Michael R. Pence, Governor
State of Indiana

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Division of Aging Update
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Have you missed us? The Division of Aging Update circulation "holiday" is now officially over. Wish we could say a beach and warm island breezes were involved but sadly, no. However, it has been a busy spring and summer for us with new and ongoing projects keeping us occupied!

Redesign of the Nursing Facility Pre-Admission Screening Resident Review (PASRR)
As you may know, Indiana's statute for pre-admission screening (PAS) for persons entering a nursing facility sunset on June 30, 2016 (well, it *was* over 30 years old), presenting us with an excellent opportunity to overhaul the process. The Division of Aging (DA) has spent the last year working with vendor Ascend Management Innovations, an experienced provider of independent assessment services, to assist with the design and execution of a new software system to allow for a far more automated, paperless system with enhanced reporting and monitoring capabilities. Stakeholders throughout the state who work with this process – hospital and nursing facility staff, and AAA staff – have also had a great deal of input into the new system's development. Our newly redesigned process, Pre-Admission Screening Resident Review (PASRR), launched July 1, 2016.

PASRR identifies persons with mental health or intellectual/developmental disabilities who can appropriately be diverted from nursing facilities, and those who would benefit from specialized services while in a nursing facility. The PASRR process also assists with identifying services those individuals need as well as the most appropriate care setting in which to meet those needs. Continued use of this new system will result in more complete assessments, better identification of individuals requiring further evaluations, and quicker processing times.

This has been a labor-intensive project, and the DA would like to thank Indiana hospitals and nursing facilities and their trade associations, along with our 16 Area Agencies on Aging for their commitment and assistance in this journey!

INShape Indiana Black & Minority Health Fair Transportation

Indianapolis area older adults and persons with disabilities had the opportunity to receive over $1,000 in free health screenings during preview night of the 2016 INShape Indiana Black & Minority Health Fair held during the Indiana Black Expo's Annual Summer Celebration in mid-July.

For the last several years, the Division of Aging (DA) has provided two-way transportation for those wishing to attend the first night of the Health Fair. The DA is proud to announce that this year over 500 persons were transported downtown Indianapolis to attend the opening ceremony and Health Fair of one of the world's largest African-American cultural events!

Compare Long Term Care Costs across the United States

Long-term-care costs in the U.S. keep rising, and 70 percent of Americans will require long-term care –whether provided at home or in a facility – at some point. Indianapolis Business Journal blogger John Russell discusses how much it will cost in his June 16, 2016, article. Check out the interactive calculator at Genworth's 13th annual Cost of Care Survey to compare various types and costs of care and facilities by city and state from 2016 through the next 30 years to 2046. This 2016 survey covers 440 regions across the country and is based on data collected from more than 15,000 completed surveys.

Aging's CHOICE Board and Commission on Aging Vacancies

The Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Board was established in Indiana statute by IC 12-10-11. CHOICE Board members are charged with establishing long-term goals of the state for the provision of a continuum of care for the elderly and individuals with a disability, among other responsibilities. Members' terms are for two years. The following vacancies currently exist and must be filled for the upcoming year:

- A person nominated by two or more organizations that represent senior citizens; and have statewide membership;
- A person nominated one (or more) organization(s) that represent individuals with disabilities, including individuals who are less than eighteen (18) years of age; and have statewide membership; and
- A provider who provides services under IC 12-10-10.

The Commission on Aging was established in Chapter 2 of IC 12-10-2. Among other duties, its members are to encourage the study and discussion of the problems of the aging and the aged. The Commission consists of 16 members, no more than eight of whom may be from the same political party. Members must be Indiana residents, with one member from each of Indiana's nine congressional districts. The Commission currently has vacancies for persons from the 3rd and 9th congressional districts, and one at large appointee. Not more than two residents of the same county may be appointed. Commission members serve a term of four years.

Both the CHOICE Board and the Commission meet at least six times a year at the Indiana Government Center South.

If you have the "right stuff" to serve, please visit the Indiana's Boards and Commissions Web page, or call Lynn Clough, Division of Aging Grants and Community Engagement Director, at 317-234-3112 for more information.

Maintaining Older Adults' Functional Mobility While in the Hospital

A decrease in mobility when an older adult is hospitalized is associated with an increased risk of death, nursing home admission, and functional decline. University of Alabama at Birmingham investigators found that older patients who participated in a mobility program (MP) were less likely to experience a decline in their mobility when compared with the usual care (UC) provided during hospitalization.

In an article published in the July 2016 Journal of the American Medical Association, researchers recently completed a four year data analysis on their study demonstrating that patients who participated in the MP were more likely to maintain pre-hospitalization community mobility status in the month following discharge from the hospital. Those who received UC had a clinically significant decline in their community mobility in the month following departure from the hospital.