INDIANA ASSOCIATION OF AREA AGENCIES ON AGING
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February 24, 2015

Ms. Vonda Snyder
Director, Division of Aging
Indiana Family and Social Services Administration
402 W Washington Street
PKU232Ā
Indianapolis, IN 46204

Dear Ms. Snyder,

Thank you for this opportunity to provide public comment regarding the Indiana long-term services and supports (LTSS) report required by HEA 1391 passed by the 2014 Indiana General Assembly. Indiana's Area Agencies on Aging (**AAAs**) desire to assist you and your team in any way possible regarding the successful completion of the analysis required by the report. We hope that you will not hesitate to call on us should further contribution be helpful.

Further below, and per HEA 1391, we will offer comment on the following:

1. A review of all current long term care services available in Indiana, including regulated and unregulated methods of service delivery.
2. An analysis of past policies implemented in Indiana and other states' approaches to serve individuals in a home and community based setting more efficiently and cost effectively, including through the use of emerging technologies, including telemedicine and remote patient monitoring.
3. An analysis of demographic trends by payer source, and demand and utilization of LTSS options statewide and by county or other geographic setting.
4. An analysis of program and policy options for LTSS where demand exceeds current capacity for providing the services.

However, we would first urge your consideration of six topic areas related to LTSS which represent significant opportunity areas for Indiana investment, coordination and collaboration, relative to increasing demand and currently existing or anticipated deficits in supply of these services and supports. We also believe these areas speak to the critical need for a robust ADRC and Options Counseling system. These areas include:

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1. Dementia- and Alzheimer's-related Services and Supports

According to the 2012 Behavioral Risk Factor Surveillance System conducted in Indiana, 11.5% of adults 45 and older reported that they were experiencing confusion or memory loss that was happening more often or was getting worse. Further, the Alzheimer's Association estimates that approximately 16% of persons with Alzheimer's disease live alone. A rough extrapolation of these population estimates for Indiana suggests a significant increase in Hoosiers living alone with cognitive impairments such as Alzheimer's and other dementia related conditions. These persons will not only pose a danger to themselves, but they will also more than likely have one or more other chronic conditions whose management will be exacerbated by dementia. This will also place an increasing strain on formal and informal caregivers.

Year	Indiana Population Estimate 45 +*	Memory Problems (11.5%)	Living Alone (16%)
2010	2,557,019	294,057	47,049
2025	2,953,718	339,678	54,348
2045	3,185,287	366,308	58,609

2. Caregiver Supports (AARP Economic Cost of Caregiving)

In its Economic Value of Caregiving Report, 2011 update, AARP estimates that 14% of Indiana's population is informally caregiving at any one time, and that 21 % of the Indiana population is caregiving annually. With the projected increase in Indiana's older adult population, we will see a growing number of informal caregivers on whom Indiana's LTSS system rests. Support for these caregivers is crucial if Indiana is to appropriately care for its older adults and persons with disabilities. Following are some rough estimates of the numbers of Indiana caregivers through 2045.

Year	Indiana Total Population Estimate*	Number of Caregivers Any One Time _(14.27%)	Number of Care Givers Annually _(20.97%)
2010	6,483,802	925,103	1,353,317
2025	7,011,039	1,000,329	1,463,363
2045	7,407,660	1,056,918	1,546,147

3. Transportation

Availability of safe and affordable transportation is a critical component to aging in one's own home and community. However, according to the 2013 Indiana CASOA survey, fully one quarter of adults aged 60 and older had problems accessing safe and reliable transportation. At the same time, state appropriations to the Public Mass Transportation Fund have significantly decreased. Following are some rough estimates regarding older adults with transportation needs through 2045.

Year	Indiana Total Population Estimate 60+*	Problems with Transportation {25%)
2010	1,191,736	297,934
2025	1,737,640	434,410
2045	1,912,309	478,077

4. Older Adult Health Promotion and Prevention

The Affordable Care Act is changing the face of American healthcare. Payment reform measures seek to transform the healthcare system into one that maintains good health as opposed to one that fixes or ameliorates bad health. To this end, demand for prevention services will increase. These include the CDC's compendium of evidence-based health promotion interventions for older adults that address falls, diabetes, obesity, physical activity, arthritis, mental health and substance abuse, medication management, caregiving, etc. Further innovations in healthcare are targeted to preventing hospital and nursing facility admission and readmission.

At the same time, funding for health promotion for older adults is extremely limited. Only some interventions qualify for third-party reimbursement such as Medicare. Others must be funded through federal, state and private grants.

Prevalence data suggests an increasing demand for these services. For example, falls in Indiana area a major concern. CDC reports on falls prevalence suggest that the number fatal and non-fatal fall injuries in persons 60 years and older will increase over the next 20 years. Following are some rough estimates regarding the incidence of falls through 2045.

Year	Indiana Total Population Estimate 60+*	Non-Fatal Fall @ 4,863 per 100,000 rate	Fatal Fall @ 42.84 per 100,000 rate
2010	1,191,736	57,954	511
2025	1,737,640	84,501	744
2045	1,912,309	92,996	819

5. Elder Abuse, Neglect and Financial Exploitation

The 201 O National Elder Mistreatment Study estimated that 1 in 1O persons aged 60 and older will experience abuse or neglect and an estimated 5.2% will fall victim to financial exploitation. We applaud the Division of Aging's ongoing efforts to reform the Indiana Adult Protective Services system. We encourage continued outreach to and engagement of additional partners in promoting comprehensive elder justice initiatives, including follow-up to the statewide Elder Justice Convening that IAAAA co-sponsored with the Division of Aging with June 2014, and engagement of IAAAA's Senior Medicare Patrol program as a resource for the prevention of financial exploitation. Following are some rough population estimates regarding older adult abuse, neglect and financial exploitation through 2045.

Year	Indiana Total Population Estimate 60+*	Abuse and Neglect (10%)	Financial Exploitation (5.2%)
2010	1,191,736	119,174	61,970
2025	1,737,640	173,764	90,357
2045	1,912,309	191,231	99,940

6. Mental Health and Aging

The CDC published its State of Mental Health and Aging in America report in 2008, stating that 20% of adults aged 55 or older has a mental health concern. Given the new coverage parity requirements of third-party payors for physical and mental health services, and expansion of Medicaid and insurance coverage in general, payor sources for treatment services are now less of a concern. A major limiter of access to services, however, is that growth in the clinical workforce is not keeping pace with the needs of the population at large or related to the special needs of older adults. Following are some rough estimates regarding older adults with mental health concerns through 2045.

Year	Indiana Total Population Estimate 55+*	Mental Health Concern (20%)
2010	1,610,251	322,050
2025	2,142,279	428,456
2045	2,321,690	464,338

*Note: * all population estimates from Stats Indiana.*

We hope that highlighting the above topic areas in the HEA 1391 will help to raise awareness in the Indiana General Assembly of the challenges Indiana is facing in assuring appropriate support for its aging population over the next 20 years.

Per the requirements of HEA 1391, we offer the following comments in contribution to the analysis required by the report.

1. A review of all current long term care services available in Indiana, including regulated and unregulated methods of service delivery.

    - AAAs are aware of continuum of LTSS in Indiana, including home and community-based services (HCBS), family and informal caregiving, consumer directed care, adult family care, structured family care giving, assisted living and nursing facility.

- The HCBS that Indiana supports includes but is not limited to:
  - Adult Day Services
  - Adult Family Care
  - Assisted Living
  - Caregiver Support and Respite
  - Case Management
  - Consumer Directed Care
  - Elder Abuse Prevention
  - Emergency Response Systems
  - Financial/Resource Counseling
  - Home Health Services
  - Home Repair & Modifications
  - Housing Options
  - Information & Referral
  - Legal Assistance
  - Options Counseling
  - Secure Medication Dispensers
  - Structured Family Caregiving
  - Nutrition Services
  - Personal Attendant Care
  - Transportation
  - Vehicle Modifications

- Distribution of HCBS and other LTSS is uneven across the state because of lack of willing providers, third-party payers and/or other financial subsidies.
- AAAs are aware that unregulated service providers are trying to enter the marketplace in response to the increasing demand for LTSS. For example, not all assisted living facilities require licensing. Another concern is new providers that are unaware of regulations to which they may be subject. Finally, there are providers that will try to push on the boundary of regulation. These may all result in negative outcomes such as inappropriate assessment of needs and overall health and safety issues.
- For these same reasons, there is a movement within the adult day service industry to increase regulatory standards.
- There is concern regarding lack of standardization across the state regarding ombudsman services. We would appreciate your comments as to whether the new federal rule for ombudsman services will address this lack of standards.
- There is concern regarding lack of standardization and minimum professional requirements regarding adult guardianship services. We note that there are groups such as the National Guardianship Association that offer certification for individuals, suggest standards for agencies, etc. The Council on Accreditation offers an accreditation for guardianship services, however, we would not support a blanket requirement for full accreditation.
- There is concern regarding lack of regulation, or inconsistent regulations, regarding the reverse mortgage industry and other financial products that may target older adults. AAAs note that even family and friends can offer informal reverse mortgage relationships which would fly under the radar of regulation. While not all of these situations arise out of bad intentions, they do shed light on an area that may be ripe for the financial exploitation of seniors.

2. An analysis of past policies implemented in Indiana and other states' approaches to serve individuals in a home and community based setting more efficiently and cost effectively, including through the use of emerging technologies, including telemedicine and remote patient monitoring.

- Following are LTSS policies implemented in the past that are working well:
  - a Implementation of the CHOICE program which can meet the needs of persons that are not as sick or poor as required by Medicaid Waiver.
  - o The open waiting list status for the A&D Waiver.
  - o The implementation of the Community Living Program pilot.
- Following are LTSS policies implemented in the past that worked well, but are not currently available:
  - o Non-reversion of CHOICE funding in the state budget. This was effective for assuring continuity of care for consumers.
  - o A&D Waiver match previously had its own line item in the state budget rather than a diversion of CHOICE funding. Restoration of the separate line item and leaving the CHOICE appropriation intact would increase opportunities for Hoosiers in need of LTSS that do not qualify for Medicaid Waiver.
  - a In the past, there has been greater flexibility in management of the AAA budgets including a greater ability to move funds as needed to meet local demand.
  - o In the past, AAAs were allowed to set rates for CHOICE services that were reflective of local conditions.
- Following are LTSS policies authorized but not fully implemented in Indiana:
  - o Fully defined, supported and funded Options Counseling as a long-term care service is necessary to help consumers meet growing LTSS needs.
  - o There is a consensus in Indiana that current requirements for nursing facility pre-admission screening are not fully realizing their potential for diversion to HCBS or reducing length of stay. Indiana AAAs fully support reform of the system into one that focuses on Options Counseling, including the sunset of pre-admission screening requirements in the Indiana Code at such time a robust Options Counseling is defined and implemented.
  - o SEA 493 as passed 2003 Indiana General Assembly required an explicit calculation and re-investment of savings from diversion from nursing facility care into HCBS, but FSSA never fully implemented these requirements.
- Following are LTSS policies in other states which merit exploration to determine potential benefits for Indiana:
  - o In California, LTSS ombudsmen have the ability to levy fines, putting more teeth into their role of ensuring regulatory compliance.
  - o In Ohio, counties may impose a local property tax assessment for senior services. ·This results in more fully funded HCBS and greater AAA capacity for innovation.
  - o In Oregon, there is a legal entitlement for HCBS on par with entitlement to nursing facility care.

- Following are services in support of LTSS that make use of technological advances which merit exploration to determine potential benefits for Indiana:
    - There is a market developing for a return to physician and advanced practice nurse "house calls" for medical evaluation and treatment. These are of great benefit to home-bound persons, persons located in rural areas and persons lacking transportation. In Indiana, a model targeted to older adults is found in Marion County's Eskanazi Health system: www.eskenazihealth.edu/our-services/senior-care/house-calls-for-seniors. This model is also being implemented through private practices in Indiana, but services seem to be limited to highly populated areas in Central and Northern Indiana.

3. An analysis of demographic trends by payor source, and demand and utilization of LTSS options statewide and by county or other geographic setting.

    - As described above, the entire healthcare system is transforming in response to the Affordable Care Act toward health maintenance and prevention. However, funding sources that support evidence-based older adult health promotion programs, such as Older Americans Act Title 111-D, are limited. The new Title 111-D requirements for highest-tier evidence-based programming further limits flexibility. We believe there are opportunities for partnerships with other state agencies such as the Indiana State Department of Health, and with organizations outside of state government such as health· systems, that can enhance the capacity of the services Area Agencies on Aging are already providing around the state.
    - In the future, we believe that demand for services by a more affluent and educated population of older adults will increase relative to demand from lower-income older adults. However, the sources of funding flexible enough to serve a middle-income population, namely Title III and SSBG, are shrinking in Indiana.
    - As stated above, there are not enough providers and services of all types available in rural areas. Lack of flexibility to invest in alternatives that meet community needs contributes to this shortage. For example, aging policies regarding contract requirements, rate setting, requirements to be a Medicaid provider, etc., are often administered in a "one-size-frts-all" way that doesn't account for geographic differences, particularly the needs of rural areas.
    - We are aware there is a statewide shortage of facilities and providers for persons requiring a ventilator.
    - We are aware there is a statewide shortage of facilities and providers for persons with traumatic brain injury. Lack of promulgation of licensing standards by ISDH contributes to this shortage.

4. Program and policy options for LTSS in which demand exceeds current capacity for providing those services.

    - Fully defining, supporting and funding Options Counseling as a service would help to slow demand for other state funded services. Options Counselors across the state help to connect consumers with their own resources, family resources, and other community-based resources to meet their LTSS needs.

- Increased flexibility in funding and policy, both at the state level in the management of LTSS systems, and at the local AAA level in program and funding management, could serve to ameliorate unmet demand issues. Two examples at the state level that merit exploration include global budgeting between HCBS and institutional care for LTSS and shifting SSBG funding administration to FSSA so that it may more broadly benefit Hoosiers of all ages.
- The Community Living Program pilot addresses some of the concerns regarding flexibility, and we sincerely appreciate the full-hearted support the Division of Aging continues to show for the pilot.

Thank you again for inviting Indiana AAAs to be of assistance in completing the requirements of the HEA 1391 report. We hope the report serves to forward Indiana's climate for LTSS and look forward to the opportunities for ongoing innovation and collaboration that may result.

Respectfully submitted,

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CEO