Topics for Oral Testimony to the Division of Aging

(1) Evaluation of the current system of services to determine which services provide the most appropriate use of resources.

As a representative of the Indiana Association of Adult Day Services and a Center Manager, I would like to emphasize that the inclusion of adult day programs in the range of options available to families to enable them to keep their loved ones at home is very important from all perspectives: Social, Medical, and Economic.

We make family care of loved ones who choose to remain at home despite disabilities or illnesses easier for caregivers through providing wellness oriented activities for the participants and respite for families and caregivers. These social and medical services reduce the amount of public economic resources needed in both the short and long-term. Because many of these individuals who would otherwise be served in an institutional setting can remain living at home the state is relieved of the much greater cost of institutional care. Hence, it is also very important for Medicaid Waiver funding to remain available to families for whom paying for in home or adult day center care would be prohibitive.

Adult Day offers person centered and group activities which keep participants engaged and using both mental and physical capabilities which might be a challenge for families or in home caregivers to duplicate. Examples are-presentations by members of the community to encourage knowledge building; trips to local venues to ensure integration with the community, opportunities to give back to the community by making items for homeless or women's shelters, games and puzzles geared to individual participant levels of ability and interest; time and the opportunity to socialize with one another. In short, the importance of maintaining physical and mental activity to avoid rapid decline and more costly interventions is no longer a question in any researcher's mind. We also provide nutritious food to assist in maintaining health for as long as possible. The actual meals served will depend upon the centers schedule and food sourcing options--for breakfast, lunch and afternoon snack.

Many Adult Day programs in the state of Indiana currently benefit from state and federal funding via the Aged and Disabled and Traumatic Brain Injury Medicaid Waiver system. Several also benefit from the Family Support or Community Integration and Habilitation Waiver (formerly Developmental Disabilities and Autism Waiver).

(2) Study of the eligibility assessment process, including the functional and financial assessment process, for home and community based services to determine how to streamline the process to allow access to services in a time frame similar to that of institutional care.

This could definitely use study and improvement. Our understanding is that eligibility for Medicaid Waiver coverage of potential participants involves a 2 step process. 1) The individual must qualify for Medicaid and 2) the individual must be assessed to meet the level of care criteria to be covered by one of the Waivers. Some centers have recently experienced a delay of 6-12 months for potential participants to become eligible for waiver benefits. With this long a delay, physical and mental degradation may be accelerated and lead to the need for more costly services. Most of these families are unable to privately pay for care at a center, even with the centers which are non-profit and offer a sliding scale.

(3) 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.

Adult Day Centers by design are focused on both social and health outcomes and health maintenance for all participants. The Indiana Association of Adult Day Centers has also recently launched a Quality Accreditation Program for Centers who wish to be evaluated against national benchmarks of quality center performance. This Certification process will allow centers to access an affordable accreditation

process that allows the center to prove to consumers and reimbursement agencies that the care provided in that individual center meets national benchmarks.

(4) Evaluation of the adequacy of 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.

The reimbursement rates for Adult Day Programs has not been reviewed or improved since January of 2014 at which time our reimbursement from Medicaid Waiver went from $12.00 per hour to $12.24 per hour. Recent informal surveys of centers indicate that the true cost of providing care is closer to $20.00 per hour when staffing levels, meal standards, occupancy requirements and other quality criteria are taken into account. Competition for the staff needed to provide care has increased over the last several years with the state's return to a fairly low unemployment level. We are aware of numerous provides of Adult Day Care who have gone out of business within the last 4-6 years. One may think that consumers at a center that closes may be able to shift to another center just as consumers shift to another grocery if one they have been using closes. However, as cities have learned, when a grocery closes in one neighborhood the realities of distance, transportation and facility space come into play. Overcoming these realities for people with disabilities, dementia, or simply old age is not easily accomplished and default to an institutional setting may well be the consequence of adult day center closings.

(5) Migration of individuals from the aged and disabled Medicaid waiver to amended Medicaid waivers, new Medicaid waivers, the state Medicaid plan, or other programs that offer home and community based services.**

We are not aware that the state has any intention of discontinuing the aged and disabled waiver. Current centers rely on this funding stream to help families find quality, cost effective care for their loved ones especially if the family is committed to keeping their loved one out of an a long term nursing facility. If there is a need to "modernize" the waiver that now serves so many "aged and disabled" in our communities, we would certainly work with the state to help communicate with families about the need to transition to a new waiver. We would simply not agree with removing the availability of this type of support from Hoosier families in need who wish to care for loved ones at home and in the community.

CARING FOR OUR ELDERS
WHO'S THERE WHEN THE
BREAKING POINT ARRIVES?

By Vicki Maynard, SarahCare of Indianapolis

It was a bitter, cold day in January, and we had begun our morning coffee hour at SarahCare. A caregiver I had been taking with about his wife attending adult day· services came to our door. His face was flushed, and he was obviously upset.

"My wife, my wife," the caregiver stammered, "Can you take her?

"I can't take it any longer," he pleaded. "I have to get away from her, even if I just go to McDonald's and get a cup of coffee. I am afraid I will hurt her."

Our reply was instantaneous. Of course we could take her.

With that simple invitation, John brought Mary into the center. Mary had no awareness of her disease; dementia had taken away her ability to understand.

John and Mary had been married for more than 40 years. John was a retired university professor. Mary had been an elementary school teacher who wrote children's books about Indianapolis because she wanted stories to read to her students. They had two grown boys who'd created successful careers and families of their own.

Their life plan didn't include dementia.

John never thought he would become so frustrated with Mary that he could become abusive. When he married Mary, she was gentle and loving. But the gradually increasing stress tied to being a caregiver 24 hours a day, 7 days a week, became too much for him to endure.

Caregivers often react to excessive stress. Chronic fatigue becomes an issue that no amount of sleep can help. Caregivers find themselves depressed over what "should have been" at this point in their lives. Now their lives· are about managing behaviors, medications and medical bills. Stress and anxiety from limited finances and resources exacerbate the situation.

Caregivers don't recognize burnout until it's overwhelming.

As a community, we need to be more aware caregivers' needs and help attend to them. When coworkers and family members see warning signs, they should not be afraid to discuss them.

Help is available for caregivers and their loved ones.

John ret'urned to SarahCare a few hours later. He went home and took a nap, read the newspaper and had a cup of tea.

At SarahCare, Mary found an outlet for her restlessness. She participated in activities and went home tired, making John;s evenings a little more manageable. She assisted the SarahCare staff with bus responsibilities when it was time for participants to go home. Her experi!9nce as a teacher was put to good use. It made her the perfect person to organize the line of people at the door, and when children visited she enjoyed reading to them.

After the plan came together and Mary settled into her routine at SarahCare, John went back to being a loving husband and caregiver.

When that occasional desperate phone call arrives or another haggard caregiver walks into our center, I always remember John and Mary.

I will always be grateful we were available to help them out on that cold winter's day in January.

Vicki Maynard is
the .Executive Director at
SarahCare of Indianapolis

Long-Term Services & Supports State Scorecard (/)

A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers

Indiana

State Rankings

Overall: **51**

Affordability and Access: **51**

Choice of Setting and Provider: **50**

Quality of Life & Quality of Care: **37**

Support for Family Caregivers: **51**

Effective Transitions: **33**

Number of indicators for which this state ranked in the:

Top Quartile: 1
2nd Quartile: 3
3rd Quartile: 10
Bottom Quartile: **11**

Estimated Impact of Improvement

... if this state improved its performance to the level of the average of the top-five-performing states

158,673

more place-based subsidized units and vouchers would be available to help low-income people with LTSS needs afford housing.

109,708

more people of all ages would receive Medicaid LTSS to help them with daily activities.

28,821

more home health and personal care aides would be available to provide care in the community.

26,335

more low-/moderate-income adults with disabilities would have Medicaid coverage.

$1,122,100,000

more would go to home- and community-based services instead of nursing homes.

*State's performance is at or above the Level of the top-five-performing states.

Indiana Fact Sheet (606k PDF)
(http://www.longtermscorecard.org/~/media/Microsite/State%20Fact%20Sheets/2017/AARP_FS_LTSS2017_Indiana_061017.pdf)

Dimension and Indicator	Baseline Scorecard		2017 Scorecard					Change in Performance	Compare
	Data Year	State Rate	Data Year	State Rate	All States Median	Best State Rate	Rank		
Affordability and Access							51		
Median annual nursing home private pay cost as a percentage of median household income age 65+	2012-13	241%	2015-16	237%	233%	164%	28	●●●●●	Compare (/databydimension/bar-chart?ind=746&tf=1079&bst=38&wst=3)

Dimension and Indicator	Baseline Scorecard		2017 Scorecard					Change in Performance	Compare
	Data Year	State Rate	Data Year	State Rate	All States Median	Best State Rate	Rank		
Median annual home care private pay cost as a percentage of median household income age 65+	2012-13	87%	2015-16	83%	81%	46%	27	●●●●●	Compare (ldatabydimension/bar-chart?ind=733&tf=1079&bst=lO&wst=21)
Private long-term care insurance policies in effect per 1,000 people age 40+	2012	40	2015	38	48	164	39	●●●●●	Compare (/databydimension/bar-chart?ind=74l&tf=1079&bst=lO&wst=30)
Percent of adults age 21+ with AOL disabilities at or below 250% of poverty receiving Medicaid	2011-12	49.1%	2014-15	49.8%	53.4%	78.1%	38	●●●●●	Compare (/databydimension/bar-chart?ind=739&tf=l079&bst=lO&wst=38)
Medicaid LTSS beneficiaries per 100 people with AOL disabilities	2010	37	2012	38	54	lll	40	●●●●●	Compare (/databydimension/bar-chart?ind=740&tf=1079&bst=lO&wst=13)
ADRC/No Wrong Door Functions (composite indicator, scale 0-100%)	*	*	2016	41%	60%	92%	42	*	Compare (/databydimension/bar-chart?ind=729&tf=1079&bst=49&wst=6)
Choice of Setting and Provider							50		
Quality of Life & Quality of Care							37		
Support for Family Caregivers							51		
Effective Transitions							33		

Export Indicators All Indicators

PDF EXPORT

* Comparable data not available for baseline and/or current year. Rank cannot be calculated without current data. Change in performance cannot be calculated without both baseline and current data.

ADL =Activities of Daily Living; ADRC =Aging and Disability Resource Center; HCBS =Home-and Community-Based Services; LTSS =Long-Term Services and Supports.

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