



IAAAA Comments

Recommendations for the CHOICE Program

HMA Report and Community Living Program Final Report

HMA Report Recommendations

In general, we are supportive of many of these proposals. However, we also recognize that the proposed changes are highly interrelated. We want to ensure that the proposals are considered globally rather than piecemeal, recommendation by recommendation. Further, underlying each of the proposals is much detail that would need to be worked out prior to implementation.

Therefore, we recommend that the Division of Aging establish a special committee in conjunction with the AAAs and OMPP responsible for implementation of the proposals.

1. Review AAA best practices for possible implementation system wide.

- Require face to face assessments for all individuals requesting ongoing home and community based services.
- Revise Eligibility Screen

IAAAA: AAAs will need additional resources to accomplish face-to-face assessments related to all funding sources. One way to accomplish this is to provide additional resources. However, creating additional flexibility in CHOICE by designating Options Counseling a service as opposed to a case management function would also significantly further this goal.

AAAs are continually in contact with each other to share great ideas and promising practices. We would support activities that further this sharing. However, we would oppose the notion that “best practices” equates to absolute “uniformity of practice” across all 16 AAAs given the differences in each region and each AAAs business model.

We support the development of a “Needs Based Assessment” that would replace the Eligibility Screen. The use of a Needs Based Assessment would emphasize the shift to person centered planning based on total client needs rather than eligibility for particular funding sources. The Needs Based Assessment would still capture information required to determine eligibility for public subsidies.

2. Require a CHOICE Annual Report from each AAA, instead of a CHOICE Plan from each AAA.

- Revise 455 IAC 1-5-3 (b) to require an annual report. Each AAA completes an Area Plan at a minimum of every 2 years which may incorporate the elements of the CHOICE Plans.

IAAAA: We support this proposal and believe it will be more useful and informative than an Area Plan. However, prior to putting the report in place, we want to ensure that for each data element Division of Aging wishes to collect, there is a stated rationale as to its purpose and intended audiences.



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3. Revise the policy that all applicants apply for Medicaid to consider those who may qualify for the A&D Waiver through the special income group and spousal impoverishment provisions.

- Revise the DA Operations CHOICE Manual to remove this requirement and replace with the completion of an Initial Medicaid Screening form currently available through DFR.
- Require written documentation of assets, income and reported expenses.

IAAAA: Generally, we are supportive of these proposals; however, we see timeframes and flexibility as issues that need to be addressed.

The requirement to apply for Medicaid is a duplication of effort if there is sufficient documentation that the person's income and assets exclude them from Medicaid eligibility.

Further, the requirement to wait for written documentation of assets, income and reported expenses provides a barrier to meet urgent needs. Responsiveness can better be accomplished through timely initial visits and the ability to start services emergency/urgent services. There must be some leeway as to when documentation must be in place before services are started.

4. Consider a requirement of annual verification of excess income or assets and a signed attestation of responsibility to seek Medicaid eligibility when income and assets reach Medicaid thresholds. Consider the special income and spousal impoverishment provisions. Maintain documentation in the individual's file.

- Revise IC 12-10-10-4 to state: "has assets that do not exceed asset protections offered through the Medicaid spousal impoverishment provision; updated annually January 1st." The 2013 amount is \$115,920.00.

IAAAA: We recommend that CHOICE asset and deductions be more closely aligned with Medicaid, that there be some provision for dealing with family-owned businesses including farms, and that there be enough time written into contracts to implement any changes. There also need to be clear definitions as to what are the inclusions and exclusions to the spousal impoverishment limit prior to implementation of the policy.

5. Review the amount of the quarterly expenditure caps set by the DA for appropriateness.

- Revise the DA Manual to set a monthly cap based on 80% of the Reduced Physical Function RUG score referenced in Attachment 6 of the HMA report. This would result in a current monthly cap of \$2,456. This amount was calculated by adding the costs report for all 16 AAA regions then dividing by 16 for a daily average of \$102.32 x 30 days = \$3,069.60 x .80 = \$2,455.68.



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IAAAA: We support more uniformity between waiver and CHOICE expenditures caps. We propose that allowable rates for both Medicaid waiver and CHOICE to be based off of nursing homes rates. However, if the established caps are lower than allowable nursing home rates, we believe the cap should be applied as an average across the locally managed program rather than on a person-by-person basis to allow for flexibility in meeting individual client needs.

6. **Revise the required level of 20 percent of CHOICE expenditures for individuals who are under the age of 60.**
 - **Revise the DA Manual to remove this requirement.**

IAAAA: We support the Division of Aging proposal.



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Additional Recommendations from CLP report

While the AAAs are highly supportive of implementing a shift to the CLP model that emphasizes Needs Based Assessment and intensive Resource and Options Counseling, we are concerned about the sole emphasis on the AAA organizational commitment to make this shift. This requires a culture change at both the AAA and Division of Aging levels. We believe it is important for the Division of Aging to describe their own commitment and changes required on their behalf to make this happen. There needs to be a commitment of flexibility on behalf of the Division of Aging related to funding use, processes, procedures and audit standards.

Further, we note that the shift to the CLP model needs to be a “package deal” for the approach to be effective. We recognize that we will not see the anticipated results that the CLP model promises if recommendations are implemented selectively, piecemeal or incrementally. The CLP report as submitted by Joan Cuson and Sally Beckley to the Division of Aging details a set of “must haves” to make the leap to CLP work. Some of these must haves include:

- A system for reinvesting cost savings back into home and community-based services - enhanced Options Counseling, case management and client services - rather than recapture into the Indiana General Fund. This is required to meet the exponentially growing demand for long-term services and supports as baby boomers age.
- Investment in intensive resource counseling as defined by the model.
- Investment in decreasing case loads to approximately 45 persons per case manager and 20 persons per month for resource counselors.
- Flexibility for AAAs to negotiate provider rates, including bundling of services among multiple clients to make the anticipated reduced plans for care doable for providers.
- Establishment of benchmarks to monitor reductions in waiting lists and care plan costs.
- Upfront financial investment to launch the model in each AAA.
- Fully developed implementation and roll-out plans related to each AAA and the network as a whole.
- Commitment to redefining service delivery to include intensive resource and options counseling, person centered planning and client empowerment.



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RECOMMENDATION: MOVE TO A NEED-BASED MODEL

- New approach based on need not eligibility – **Work with AAAs to gain an organizational commitment to this approach.**
- Adopt the prioritization tool and eliminate the eligibility screen with some modification – **Revise the Eligibility Screen and develop a standard prioritization tool.**

IAAAA: We support the development of a “Needs Based Assessment” that would replace the Eligibility Screen. The use of a Needs Based Assessment would emphasize the shift to person centered planning based on total client needs rather than eligibility for particular funding sources. The Needs Based Assessment would still capture information required to determine eligibility for public subsidies.

- Support a critical and non-critical need identification – **Organizational commitment and prioritization tool.**
- Support face to face ADRC options counseling prior to the wait list – **Implemented May 1, 2013 for waiver applicants. Goal for all programs in state fiscal year 2014.**

IAAAA: This will require additional monetary resources and funding flexibility for most AAAs to implement. There also needs to be appropriate time built into contracts for AAAs to ramp up and implement. We recognize there is a difference between implementing a face-to-face assessment and enhanced Options Counseling as envisioned by CLP. We need time for all to make the change to the enhanced Options Counseling approach, if that is what is truly desired, rather than simply completing the minimum through-put of a face-to-face assessment.

RECOMMENDATION: CHANGE COST SHARE

- Change deductions – **Require written documentation of expenses being deducted. Include living expenses such as mortgage/rent and utilities.**
- Include assets – **Include assets other than one home and one vehicle in cost share calculation.**
- Be more aggressive in encouraging use of individual resources – **Will require an organizational commitment.**
- Reduce the base eligibility for CHOICE services – **No DA recommendation at this time.**
- Reduce inequities progression to in funding sources – **Provide Assisted Living, Adult Family Care and Structured Family Caregiving through all funding sources, CHOICE, SSBG and TIIIB.**



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- Slow the progression to Medicaid – **May be partially accomplished through providing non-waiver funding for Assisted Living, Adult Family Care and Structured Family Caregiving.**

IAAAA: We are concerned that the inclusion of more expensive services under CHOICE, SSBG and Title III might impact the total number of clients AAAs are able to serve. We note the ability to cost-share these services under the non-Medicaid programs. We would need the Division of Aging to request cost-share for Title III and to assist AAAs statewide in implementing uniform cost share provisions across all programs.

RECOMMENDATION: PROMOTE PERSON CENTERED CARE

- New approach for Case Management that doesn't rely exclusively on funding – **Will require an organizational commitment.**
- Encourage creative problem solving in resource development – **Will require an organizational commitment.**
- Encourage care facilitation rather than brokering services - **Will require an organizational commitment.**
- Engage health education models in case management practices - **Will require an organizational commitment.**
- Case management fostering empowerment - **Will require an organizational commitment.**

IAAAA: Note our previously stated concerns about the sole emphasis on AAA organizational commitment to make this shift.