IAAAA HEA 1493 Report Public Testimony

July 18, 2017

The Indiana Association of Area Agencies on Aging (IAAAA) and Indiana's Area Agencies on Aging (AAAs) are grateful for the opportunity to provide testimony regarding Indiana's Home and Community-Based (HCBS) Long Term Services and Supports (LTSS) system. Given Indiana's recent 51st ranking among all states in the LTSS Scorecard, we believe the required study outlined by HEA 1493 could not be timelier.

It is clear from the scorecard that although Indiana has made improvements, for many reasons other states are outpacing Indiana regarding the modernization of their LTSS systems. We hope we can capitalize on this unfortunate ranking to catalyze attention, purpose and the pace of change among all LTSS stakeholders, including the multiple state agencies and divisions involved in Indiana's LTSS system, and our elected officials in the Indiana General Assembly and the Governor's Office. It is time for Indiana to develop a coordinated LTSS strategy across all involved state entities, which like other states could include the development of an LTSS commission, office or "czar" with responsibility for crafting a cohesive state vision, policies and processes.

Undergirding the modernization of Indiana's LTSS system must be improvement in access to and affordability of HCBS which in turn rests on the bedrock of Options Counseling as provided through the AAA's Aging and Disability Resources Centers (ADRCs), described more fully below. Unfortunately, Indiana has never fully supported Options Counseling with adequate, dedicated funding, and we believe this is a contributor to Indiana's poor showing in the LTSS Scorecard. Options Counseling in Indiana has not reached its full potential.

Part of modernizing Options Counseling has been accomplished through passage of HEA 1297 which expands the person-centered, needs-based Community-Living Program model of Options Counseling to all Indiana AAAs via the CHOICE program. While HEA 1297 authorized this modernization, much work remains with the Indiana Division of Aging and the Indiana AAAs to actualize the modernization, and we emphasize the need for priority staff attention and a rigorous pace among all parties in its roll-out.

Another part of modernizing Options Counseling yet to be accomplished is full funding of the service. We believe the fullest possible implementation of Medicaid Administrative Federal Financial Participation for Options Counseling and other Medicaid-related services is key to ensuring Options Counseling in Indiana functions as it should. Several states are using this mechanism much more robustly than Indiana.

Finally, it is critical that Indiana's LTSS system, Options Counseling and follow-on case management be designed to integrate seamlessly with traditional systems for primary, acute and long-term skilled care, and with behavioral health. We know that the social determinants of health which AAA Options Counseling and case management address are the primary drivers of population health in which Indiana also fares poorly, ranked 39th for both seniors and overall, according to United Foundation's American Health Rankings annual reports.

Following are our responses to the specific questions posted by HEA 1493:

(1) Which services provide the most appropriate use of resources of HCBS resources?

Indiana AAAs believe that determinations regarding the most appropriate use of resources of HCBS resources both at the person and system level rests on the bedrock of Options Counseling. All Indiana AAAs are also designated as ADRCs of which Options Counseling is a primary service.

Options Counseling is a comprehensive person-centered process which includes a needs-based assessment that allows us to look at the individual's entire situation, explore and maximize informal and financial resources, distinguish between critical and non-critical needs versus wants or entitlements, and helps give responsibility for healthcare to the individuals we serve.

This is an interactive process in which a client, their supports and the Options Counselor evaluate all factors affecting the client's life and determine unmet needs. Available resources and support, to the degree needed and wanted, are provided to the client to help meet these unmet needs and to help make informed decisions regarding their options. During this process, we look at what an individual CAN do for himself or herself versus what they cannot do to build upon how best to help the individual be as independent as possible. This process also simultaneously promotes an increased emphasis on clients' individualized needs and an elimination of noncritical services, which results in more detailed person-centered planning and authorizations for clients.

Options Counseling Empowerment Principles

It is essential that the following empowerment principles be applied when conducting the needs-based assessment and Options Counseling to ensure that each individual receives a unique solution to their needs. These principles include the following:

- Person-Centered- Allows the client to lead the conversation and fully participate in the self-determination of strengths, resources and unmet needs. It avoids pre-conceived assumptions based on age, medical condition, living arrangements, etc., as well as avoiding a focus on eligibility or determining where a client fits into our system.

- Comprehensive- Considers ALL factors affecting the client's quality of life, including physical, mental/emotional, social/recreational, financial,

environmental and other factors when identifying unmet needs. It also considers available resources and supports.

- Needs-Based- Considers ALL needs, not just those related to long-term services and supports. It considers possible solutions only after unmet needs are clearly identified. It requires that Option Counselors remember that each individual has unique needs and preferences that require unique solutions.

Options Counseling Desired Outcomes

Indiana AAAs believe that Options Counseling can result in the following outcomes, client satisfaction and process improvements:

1. Options interventions have a positive impact on an individual's health, well-being and financial status.
2. Clients avoid institutionalization.
3. Clients determine goals in their action or service plan.
4. Clients are satisfied with their action plan and services.
5. Provision of informal supports to client increases.
6. Number of persons waiting for long-term care and supports is reduced.
7. Length of time on publicly funded long-term care and supports is reduced.

Options Counseling Service Components

To achieve the above results, the Options Counseling process should fully support the following components:

1. Information and Assistance: Provided by an ADRC Information and Referral Specialist to any individual making contact for information and referral services. Referrals to available community resources will be provided to an individual to meet the identified need. If additional assistance is requested, the individual will be referred to an Options Counselor for either phone or face-to-face options counseling.
2. Phone Options: Provided by an Options Counselor to begin a needs-based assessment discussion.
3. Face-to-Face Options Counseling: Provided by an Options Counselor in a face-to-face setting to either continue or begin the options counseling process that started over the phone with a continued focus on the individual's preferences, strengths and needs.

4. Service Planning: Provided by AAA to determine eligibility for other publicly funded programs and services.
5. On-going Options Counseling and Action Planning: Assistance provided to any individual with unmet needs but without an approved CCB or care plan.
6. Medicaid Application Assistance: Provided to the individual/family with the Medicaid Application Process.

More information regarding the proposed Options Counseling Process can be found in the attachments to this testimony. The proposal aligns with many objectives, including statewide expansion of the Community Living Program model of needs-based assessment and Options Counseling, aggressive use of Medicaid Federal Financial Participation for Options Counseling via CMS-preferred time study methods, and standards for No Wrong Door systems shared by the Administrative for Community Living, CMS and the Veteran's Administration. It also aligns with the goal of delaying entry into the Medicaid system by providing assistance to persons before they experience significant function and financial decline.

While Indiana's AAAs emphasize Options Counseling, the service assumes there is a robust network of services and supports accessible and available to consumers of all income-levels. We appreciate the Indiana Division of Aging's work to expand the types of eligible services available in the Aged and Disabled and Traumatic Brain Injury waivers. At the same time, we note it is not just the Division of Aging's responsibility to assure this robust network of services and providers.

Rather, multiple state agencies must also play there part: HCBS and the underlying vision that all Hoosiers may live and age with dignity, safety and maximum independence necessarily make an assumption about the state of our communities' infrastructure. First, there exists affordable and accessible transportation and paratransit options for medical, non-medical and work related needs, regardless of whether a person lives in Indiana's urban, suburban or rural areas. Second, there is an adequate supply of affordable, accessible and visitable housing.

Unfortunately, we know that demand for this infrastructure severely outpaces its supply in most, if not all, Indiana communities. Still, the state and local communities can continue to emphasize "Aging in Place" in all plans and policies addressing health, housing, transportation, economic development, infrastructure, community amenities, social services and other efforts.

HCBS and the underlying vision that all Hoosiers may live and age with dignity, safety and maximum independence also make an assumption about family caregivers.

We know the majority of HCBS is provided by unpaid family givers, valued in the billions of dollars by AARP's Economic Value of Caregiving indicators. Indiana can't meet the LTSS needs of its residents without them. Any LTSS modernization effort must keep the health, well-being and other needs of family caregivers front and center. HCBS services for caregivers start with comprehensive assessment, which is included in the CLP model of Options Counseling described above. Respite and other caregiver support services must also remain fully available. Hospitals, other health care providers and social service organizations must continue to identify, document and fully include family caregivers as part of the consumer's care team.

However, our state can and must do more to fully empower caregivers in their critical roles. Legislative proposals for a dependent care tax credit and paid family medical leave must move forward in the Indiana General Assembly. Caregivers also need formal authority and training regarding duties and procedures they must perform for their loved ones, whether they are skilled needs overseen by a health care practitioner or personal services which need to be carried out safely.

Finally, in in keeping with the need to improve the overall health of Hoosier seniors, we know the importance evidence-based healthy aging prevention programs play in reducing falls, improving fitness and mental health and managing chronic disease. However, HCBS funding for these programs in our state are primarily limited to resources available through Older Americans Act. This can limit the number of times such programs are offered each year and in what localities. In an effort to improve population health, we propose that evidence-based prevention programs be added to the array of services available through Medicaid Waivers. We believe making these programs more widely available will improve population health and decrease avoidable emergency room visits and hospital and nursing facility admissions.

(2) How can we streamline the functional and financial assessment process?

IAAAA and the AAAs believe that all persons with a need to access any type of HCBS, regardless of payer source, should have access to Options Counseling. Too many times we hear stories from consumers and caregivers from all walks to life who learn about services available through AAAs after it is too late. The person in question has passed away, or the person has been institutionalized prematurely for lack of in-home supports.

We know that Options Counseling is important for encouraging private pay and cost share where personal financial resources are available and otherwise slowing the progression to Medicaid eligibility. However, streamlining access to Options Counseling, and the functional and financial assessment processes, relies on a fully funded system. Access to qualified Options Counselors is a matter of reimbursement adequate to attract and retain a sufficient workforce. Addressing these resource needs will ensure all

persons have timely access the counseling and assessment processes that take place as part of Options Counseling.

Delegating presumptive Medicaid eligibility determinations to highly trained Options Counselors will also speed a person's access to HCBS. Putting HCBS in place in crisis situations, upon hospital or nursing facility discharge and during other critical timeframes is hampered by financial eligibility determination processes that can take weeks or months.

In addition, we believe tighter coordination among Waiver Specialists in the Division of Aging, Medicaid eligibility staff in the Division of Family Resources and Options Counselors can help streamline these processes. With the new CAMMS system on its way to speed assessment and case management, we believe FSSA should be planning for automating linkages with Medicaid eligibility processing systems in the Division of Family Resources.

Regarding eligibility, we also believe that like many others states, Indiana should adapt its Level of Care Assessment and Medicaid waiver eligibility to include both activities of daily living and instrumental activities of daily living. AAAs note that while ADL's may currently determine eligibility, waiver eligible services include supports for both ADL's and IADL's. This would simply better align eligibility with the services we know that consumers need. In some cases, it would also allow us to put services in place prior to a person's further decline to needing assistance with three ADLs, resulting in better outcomes for those consumers.

(3) What are options for individuals to receive services and supports appropriate to meet the individual's needs in a cost effective and high quality manner that focuses on social and health outcomes?

Indiana AAAs have been nationally recognized as being at the forefront of the integration of care for enhanced social and health outcomes for older adults and people with disabilities within AAAs own local health systems, and statewide through the Indiana Aging Alliance, LLC. This is evidenced by various models of community-based care transitions services that Indiana's AAAs have operated with proven results, whether they have been branded or unbranded evidence-based models. Some of the initiatives have been developed through federal and local grants, some through CMS's Community Care Transitions Program, and even one with an Indiana Medicaid managed care organization.

It is also evidenced by IAAAA's and the Indiana Aging Alliance's inclusion in a second round of national learning collaboratives where we will be called on to provide technical assistance to other AAAs across the country.

Further, we have engaged our own consulting assistance to expand Indiana AAA involvement in serving the Medicare population through the Transitional Care Management, Chronic Care Management and Collaborative Care Management billing codes in collaboration with primary care providers, with accountable care organizations and in bundled payment initiatives. We will also be looking at opportunities for Indiana AAAs to support HEDIS and MIPS quality measures in partnership with health plans and physician practices.

We therefore strongly encourage Indiana Medicaid to explicitly adopt these codes as eligible waiver and state plan services given their resulting outcomes of preventing avoidable hospital and nursing facility admissions and readmissions. We are highly interested in working with the Division of Aging and the Office of Medicaid Policy and Planning in developing innovative models for the coordination of care for Dual Eligibles.

To further care integration efforts involving social and health outcomes, Indiana AAAs recognize the need for support for technologies that allow AAAs to communicate electronically with other providers and health information exchanges, offer standardized protocols embedded in the technology, fully support risk assessment and case management of social components of health, offer the ability to risk stratify for population needs, and support NCQA accreditation. To this end, a number of Indiana AAAs have purchased Population Health Logistics electronic health record system for their own use. In addition, through the Indiana Aging Alliance, all Indiana AAAs have access to PHL for Alliance projects.

The bottom line is that AAAs need advanced technology to properly manage state programs, to properly serve and manage their own consumers, and to be a partner in population health management efforts. We believe it is important for both the Indiana Division of Aging and Office of Medicaid Policy and Planning to support this ongoing development by assuring investments in their internal technologies can support the above standards, and with PHL becoming a reality for many AAAs and the Indiana Aging Alliance, by assuring internal technologies can integrate with PHL.

We also believe that working with the Indiana Division of Aging and OMPP, we can further expand various models of services and supports that can be implemented within the home, including implementation of nurse delegation policies, expanded use of participant direction and supported family caregiving, expanded training and roles for family caregivers, and expanded use of telemedicine/telehealth supported in-home by AAA staff for Duals and other Medicaid eligible populations.

To improve outcomes, assure quality and control costs, we propose a role for Indiana AAAs in functional assessment and case management of in-home long-term services and supports available through Medicaid state plan prior authorization. We believe there are opportunities to better manage this service by introducing objective in-home

assessment, determination of needs and person-centered care planning, including ongoing case management follow-up. In short, we see this as an opportunity to create value within Medicaid state plan services by offering Options Counseling, service planning and case management for services and populations similar to those we already serve in Medicaid waiver.

In previous public listening sessions on waiver services, one of the themes that arose was the silos among the various types of waivers FSSA administers. This seemed particularly acute for children and adults with intellectual and developmental disabilities that also had significant skilled health needs. Parents were frustrated with having to choose, or be forced into, a waiver category that did not fully meet the needs of their children. We note that FSSA has opportunities to tear down these silos and assure a comprehensive set of services is available to individuals, families and children regardless of their particular eligibility category. This will result in person-centered service plans in the truest sense of their implementation.

Along the same lines, we believe the state should develop waiver services for persons with serious mental illnesses and addictions. We find persons with SMI and addiction can meet the criteria for the Aged and Disabled waiver when their illnesses are not under control. Once services and treatment are accessed, and the person stabilizes and improves, these persons can then fail to meet waiver level of care and lose the services that are helping to keep them stable. This is an unfortunate policy gap that results in persons with SMI and addiction unfairly cycling through periods of stability and instability that could otherwise be avoided.

Finally, we want to emphasize the importance of always endeavoring first to meet the needs of the consumer where they currently live, rather than defaulting to a move to a different setting. This should apply whether a consumer lives in their original home, in multi-family housing which may include supportive services or in an assisted living community.

(4) What are adequate reimbursement rates to attract and retain a sufficient number of providers, including a plan to regularly and periodically increase reimbursement rates to address increased costs of providing services?

Indiana AAAs fully support the development of objective, data-driven rate setting methodologies for all home and community-based services in Medicaid programs. The methodology must include a mechanism for review and update of the data on a regular basis (e.g., annually or biennially), and it should treat all provider types with equity and fairness.

We believe it is appropriate that rates take into account the different acuity levels among consumers, whether that be expressed in differential rates for different levels or a blended rate that takes into account the entire spectrum of acuity.

Rate setting should also include a fair margin over pure cost to assure Medicaid providers can invest in their businesses, technology and workforce to keep pace with the requirements of an increasingly complex health care system and growing demand from Indiana's aging population. The state relies on these providers to provide LTSS to Hoosiers from all walks of life, and the state should therefore play its role in assuring the sustainability of quality providers. Regarding quality, IAAAA and the AAAs have supported the development of an HCBS provider quality rating system accessible to both providers and consumers. Similar to incentives in nursing facility reimbursement tied to quality, rate setting for HCBS services may also want to include incentives for quality providers.

Rate setting should include a mechanism for regularly assessing increasing costs of services due to inflation, regulatory changes, technology requirements and other drivers, including the ongoing evaluation of personnel and benefits costs sufficient to attract, train and retain workers. Along these lines, we believe Medicaid should also be able to pay differential rates where there is a documented shortage of providers to encourage provider and workforce development.

Finally, we believe Indiana has the opportunity to make much more robust use of Medicaid Administrative Federal Financial Participation for Options Counseling and other Medicaid-related services. We encourage the state to make use of consultants in this area with demonstrated success in bringing other states online, not only in required policy development, but with hands-on expertise in the redesign of time study and claims processing operations, accompanying required technologies, training and implementation, with both state and AAA personnel. We believe Indiana will be most successful if it mirrors other states that are using CMS-preferred methodologies and processes.

In conclusion, IAAAA and the Indiana AAAs appreciate the opportunity to share our proposals with FSSA. We hope that the results of the HEA 1493 report process can truly be a springboard to greatness for Indiana's LTSS system. We are committed to remaining a trusted champion and enthusiastic partner for positive change and forward progress, and have the highest hopes for every success of the modernization of Indiana's LTSS system.

Options Counseling Process Proposal

Approved by IAAAA Board of Directors

July 14, 2017

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Options Counseling Introduction

Historically, our long-term care system has been based on eligibility and does not take into account other supports to meet needs. It also does not distinguish between truly critical and non-critical needs. Implementing a comprehensive Options Counseling process assists individuals to access the appropriate long-term service and supports. This is accomplished through outreach and education as well as person centered counseling with the goal of improving health, well-being and impacting the overall quality of life.

A person centered counseling approach includes a needs-based assessment that allows us to look at the individual's entire situation, explore and maximize informal and financial resources, distinguish between critical and non-critical needs versus wants or entitlements, and helps give responsibility for healthcare to the individuals we serve.

This is an interactive process in which a client, their supports and the Options Counselor evaluate all factors affecting the client's life and determine unmet needs. Available resources and support, to the degree needed and wanted, are provided to the client to help meet these unmet needs and to help make informed decisions regarding their options. During this process, we look at what an individual CAN do for himself or herself versus what they cannot do and to build upon how best to help the individual be as independent as possible. This process also simultaneously promotes an increased emphasis on clients' individualized needs and an elimination of noncritical services, which results in more detailed person-centered planning and authorizations for clients.

Options Counseling Empowerment Principles

It is essential for the following empowerment principles to be applied when conducting the needs-based assessment and Options Counseling to ensure that each individual receives a unique solution to their needs. These principles include the following:

- Person-Centered- Allow the client to lead the conversation and fully participate in the self-determination of strengths, resources and unmet needs. Avoid pre-conceived assumptions based on age, medical condition, living arrangements, etc. as well as avoiding a focus on eligibility or determining where a client fits into our system.

- Comprehensive- Consider ALL factors affecting the client's quality of life, including physical, mental/emotional, social/recreational, financial, environmental and other factors when identifying unmet needs. In addition, consider available resources and supports.

- Need-Based- Consider ALL needs, not just those related to long-term services and supports. Consider possible solutions only after unmet needs are clearly identified. Remember that each individual has unique needs and preferences that require unique solutions.

Options Counseling Desired Outcomes

1. Options interventions have a positive impact on an individual's health, well-being and financial status
2. Clients avoid institutionalization
3. Clients determine goals in their action or service plan
4. Clients are satisfied with their action plan and services
5. Provision of informal support to client increases
6. Number of persons waiting for long-term care and supports is reduced
7. Length of time on publicly funded long-term care and supports is reduced

Options Counseling Summary Process

1. Information and Assistance: Provided by an Information and Referral Specialist to any individual making contact for information and referral services. Referrals to available community resources will be provided to an individual to meet the identified need. If referral and resources are available to meet the identified need, no further assistance is provided. If additional assistance is requested, the individual will be referred to an Options Counselor for either phone or face-to-face Options Counseling.

   NOTE: During the Information and Assistance process, it may be determined to move directly to face-to-face Options Counseling.

2. Phone Options: Provided by an Options Counselor to begin a Needs Based Assessment discussion. The Options Counselor will:

   a. Continue the discussion on individual's preferences, support system, resources and other factors the individual wants to address.
   b. Provide additional referrals/resources to meet identified needs.
   c. Inform the individual how to access other related services.
   d. If unmet needs remain and the individual is interested in continuing to work with an Options Counselor, a face-to-face Options Counseling session will be scheduled.

e. Document demographic and contact information, referral/resources provided and the interactions and outcomes discussed in the approved electronic system.

NOTE: Phone Options Counseling may not be provided if it has been determined during the Information and Assistance process to move directly to face-to-face Options Counseling. At any time during the phone options process, it may be determined to move directly to face-to-face Options Counseling.

TIMEFRAME: The Options Counselor must complete the phone options within two (2) business days of the referral from Information and Assistance.

3. Face-to-Face Options Counseling: Provided by an Options Counselor in a face-to-face setting to either continue or begin the Options Counseling process that started over the phone. The Options Counselor will continue to focus on the individual's preferences, strengths and needs and will:

    a. If phone Options Counseling was not provided due to moving directly to face-to-face options, the face-to-face Options Counseling will begin the interaction with the individual covering the components of phone Options Counseling.
    b. Discuss the use of informal supports, private resources and/or other community resources to meet any unmet needs.
    c. Document referral/resources provided and the interactions and outcomes discussed in the approved electronic system.

    TIMEFRAME: The Options Counselor must meet with the client and anyone in his or her support team within ten (10) business days of client contact.

4. Service Planning: Provided by AAA to determine eligibility for other publicly funded programs and services. The AAA staff member will:
    a. Learn functional and financial information related to the individuals potential Medicaid eligibility.
        i. Complete the InterRAI
        ii. Verify Medicaid Status
    b. Discuss the pros and cons of applying for Medicaid.
    c. Provide the individual with their rights and responsibilities, eligibility rules and eligibility process.
    d. If the individual appears to be functionally and financially eligible and the individual is interested in Medicaid Waiver HCBS services, the Options Counselor will complete a CCB for submission to the State.

e. If the individual does not appear to be Medicaid Waiver eligible, other care plan services will be pursued.
f. Document referral/resources provided and the interactions and outcomes discussed in the approved electronic system.

TIMEFRAME: Once it is determined during the face-to-face assessment that identified needs cannot be met through available resources, informal supports, and all available resources/informal supports have been explored, if funding is available, the Options Counselor completes the service plan within 20 business days of client contact.

KEY CONSIDERATIONS: When considering care planned services, first address those unmet critical needs.

1. Be client-specific and detailed in the service plan to address the identified unmet needs. Each plan should be tailored to that client for service provision and length of plan.
2. Authorize-
   - Only what is needed.
   - Only for as long as it is needed.
   - Coordinate and supplement services with resources and informal supports to meet non-critical needs by developing an action plan (see below).
   - Explain that should their condition change, so will the services to reflect actual need; the client will be reassessed regularly and services will continue to meet the actual need as long as it remains an unmet need; plans are meant to be fluid and reflect the client's current situation and needs.

5. On-going Options Counseling and Action Planning: On-going Options Counseling assistance provided to any individual with unmet needs but without an approved CCB or care plan.
   a. Complete and monitor an action plan to support the person centered approach and define the action steps and responsible party which the individual, family and Options Counselor agree upon.
   b. Make additional referrals.
   c. Coordinate and monitor the delivery of health related services when not receiving Medicaid case management.
   d. Follow-up contact to ensure individuals received services identified.

e. Document referral/resources provided and the interactions and outcomes discussed in the approved electronic system.

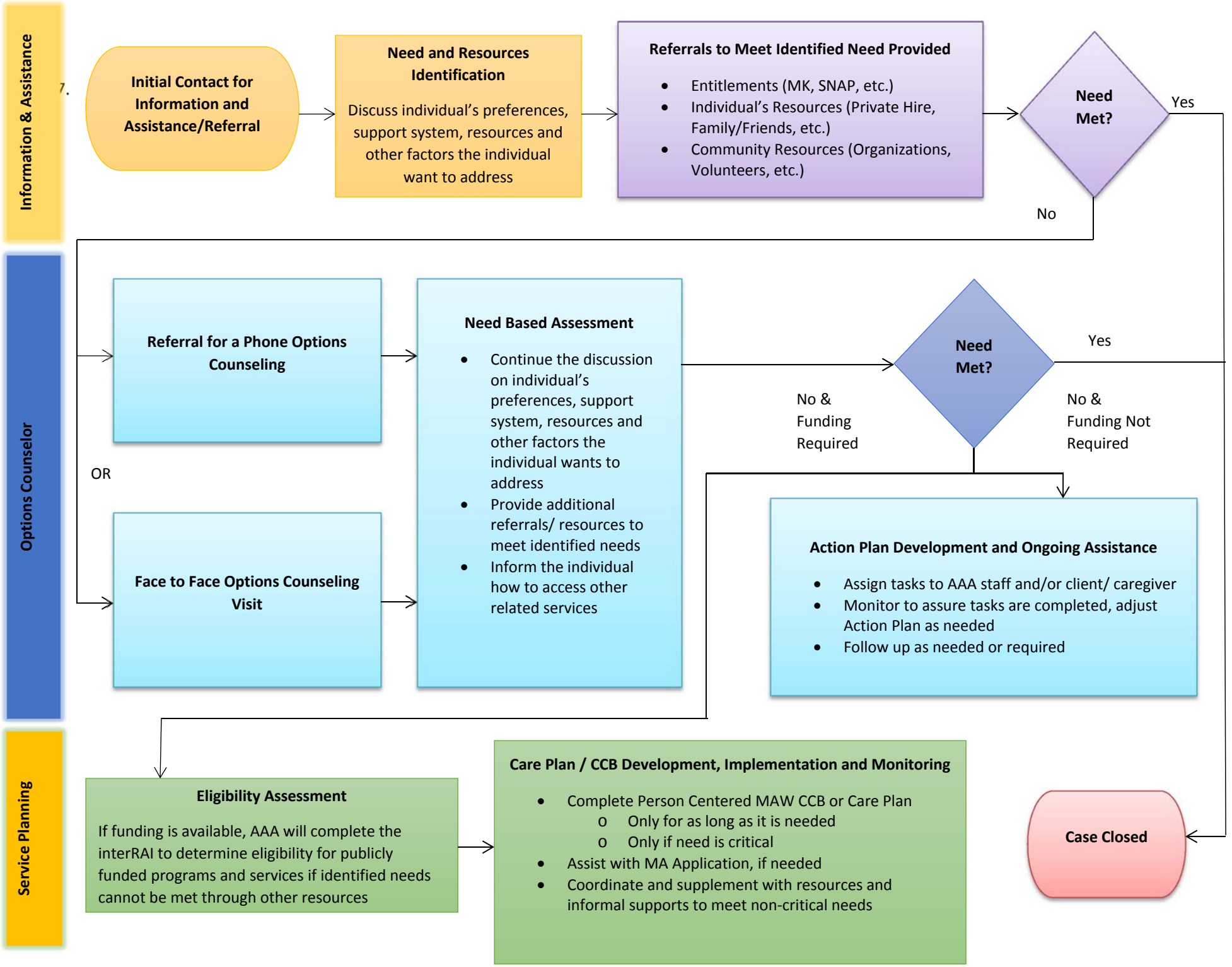
TIMEFRAME: Provided as needed after completion of the phone/face-to-face Options Counseling.

6. Medicaid Application: Assistance provided to the individual/family with the Medicaid Application Process. This includes:

    a. Assist with gathering the necessary information related to submitting the Medicaid application.
    b. Assist with completing and submission of the Medicaid application.
    c. Attend the Medicaid eligibility appointment with the individual.
    d. Provide phone follow-up with the individual at least weekly through the application and approval process.

Options Counseling Summary Process Flowchart

See next page


Information & Assistance
7.
Initial Contact for Information and Assistance/Referral
Need and Resources Identification
Discuss individual's preferences, support system, resources and other factors the individual want to address
Referrals to Meet Identified Need Provided
Entitlements (MK, SNAP, etc.)
Individual's Resources (Private Hire, Family/Friends, etc.)
Community Resources (Organizations, Volunteers, etc.)
Need Met?
Yes
No
Options Counselor
Referral for a Phone Options Counseling
OR
Face to Face Options Counseling Visit
Need Based Assessment
Continue the discussion on individual's preferences, support system, resources and other factors the individual wants to address
Provide additional referrals/ resources to meet identified needs
Inform the individual how to access other related services
Need Met?
Yes
No & Funding Required
No & Funding Not Required
Action Plan Development and Ongoing Assistance
Assign tasks to AAA staff and/or client/ caregiver
Monitor to assure tasks are completed, adjust Action Plan as needed
Follow up as needed or required
Service Planning
Eligibility Assessment
If funding is available, AAA will complete the interRAI to determine eligibility for publicly funded programs and services if identified needs cannot be met through other resources
Care Plan / CCB Development, Implementation and Monitoring
Complete Person Centered MAW CCB or Care Plan
o Only for as long as it is needed
o Only if need is critical
Assist with MA Application, if needed
Coordinate and supplement with resources and informal supports to meet non-critical needs
Case Closed