on Aging
Jennifer	Gellinger	Traditions
Karen	Gilliland	Long Term Care Ombudsman
Johanna	Hensley-Smith	Adult Day Service Provider
Melissa	Keyes	Indiana Disability Rights
Kristen	LaEace	Indiana Associations of Area Agencies on Aging
Mark	Laubacher	Silver Birch Living
Sean	Nelson	Silver Birch Living
Debbie	Pierson	Indiana Division on Aging
Yonda	Snyder	Indiana Division on Aging

Facilitators

First Name	Last Name	Organization
Erika	Robbins	The Lewin Group
Kristen	Vangeloff	The Lewin Group

Case Management Planning Meeting (1:00 pm – 2:30 pm)

First Name	Last Name	Organization
Michael	Bolling	Gardant
Joanne	Burke	Commission on Aging
Liz	Carroll	Indiana Assisted Living Association
Steve	Counsell	Indiana Division on Aging
Erin	Davis	AAA 16
Karen	Gilliland	Long Term Care Ombudsman
Michael	Halling	AAA 16
Jenny	Hamilton	AAAs 6 and 9
Laura	Holscher	ADRC Representative
Melissa	Keyes	Indiana Disability Rights
Kristen	LaEace	Indiana Associations of Area Agencies on Aging
Murrary	Moorthy	IPMG
Mark	Laubacher	Silver Birch Living
Sean	Nelson	Silver Birch Living
Debbie	Pierson	Indiana Division on Aging
Yonda	Snyder	Indiana Division on Aging
Maureen	Widner	AAA 3

First Name	Last Name	Organization
Connie	Wolfe	AAA 3

Facilitators

First Name	Last Name	Organization
Erika	Robbins	The Lewin Group
Kristen	Vangeloff	The Lewin Group

Welcome – Yonda Snyder (Division of Aging)

Review of Workgroup Ground Rules and Responsibilities – Erika Robbins (The Lewin Group)

Person-Centered Foundations: Enhancing Person Centered Practices Across All HCBS Services and Participant-Directed Options – Erika Robbins (The Lewin Group)

What does it mean to have a Person Centered delivery system?

- Individualized
- Directed by the person
- Voices heard, preferences changes
- Dignity
- Holistic

Sometimes the system control takes away the human nature inherent in us. However, person-centeredness should be in every facet of the system (graphic on slide 9). There are certain degrees of control that a person has over the system, but person-centeredness should be everywhere.

Structured Family Care (SFC) (description on slide 11) – Jennifer Trowbridge provided a description and answered questions from workgroup members

- The program is designed around coaching the family caregiver
- Payments go to the primary caregiver so that they have some financial security while providing 24/7 care
- They provide daily notes to the nurse or social worker – provided by the supporting agency
- SFC is available in every county in Indiana and serves about 1,200 individuals
- On the [A&D] waiver, the adult day are allowable programs. It also allows for alternate caregivers that don't live in the home.
- Caregiver are not able to provide any skilled care – there is the nurse delegation piece.
- PRN interventions are excluded and there are limitations on what home health aides are able to do.
- What is the main difference between SFC and Consumer-Directed Attendant Care (CDAC)?
    - SFC has a daily stipend and no check-in or check-out
    - The individual receiving SFC does not make hiring decisions
- Who provides credentialing to provide supervision by the agency?
    - DA credentials. Nurses do not provide direct-care—they make recommendations. They are RNs.

- Can it be a home health agency that provides supervision?
  - It does have to be agency-based.
- There are about 100 employees in the state – half are nurses and half are care managers with at least a bachelor's degree
- There is over sight and support that is part of SFC that is not really available in the CDAC program
- There are limitations on what the caregivers can do. They also have to demonstrate their capabilities in providing care and assessing their abilities
- The agencies are certified as a Medicaid waiver provider

Consumer Direction (description on slide 12)

- Indiana's CDAC program has employer authority, but not budget authority
- 2014 law from Department of Labor
  - Indiana working to mesh with this regarding the CDAC program implementation
- There are about 350 people on CDAC
- There are states that have huge self-direction programs—some only provide self-direction
- It is hard to compare costs across models since SFC is a per diem, and CDAC is hourly
  - Both get a case manager from a AAA
  - Reimbursement rates: levels 1, 2, and 3 for SFC – roughly: $60, $70, $80 – must do a face-to-face once a month, caseloads are between 35-50
- As far as what is required by DA, it would be a social service designee and an RN – it is not in the language that way – it is a case manager.
- Do care managers follow the same designations as a waiver case manager?
  - They have a broader definition
- There are risks around fraud and abuse – a lot of that responsibility falls on the case manager. It requires a lot of extra work for the case manager without extra pay.
  - Case managers will check in with new clients about what their caregiver options are when they come in. Some people will be excited about CDAC and want to try it out. Sometimes, until they actually start the program, it is hard to see if an individual is really capable of being an employer. It is really on that individual to maintain quality. We don't have access to daily notes—they just do the time sheets for the Fiscal Intermediary (FI). It isn't as much in the home as SFC with the electronic monitoring.
- Is there data on how all of this is working, outcomes, differences between the two?
  - DA has some data (some in 1493 report on characteristics of population), but we are working right now to track outcomes across our waiver populations.
  - What are the measures that we [DA] should measure? You need outcome measures in order to know if waivers are working so we know how to restructure. Who does the measuring?
    - There is not a national consensus on what core HCBS outcome measures should be. Home health agencies look for improved or maintained abilities. Medicare home health looks for improvement. Medicaid, especially on the waiver side, is looking to hopefully prevent hospitalization. Hospitalization on one hand and primary care visits on the other—could in theory be tracked on the payment

side. There is an issue with Medicare/Medicaid enrollees since Medicaid isn't paying for them. It is tricky to figure out who the payer is.
        - It should be looked at on the skills side, but also would be good to ask the caregivers. Some caregivers could do evaluations and measure results.
        - Other measures could be unmet need and consistency in staffing
- In the program currently, how many would qualify as the older adult population vs younger in CDAC?
    - SFY 2015 data from the Lewin report on CDAC: 60.8% ages 22-64 and 39.2% age 65+
- Karen Gilliland (Ombudsman) looked into other states. Michigan is concerned with fraud, and the challenge that younger participants are better at managing self-direction. What happens with a consumer can no longer direct?
    - A lot of fraud comes from when the consumer is not really directing—it is a consumer representative.
    - Is there a formal assessment to determine if a person has the capacity to do this?
        - There is a checklist that explores capabilities of actually being an employer and all that entails – it does take a lot for someone to manage on their own on top of everything else. The check list is a good starting point, but there is room to grow as far as making sure that people really understand the role and perhaps looking at SFC down the road when they can't do CDAC anymore. The case managers work to figure out what they want to do when CDAC is too much.
    - What kind of fraud do you see in CDAC?
        - Generally around billing of services that were not provided and falsifying timesheets. Generally the participant knows this is going on, so it is very difficult to deal with those issues.
- Fifteen years ago, when private attendant care was under CHOICE, we would look at utilization, how often the back-up plan is updated, case load, case mix. Under CHOICE, I felt like the case managers had more authority to say no to self-direction than case managers on the waiver. The FI is kind of your oversight and it just is not as close to home.
- An outcomes measure that has been surfacing lately in person centered care is days at home per year.
- What is the interaction between the nurse/social worker and the AAA case manager on SFC?
    - The agency provides a monthly summary of visits to the case manager. The social worker and nurse go into the home once a month each and then send their notes to the case manager—there are also phone calls and email. Our social workers are really focused on the caregiver (support, avoiding burnout), with downstream benefits to the consumer.
    - SFC requires a registered nurse and then a SFC home manager with no specific credentials.

Indiana Aged & Disabled HCBS Redesign Draft White Paper

The LTC Transformation Workgroup member reviewed the White Paper, section-by-section. Their comments are embedded in the White Paper document, which will be posted separately. Observers were given notecards on which to submit their comments. These are also noted in the White Paper document.

Provider Controlled Congregate Settings Planning Meetings

Participants in this planning meeting reviewed language from service definitions provided in a slide deck. Comments and suggested edits to the language are recorded in the slide deck, which will be posted separately.

Participants were asked about their HCBS Redesign Goals

- Comment in a way the is recognized
- Lay ground work for later phases
- Reimbursement needs to match level of services with continuity throughout
- Come to an agreement on the words that we put on paper – the draft rule and certification tool has a lot of flaws

Case Management Planning Meeting

Participants in this planning meeting reviewed language from service definitions provided in a slide deck. Comments and suggested edits to the language are recorded in the slide deck, which will be posted separately.

Participants were asked about their HCBS Redesign Goals

- Transformation case management into the valuable service that it can be, rather than an administrative tool
- Strong foundations of person centered practices
- Determine how we phase in a tiered approach
- Involved the case manager and primary care physician in health coordination
- Build in a payment system that supports it
- Create a better understanding of Medicaid Prior Authorization