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July 19, 2017

Yonda Synder FSSA Division of Aging RE: Commentary on Home and Community-Based Services 402 W. Washington, Room W454 Indianapolis, IN 46204

Dear Ms. Snyder,

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With nearly 38 million members and offices in every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, AARP works to strengthen communities and advocates for what matters most to families with a focus on health security, financial stability and personal fulfillment. AARP Indiana, representing over 840,000 members, is the state's largest organization representing the needs, views, desires, and hopes of Indiana's 50-plus population. We appreciate this opportunity to provide public comment on House Enrolled Act 1493 (HEA 1493) and the efforts being made to improve Indiana's system of long-term services and supports (LTSS).

This past June, *Picking Up The Pace of Change: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* ("Scorecard") was released by AARP, The Commonwealth Fund and SCAN Foundation. This Scorecard examines state performance across 25 specific indicators in 5 key dimensions of LTSS system performance: affordability and access; choice of setting and provider; quality of life and quality of care; support for family caregivers; and, effective transitions between nursing homes, hospitals and homes. The Scorecard can be found at www.longtermscorecard.org. Indiana ranks a disappointing 51st in the latest Scorecard and the results reflect the challenges of meeting the long-term care needs of older residents and people with disabilities.

While Indiana's ranking is not where we would like it to be, this Scorecard is a way for Indiana to track its progress in developing high-performing LTSS systems and compare its progress to that of other states. More than anything, we hope that the Scorecard can help Indiana target specific areas for improvement and HEA 1493 is an important component of Indiana's efforts to focus on policies that will maximize results and benefit real people. HEA 1493 is also a continued effort by the Indiana Family and Social Services Administration's (FSSA) and the Division of Aging to gather input from various stakeholders as they have throughout the planning process for Indiana's No Wrong Door (NWD) policy.

Real Possibilities

The NWD system is a key part to a high-functioning LTSS system that focuses on person-centered supports and services. In the 2017 Scorecard, Indiana ranked 42nd in the NWD/Aging and Disability Resource Center (ADRC) indicator. While Indiana was an early adopter of the ADRC model, with all sixteen of Indiana's Area Agencies on Aging (AAA) being designated as ADRCs in 2008 and all ADRCs being centered in the AAAs, there still appears to be a lack of a consistent experience for consumers across the ADRCs.

An ADRC needs to be a highly visible, trusted place where people can go to ask questions about long-term care and receive accurate, objective and community-specific answers to those questions. When the need for LTSS arises, people often don't know where to turn. When people in need do come in contact with the ADRC, the ADRC should have the capacity to link them with needed services and supports, both public and private. An ADRC should be accessible in person, by telephone or through the internet. According to the FSSA's No Wrong Door Plan from 2016, consumers reported experiencing these multiple barriers and found themselves having to call around from place to place, repeating their story over and over, worrying they are getting lost in the system. The ADRC should offer the public a seamless experience, with the ability to perform or facilitate every step of the administrative process, from screening, to application, to receipt of services. When ADRCs are performing well, they help individuals to receive the right services, at the right time, and in the right place. When they aren't performing well, the effects are seen throughout the LTSS system.

FSSA's No Wrong Door Plan has identified many of these consumer concerns and has taken steps to address them as seen with the launch of the INconnect Alliance portal to create a starting point for Hoosiers seeking information about LTSS, and the creation of an LTSS Advisory Board to continue the dialogue with families, advocates and providers. It's important that outreach and communication remains a priority so relevant populations, especially underserved and hard-to-reach groups, understand what LTSS options are available to them.

Hoosiers need access to as much information as possible, especially when families are making those critical decisions about LTSS. ADRCs are the most effective when they can be that resource to ensure that people understand their options in order to receive LTSS in the setting that best meets their individual needs and preferences, which is often in their own homes.

Indiana ranked 50th in the Scorecard for the percent of new Medicaid aged/disabled LTSS users first receiving services in the community with only 28 percent. This percentage is far off of the all-state median of 55 percent and from the highest performing state, in which 83 percent of new users are first served in the community. We know that people overwhelmingly prefer to receive services in the community and ADRCs can help them learn about and access those options earlier.

Beyond just increased information and communications from ADRCs, it's important to identify other policies that allow for more Hoosiers to stay at home where they want to be, which can spur improvement in some other indicators on the Scorecard.

We urge the state to shift more of its Medicaid LTSS funding to home and community-based services (HCBS). HCBS are not only the preference of most people, they are cost-effective. HCBS are typically much less expensive than nursing facility care, so increasing investments in and access to HCBS could allow the Medicaid program to serve more people without increasing costs. In addition, the passage of new legislation that would allow nurses to delegate more tasks to home care workers and for Advanced

Practice Registered Nurses (APRN) to have full practice authority would give Indiana's family caregivers and their loved ones more flexibility and options to receive care at home.

While we still have work to do to improve LTSS in our state, through efforts like HEA 1493 and the installation of policies like those mentioned in these comments, Indiana is on its way to providing better access to high-quality, person-and family-centered practices that will improve the lives of many Hoosiers and their families. AARP Indiana will continue to look for ways to improve the system and remains ready to work towards these changes with FSSA and the Division of Aging.

Sincerely

Sarah Waddle

State Director, AARP Indiana

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