Nursing Facility Diversion in Indiana

Evolution of a Strategy

Indiana Context

- High ratio of NF beds per capita
- Well organized & effective NF lobby organizations
- High NF rates
- Active senior advocacy
- Expenditures of $1.2B per year
- Readiness for change
- Need to validate assumptions

Initial Diversion Initiative

- One thousand diversions in state fiscal year 2003 (7/1/02-6/30/03)
- Funded 1,000 priority diversion waiver slots
- AAA incentive
- Outreach to hospitals and discharge planners
- Notice to NFs

Initial Response

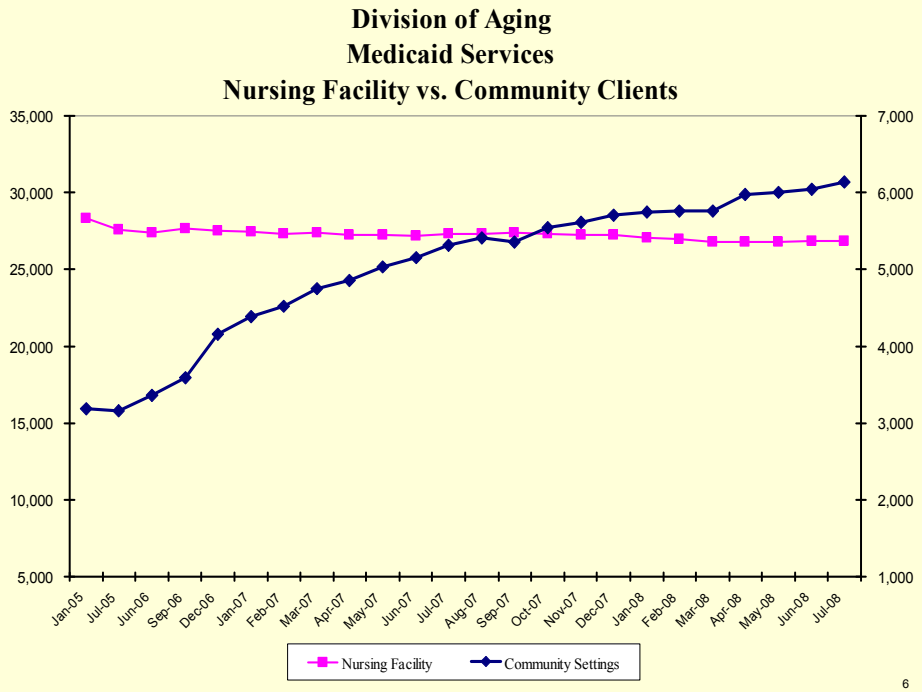
- Hospitals: Serious skepticism – hospital bottom line
- Discharge planners: This is great – how can we help?
- NFs: People will DIE

Results

- 800 individuals diverted
- Provider and AAA capacity issues confirmed
- Need for added/expanded services confirmed
- Need for financial level field for HCBS vs NF
- Lessons learned: diversion at the point of hospital discharge is not the most feasible option.

Actions/Outcomes

- New leadership and MORE new leadership
- Division status
- Adult Foster Care developed and implemented
- Assisted Living currently being tweaked
- Waiver amended to support special income level
- ADRC grant: Two AAA participants, growing to include all 16 AAAs
- MFP grant
- Continued dialogue and collaboration with hospital discharge planners
- Quality metrics

Actions/Outcomes continued…

- "Open" waiver
- AAA and state productivity initiative
- Expediting eligibility
- Dialogue with NFs, leveraging our state university and medical research institute to study NF quality measurement and related issues.
- Monthly review data demonstrates steady decline in NF population with steady increase in HCBS waiver participation.