



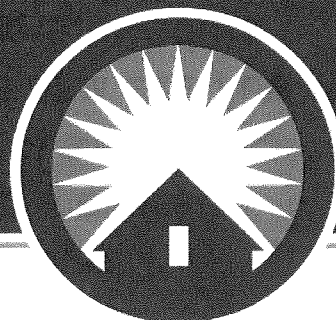
Aging & In-Home Solutions

A member of the  connect Alliance

HCBS In Indiana

Public Testimony

July 17, 2017

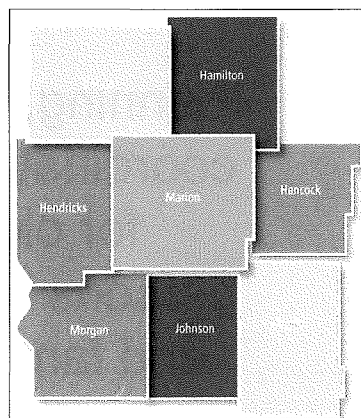


www.cicoa.org



Who We Are

- State's largest Area Agency on Aging
- Founded in 1974
- Not-for-profit organization
- Serving 8 Central Indiana counties
- Older Americans Act



Aging & In-Home Solutions

A member of the  connect Alliance

www.cicoa.org



Mission

CICOA Aging & In-Home Solutions empowers older adults, those of any age with a disability and family caregivers to achieve the greatest possible independence, dignity and quality of life.



www.cicoa.org



Area Agency on Aging

Planning, resources and coordination of services for older adults, persons with a disability and family caregivers



www.cicoa.org

What is the current continuum of care for aging services?

LONG TERM SUPPORTIVE SERVICES IN INDIANA

Long Term Services & Supports

- **Skilled Nursing Facilities**
- **Licensed Residential Care Facilities**
- **Housing with Services (non-licensed)**
- **Licensed Home Health Care**
- **Personal Care Services (non-licensed)**
- **Program of All-Inclusive Care for the Elderly (PACE®)**
- **Money Follows the Person (MFP)**
- **Home- and Community-Based Services (HCBS)**



Long Term Services & Supports

- Indiana ranks 15th among all states for its spending on LTSS: \$310.10 per capita
- Indiana ranks 46th among all states for the percentage of LTSS spending in a home or community-based setting (HCBS)

Source: Mathematica Policy Research, Inc. and the Centers for Medicare & Medicaid Services (CMS), June 2015; Indiana 2017 Indiana LTSS Scorecard

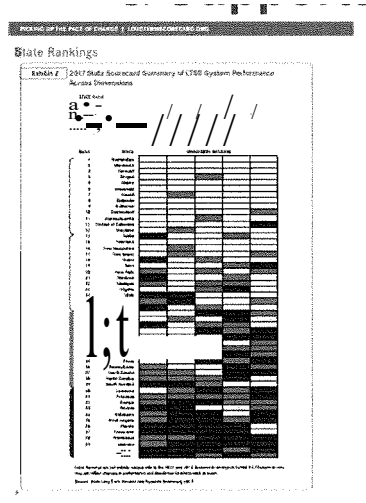


www.cicoa.org

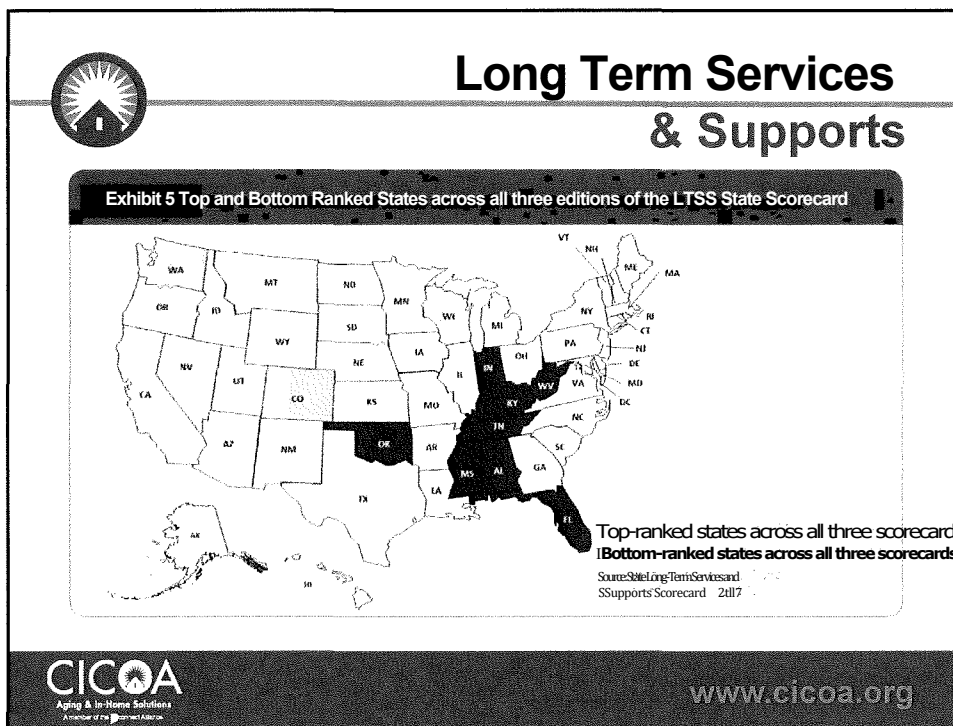


Long Term Services & Supports

Indiana ranked 51st in the most recent LTSS scorecard



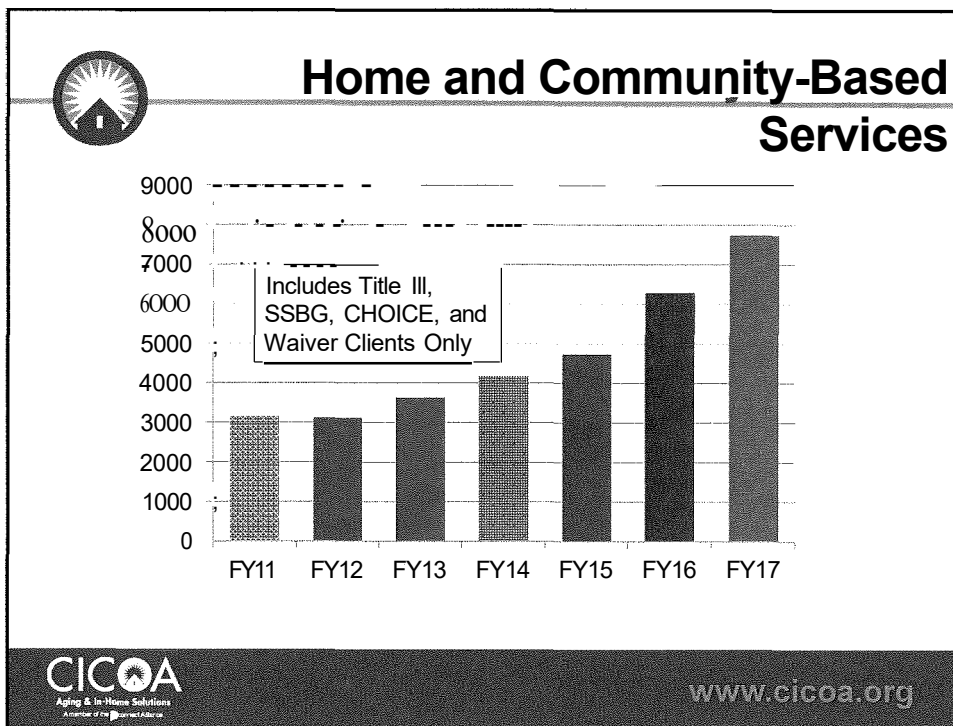
www.cicoa.org



CICOA's Service Area
LTSS
IN CENTRAL INDIANA

CICOA
Aging & In-Home Solutions
A member of the Spectrum Alliance

www.cicoa.org



Home and Community-Based Services

Continued growth in clients
7,743 clients
23 percent growth in one year

Not just seniors!
40 percent under age 60
More than 400 children

CICOA
Aging & In-Home Solutions
A member of the **Bay Area** Alliance

www.cicoa.org



Home and Community-Based Services

- **2757 persons** assessed for diversion from institutions
- **1,178 Medicaid Waiver** activations
- **87.7 percent** of clients reported that their quality of life was "Definitely Improved."



www.cicoa.org



Home and Community-Based Services

On average, an HCBS client...


- 71 years old
- Female
- Low income
- Multiple chronic health conditions



Remains in the community for 1,055 more days




www.cicoa.org




LTSS in Central Indiana

Type	Pr:viders
Skilled Nursing Facilities	161
Assisted Living	74
Home Care Providers (skilled and non-skilled)	400+
Adult Family Care	15
Meal Sites	53
Senior Centers	46
Care Managers	288
Transportation Providers	41
Mental Health Clinics	10
VA Hospitals	1
VA Clinics	3

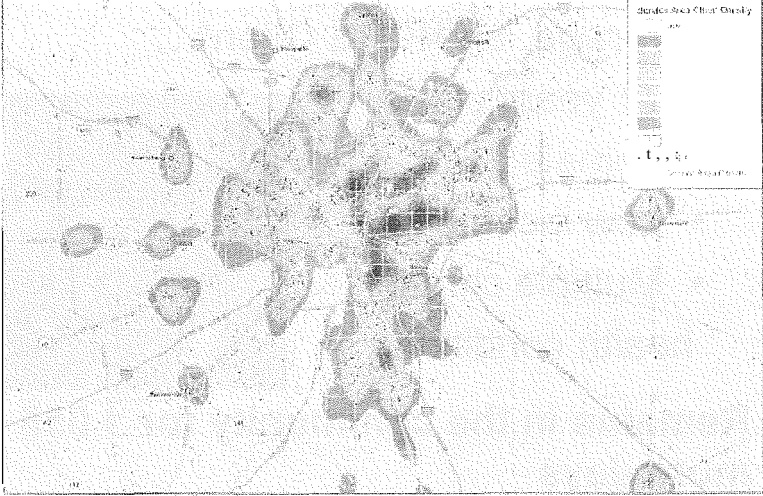



Aging & In-Home Solutions
A member of the United Way

www.cicoa.org



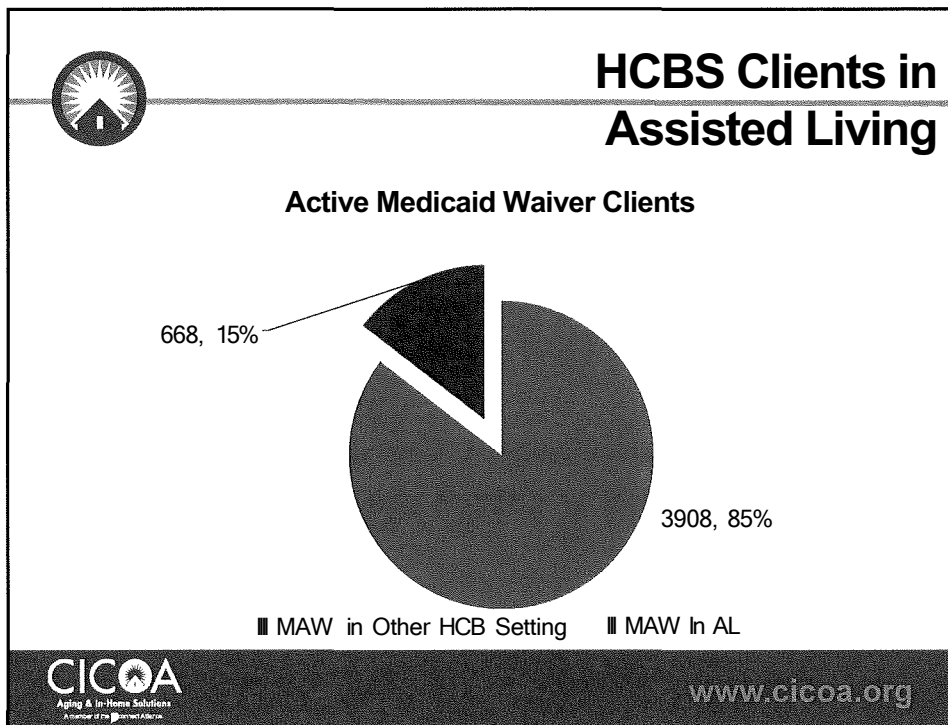

"Heat map"






Aging & In-Home Solutions
A member of the United Way


www.cicoa.org


Costs of Care in Central Indiana

Service	Minimum	Median	Maximum	Median Annual
Homemaker Services (Hourly)	\$13	\$20	\$24	\$44,616
Home Health Aide (Hourly)	\$13	\$20	\$24	\$45,188
Adult Day Care (Daily)	\$60	\$70	\$99	\$18,070
Assisted Living (Monthly) Nursing	\$2,650	\$3,925	\$6,225	\$47,100
Home: semi private (Daily)	\$179	\$205	\$293	\$74,825
Nursing Home: private room (Daily)	\$210	\$267	\$450	\$97,411



www.cicoa.org



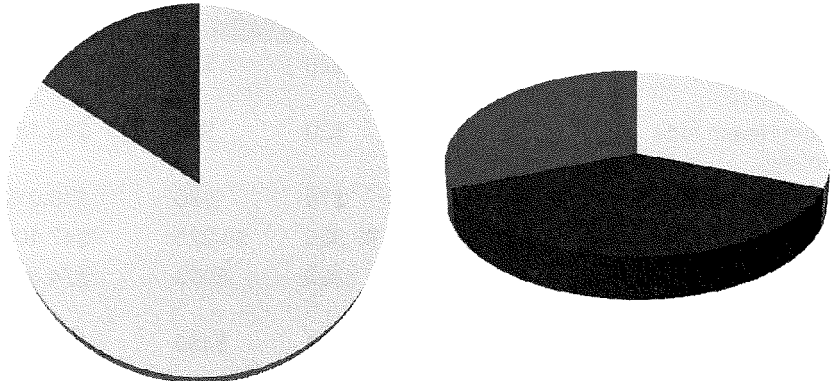
What do we know about seniors in Central Indiana?
COMMUNITY PROFILE

CICOA
Aging & In-Home Solutions
A member of the  United Way


www.cicoa.org



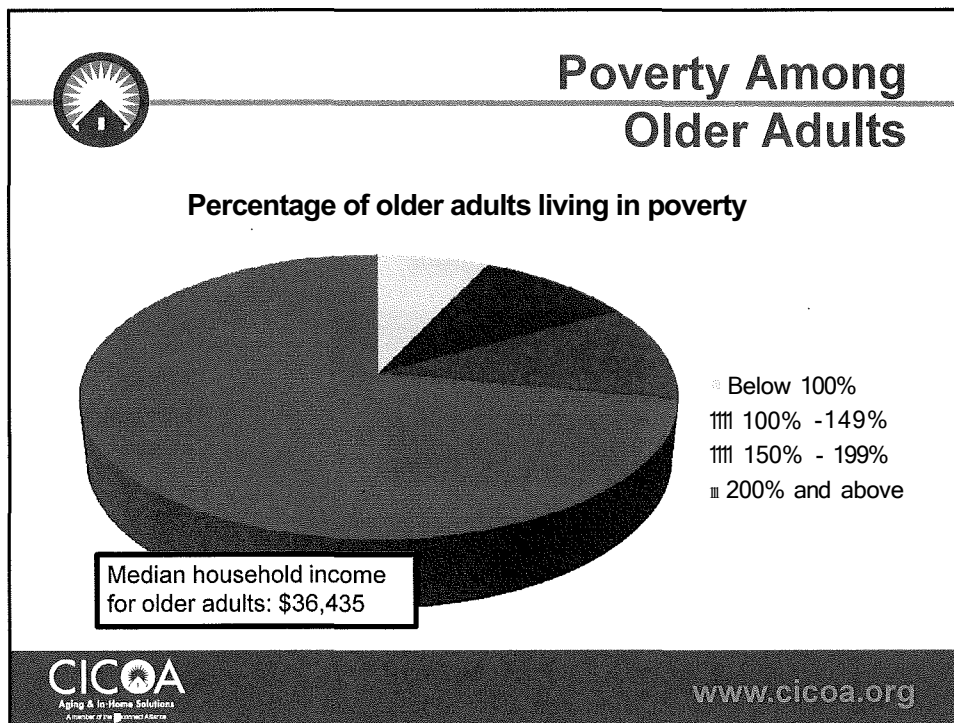
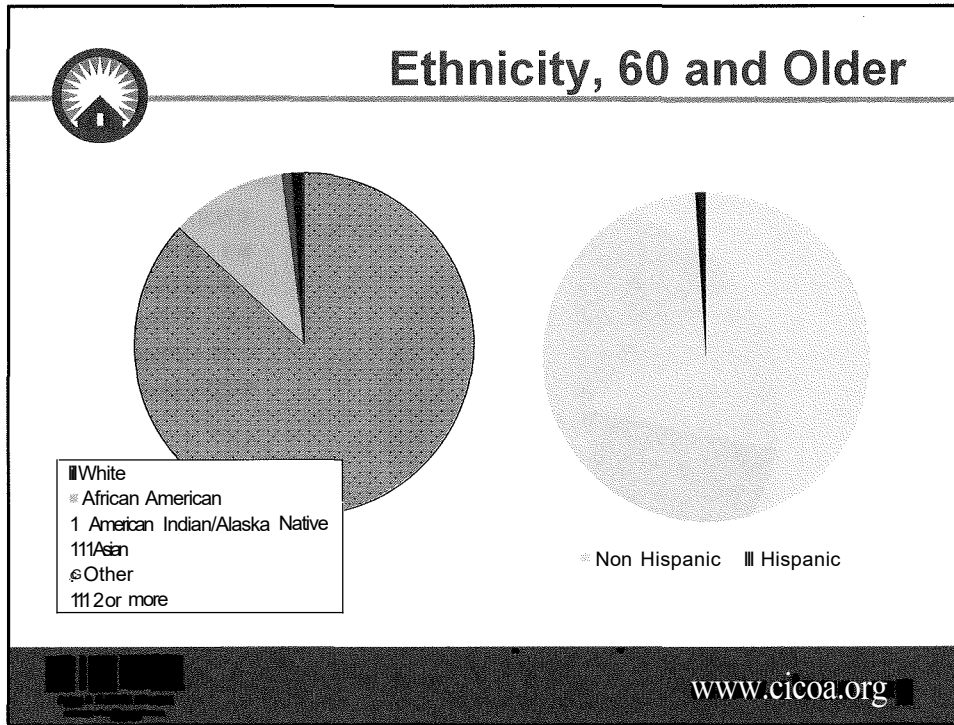
Older Adults in Central Indiana

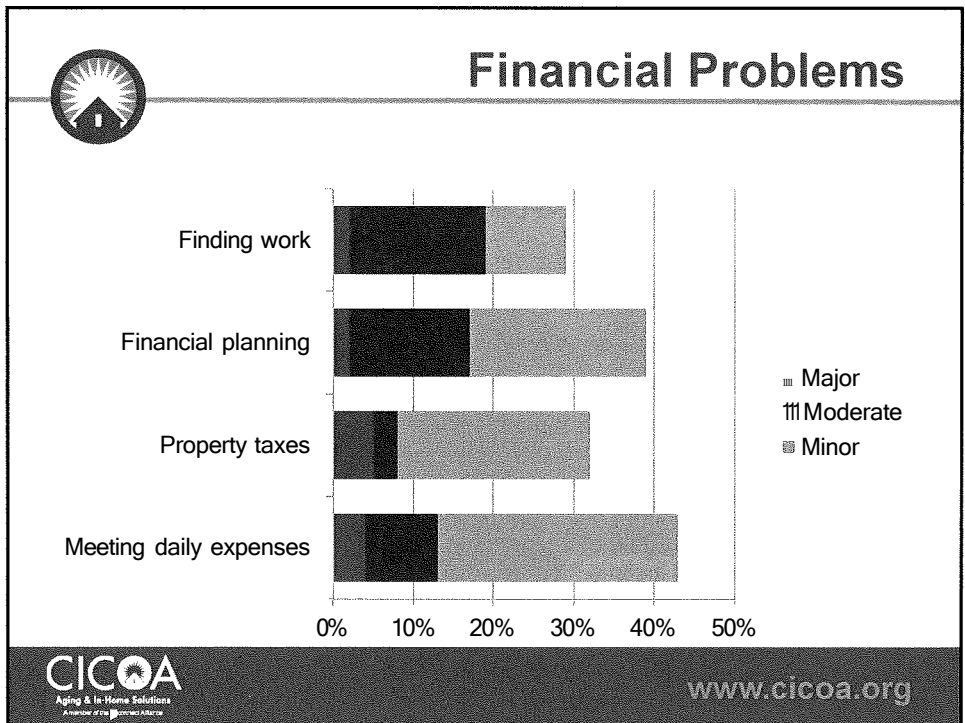
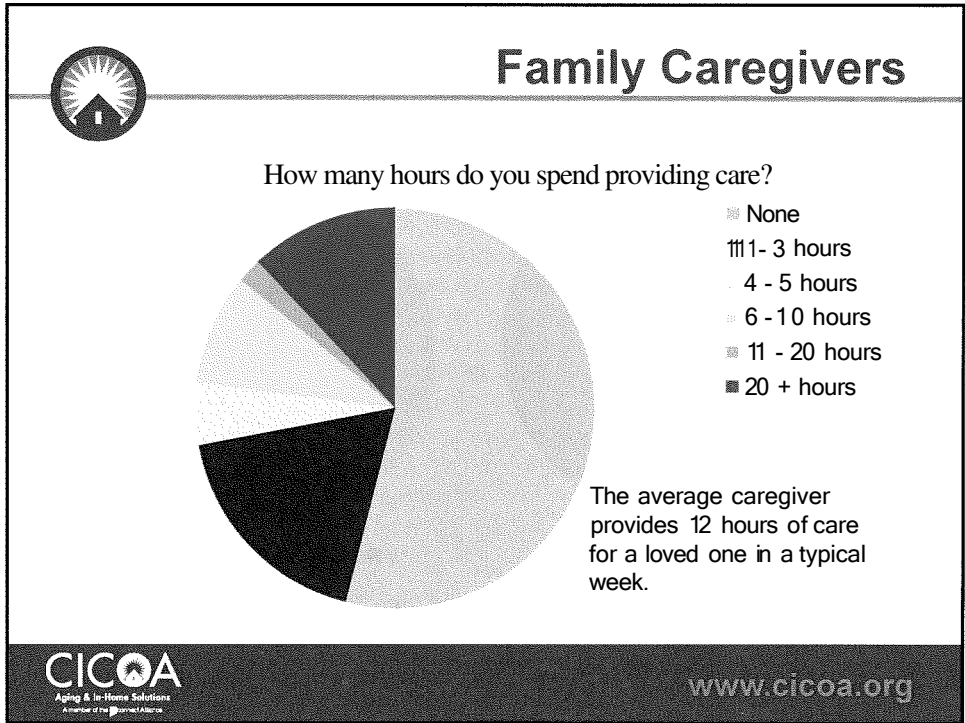


Under 60 60 and older 60-64 65-74 75 and older

CICOA
Aging & In-Home Solutions
A member of the  United Way

www.cicoa.org

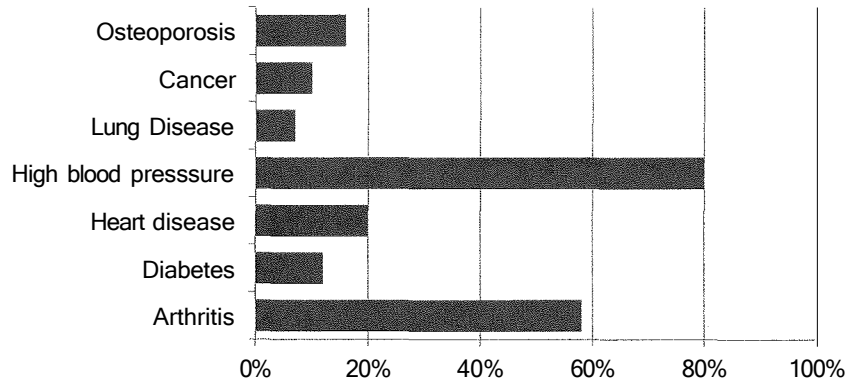






Chronic Health Issues

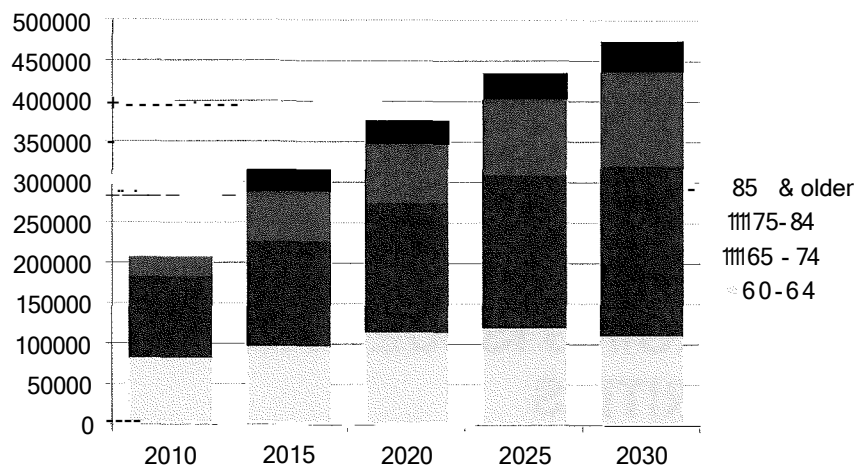
Percentage of persons reporting health conditions



www.cicoa.org



Population Growth



www.cicoa.org



Priority Needs in Central Indiana

- **Affordable Housing**
- **Transportation**
- **Access to HCBS**
- **Caregiver Support**
- **Home Safety (accessibility)**
- **Quality Nutrition**

Issues cited in current CICOA Strategic Plan



www.cicoa.org



What comes next?

EMERGING ISSUES AND PRIORITIES



www.cicoa.org



The Years Ahead

- **Persons 85 years and older** are the fastest growing segment of the elderly population.
- The number of residents age 65 and older in the eight-county area is expected to **double by 2035**.
- In 20 years, seniors will **outnumber** school-age children under 15 in our region.



www.cicoa.org



People with a Disability

- Approximately **one in five older Hoosiers** has a long-term disability.
- **One in three families** has a relative with a disability.
- 15% of Hoosiers 65 and older have been diagnosed with **Alzheimer's**. (Third-highest rate in the nation.)



www.cicoa.org



Aging Women

- **Women** outnumber men within the senior population.
- The majority of **caregivers** for older adults are women.
- Older, single women are more likely to live in **poverty** than married counterparts.
- Half of women age 75 and older live **alone**.



CICOA
Aging & In-Home Solutions
A member of the National AARP

www.cicoa.org



The “Emerging Care Gap”

- Rapid **population growth** of persons 85 and older
- **Fewer workers** age 25 to 54
- **Fewer children** of boomers to provide informal care
- Need to **grow LTSS workforce** by two percent per year through 2050
- **4,000,000** more workers needed in US



CICOA
Aging & In-Home Solutions
A member of the National AARP

www.cicoa.org



What do we do?

RECOMMENDATIONS



Aging & In-Home Solutions
A member of the  United Way

www.cicoa.org



Recommendations

- **Streamline** and **simplify** the eligibility process for Medicaid Waiver services
- Provide "nonmedical" resources for **housing, transportation**



Aging & In-Home Solutions
A member of the  United Way

www.cicoa.org



Recommendations

- Expand the use of **self-directed care**
- Reconsider the **"medicalization" of home care** and its impact on costs and shortages
- **Review rates** to ensure HCBS programs are sustainable



Recommendations

- Encourage the development and use of **adult day programs**
- Increase the investment in programs and services for **caregiver respite**



Recommendations

- Invest in CHOICE and other programs that help reduce the **"slide to Medicaid"** and poverty for older adults and people of any age with disabilities
- Address the absence of services for persons with **Traumatic Brain Injuries**



www.cicoa.org



Questions & Answers



www.cicoa.org



Thank You!

CICOA Aging & In-Home Solutions

4755 Kingsway Drive, Suite 200

Indianapolis, IN 46205

317.254.5465

800.489.9550

Aging & Disability Resource Center

317.254.3660

800.432.2422



www.cicoa.org

CICOA Brain Injury Policy & Practice Statement

Brain injury can happen in many ways including traumatic brain injury (TBI) which is often sustained during military service, playing sports, and through accidents of all kinds from vehicle crashes to falling down. Other types of acquired brain injury include a lack of oxygen to the brain through stroke, heart attack, near drowning or asphyxia, toxic exposure or by other means. Infections, bleeding, fluid buildup and tumors can also cause damage to the brain's functions. Although there are many causes to brain injury, every brain injury is unique and because of this, treatment needs to be targeted to each individual's needs.

The brain injury continuum of treatment begins soon after the onset of the injury. Emergency care, trauma care, and acute medical care are provided by highly trained and skilled professionals. Because of this many people who just a few years ago would not survive brain injury now are surviving to live long lives. Ideal care should follow an orderly progression from trauma care to community integration. Individuals living with brain injury should be able to enter, exit and re-enter treatment at any point along the continuum. For most people there will be a point where they no longer need services, but for many, treatment, services and supports may be needed continuously or on an intermittent basis throughout the individual's lifespan.

- ▶ Indiana should provide a comprehensive continuum of brain injury treatment and supports that promotes recovery to the highest functional level and highest level of independence. The system should provide navigators that will guide people in finding the help they need when they need it spanning all levels of care. The state should define brain injury for what it really is: a lifelong chronic condition.

Indiana provides excellent emergency, trauma and acute medical care for people with brain injury. The state has a few rehabilitation facilities that provide acute rehabilitation (usually 2-3 weeks). Sub-acute physical rehabilitation is provided in long term care facilities (nursing homes). Post-acute neurorehabilitation, that level of rehabilitation which helps a person to use the plasticity of the brain to learn new ways of doing things, to overcome cognitive deficits and to function in the community again, is not provided anywhere in Indiana. Some Hoosiers are able to receive this level of care by going to Michigan, Illinois or other states.

- ▶ Indiana should establish licensure for the post-acute neurorehabilitative level-of-care. Providing this level of care in state will allow families to support their loved ones during rehabilitation and to participate in their return to their communities. If this level-of-care is provided in Indiana and the person is receiving Medicaid, the federal government will pay a 2/3 match for the cost of care. The federal government does not pay the match for services provided out of state.

Returning to the community at their highest functional level is the goal for most people who have survived a brain injury. Many will be able to do this with only the help of family and friends. However others will need supports and services to re-establish a life in the community. All families may need caregiver support at some time. Long term services and supports are available privately or through the system of area agencies on aging in Indiana. However the services provided through the state's various Medicaid waivers that serve people with brain injury are not equal.

- ▶ Indiana should provide one menu of services for all people who receive home and community-based services. People should be able to participate in developing their plans of care to receive the services they need to function at their highest level of independence. Home care, assisted living, group homes and other supported living options should be available to those who chose them. Long term services and supports should be available and reimbursed at rates determined by level of skill needed, rather than by the funding source.

Policy & Services Goals

1. Define Brain Injury in state law as a chronic disease and establish training/education, services and monitoring standards.
2. Establish an office within the Division of Aging or FSSA with staff dedicated to providing coordination of brain injury services, especially transition into and support of community living.
3. Develop and implement a strategic plan to grow a comprehensive system of services and supports for people with brain injury and their family caregivers in Indiana based on best practices in brain injury treatment.
 - a. Establish and fund a post-acute neurorehabilitative level-of-care for providers of services in-state.
 - b. Establish rules, standards and licensing for providers of brain injury services including nursing home providers, rehabilitation providers, navigators and/or resource facilitators, and other home and community based service providers. Reimbursement rates should reflect the higher level of skill needed to serve this population, so long as standards are met.
4. Ensure that safe, affordable, accessible living units are available in the community for people with all types of brain injury.

Area Agencies on Aging

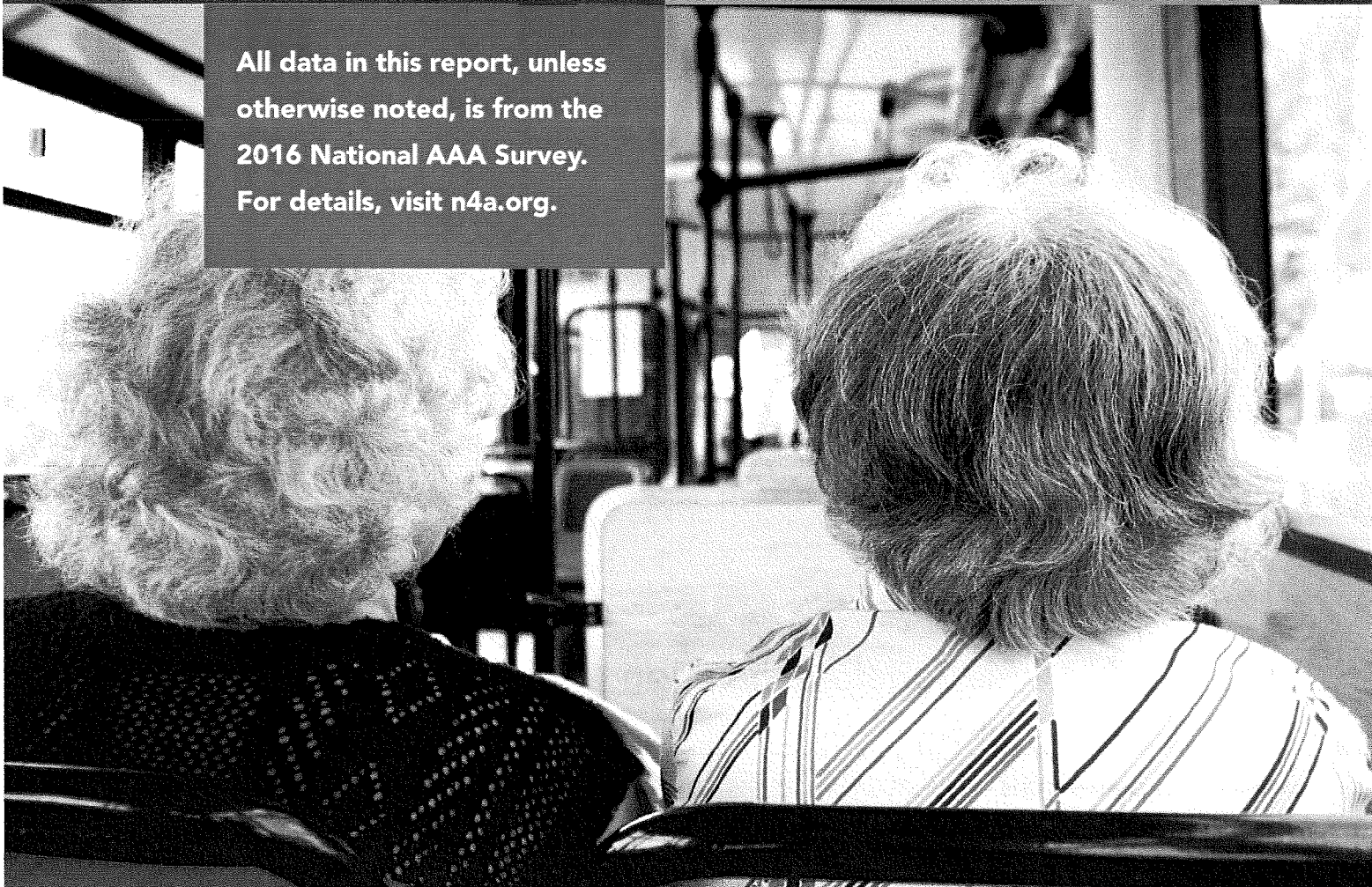
Local Leaders in Aging and
Community Living

National Association of Area Agencies on Aging

n4a's primary mission is to build the capacity of its members—Area Agencies on Aging (AAAs) and Title VI Native American aging programs—to help older adults and people with disabilities live with dignity and choices in their homes and communities for as long as possible.

This brochure features an overview of the latest data gathered from AAAs nationwide to provide a snapshot of the evolving role these vital agencies play in the planning, development, coordination and delivery of aging and other home and community-based services in nearly every community in the United States.

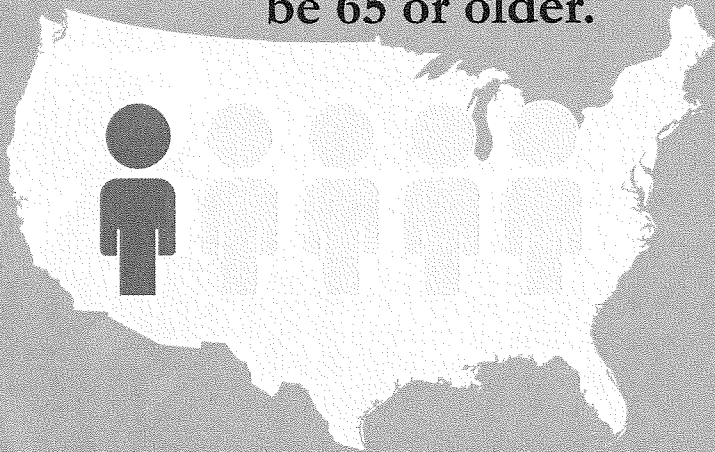
All data in this report, unless otherwise noted, is from the 2016 National AAA Survey. For details, visit n4a.org.



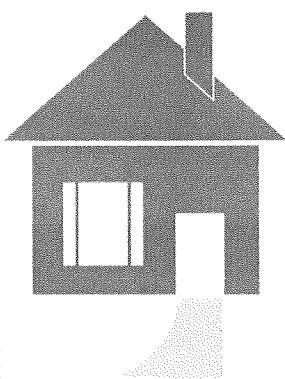
An Aging Nation

Over the next two decades, the proportion of the U.S. population over age 60 will dramatically increase as the baby boomers reach this milestone. By 2030, more than 70 million Americans will be 65 and older, twice the number in 2000.¹

By 2030, **1 in 5** Americans will be 65 or older.



As this demographic shift occurs, there will be a corresponding increase in the need and demand for fiscal, health and social supports to ensure a sound quality of life for millions of older Americans.



90% of adults age 65 and older say they hope to stay in their homes for as long as possible.²

But to do so, many people will eventually need some level of service or support to live safely and successfully in their home or community.

We know that the aging of our nation's population will challenge federal entitlement programs, such as Social Security, Medicare and Medicaid, but there is less awareness that this shift will also significantly increase demand for home and community-based services (HCBS), like those offered by Area Agencies on Aging (AAAs).

Because HCBS costs a fraction of the cost of institutional care options like nursing homes and skilled care facilities, bringing services to people where they live helps them save their own and government dollars, making this a more sensible approach from a fiscal and human perspective.

AAAs play a critical role in ensuring the development of HCBS options in every community! Here's how they do it...

¹U.S. Census Bureau, National Population Projections, 2008, <https://www.census.gov/population/projections/>

²AARP, A State Survey of Livability Promises and Practices, December 2011, <http://assets.aarp.org/rgcenter/ppi/liv-com/ib190.pdf>

Historical Basis for AAAs

Building on a successful model pioneered in the southeastern region of the U.S., Area Agencies on Aging (AAAs) were formally established in the 1973 Older Americans Act (OAA) as the "on-the-ground" organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities.



All AAAs play a key role in:

Planning

Developing

Coordinating

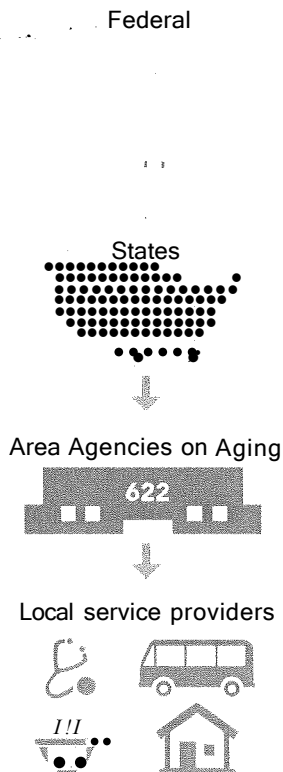
Delivering

**A WIDE RANGE OF LONG-TERM SERVICES AND SUPPORTS
to consumers in their local planning and service area (PSA)**

The Older Americans Act (OAA) was intentionally designed to mandate that AAAs use the flexibility granted by the Act to ensure that local needs and preferences of older adults are taken into consideration and that the resulting local delivery system is tailored to the community.



The Aging Network



After getting input from consumers, service providers and other interested stakeholders, **the AAA develops an Area Plan** outlining needs and proposed recommendations for programs and services targeted to the needs of older adults, then updates it every few years to reflect emerging trends. AAAs are also tasked by the OAA to serve as advocates for older adults, enabling the agency's leaders to engage on local and state issues beyond the programs and services they fund or deliver.

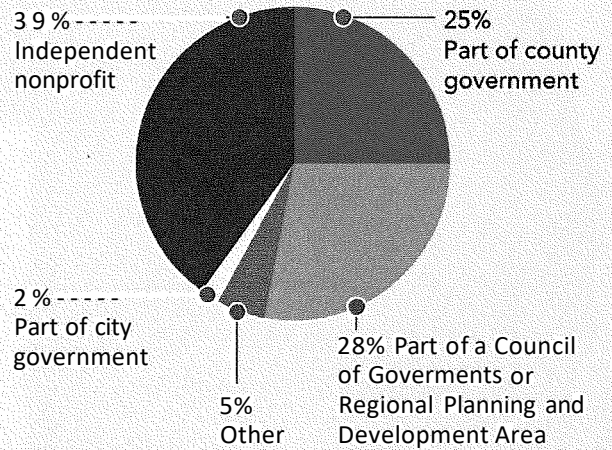
AAAs contract with local service providers to deliver many direct aging services, such as meals, transportation and in-home services. However, most AAAs are direct providers of Information and Referral/Assistance, case management, benefits/health insurance counseling and family caregiver support programs.

Nationwide Network with a Local Flavor

In 2016, there were 622 AAAs serving older adults in virtually every community in the nation. In the few states without a AAA infrastructure—those with small populations or sparsely populated land areas—the state serves the AAA function.

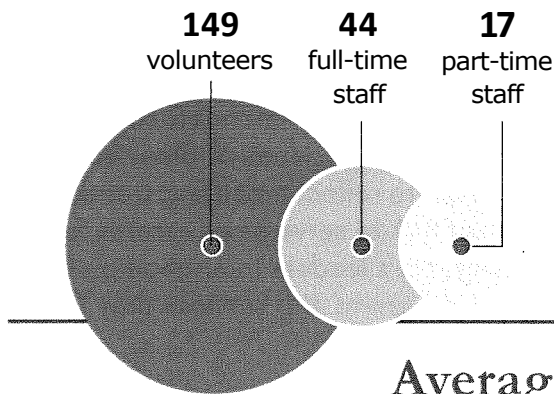
The OAA is foundational for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support the health and independence of older adults. That's why no two AAAs are exactly alike.

AAA Structure



Totals may not equal 100% because of rounding

Average AAA Workforce

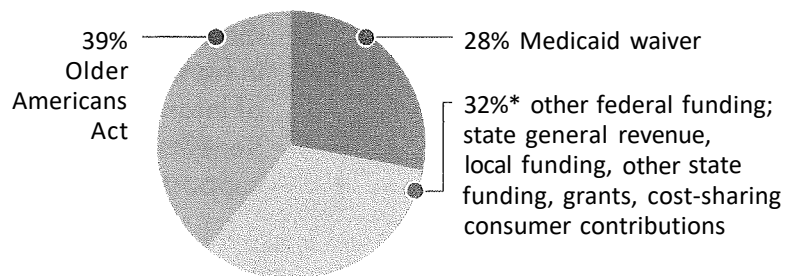


AAAs vary widely in size as each state determines how many service areas to establish, which then determines the number of operating AAAs. For example, Wisconsin has 3 AAAs, but New York has 59.

Average AAA Budget By funding proportion, 2016

\$10.1 million

(Ranges from \$200,000 to \$284 million)



*Ranked by most frequently cited

Roles of all AAAs:

assess community needs and develop and fund programs that respond to those needs;

educate and provide direct assistance to consumers about available community resources for long-term services and supports;

serve as portals to care by assessing multiple service needs, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost-effectiveness of services; and

demonstrate responsible fiscal stewardship by maximizing use of public and private funding to serve as many consumers as possible.

Speaking of fiscal stewardship, AAAs also leverage federal dollars, building on modest OAA funding to expand the economic support for HCBS. **The U.S. Administration on Aging estimates that for every \$1 of federal OAA investment, an additional \$3 is leveraged.**

The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

69%
State General Revenue

65%
Medicaid

56%
Local Funding

45%
Other State Funding

20%
Transportation

Emerging Sources

16%
Veterans

15%
Health care payer



All AAAs offer five core services under the OAA:



The average AAA offers more than a dozen additional services.
 The most common non-core services offered by AAAs are:

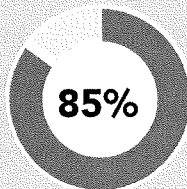
- Insurance Counseling (85%)
- Case Management (82%)
- " Senior Medicare Patrol (44%)

AAAs Serve a Broad Range of Consumers

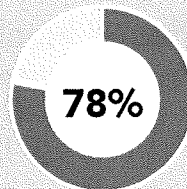
While all AAAs serve adults age 60 and older and their caregivers, they also serve younger consumers, including...

Percentage of AAAs that serve consumers under age 60, by category:

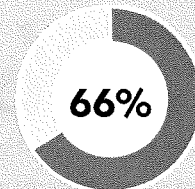
Consumers with a disability or chronic illness



Caregivers of all ages



Veterans of all ages



Most commonly offered services to people under age 60 include:

- Assessment for long-term care service eligibility
- Information and referral/assistance/outreach
- Fiscal intermediary for self-directed services
- Options counseling
- Care transitions services



The national Eldercare Locator toll-free hotline helps consumers connect to these local resources!

800.677.1116
www.eldercare.gov

Outreach

A core role of AAAs is to create local information and referral/assistance (I&R/A) hotlines to help consumers find aging and other HCBS programs.

With these resources and a portfolio of other outreach tools including public education, staff and volunteers, ADRCs and SHIPs, AAAs are able to assist clients match services and solutions to their individual needs, enabling consumers to age in place with increased health, safety and independence.

For OAA services, AAAs are charged by Congress to target services to those with the most economic or social need, but there is no means test and, if funding is available, anyone age 60 or older can access OAA services. For non-OAA services, such as Medicaid HCBS waiver programs, AAAs serve all eligible consumers.

A Network on the Move

While their fundamental mission has not changed over time, the scope of core services provided by all AAAs has broadened to address client and community needs.

Today, AAAs operate complex delivery systems that provide access, community-based, in-home and elder rights services.

Did you know?

93%

Evidence-Based Health and Wellness: Ninety-three percent of AAAs now offer these tested and proven approaches to supporting older adults' health. (That's an 85 percent increase since 2007.) Starting in October 2016, all Older Americans Act Title III D funds must be used for evidence-based programs, so that number will rise.

63%

Integrated Care: A majority (63 percent) of AAAs are involved in an integrated care delivery system, which are approaches that combines delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion across multiple systems, including HCBS.

Most common integrated care initiatives:

Veteran-Directed HCBS, VA Choice

Medicaid Managed Care

Accountable Care Organizations/Health Homes

Duals Demonstrations

Program of All-Inclusive Care for the Elderly (PACE)

45%

Care Transitions: Whether with federal funding or through local partnerships, AAAs have moved rapidly into providing care transitions services that help consumers make smooth transitions from hospital (or other care setting) to home, generally with an emphasis on reducing preventable readmissions or complications for the patient. Currently, 45 percent of AAAs have care transitions programs.

70%

Livable Communities: Livable Communities are good places to grow up and grow old. Seventy percent of AAAs are involved in efforts to make their communities more livable and/or dementia-friendly.

Many Names, Many Partners: One Mission

While only designated AAAs can use the Area Agency on Aging title, not all AAAs include "Area Agency on Aging" in their operating name. For example, a nonprofit AAA may be called "Senior Resources" or a county-based AAA may use "ABC County Office on Aging."

There are many other well-known programs and services that are administered by AAAs directly or in partnership with other agencies and entities. But no matter what program or service a AAA offers—such as serving as a State Health Insurance Assistance Program (SHIP) or an Aging and Disability Resource Center (ADRC)—it remains a AAA.



Other AAA Roles

Percent of AAAs	Designated as ...	Their role ...
77%	Aging and Disability Resource Centers (ADRCs)	Help all consumers connect to services regardless of age or disability.
68%	State Health Insurance Assistance Programs (SHIPs)	Provide direct health insurance counseling to older adults (e.g., selecting a Medicare Part D plan).
Percent of AAAs	Serve as ...	Their role ..
59%	Local Long-Term Care Ombudsman	Funded by OAA, act as a resource for consumers living in nursing homes and other institutions.

Partnerships

AAAs, on average, have 11 informal and 5 formal partnerships with other entities. These are some of the most common. By percentage of AAAs:

Adult Protective Services	85%	Disability service organizations	75%
Transportation agencies	84%	Public Housing Authority	75%
Medicaid agencies	83%	Faith-based organizations	66%
Advocacy organizations	82%	Community health care providers	60%
Emergency preparedness agencies	79%	Businesses	46%
Hospitals	79%	Managed Care/HMO networks	42%
Mental health organizations	77%		

How to Connect With Your Local AAA

All AAAs have local hotlines or websites to provide consumers with information and assistance, so if you know the name of your local AAA, start there.

Alternatively, you can find a AAA by ZIP code via the Eldercare Locator website (www.eldercare.gov) or you can speak with an information specialist by calling 800.677.1116. The Eldercare Locator is a free national service funded by the U.S. Administration for Community Living and administered by n4a.



advocacy : action: answers on aging

National Association of Area Agencies on Aging

1730 Rhode Island Avenue, NW, Suite 1200, Washington, DC 20036 • 202.872.0888

www.n4a.org www.facebook.com/n4aACTION • www.twitter.com/n4aACTION

March 2017

Development of this document was made possible, in part, by funding from the U.S. Administration for Community Living under grant number 90UC0002. The views expressed in this material do not necessarily reflect the official policies of the U.S. Department of Health and Human Services or represent official U.S. Administration for Community Living policy.