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Connecting the Dots

Community Living Exchange

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Indiana:

Meeting Summary and Recommendations

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The Community Living Exchange at Rutgers/NASHP provides technical assistance to the Real Choice Systems Change grantees funded by the Centers for Medicare & Medicaid Services.

We collaborate with multiple technical assistance partners, including ILRU, Muskie School of Public Service, National Disability Institute, Auerbach Consulting Inc., and many others around the nation.

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Connecting the Dots in Indiana

Prepared by and Susan Reinhard and Robert Mollica

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Introduction

On April 14-15 2005, the Rutgers Center for State Health Policy (CSHP) and the National Academy for State Health Policy (NASHP) facilitated an *Indiana Connecting the Dots* meeting for state policymakers involved in the state's seven New Freedom Initiative grants. *Connecting the Dots* is a technical assistance activity of the Community Living Exchange at Rutgers CSHP/NASHP to facilitate grant coordination and strategic sustainability in states with multiple grants from the Centers for Medicare & Medicaid Services (CMS).

The Rutgers CSHP/NASHP team has provided technical assistance for these multiple grants since 2001. Dr. Susan Reinhard, CSHP's Co-Director, has been Indiana's primary lead for technical assistance, meeting with Indiana's state officials, consultants and advisory committee members numerous times since 2002. She has served as Indiana's liaison with CMS and coordinated advice from many other consultants, particularly for technical assistance on consumer direction. Dr. Robert Mollica, NASHP's Senior Program Officer, has worked primarily with Indiana's nursing facility transition efforts, working with Reinhard to bring Indiana state officials to Oregon, Washington, and Maryland to exchange practical ideas for promoting home and community-based care for older adults and people with disabilities. Indiana has benefited from these efforts and shows much promise in moving forward with the goals envisioned in the CMS grants.

In January 2005, a new Governor and Cabinet took office, with many changes in executive leadership. In addition, many changes in CMS grant project management occurred in the past year. Given this new environment, climate of change, and opportunity for renewed and energetic systems change in community living, Reinhard and Mollica offered to facilitate an *Indiana Connecting the Dots* technical assistance activity with Family and Social Services Administration (FSSA) officials to meet the following goals:

1. Make sure all CMS grantees are aware of each other and all of the different grant efforts that are in progress.
2. Discuss the status of each grant project, including any roadblocks or areas where buy-in from others can enhance the work.
3. Discuss how to keep grant activities moving forward and sustain promising project activities after the grant expires.
4. Begin to determine how grant activities fit into the larger goals of the state.
5. Discuss recommendations from Rutgers CSHP/NASHP technical assistance experts on potential next steps for sustaining specific activities and further advancing the goals of ongoing initiatives.

Convened with the assistance of Natalie Angel from FSSA's Division of Disability and Rehabilitative Services (DDRS), participants included FSSA policy staff, management staff and grant project managers from DDRS, the Division of Aging, the Office of Medicaid and Policy Planning (OMPP), and the Division of Behavioral Health (see Appendix A). Prior to the meeting, state officials shared summaries of their grant projects and the Rutgers/NASHP experts reviewed annual reports on each grant since 2002. The meeting offered the opportunity for state officials and grant staff to learn more grant activities, lessons learned, and how the grant activities might align better with the strategic goals of the new administration. This document summarizes the discussions and recommendations for future action.

Key Points

- Indiana's grantees welcome opportunities to *Connecting the Dots* among their activities and agree that those activities should be linked to a department/state strategic plan to sustain successful activities.
- FSSA staff are anxious to address the capacity to obtain and manage federal grants.
- The state should consider branding for a new, comprehensive program for a counseling program that helps people avoid nursing home placement if possible and desirable; *Long Term Living for Hoosiers* is the general theme.
- FSSA should apply to CMS for a no-cost extension for CPASS after careful, strategic thinking.
- ADRC grant activities should be closely integrated with other state activities.
- Indiana should focus more on employment initiatives stemming from the MIG grant, which is in alignment with the Governor's goal for economic development.
- Analysis of local mini-grants could help identify promising practices that can be shared within Indiana and perhaps across the country.
- The state needs to reach out to the Family to Family grantee.

Grant areas

The state has received seven CMS grants: Real Choice Systems Change, Nursing Facility Transition, Community Integrated Personal Assistance Services and Supports, Aging and Disability Resource Centers, Quality Assurance/Quality Improvement, Medicaid and Comprehensive Employment Opportunities Infrastructure Grant, and a Family to Family Center Grant.

Summary of grant activities

Based on review of annual CMS reports and discussion during the *Indiana Connecting the Dots* meeting, the Rutgers CSHP/NASHP team provides a summary of major grant activities, current status, and issues.

The 2001 Nursing Facility Transition (NFT) project has been focused on developing model processes for transitioning individuals out of nursing homes to the community and diverting individuals from entering a nursing home.

- **Status:** Obtained a no-cost extension from CMS until September 2004. Hired a project manager to facilitate better contract management and adherence to project goals with the newly contracted Area Agencies on Aging (AAAs). This has moved the project forward considerably. The Independent Living Center (ILC) of Eastern Indiana was contracted to develop a “Best Practice” model for transition and diversion. They established dedicated transition and diversion staff to carry out project deliverables. The current focus of the NFT grant is on four AAAs that have been contracted to transition 25 individuals (each) into the community. They will use this experience to develop educational materials and help the state understand what steps are needed in a successful transition process and to identify what is missing in terms of community supports. The long-term goal is to develop educational and process materials that can be applied statewide.
- **Issues:** Contract management in the first years of the grant was somewhat lacking. There are administrative issues regarding turnover/lack of documentation/lack of staff assigned to this project. The ILC issues include needing an adequate number of waiver slots for individuals; difficulty understanding the waiver waiting lists and process, and a statewide lack of advancement of the ideals of self-directed care. State officials have met some resistance with AAAs regarding performance-based contracts.

The 2002 Real Choice Systems Change (RCSC) grant proposed to develop systems that support consumer choice and consumer directed care. Funds were to be used to provide mini-grants around the state to develop systems change model programs and to support regional services.

- **Status:** This grant is in the final phase. All mini-grants have been awarded. There were several rounds of mini-grants so some mini-grant projects have been completed for some time and others are turning in 6 or 12 month progress reports.
- **Issues:** Staff faced many administrative problems with documentation/lack of established procedures/ turnover. They have concern about how mini-grant reports will be utilized and believe that the reports should help build enduring activities or knowledge. Will any efforts be made to establish any “best practice” models that will be applied in other areas of the state?

The 2002 Community Integrated Personal Assistance Services and Supports (C-PASS) project was designed to build the state capacity for a consumer directed attendant care model, including educational programs, outreach materials/programs, informational materials, and training.

- **Status:** The staff person leading this grant recently left the Division, and no new staff have been assigned to this project. The timeline and budget were substantially revised in the late summer of 2004. It will expire at that time unless Indiana requests, and CMS grants, a no-cost extension. Almost no funds have been spent from this account.
- **Issues:** Administrative issues regarding turnover/lack of documentation/lack of staff assigned to project; difficulty in establishing a fiscal intermediary; concerns about personal liability insurance.

The 2004 Aging and Disability Resource Center ADRC grant will be used to develop four Aging and Disability Resource Centers to provide “one-stop” entry points into the long term care system in Indiana for the aged and physically disabled. The development of these Resource Centers may eventually lead to statewide ADRCs.

- **Status:** Established a statewide advisory board and will establish Resource Centers by June 2005 in South Bend and Vincennes. Completing an environmental scan of Indiana’s Information and Referral software; developing protocols for assisting clients; and conducting Area Agency on Aging trainings. Exploring options for the ADRCs to conduct programmatic and financial eligibility determinations (presumptive eligibility) for public programs including Medicaid. Including education about Medicare and Medicaid, with collaboration with SHIP. Memorandums of Agreements are being developed with the offices of the 211 system, SHIP, and Social Security Administration. Discussion continues on determining Medicaid eligibility at the ADRCs. The pilot ADRCs have signed an agreement with SunCoast, a software company, to manage the web base resource merger. Bob Applebaum, the consultant contracted to develop a survey tool and performance measures, submitted an evaluation plan which was approved by the Advisory Board. The Lodge, a marketing firm, will design and market products and services, including a new logo.
- **Issues:** One issue with the grant, at this point, is the streamlining of access to Medicaid services. ADRCs would like to be able to determine programmatic and financial eligibility for Medicaid services. The pilot sites and Advisory Board recommend further discussion on presumptive eligibility.

The 2003 Quality Assurance/Quality Improvement (QA/QI) grant will help design a QA/QI system where quality is built into the system and there are ongoing methods of gaining current information about individuals receiving services and about providers. This QA/QI system will allow staff to be able to evaluate information and determine appropriate actions in an expeditious manner, so that appropriate actions can occur quickly. It will help staff to analyze data and identify patterns that will result in increased quality through continuous evaluation of the QA/QI system. Finally, this grant will help implement an automated system by which data can be collected, synthesized and stored for retrieval by personnel responsible for QA and QI.

- **Status:** The 460 IAC 1.1 (rule establishing provider standards for the medical model waivers) became law on 12/3/04. This took longer than expected, and therefore caused the state to submit a revised work plan in December 2004 (CMS accepted); work groups that include individuals from BQIS, BAIHS, Medicaid, and case managers, home health agency and other providers have written and revised drafts of surveys and interpretive guidelines based on the rule – hoping to post on website soon for public comments (slightly behind target due to the legislative challenge of the rule); on-going meetings between ISDH and BQIS directors are helping to work cooperatively on mutual issues; BQIS staff were trained to administer the consumer satisfaction survey, the Participant Experience Survey (PES) and surveys were initiated in 9/04; incident reporting form has been revised to include the waivers covered by this grant; complaint process, including new database, has been implemented; there are weekly meetings with the database programmer to discuss current needs and plan upcoming changes.
- **Issues:** Delays at the state level for final approval of needed grant-related positions has caused delays. Had hoped to begin a pilot program of the rule on 4/1/05, with full implementation on 7/1/05. With the current legislative challenge to the rule, these objectives have been delayed until the issues with the rule are resolved. Will face a short timeframe to do statewide training and education regarding the rule when eventually implemented. Uncertainty over possible repeal of 460 IAC 1.1, with need to rethink and revise the goals of the grant (possibly drastically change them) if the rule is repealed. ISDH and BQIS are governed by different regulations, so it can be difficult to find a way to meet the needs of both agencies. Currently the PES database will only run cumulative reports. Would like to be able to have the options of reporting activity with the PES on a monthly and a quarterly basis, without the earlier data being included. Needed database changes in order to manage incident reports, when implemented, involves elements of two different databases that will need to “mesh.” Training for all providers, case managers, etc., regarding incident reporting will be a completely new idea for providers.

The goal of the 2001 Medicaid and Comprehensive Employment Opportunities Infrastructure Grant (MIG) is to support people with disabilities in securing and sustaining competitive employment in an integrated setting. The grant program will achieve this goal by assisting State Medicaid programs in implementing provisions of the Ticket to Work and Work Incentives Improvement Act of 1999 which relate to health and long term care coverage.

- **Status:** There has been consistent project management. Some things in the grant are going very well right now. Several initiatives will be concluding this summer and several others that seem to be well on the way. Other activities have progressed more slowly. This is the third year of a four-year grant and there may be opportunities for an additional four years of funding.
- **Issues:** Contracting delays have been a problem. Things take too long to get done, get approval for, etc. Coordination and staffing have been problems in the past.

The 2003 Family to Family (FTF) grant should help develop the infrastructure to provide information, peer support, and education to families caring for children with special health care

needs. The Parents Helping Parents Organization, a Family Voices affiliate, is the lead organization to work with state agencies and other organizations to develop family-friendly training materials and supports for these families.

- **Status:** No representatives at this meeting.
- **Issues:** Annual reports indicate a desire to develop a closer working relationship with other CMS grantees in Indiana.

Summary of discussions and recommendations

Participants discussed the status of grants, specific grant and overall issues, opportunities for collaboration among and within grants, strategies to sustain project activities when the federal grants end, and implications for department and state strategic planning. This section summarizes those discussions and recommendations.

1. Refocus attention to the CMS grants to place them more in alignment with current priorities.

Most of these grants were written in 2001 by state staff who are no longer working for the state. State policy makers should pause, regroup, and reconsider these grants in relation to current thinking and new leadership. Most of the goals are broad and amenable to changes that can reflect that new leadership. To do this, the state should consider:

Including the goals of these grants in the current development of department and state strategic planning.

2. Address capacity to obtain and manage federal grants.

Indiana lags behind most states in bringing in federal grants and contracts. The new administration is currently examining reasons for this record and ways to improve it—to “challenge to a new level of excellence.” The experience of the CMS grantee project managers reflected in annual reports and the observations of the Rutgers CSHP/NASHP team is that the strong desire to move quickly in implementation is often thwarted by significant delays in staffing the project, procurement and contract. Several options should be considered:

Streamline contracting and procurement systems internally. Talk with the new Office of Federal Procurement in OMB. FSSA should consider patterning itself on this model.

Partner with strong, unbiased partners who can add significant staff and intellectual capacity. States that have shown great success in obtaining and managing CMS System Change grants often have strong partnerships with their state universities, which are deemed “state instrumentalities” by CMS. These universities can staff projects, ease procurement issues, write grants, conduct data analyses and work in lock-step with the state department leading the grant (whichever entity actually applies for the grant). Through clear and strong memoranda of

agreements, these relationships are made clear and consistent. These partners are often able to serve as a strong, capable mediating group to work collaboratively with consumer advocates. They often provide more time, space and platforms for active, productive dialogue.

3. Focus on nursing facility transition.

Indiana has made significant progress in nursing home diversions and transitions. Unfortunately CMS is unaware of this progress, because the annual reports reflect the very modest progress of the one ILC effort. In addition to this grant activity, the state has been exploring parallel activities in hospital diversions (priority diversions) and nursing home transitions (money follows the person transitions). The state should pause to analyze its success to date and design a comprehensive nursing home diversion/transition program with a new name and new implementation strategy. Options to consider include:

A new branding for a new, comprehensive program for a counseling program that helps people avoid nursing home placement if possible and desirable. *Long Term Living for Hoosiers* is the general theme.

A strong, sustaining finish to the NFT grant in September, or later if another no-cost extension is possible. A summit of some sort may be possible, with inclusion of nursing homes that are cooperative and helpful in this movement.

National dissemination of the Indiana model through two Rutgers CSHP/NASHP *State Policy in Practice* briefs. The first would feature Indiana's use of the Minimum Data set (MDS) to help nursing home transfer efforts. The second would be a discussion of the comparative success of nursing home diversion versus transition efforts, with Washington and perhaps Maryland.

4. Consider CPASS options carefully.

Progress on the CPASS grant has been slow, despite considerable effort from an advisory committee, consultants, previous FSSA staff, and technical assistance from the Rutgers CSHP/NASHP team. The grant will expire in September unless the state seeks a no-cost extension. Most of the funds remain unexpended. Some FSSA staff believes considerable progress can be made with little effort. However, no one really "owns" this project. In most states, the Medicaid office is responsible for the CPASS grant. In Indiana, it has been managed by the Aging "bureau" in the past. It is critical to think strategically before making the decision to seek a no-cost extension. It is very important that there is a designated project manager with strong support from the Director. Consider the following options:

Focus on the building blocks for consumer direction under Medicaid in Indiana and move strategically forward in areas that make sense now. Almost all states are actively pursuing consumer direction now. Indiana should not fall too far behind. The lack of infrastructure has already resulted in removing the consumer directed option from your Medicaid waivers.

Consider focusing on fiscal intermediary services, if progress is really close. Need to talk with the previous program manager to determine actual status.

Use the draft CMS waiver application as the structure for proceeding.

Consider consumer directed personal attendant services (PAS) in the workplace, in collaboration with the MIG grant, and in response to the results of the current PAS survey that will be completed in two months.

5. **Work closely with the ADRC grantee because there is significant overlap with other CMS grantee and state activities.** Some examples include FSSA's new planned case management strategy, quality (especially the Bob Applebaum consultation), employment counseling linkages, functional and financial eligibility determinations/streamlining, and nursing home transition. The new website development should be a product of close collaboration.
6. **Focus more on employment initiatives stemming from the MIG grant.** The Business Leadership network holds promise, especially in some local areas, but it needs more support from higher levels. This effort also needs a "home" in the private sector, ideally the Chamber of Commerce. The goals of this project seem to support the Governor's goal for economic development.
7. **Analyze the reports from the 50 mini-grants** under the Real Choice Systems change grant that is due to end in September. This grant has expensed its funding and met its goals. Now the effort should be placed on featuring promising practices that can be shared within Indiana and perhaps across the country. Sustainability and dissemination should be the focus now.
8. **The state needs to reach out to the Family to Family grantee.**

Next Steps

FSSA Directors will consider recommendations from the *Indiana Connecting the Dots* meeting for discussion at their strategic planning retreat May 17-18.

Natalie Angel and Andrea Vermeulen will co-lead an effort to convene this group for additional meetings to continue the *Indiana Connecting the Dots* discussion and flesh out more details beginning with how to work with OMB on ways to obtain more federal grants and methods to manage those grants more efficiently. Andrea will share her "Path Forward" ideas for group discussion.

In collaboration with Susan Reinhard from Rutgers CSHP, FSSA will confer with CMS about potential no-cost extension on CPASS grant.

Susan Reinhard will collaborate with Pat Cassanova to prepare two issue briefs on nursing home transition.

Appendix A

Indiana “Connecting the Dots” Participants

April 14-15, 2005

Indiana FSSA Division Directors policy staff, management staff and grant project managers from OMPP, DDRS, and Aging

Pat Casanova
Andrea Vermeulen
Jonathan Kraeszig
Natalie Angel
Barbara Bates
Becky Koors
Ellen McClimans
Lanier Vines
Anna Deahl
Mark Raines
Jackie Bouyea
Peter Bisbecos
Louise Polansky
Emily Hancock
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