

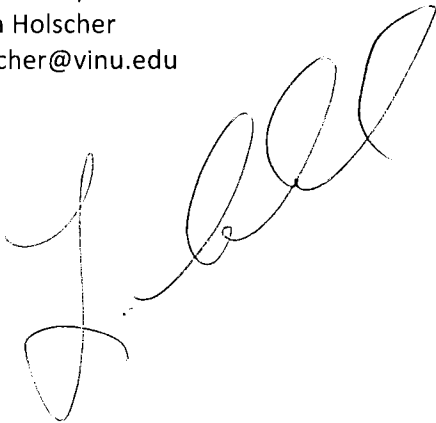
- (1) Which services provide the most appropriate use of resources of HCBS resources?
  - No one service is more important than another. What is important is flexibility and access. Options Counseling is the process to ensure access to services and individualized plans. The most appropriate service is based on a person's needs as determined through person centered planning. Indiana needs a system that can be flexible to meet the individual needs with emphasis on a person-centered plan, rather than broad based eligibility and picking from a menu of services. This should include everything from homemaker, to treatment for bedbugs, to a Matter of Balance class. When we focus on what the person needs we improve health outcomes, clients have greater satisfaction and we promote personal independence.
  - Additionally, we need to find ways to support caregivers, if that is what the person-centered plan identifies as the most critical need.
  
- (2) How can we streamline the functional and financial assessment process?
  - Enhanced access to the ADRC and Options Counseling through full implementation of the INConnect Alliance project.
  - Upgraded software which includes automated linkages with Medicaid eligibility processing/DFR.
  - Presumptive eligibility for the A&D Waiver through Options Counseling. Years ago, the AAA's conducted a study that showed that less than 1% of all individuals recommended for Medicaid through the AAA system were denied eligibility.
  - Eliminate the 450B. This is currently the reason Generations does not meet our timeline 100% of the time for getting someone submitted for the Waiver.
  - Streamline the process for Medicaid State Plan Services (Med Prior). It is unnecessary time and administration to ask a home health agency to go out and screen someone for PA so CM's can submit a denial to add essentially the same service under the Waiver.
  
- (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?
  - Work to develop various models of services and supports that can be implemented within the home: e.g., participant direction, supported family care giving, nurse delegation, telemedicine/telehealth.
  - Medicaid-funded services in waiver and state plan for community-based care transitions to prevent hospital and nursing facility readmission.

(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?

- There should be a systematic review of rates on a periodic basis as well as a documented rate setting methodology that treats providers of all types with equity and fairness.
- Rates for all providers should take into account the differing acuity levels of different types of consumers.
- Rates setting should include a mechanism for assessing increasing costs of services / inflation, including additional personnel and benefits costs sufficient to attract and retain workers.
- Full and highest implementation of Medicaid Administrative claiming for Options Counseling and other Medicaid-related services.
- Ability to pay differential rates where there is a documented shortage of providers. AAA's need the ability to negotiate in hard to serve areas.
- Eliminate the rule that to be a CHOICE provider you also have to be a Waiver provider. We struggle to get home modification providers and might have better luck if they didn't have to fill out the Medicaid paperwork.

Respectively submitted:

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A handwritten signature in black ink, appearing to read 'L. Holscher', written in a cursive style.