COMMISSION ON AGING
September 15, 2022, minutes
10:00 a.m. to 12 noon
402 W. Washington St.
IGCS – Conference Room A

Call to Order: Chairperson JoAnn Burke called the meeting to order and asked if anyone was having trouble hearing or seeing. The first order of new business is election of officers. She did roll call to determine if there was a quorum in attendance. Margaret Smith absent, Robert Bischoff absent, Katie Ehlman present, James Goen absent, Kelli Tungate present, Dan Mustard present, Deb Lambert present, Judith Schoon present, Jennifer Lantz present, Megan Springer present. JoAnn said they are pausing to address some technical issues. JoAnn said the issue has been resolved and she will start the meeting, if anyone else is having technical issues put it in the chat and DA personnel will try to fix the problem. JoAnn did the roll call again and they are one person short of a quorum, so they will file the minutes until they have a quorum. She asked if are there any other comments, additions, corrections to the minutes? They will be filed for later approval when they have a quorum. They can't elect officers without a quorum, and they can deal with this at the next meeting, but since they have elections of officers in January and the next meeting is in November they'll probably wait until January.

One of their committees on the Commission on Aging is emergency housing and through that they've been doing quite a bit of work. This morning Doug May who is working with that committee is going to talk about emergency housing for vulnerable older adults. Doug said he was delighted to see so many people here that he has known for many years. He has the pleasure of working with Jennifer and Deb on the committee with a group of them at Hooverwood and he has been volunteering over the last couple of years with Hooverwood and their establishment of the Shalom Sanctuary. His background of 32 years has been working with the Area Agency on Aging in Indianapolis CICOA Aging and In-Home Solutions. He is a firm believer in the single-entry point of the AAA's and the work that they are engaged in. Before he retired in 2016, he was the vice president of community programs at CICOA, but he had a long history engaged with both care management and establishing what became the first elder shelter in Indiana. In 1985 when the enabling legislation became reality for adult protective services, when there was a need for an investigation take place, they did that investigation. Their unit from 1985 to 1993 both under subcontracting at CICOA and then later employees of CICOA did adult protective services investigation. But in establishing the elder shelter in 1986 it was a cooperative venture, and he thinks it's very replicable and he wants to spend some time talking about the possibility and they have some resources that are actually available.

To briefly give them some idea of what they did in 86 was a partnership between them at the Southeast Multiservice Center and their care management unit with the Marion County Health Care Center. Jack Musker was the CEO at the time he had asked what could he do to help with their investigators with the needs of people in protective services and he said they could use a shelter. Jack said he would talk to his board, and they will go ahead and do that, so beginning in 1986 to 1993 they served a little over a 100 people. They had a great collaboration with the IU Medical Center at that time Dr. Daniel Hurley and, Dr. Jeff Darnell worked with their group to establish a multi-disciplinary team that met the first of every month and later quarterly to look at the discharge planning. It was very successful until it wasn't in 1993

and he has learned a few lessons along the way. The shelter wasn't paying for itself, and the question became, how do we find funding streams to make this work? We can't all do this out of the goodness of our own hearts and so as he looked at where this is taking place at Bryon and Hooverwood and they both relied he thinks on eventual recoupment on the per diem that they may be able to get. There has been fundraising for Hooverwood in fact he went to their breakfast on Tuesday to do that. His belief is that they have the tools and resources already within the system to expand these types of services statewide.

They have not-for-profit and for-profit homes; the not-for-profit homes have a mission, and he thinks having a shelter really does speak to the mission. The goal is to serve those who, for various reasons, are in extreme need and not safe where they are being exploited or taken advantage of, maybe not able to get the type of nutrition and other care that they need. They need something special, and it can't be a typical homeless shelter that they see which has its own set of issues. He has been encouraged by a variety of possibilities as he looks at one way of doing some of the other funding that could be possible for willing partners in the state of Indiana, as most nursing homes are owned through public ownership. He knows that our nursing homes in Indiana continue to be under capacity so several opportunities would arise. They were able to build Eskenazi Hospital which was terribly needed. As he understands many of those funds have made it attractive for public entities to purchase nursing homes. He stated that many of the people should be in emergency housing are often in hospitals and are in more expensive care. Some of those folks do not meet level of care and the fact that they don't meet level of care would mean again that the nursing home doesn't have a means of recouping its expenses. But he thinks managed care could be another potential source for reimbursement.

Indiana has received $1.6 million for the enhancement of adult protective services for a 2-year period with possible extensions of that. Specified in the plan that was written in 2021 is the 4th goal for service delivery which is to increase the availability of emergency services by assisting Hooverwood and identifying and contracting with additional vendors to provide services in geographic areas of greatest need. There appears to be money available and this plan. The plan is available on the ACL site, and it may be on the FSSA site, but it gives the plans for every state along with budget sheets. He thinks this is encouraging and the will is there, and a lot of people see this need, if he were working and running a nursing home right now this might be another payer source over time to develop and a very appropriate one.

Doug said right now they don't really have a mechanism to begin to get care managers or a care management system working for anyone in APS who does not need some of the other basic services of a Medicaid waiver or the CHOICE program. He is leaving a lot open here because he thinks discharge planning and connecting with the care manager is extremely important. Right now, APS has been left with very few options and for many reasons adult protective services always has been a stepchild in aging services. A lot of it may have to do with the model itself because we have direction and funding coming out of FSSA and the Division of Aging to fund the prosecutorial units but once that money is passed through and because it's kind of always been a loss leader so to speak, we don't get sufficient funding. The prosecutors have a lot of leverage in this and how they do and what they do, he's known that there have been investigators who don't see a connection at all to FSSA and state Adult Protective Services, they really still have quite a hodgepodge system.

He mentioned that the grant that is a part of the Adult Protective Services operational plan has $250,000 allocated for an assessment of protective services. It was looking at individual units and teams and in his comments here he hopes that they'll also look at that elephant in the room which is the system itself. What do we need to change? What would be the best way of operating this in Indiana? He thinks anybody who does organizational analysis would say this is not made to function well. And it is not a design in and of itself that allows them to achieve many of the goals that they are all hoping to achieve. His vision, for what it's worth, is that they create some standard guidelines for how they operate and probably have a MOU of sorts with each APS unit. Nursing homes could become certified in effect to be a protective services provider. Making these changes for those who are facing the need for this type of housing and improvements would be very good for Indiana. He thought it was interesting when this grant went out to the states that its very first priority was establishing or enhancing the availability for elder shelters and other emergency short term housing and accompanying wrap around services for APS clients. That was the lead allowable task and it's good that they have some money there and there is probably a lot of wiggle room in here within that plan and he thinks they have people in this room who can help address some of the issues to make this work.

Two other things that he wanted to mention; for the last 3 years he has been on the board for the Center for At-Risk Elders. He is the board chair. It is a not-for-profit public interest law firm that engages in public guardianships and often encounters the very types of people who may end up in shelters. And the need for good public guardianship services that extend beyond simply establishing the guardianship and having someone placed in a nursing home is also needed in the state and he thinks that the Center for At-Risk Elders provides a good model and they've been around for about 10 years and have worked hospitals and contracting to establish that. He has worked with a lot of people around the room, Kelli Tungate when she first came to CICOA, he thinks hopefully he has made some salient points and would like some discussion to get into some other ideas. He has great admiration especially for the wonderful investigators out there they have some dedicated individuals, and he can attest to that, he doesn't think it's a budget buster by any means he thinks the monies are there and they have the models they can follow. Lastly this helps build a network they don't really have a strong advocacy network that really supports adult protective services and some of the related services and actually establishing these shelters with multi-disciplinary teams begins to do that and he firmly believes in collaboration.

Dan Mustard asked "How would you define a shelter for older adults? What does it look like and are there a variety of models out there?" Doug said there are a variety of models and probably the best place to look at different models is the Weinstein Center on Elder Justice out of New York. Freestanding does exist and it is not what he is suggesting, what he is looking at he thinks is first and foremost safe secure space and usually most of the shelters have looked like more whatever nursing facility they are in. He is open to ideas, it would have some institutional appearance to it, but it would be ideally individual rooms it would not be something where you would go down the hall and it says elder shelter.

Deb says she thinks the ideal shelter in her mind, (and that's what the neat part of this committee is that we all have kind of different visions), but what she is learning by spending some time talking to the APS folks is they have a lot of people that they need to pull out of some bad situations but thy have nowhere to put them. So she would see kind of long term care and assisted living being more of a touch point to

get out of an immediate bad situation so that a full assessment can be done and then should hope that most of those folks could go to a different situation. There are some that would maybe need to stay but the hope would be that that would not be the vast majority, so getting them away from the immediate negative situation. She doesn't see the long term care part she just thinks that our buildings are everywhere throughout the state, so getting this program rolled out in a couple different counties and tweaking it and then rolling it out in all counties just makes sense to have the long term care assisted living kind of be that immediate touch point that would be an opportunity for case management to come in and bring support services. Doug said it's the piece that they really need to get, and it seems to fit very well within the Triple A's function to be able to do that type of care management.

Dan said, "Is there a potential for a type of foster care system for older adults that would be very temporary, but would support folks who don't necessarily meet level of care for a nursing home if it's not safe for them to be alone?" Doug said he is not sure on that, but he likes the concept. Deb said they are going to have to look at a lot of different solutions. She may be in the minority when she says she is very concerned about the very aggressive pace with which they're moving to managed Medicaid. People who are predators go to places that they know they can find their prey and if we don't do some of the home and community based services very carefully our opportunity to have the need for adult protective services rapidly expand is very real. She's been doing this for 25 years and she has seen a lot that makes her believe in what she has just said, and a lot is on the table and looking into adult foster care is a very interesting idea, and nothing has been eliminated.

There was a question about how many people currently would utilize emergency placement. Doug said they are not talking about big numbers when they operated from 86 to 93, they did a little over a 100 people in Marion County, so he doesn't think the numbers are overwhelming. There are some national studies to look at too. Deb said as part of their committee they're putting a survey together to send out to the APS folks to get an idea of what that's going to be and honestly their focus is on seniors and APS emergency placement, but the reality is she just took an emergency placement for an 18 year old. So, the need is larger than just seniors and, in her opinion, if they're going to solve a problem let's solve a problem. Doug said he couldn't agree more. As far as going back to community based services where are we seeing most of these APS emergency placements from is it mostly case managers or home care calling it in or hospitals or just random. She has a concern she is in home and community based services they do home health and so they are in people's home, they're the eyes and ears in elderly peoples' home. And she does have concerns with the managed care system and where they already are with census in their elderly population getting care versus people that are eligible to get the care having less eyes on people and less ability to report abuse and she knows a lot of reports come from there. Doug said at Hooverwood most of theirs have come directly from the adult protective services investigator. Deb said yes, she thinks they come from all of those areas they get directed to adult protective services then who becomes the hub of that. Deb said it also frightens her as well about cases going unreported it's likely going to get worse as they shift their focus.

JoAnn said he laid it out very well, that this is not an issue that is going away, and funding is always a big question, and she thinks he laid out some ideas for where there may be some money and it looks like probably some of the lowest hanging fruit is already in the grant. Indiana's plan is well laid out with the money so yes, they've got some money to start. JoAnn said the other funding source that he

mentioned is the upper payment limits which she is glad he brought this to their attention. Her understanding is as they move to managed long term services and supports some of that upper payment limit some of the issues around that may change if funding can't go to hospitals and it goes directly to nursing homes. And they have venture capitalists who have been buying distressed nursing homes and charging very high rents. This could be an issue where there's money that would be going for high rents, we need to underscore that. Deb said right now with the MLTSS what they are proposing is that they are going to take part of that upper payment limit and do a set aside based on quality.

Judith Schoon said it was mentioned there was a plan out there for the state of Indiana where can it be found. Doug said if you go the ACL website it's adult protective services operational plan, it's a 16-page document and originally filed in December 2021. Erin said she will send out the information that Doug is referring to. Deb said something that they are looking at as a committee is to find public private partnership funding. She has been talking to the hospital in her area and they are doing a cost analysis on people who are sitting in their beds in the hospital that don't need to be there, but they can't find a place to discharge them. That includes Medicare folks and includes people that don't need Medicare services but don't have anywhere else to go. What they are finding is it's very costly for the hospitals to have someone occupying a bed that doesn't clinically need that bed, they are trying to work with a not-for-profit hospital in her area to fund through their foundation's emergency shelter money.

JoAnn thanked Doug for his very thorough presentation, and he gave them some positive directions on this issue and Deb gave her update on the emergency housing committee that's working as a committee on the Commission on Aging. She said this is not going away and they will continue to be following and having her do updates at each meeting so they can follow this because Indiana is making some vast changes for services for older adults.

Division of Aging Update: Leslie Huckleberry said she wanted to provide some key updates on some different Division of Aging initiatives. She will do a chunk and Erin Wright will follow up on the rest. She will run through the slides fairly quickly in the interest of time and will circulate the slides afterwards so they can have them for future reference. The first slide is the big picture overview of the LTSS reform project so this doesn't include MLTSS, but it has all of their key results encompassed in one project and so the ultimate goal of this project is for 75% of new LTSS members will live and receive services in a home and community based setting. That is based on lots of information that they've heard over the years that folks would prefer to age in their homes and not in an institutional setting. So they want to make that a reality in Indiana as much as possible. The second key objective is that 50% of their LTSS sent will be on home and community based services. The way that they plan to do that is through 5 key results; 1) getting access to home and community based services within 72 hours, 2) moving LTSS to a managed care model, 3) linking providers payments to member outcomes or what is called value based purchasing, 4) integrating all of their data systems to be able to link individuals, providers and facilities in the state, and 5) direct support workforce and setting up a more robust system that allows further recruitment retention and training of direct service workforce. Their quality framework is person centered being first and obviously very important ensuring smooth transitions and access to services and participant choice. Leslie said she is not going to read the whole slide, but they can look over them when the slides are circulated. Their first key result is ensuring Hoosiers have access to home and community based services within 72 hours. The way that they are going to achieve that is through

expedited waiver eligibility. They kicked off a pilot for that in 2020, so far, they have approved over 4,100 applications through that process. Right now they are operating it under federal public health emergency authority, so they are working with CMS to create permanent authority that will allow them to make that pilot statewide and permanent. So far, they've seen positive results from that.

Their MLTSS timeline rollout: right now they are in the competitive bid process so there is a limit to what she can talk about because it is out for bid. The bids she believes are due by the 22nd or 23rd of this month. They will have a couple of months of the RFP evaluation process and then the awards will be announced in quarter one 2023. They will then have essentially that full calendar year of 2023 to do readiness review and implementation work so that MLTSS will go live in quarter one 2024. So in early 2023 is when the bid awardees will be announced and when that information will be made public.

The next key is value-based purchasing, the objective is linking provider payments to member outcomes. A lot of this is in information gathering mode and analysis right now, so CMS did release their first ever HCBS quality measures in July, so they are reviewing that. And then reviewing some plan surveys and other metrics to help them define value based purchasing, quality goals as a guide and they're also engaging with some national expertise too. Key result 4 is the data integration and so they've got lots of different systems and they are fairly fragmented in siloes, so it's really important to have a key result focused on integrating all of that data. Right now they are working on developing a surveillance plan and working to map out measures to data sources. And then the fifth key result is direct service workforce, and you know if you don't have people to do the work and provide the services then this isn't going to work. She said Peggy Welch their chief advocacy office is spearheading this work for them. She is working with the Bowen Center to put together a plan for the state of Indiana focused on how we can better recruit, train, retain and support those direct service workers. Recently they had a full day session in late July to get stakeholder input and engagement, they will have more to come on this soon.

The next couple of slides are not official key results but they are really important for the work that they are doing. She wanted to highlight some of these pieces that are integrated into the LTSS project. Medicaid finance it is a key result but just doesn't have an official number but the point of this one is to strategically transition their current fee for service reimbursement structure to drive quality alignment transparency and sustainability and provide forward compatibility with managed care. Most recently the did compose a steering committee of some different stakeholder groups like Leading Age, Hope, IHCA and IHA and they are looking at updating various things tied to the quality assessment fee the UPL program and quality metrics.

The next item is familiar. Dr. Counsell has presented on the dual eligible so she isn't going to go into a lot of detail but increasing coordination for dual eligible individuals and she knows Dr. Counsell would be happy to provide another update at a future meeting. The last piece self-direction some of the feedback that they did get from consumers was that they need to think a little differently about the way they're approaching self-direction and so right now it is primarily under their A&D waiver. They are creating a new waiver called a J waiver that will allow them to redesign and expand self-direction under the waiver services.

Leslie said the next slide is enrollment services and member support services, they do have out for bid right now an RFP with 2 different scopes of work. They've called it the enrollment services vendor RFP. The first scope is tied to that front end enrollment services work, so level of care and PASRR and options counseling and Medicaid application assistance. That's one scope of work that it out for bid and then there's a second scope of work under that same RFP for what is called member support services. The feedback that they have received was that it's really important to have an entity that is there to support members in MLTSS to ensure that they receive the services that they are entitled to. It is an ombudsman like program they have not called it ombudsman because they don't want it to get confused with the long term care ombudsman program. This member support services scope of work will include assisting members with understanding their MLTSS plans, supporting members and grievances and appeals and also assisting them in FSSA to spot trends and make sure they're on top of any issues that are occurring so that they're able to resolve those issues. The evaluation process should kick off in the coming weeks.

The next couple of slides talk about the role of the Triple A's in MLTSS. Under MLTSS they'll have a few options in how to engage with individuals. The first slide covers the front end option, intake and eligibility. A single Triple A or a network that includes other community based organizations could either submit a response directly to that enrollment services vendor RFP or they could choose to subcontract with whoever wins that enrollment services RFP in order to provide level of care work and intake counseling or the member support services work. On the next slide they talked a little bit about the back end, post enrollment so after that intake and eligibility work so this is case management essentially. Under MLTSS the managed care entities will be responsible for what's called care coordination. Triple A's may choose to subcontract with the MCEs and provide care coordination for any of the MCEs. They did build into the MLTSS RFP that for the first 2 years the MCEs whoever wins the bids must contract for at least 50% of their HCBS case management work with a current entity providing those case management services which by and large the Triple A's, so they do have a couple of independent case management organizations. The 50% is the floor not the ceiling, they'll certainly encourage them to have as robust of a relationship there as possible, so that's sort of that second option is that care coordination case management subcontracting work. JoAnn said it's either, they can't do both, it's one or the other. Leslie said yes, the feedback that they heard over time from a variety of stakeholders was that whoever is doing that enrollment services work needs to be independent from the MCEs and should not have a relationship with the MCEs. The Triple A's will have the option to decide for themselves looking at their own business structure what their strengths are and determine if they'd prefer to do the case management work or if they would like to engage in the enrollment services side of the work. Leslie asked if there were any questions. A question was asked to clarify for the enrollment services is that for the population up to age 60 or is it for anyone regardless of age. She said anyone regardless of age.

Deb asked, "What are the areas that they're doing their expedited waiver eligibility?" Leslie said they are partnering with a couple of the AAA's, she doesn't recall off the top of her head but she can send that out as follow-up. There was a question on the 72 hrs., that's just getting people eligible to receive the services but that doesn't necessarily mean within 72 hrs. they have someone coming out. Leslie said their ultimate goal is within 72 hrs. they will have someone coming out. Today the pilot is focused on the eligibility process but ultimately the goal is that they'll be able to link them to actual services within

that timeframe. A question was asked regarding staff availability. Has that been successful in the pilot or is that a struggling point? Leslie said it is something they need to continue to work on, because they're still in the midst of doing the work on the direct service workforce piece there's still work that needs to be done to hit that goal and have folks connected to services as soon as they are eligible. She was also asked how long the pilot program has been going on and when will they get a summary? She said they've been operating the pilot since October 2020, and they can provide an update at one of the upcoming meetings on the expedited waiver eligibility piece specifically if they would have more information. Some challenges that they faced on the data collection is because of the maintenance of eligibility requirements, they are still working out ways to evaluate accuracy of the EWE process and all of those things, but they have some that they can share.

They are kicking off what they are calling stakeholder engagement 4.0 for co-design, they've had lots and lots of stakeholder engagement sessions over the last couple of years through this project and so they are kicking off the next round next week. If they are interested in participating and they're not on the list reach out and let them know and they're happy to connect them with the team doing the work. There are several co-design meetings coming up over the next several weeks for that and then another piece they're really excited about, they're partnering with ADvancing States to hold in-person community conversations all around the state in late September and early October. Specifically targeted at connecting with members and caregivers and then providers in separate sessions but to get direct feedback from members and caregivers and from providers on what their concerns are, what they want to hear about, what questions they have with all of this. They have flyers that they can circulate with the upcoming dates and general locations of the sessions and would really appreciate folks promoting these sessions as much as possible. It important to get as many folks participating as possible. Leslie was asked if the co-design meetings include stakeholder involvement. She said yes there's the co-design meetings and then the ADvancing States meetings. There was a question on value-based purchasing. She stated that they are working with quite a few different places to put those together and in Medicare they take Medicare, so it's based on outcomes whether someone comes out of surgery and can walk around their house and be independent after that 60 days, with the Medicaid population it's more chronic cases. So is that not going to be part of the quality base is that exempt from it, because she doesn't see a lot of these chronic cases improving. Leslie said she did not have the answer to that question, but she'd be happy to take that back and follow up with some additional information as she doesn't believe they've made any decisions of how that's going to function yet. And on the value based rates they don't have a specific timeline, but they can follow up and provide more details on this. But with the finance key result piece they're working to move that along fairly rapidly if they can just because they want to provide that clarity as soon as possible and they're going into a budget session and that has an impact on certain things.

JoAnn said she was going to ask a question from the general public. The services that are listed under managed care, assisted living, adult day service could be services that are covered but not required under the managed care service menu. Leslie said no, if it's a waiver service today then it will continue to be a service available to folks that are eligible for waiver services under MLTSS. JoAnn said one other piece they talked about was housing and the issue with older adults, the number of older adults struggling with affordable housing right now it's probably not going to get better. Group homes is not part of a plan in Indiana, Indiana does not have that plan for older adults specifically. Leslie said she

would have to look into it a little bit, she knows their framework for group homes and supported group living is a little different than some other states. She knows a little bit more about that on the intellectual developmental disability side than for seniors specifically, but she can look into that a little bit. JoAnn said she hopes that Indiana doesn't end up with a lot of unlicensed boarding houses. Leslie said if there aren't any other questions, she will hand it over to Erin and for those folks who do participate in the in-person community conversation listening sessions there will be gift cards available for participants as a little extra incentive for folks to show up and share their thoughts with them.

Erin Wright said she is going to spend some talking about Triple A's and going back to the basics of the aging network in Indiana and the roles and responsibilities of the Triple A's as outlined in the statute. The foundation and core responsibilities of an entity designated as an area agency on aging is rooted in the Older Americans Act. The Older Americans Act is federal legislation passed in 1965 at the same time as Medicare and Medicaid and it was recently reauthorized in March 2020. The Older Americans Act created the aging network which is a network of home and community based service that serve as a critical component of long term services and supports not only in Indiana but across the country.

Indiana received funding in various buckets this month that must be used for services that fit into those buckets that are called titles. There are 6 buckets, Title III-B which are services that enable older persons to live independently whether it's transportation, care management, in-home personal care services, and support for senior centers. There is Title III-C which are the nutrition services, congregate meal, home delivered meal program, nutrition education, and nutrition counseling. Title III-D evidence-based health promotion programming. Title III-E is the national family caregiver support program and Title VII is the ombudsman program and then there's another title under the Older Americans Act which is the senior community service employment program Title V which is actually not part of aging that program is administered through the Department of Workforce Development in Indiana. Under the Older Americans Act all the buckets of funding must go to specific designated agencies. The Division of Aging as the State Unit of Aging designates local public or private non-profit agencies to address the needs and concerns of older adults in a specific geographic area and these are the area agencies on aging. Triple A's coordinate and offer services that help older adults remain in their homes by making a whole range of supports available and Triple A's make it possible for older individuals to choose the services and living arrangements that suit them best. The funding in the various titles or funding buckets is distributed through a population based funding that they have to receive approval from the Administration for Community Living and that is part of their state plan on aging. Last night they got approval for their 2023 2026 state plan on aging that they've been working on over the next year, so she is excited that happened and can check that off the list. The list is similar to the state submitting their state plan on aging the Triple A's must submit and implement an area plan on aging and this is outlined in the Older Americans Act statute.

In Indiana they have a 2-year cycle for area plans, the current plans are for federal fiscal year 2022 through 2023 and federal 23 is going to start in a couple of weeks. The Triple A's will be submitting their next round of plans before the end of state fiscal year June 2023. For those on the Commission they have a role in the review of the plans, and they will be working on that next summer. Through the area plan the Triple A's provide several assurances for how they will fulfill their responsibilities under the Older Americans Act. The language on the slides were taken from the federal statute and highlights

some of the key concepts and she will go over they quickly. The Triple A's must provide through a comprehensive and coordinated system for a variety of services within their designated counties. The Triple A's are charged with understanding the needs of the older adults and caregivers in their community and making sure that they gather input from those that they serve under their plans. The Triple A's are required to ensure that a certain proportion of their funding is expended in specific service categories and there must be a certain percentage associated with funding to access to services funding in-home services and then legal assistance.

The Triple A's serve as an advocate and focal point for older individuals within the communities and they designate focal points in each of their counties to serve as a location where individuals can turn for information, support, and access to services. They also establish an advisory council of older individuals who are either participants in their Older Americans Act funded programs or are eligible to participate. A key role of the Triple A's involves outreach to identify individuals eligible for Older Americans Act assistance with special emphasis on a number of different demographic groups, those with greatest economic need, those with the greatest social need, older adults with severe disabilities, limited English proficiency, those with Alzheimer's and related disorders and the caregivers of those individuals as well as those at risk of institutional placement. Through this outreach the Triple A's are also charged to not only identify them but also to inform them of the availability of programs and services. Along with this through their area plans the Triple A's set specific objectives for providing services to older adults with the greatest social need, economic need and at risk for institutional placement. The Older Americans Act requires that there be specific objectives for targeting low income minority populations and those with limited English proficiency and those in rural areas.

In addition to those requirements that are in the federal statute there are requirements for the Triple A's outlined in state statutes specifically related to the CHOICE program. One that the statute outlines is case management as a service conducted locally by the Triple A's for CHOICE and two the statute references the management and operation of the CHOICE program locally through the Triple A's. The next slide is an overview of the funding that the Triple A's receive on an annual basis through grants to fulfill these requirements and specifically focused on their non-Medicaid related programming. In total there's about $63 million a year and it's divvied up based on the approved interstate funding formula. It's split up 16 ways based on some weighted population factors, the $63 million does not include any additional covid funding that they've received over the last couple of years.

The Triple A's provide some services directly such as care management, information, and assistance both the federal and state statute dictates that the Triple A's are not to provide the services directly except there are some exceptions based on local need. So the majority of the funding by far is distributed to the local service providers. She wanted to provide a little bit of context for the number of individual served and the services that are provided with those funds, they don't have the end of federal fiscal year 22 report yet because they're still in federal 22. Last year the Triple A's served over 240,000 older adults through CHOICE just for 60+, social services block grant funding 60+ and Title III. They were contacted over 630,000 times for information and assistance, they funded nearly 400,000 hours of personal care services which was primarily attendant care, and they supported the provision of over 2 million meals year. And to highlight a couple of key points the Triple A's supported over 34,000 hours of respite care to support caregivers and helped ease any caregiver burden. Through caregiver targeted

information and assistance and outside of the 630,000 other calls they reached an additional 38,000 individuals.

She wanted to spend some time reviewing the statutes related to the Triple A's both on the federal level and CHOICE with so much focus on MLTSS and so much going on with this critical role that the Triple A's fill at times seems like it might be overlooked, and the Division of Aging has the responsibility to continue to maintain valuable local accessible support fulfilled by the Triple A's today. As new and different players possible enter the current system of long term services and supports they really want to make sure that they work to ensure that there are seamless transitions and warm handoff between various programs and providers. They really have a great opportunity to work on this right now, the Division of Aging recently was awarded a grant from the Administration for Community Living related to improving access to long term services and supports for individuals and caregivers. The announcements just came out on Friday and through this grant they will work to establish a governance structure to develop and support a high performing system of access to services for long term services and supports 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 are accessing services specifically long term services and supports and look for gaps to make sure there aren't gaps or that they're not setting up processes where people will likely fall through the cracks.

She is envisioning a lot of flow charts and process maps and then they will develop a plan, what are we going to do with all this information. It came at a perfect time as they are going through the transition and the Commission will be hearing more about it in the coming months. Deb said those are impressive numbers as far as the number of people that they have served in the different categories and sections that they serve, based on the goal of 75% moving to more of what the Triple A's provide and then also given the number, just the sheer volume of people that are going to be hitting that age range that will qualify for services. What are her projections then for the numbers that they are going to serve in the real near future. Erin said she doesn't have that data with her, and those numbers were completely outside of any of the Medicaid funded home and community based services, these are just their grant funds that they receive. There are waitlist in some areas to access these funds it really varies. There has been ongoing advocacy to increase allocations for the grant funds at the federal level and every year there is a push to increase the CHOICE allocation. Deb said would it be a hard ask for maybe at the next meeting to try and get some of those, she is just curious as to what she knows because then you'll be able to know kind of what the workforce needs that you're looking at and all of that. Erin said she could work on putting something together because all of the workforce conversation impacts these programs as well.

JoAnn thanked Erin and said it was helpful and sometimes people don't realize the Division of Aging is the State Unit on Aging part of the aging services network connecting the federal to the regional area agencies on aging. And that is why the Commission on Aging is very connected with what's happening here, and they learn a lot and they also review the state plan.

Leslie said she had one last slide she wanted to highlight a couple of things that the Division of Aging is working on outside of the LTSS project. The Dementia Strategic Plan that they heard about from Dawn Butler at the last meeting that work is ongoing and continues. She has started to ramp up some of the

stakeholder engagement for finalizing a strategic plan and coming up with ways that they can start implementing some of the things in the plan. Another thing that she wanted to highlight is the master plan on aging they have started to kick off a process for their master plan on aging. What that is is a cross sector state lead strategic planning resource that can help states transform their infrastructure and coordination of services for their aging population. In Indiana they are working with the Center for Health Care Strategies for Technical Assistance for developing their master plan on aging. It will be a 10-year plan for a healthy and equitable aging in Indiana, so they are just now kicking this off so they will hear a lot more soon on this and they will start reaching out to stakeholders and hope to get lots of engagement across all different sectors. The dual eligible work is just a lot of coordination work that they are doing, and Dr. Counsell their Chief Medical Officer is heavily involved in that work and spearheading a lot of that and doing a lot of impressive things with that.

Leslie wanted to give kudos to Erin for the no wrong door grant that they received she really spearheaded that for Indiana, and they are really excited about it. And a part of this too is an internal assessment for the Division of Aging they are also in a time of change, so they are doing some work over the coming weeks and months to think about what they need to look like as a robust state unit on aging and what their priorities need to be to support aging Hoosiers in Indiana.

JoAnn said she would give an update on the Living Longer Living Better committee. Right now she is continuing to work with the Indiana library idea for the Indiana public libraries across the state of Indiana to have as part of their website to have a page that will have links to explain public funding for older adult services. She had looked at the donation of aging and she hopes that as MLTSS rolls out it gets really clear on how that works, they want to be sure the area agencies on aging are clearly on that so people understand that Medicare, Medicaid, social security, etc. because what they're seeing is people go on Facebook and ask other people in communities about some of this and the responses are interesting. JoAnn asked can we make this clear and transparent to the public with reliable information and that is why they're looking at libraries to do that and to redirect this is not for marketing it is for education.

JoAnn asked Judith Schoon if she had a report from shared decision making. Judith said they've not done anything lately after her car accident she has not been up and going. They are going to try and get moving a little more and trying to get a little bit more done now that she's at least walking.

JoAnn asked Dan Mustard for an update from the Senior Center Coalition. Dan Mustard said the goal of the Coalition is to improve senior center services in Indiana and so along that they are having a brown bag session. If you know of a senior center in your area, please direct them to their website where they will have scheduled and some of the details for folks to be able to get connected with them. The brown bag session next Friday at noon is going to the topic quite quitting dealing with burnout stress over work and the effects on productivity. Coming through covid we're pretending that everything is fine, but the reality is their staff are really beat up. They are trying to figure out how to take of their staff better through that. They are also having some regional meetings next week the north region, central and south, one of the things that they will be sharing at those meetings is a video that they recorded. A conversation with Dr. Christina Box who is the state health commissioner and Leslie Huckleberry talking about as they move into the fall what to expect with flu season with covid still hanging on and then also

mental health concerns and ways that we can address those. Dan said when we talk about community care coalitions one of the things that they have talked about was the value of also piggybacking on existing coalitions. An example is in Bartholomew County they have what they call the healthy communities council and one of their objectives coming into the new year one of the things that they wanted to look at was suicide prevention and as is often the case we focus on teen suicide when in fact teen suicide is one of the smallest demographics. When young people attempt suicide 1 in 200 is successful that number is 1 in 4 for older adults. This was something that they were able to advocate at the healthy communities council when they mentioned that they were going to focus on teen suicide, he was able to advocate for the fact that they also need to look at suicide as an issue among older adults and now that will be part of their movement going forward. They also have a Facebook page so if people would like more information, they can find it on their website and also on their Facebook page. Judith asked for the website address. Dan said millracecenter.org. for now, but they will have their own website starting next year.

I-4A Update: Kristen LaEace said she wanted to focus on some federal and state updates, there is a big portion in their education packet that she sent to Willie for distribution last night that focuses on housing. So there was a big discussion on emergency housing and quite honestly housing is a crisis for everybody but particularly so for older adults because of the additional support needs. She included in the packet different perspectives on housing needs for various ranges not just the very low income or the low income or people who are sniff eligible but even people in the middle income bracket, people older than 50 are the fastest growing portion of the population who are becoming homeless because of the way our housing markets have gone crazy. This might be their first experience with homelessness, they are kind of used to working on these issues from that basis of the very low and low income, but they really need to also need be thinking about people just like us who may be renting rather than owning their own home who are getting their rent jacked sky-high and losing housing because of that.

One of the interesting things that's happening on September 28th is the White House Conference on Hunger, Nutrition and Health. They are trying to kickoff a national focus on hunger, nutrition and health and there have been advocates of all stripes as well as consumers, providers, etc. contributing to these calls the White House team has been having nationally. There are opportunities to host satellite events and if people are hosting satellite events that are open to the public for more than 25 people, they will be posted on the website. So she would encourage then to look into their packets to see number 1 you can host a listening session, you can host a virtual session along with the White House Conference, there is a toolkit on how to do that. The second thing is to participate even if you don't have the capacity to host a session yourself you as an individual can take part in the live stream. It will be interesting to see what kind of commitments and new strategies they're going to come forward with. It's designed around five broad pillars so it's not necessarily population based it a little broader than that but you will find a lot of tie-in with the work that you do. AARP in March came out with a fact sheet on older adult food insecurity, there's some articles on about how inflation is affecting older adult overall including food prices, etc. Another thing happening nationally or not happening as the case may be is the federal budget, because of the elections there is not going to be a federal budget passed before the end of the fiscal year which is September 30th. The thought is that they will try to pass a continuing resolution to keep the government up and running through December.

Kristen said the other thing that happened federally was the inflation reduction act and it affects the people they serve primarily through the changes in Medicare and Medicare drug pricing. There are information sheets in their packets about the various kinds of things happening to Medicare that will save consumers money. There is actually an estimate of how many consumers in Indiana will be affected or helped via those Medicare provisions. The other big thing in the packet that affects what they do is the extension of the Affordable Care Act subsidies to make marketplace plans affordable for individuals. So, if any of your consumers are in marketplace plans they'll have continuing subsidies for a while at least. She asked if there were any questions. On the state level the interim committees which normally start up in August have been slow to get going, primarily because of the special session that took place as well as the fact that everybody's campaigning right now even at the state level. They aren't as far along with the interim study committees as they normally are in general and she has included the study committee topics that they are going to be following, which include housing task force as well as some things in the public health committee related to insurance as well as the ongoing discussion around THC medical marijuana. They've never taken a position on that but because they know especially veterans may use medical marijuana or marijuana for medical situations, they try to keep up to speed with what's happening there. She will keep them posted as that moves forward.

The housing task force is ostensibly focused on workforce housing and part of their job is going to be to say remember older adults are still in the workforce or they were workers, and we still need to make housing available to them. But also bringing forth data about the overall housing needs in general do that our populations don't get lost in that conversation. Those meetings have not started yet but she will keep them updated as they move forward. The other big thing that's happening at the state level right now that is of interest to them is the addition to the great news about the ACL grant on no wrong door as well as the movement forward on the master plan on aging is the report that the governor's commission on public health put forward. It' calling for a $250 million investment in Indiana public health including funding for local level public health and it's their hope that the new focus on the master plan on aging cross sector. Public health is a big important role to play in healthy aging so they are going to continue to be looking for opportunities on how they can influence, how that moves forward, advocate for it in the general assembly but also kind of administratively to make sure issues affecting aging are covered in that public health planning and investment. She keeps saying the governor needs to have next level aging, next level everything with our governor so between that public health plan and the master plan on aging she is hoping that can come together and be the next level aging initiative. Everything else in the packet there's a gib focus on housing, there's a big focus on just expense, people are being priced out of living is the concern between not having money for housing not having money for healthcare, not having money for food, etc. with everything kind of skyrocketing, so there are various reports to provide some perspective. There are a few articles on cognitive rehab for long term covid, etc. and on the last page she included the workforce of toddlers that apparently exist in some Japanese nursing homes and so community members are invited to bring in their toddlers for engagement with the older adults so she is putting them all on notice that if she needs to go to a nursing facility stick me in Japan where you can have toddlers coming in. She just thought that was the cutest thing. Dan said with the housing issue and homelessness increasing is there a correlation with substance use disorders among older adults as being one of the root causes of that, is that something that people are looking at right now. Kristen said that she is not seeing that she doesn't know the answer to that. She did talk to someone at the HCBS conference in D.C. and she mentioned they are in

the process of bringing on somebody that will have an older adult focus. She is hoping that they can engender that kind of specific population focus again with the Division of Mental Health.

JoAnn said a lot of discussion and it seems like we're making some progress and we need to celebrate that lets continue to work together to see how can improve the quality of life for our older Hoosiers and she hopes to see more of them there in November and thank you for your time. With no other business being brought to the Commission today the meeting was adjourned.