

Long Term Care Restructuring Initiatives in Indiana

Encouraging Home Care and Strengthening the State Government Infrastructure:

- The Indiana Family and Social Services Administration (FSSA) proposed to improve access to a variety of LTC services, expand the capacity for HCBS, close nursing facility beds, promote consumer choice of LTC options, and balance public funding for LTC. This plan of reform, dubbed "The Aging Reform Initiative," calls for the integration of all home care services, nursing facility care, and hospice service into a single, integrated LTC program, Indiana Options for Long-Term Care (OPTIONS). Based upon our research, in the first phase of implementing the OPTIONS program, the state planned to increase capacity and access to LTC services, as well as to add or expand services. During the second phase, the state planned to increase transportation and housing services to both elderly adults, and those with disabilities.
- The Aging Reform Initiative also mandated an increase in the number of slots for the Aged and Disability Medicaid Waiver to 35,000, with 1,000 slots aimed at those on the program's waiting list. Under Senate Enrolled Act 493, which drove much of the state's actions to enact the LTC improvements, the state was required to implement a financial eligibility standard of 300% of a consumer's Supplemental Security Income.
- In April, 2006, Governor Mitch Daniels signed Senate Bill 41, which created the Division of Aging to oversee the budget for nursing facilities and nursing facility level of care HCBS waivers, which was previously overseen by the Office of Medicaid Policy and Planning.
- In 2007, the state was also awarded a \$21 million grant to implement a Money Follows the Person (MFP) program and transfer over 1,000 people from nursing homes back into the community. The state also planned to use the grant to integrate system technology and provide greater access to LTC service information for consumers.

Improving Information About Long Term Care Options:

- The state received a \$778,000 grant in 2004, which it used to establish six Aging and Disability Resource Centers to coordinate information and determine eligibility for services. Funds from the grant were also used to integrate current information management systems between the aging and disabilities networks and to develop an information marketing strategy.

Providing Incentives for Long Term Care Workers and Improving Quality of Care:

- The state increased reimbursement rates in fiscal years 2007 and 2008 for Adults with Disabilities (AD) and Traumatic Brain Injury (TBI) Waiver provider services including assisted living, attendant care, homemaker supports and other services to incentivize workers in those areas to continue working in the LTC field. The state is also making efforts to actively recruit adult day, assisted living, and adult foster care providers and direct personal care attendants. Additionally, the Division of Disabilities and Rehabilitative Services together with the Workforce Development group has been working to implement a grant that trains formal caregivers on direct care services to enhance the quality of care provided to the MR/DD population and reduce staffing turnover rates.

Evaluations of Indiana's Restructuring Initiatives

- By the end of 2006, the Aging Reform Initiative had managed to reduce the number of people on the combined Medicaid Waiver waiting lists from 3,000 to 550.
- A study (conducted by researchers from the Mathematica Policy Research, Inc. group) outlining the LTC overhaul plans in the state noted that the state would likely run into the following challenges:
 - The state needs a formal or strengthened system to more proactively identify and assess transition candidates, since in the past, candidates have been self-referred.
 - There is a need for greater access to critical supports, such as in-home services, nutritious meals, on-demand transportation and appropriate housing.
 - The state needs additional methods to improve the quality of services and help participants achieve desired outcomes, as well as improved clinical oversight during the post-transition period.

Conclusion

- While the Reform Initiative has provided greater consumer access to services, the OPTIONS program needs to implement an effective system of internal controls. Further evaluation of the state's initiatives will need to be conducted in order to determine the overall effectiveness of these programs and whether they will be successful over the long term.

Resources

1. http://assets.aarp.org/rgcenter/il/2008_10_ltc_in.pdf
2. *A Guide to Long-Term Care for State Policy Makers: Recent State Initiatives in Rebalancing*, Long-Term Care, National Conference of State Legislatures,
<http://www.ncsl.org/programs/health/forum/LTC/guidereblance.htm>.
3. *Indiana State Plan for Aging and In-Home Services Fiscal Years 2007-2010*, FSSA Division of Aging, Indiana Family and Social Services Administration, July 2006.
4. Levinson, D.R., *Review of Indiana's Reporting Fund Recoveries for the Medicaid Rehabilitation Option Program on the Form CMS-64 for the Fiscal Years 2000 to 2005*, Department of Health and Human Services, Office of Inspector General, October, 2008.
5. Lipson, D., Gruman, C., Schimmel, J., Colby, M., Denny-Brown, N., Peterson, S., Williams, S.R. *Money Follows the Person Demonstration Grants: Summary of State MFP Program Applications*, Mathematica Policy Research, Inc., August, 2007.
6. <http://www.ncsl.org/default.aspx?tabid=14482>.