Indiana
State Plan on Aging

Federal Fiscal Years 2019-2022

Family and Social Services Administration –
Division of Aging

June 2018

STATE OF INDIANA
OFFICE OF THE GOVERNOR
State House, Second Floor
Indianapolis, Indiana 46204

Eric J. Holcomb
Governor

Ms. Amy Wiatr-Rodriguez
Regional Administrator
Administration for Community Living
233 N Michigan Ave, Suite 790
Chicago IL, 60601-5527

Dear Ms. Wiatr-Rodriguez,

The purpose of this letter is to officially submit Indiana's State Plan on Aging for 2019-2022, in accordance with the requirements of the Older Americans Act.

Indiana Code 12-10-1-3 and 12-10-1-4 designate the Division of Aging, within the Indiana Family & Social Services Administration, as the agency responsible for developing the comprehensive Plan on Aging and administering programs and services for older Hoosiers. The plan has been thoughtfully prepared following a broad analysis and gathering of public input into the needs of Indiana's population of older adults.

We look forward to your review and approval of the Plan. If you have any questions, please contact the Director of the Division of Aging, Sarah Renner, at 317-232-7123 or sarah.renner@fssa.in.gov.

Sincerely,

Eric Holcomb

Governor Eric J. Holcomb

INDIANA STATE PLAN ON AGING
Federal Fiscal Years 2019-2022

CONTENTS

EXECUTIVE SUMMARY

The Division of Aging (DA), part of Indiana's Family and Social Service's Administration (FSSA), strives to foster networks that provide information, access, and long term care options that enhance choice, autonomy and quality of life for Hoosiers. Services are coordinated and funded through Indiana's network of Area Agencies on Aging (AAAs) and include the state-funded Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) program and administration of two Medicaid waiver programs providing Home and Community-Based Services (HCBS) for older adults and individuals of all ages with physical impairments.

Under the federal Older Americans Act of 1965 (OAA), [i] as amended, FSSA DA is required to submit a plan to the Administration for Community Living that proposes 2019-2022 goals. The proposed goals are outlined below:

- **Goal 1**: Improve the performance of Indiana's aging network to efficiently and effectively meet the needs of its growing senior population.
- **Goal 2:** Support caregivers' ability to provide ongoing informal supports.
- **Goal 3:** Enhance the current dementia care or specialty care competencies.
- **Goal 4:** Strengthen statewide systems for advocacy and protection of older adults.
- **Goal 5:** Institute policies and evidence-based programs to positively impact social determinants of health.

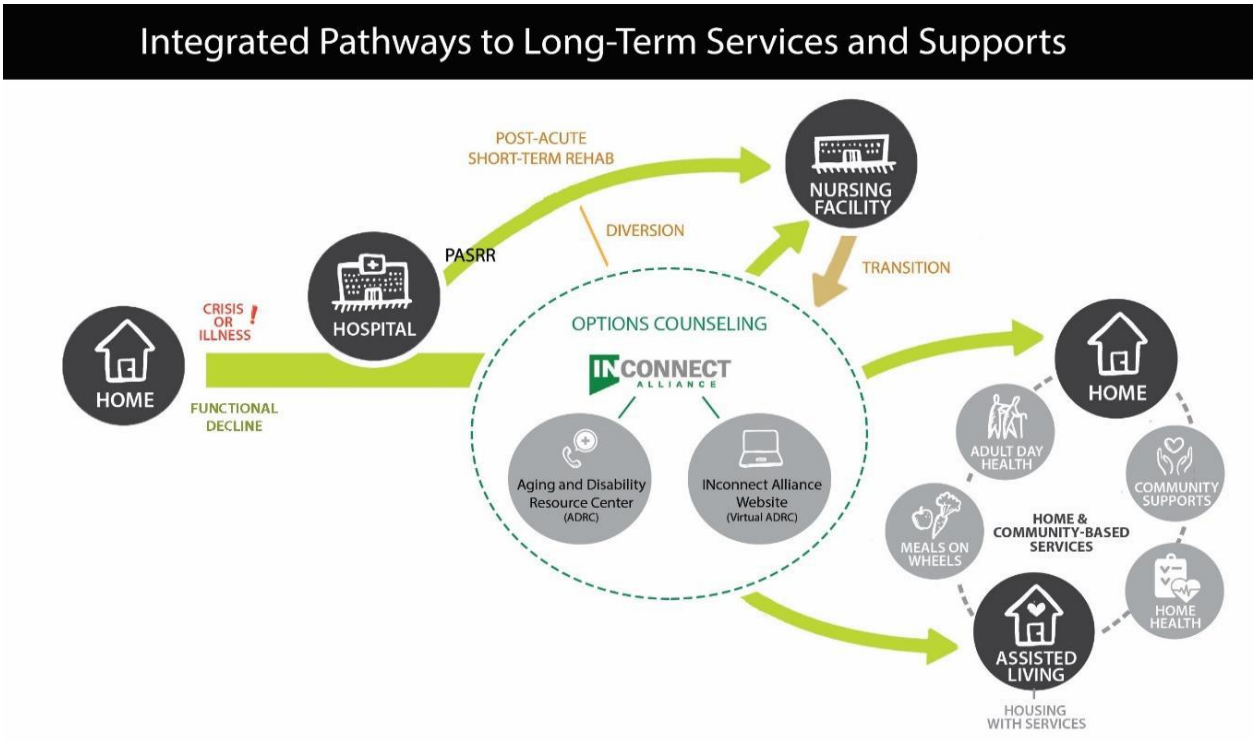
The 2019-2022 goals align with those outlined in the House Enrolled Act 1493 report, submitted to Indiana's general assembly in October 2017. HEA 1493 required FSSA DA to prepare a report[ii] detailing plans to expand the scope and availability of HCBS for individuals who are aged and disabled. This led to a robust stakeholder engagement process that will be ongoing through 2022. The stakeholder engagement process served as the foundation for this State Plan on Aging and expands the focus beyond the OAA and Medicaid to capture FSSA DA's overall efforts on behalf of the aging population.

Data from the Kaiser Commission on Medicaid and the Uninsured[iii] suggests that 70% of persons age 65 or older will need some type of Long-Term Services and Supports (LTSS). The Older Americans Act created a network of home and community-based services over forty years ago that serves as a critical component of LTSS in Indiana. Through core programs and services such as transportation, nutrition, in-home services, and caregiver support, this aging services network provides a support structure that enables individuals to remain in their homes and communities.

Over the next four years, FSSA DA will work to enhance this established network to ensure the most effective and efficient use of resources. By the year 2025, the entire generation will be 60 and over, with the largest population growth occurring in those 85 and older.[iv] This growing population will look for options that meet their individual needs and preferences, compelling the network to utilize a person-centered approach to the delivery of information and services. This will involve improving the performance of the AAAs, ADRCs, and elder rights systems.

Strengthening the service delivery system will also support increased access to information and services. The INconnect Alliance, comprised of options counseling and Indiana's 16 designated ADRCs, is a strategic partner in developing the pathways by which people access information and services need to be more visible, integrated, and consistent. As can be seen in Figure 1, this is characterized by the diagram below which highlights the role of access to high quality information and options counseling through the INconnect Alliance to facilitate access to the full range of LTSS available in Indiana.

Figure 1:



In addition to formal support structures, the need to support informal supports is critical. According to the AARP Public Policy Institute and the National Alliance for Caregiving,[v] nearly one million family caregivers in Indiana in 2013 provided care to an adult with limitations in daily activities at any given point in time, and over 1.3 million provided care at some time during the year. The estimated economic value of their unpaid contributions was approximately $9.4

billion in 2013. FSSA DA will work to enhance the support and resources available to caregivers to enable their ongoing contributions to the long term care system. As well, there will be a concerted effort to enhance the ability to care for individuals with dementia, in both home and community-based settings.

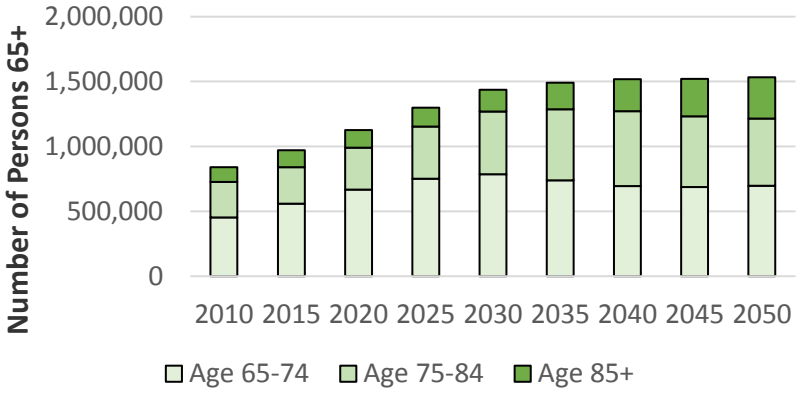
In an effort to create a more person-centered system that meets the needs and expectations of older adults and their families, this 2019-2022 State Plan on Aging outlines a vision for a future that provides efficient and effective access to services and supports when individuals need them, provided in homes or in community-based settings, prevents or delays nursing facility placement, and maximizes an individual's ability to remain as independent as possible within their community. This vision aligns with FSSA DA's desire to impact social determinants of health by focusing on access to housing, food, transportation and social supports.

CONTEXT

Demographics

Like the rest of the nation, Indiana is experiencing a significant population change due to the aging of the Baby Boomer generation. This generation has been an ongoing force of change in American society since its youth, both through sheer numbers and cultural impact. By the year 2025, this entire generation will be 60 and over, with the largest population growth occurring in those 85 and older.[vi] By 2020, 17% of all Hoosiers will be age 65 or older (Figure 2). In 62 of Indiana's 92 counties, that figure will exceed 20% of all Hoosiers.[vii]

Figure 2: Indiana Age 65+ Population Growth, 2010-2050



Data Source: Milliman Forecast

The Older Americans Act requires that preference be given to individuals age 60 and older with greatest economic need and with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).[viii] According to 2016 U.S. Census estimates,[ix] there are 1,364,288 individuals over the age of 60 in Indiana. Of those:

- 7.87% are living below poverty
- 10.2% are minority
    - 6.4% black, non-Hispanic
    - 1.0% Asian and Hawaiian/Pacific Islander, non-Hispanic
    - 2.1% Hispanic origin
- 15.4% of minority 60+ are living below the poverty level
- 31.1% live in rural areas
- 21.0% have mobility limitations (not including those residing in skilled nursing facilities)
- 9.6% are age 85+
- 2.8% are living in nursing homes or other institutions

Indiana does not have a significant population of limited English speaking older adults (those who report speaking English "less than very well" per the U.S. Census). It is estimated to be 1.0%. For all ages, 3.2%[x] of the population is limited English proficient. The highest

concentrations of limited English proficiency is found in Spanish-speaking older adults in the state.

Indiana's Aging Network

Indiana's aging network is comprised of 16 Area Agencies on Aging (AAAs) serving the state's 92 counties (see Attachment D for map). They vary greatly in population and geographic service area, ranging from a two-county planning and service area (PSA) with a 60+ population of 25,505 to an eight-county PSA with a 60+ population exceeding 275,000. The AAA network was created in 1972 to assist state government in meeting the needs of older Hoosiers. Over the years, their role in the continuum of care has expanded from the original OAA funded-programs to include the following:

- CHOICE: Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) is FSSA DA-administered state funding designed to supplement services provided through other LTSS.

- Medicaid HCBS waivers: FSSA DA oversees two HCBS waiver programs: Aged & Disabled Waiver (A&D) and the Traumatic Brain Injury Waiver (TBI). These waivers fund HCBS for individuals that would otherwise receive services in a Medicaid-funded facility or institution.

- Aging and Disability Resource Center (ADRC) designation: In 2008, FSSA DA designated each AAA as the ADRC for their PSA. ADRCs provide comprehensive and coordinated information, access, and person-centered counseling for LTSS. In March 2018, FSSA DA issued a Request for Information to gather information about potential new service delivery models for the state. A Request for Proposal will likely follow in summer 2018 for the designation of an ADRC entity(s).

- Money Follows the Person: MFP is funded through a grant from the federal Centers for Medicare and Medicaid Services. The program was developed to help states move individuals from institutional settings to HCBS. Four Aging and Disability Resource Centers (ADRC) serve as MFP hubs to coordinate the program with the ADRC throughout the state. The ADRC are also designated entities for MDS section Q referrals from nursing facilities, which directly relates to their role with MFP.

The AAAs provide on-going case management to facilitate level of care determinations and care planning functions for Medicaid Waiver, OAA Title III, Social Services Block Grants (SSBG), and CHOICE. Some AAAs also provide nutrition, transportation, and other services directly. Each AAA is required to submit an Area Plan on Aging to FSSA DA every two years. FSSA DA

consulted the most recently submitted SFYs 2018-2019 area plans for the creation of this State Plan.

The CHOICE Board and Indiana Commission on Aging provide insight and expertise on aging and disability issues. Indiana established the CHOICE Board by Indiana Code to oversee the CHOICE program. The Indiana Commission on Aging was created to advise FSSA DA on Older Americans Act programs, but the scope of the Commission now encompasses all aging issues. The two entities convene every other month and are a valued resource to FSSA DA.

Additional Division of Aging Programs:

- Adult Protective Services: FSSA DA provided grants to 17 county prosecutors to conduct APS investigations and social services coordination in their county and the surrounding counties. The APS program is largely funded by state appropriations, with some funding from federal sources such as Medicaid reimbursement, Title VII, and the social services block grant. APS serves adults over 18 years of age. Eligible adults must be incapable of managing or directing their own care because of mental illness, intellectual disability, dementia, habitual drunkenness, excessive drug use or other physical or mental incapacity. They must also be at risk of being harmed or threatened with harm by neglect, battery or exploitation. In 2017, county hub prosecutors employed 17 full-time equivalent (FTE) unit directors and 52 FTE unit investigators. During 2017, APS received 19,958 calls for service; of those calls, 11,240 cases were opened.[xi]

- State Long Term Care Ombudsman (SLTCOP): The SLTCOP, defined in the Older American Act 45 CFR 1321 and 1324, applies to a resident of an Indiana licensed nursing facility, licensed residential care facilities, and the Medicaid certified Assisted Living (AL) program. FSSA DA funds the program through OAA Title VII funding from ACL and state funds. Operated by the FSSA Office of General Counsel, the program receives, investigates and attempts to resolve complaints and concerns that are made by or on behalf of a resident residing in a state licensed or certified facility and that involve the health, safety, welfare, or rights of a resident. In SFY17, the program received 1,805 complaints leading to 1,434 cases opened for investigation. In addition, the local and State Ombudsman had 10,708 non-complaint contacts with residents, 274 with family, and 760 with facility staff.[xii]

- Residential Care Assistance Program: The Residential Care Assistance Program (RCAP) provides residential financial assistance to eligible individuals residing in Indiana State Department of Health (ISDH) licensed residential care facilities and county homes that have an approved RCAP contract with FSSA DA. RCAP provides assistance for residents who cannot live in their homes because of age, mental illness or physical disability, but who do not need the level of care provided in a licensed nursing

facility. Services include room, board and laundry with minimal administrative direction as well as care coordination provided on behalf of eligible individuals at an approved per diem rate established by FSSA DA.

- Pre-Admission Screening and Resident Review: Preadmission Screening and Resident Review (PASRR) refers to the federal requirement that persons seeking admission to any Medicaid certified nursing facility must be screened for any potential mental health or intellectual/developmental disability.

- Nursing Facility Value-Based Purchasing Scorecard: FSSA DA works with the Office of Medicaid Policy and Planning and providers to amend, if needed, the value-based purchasing scorecard for nursing facilities. This encourages nursing facilities to improve their quality of care.

Needs Assessment Summary

The Community Assessment Survey for Older Adults (CASOA™) is a survey assessing the strengths and needs of older adults, as reported by older adults themselves, administered by the National Research Center, Inc.[xiii] (see Attachment E). The survey was conducted in Indiana through a questionnaire mailed to a random sample of older Hoosiers in September 2017. Survey participants were asked to rate their overall quality of life, as well as aspects of quality of life in Indiana. 4,766 completed surveys were returned, equating to a 16% overall response rate. CASOA evaluated characteristics of the community and perceptions of safety. The questionnaire also assessed the individual needs of older residents and involvement by respondents in the civic and economic life of Indiana. CASOA was conducted in Indiana in 2013 as well which allows trend analysis to be done.

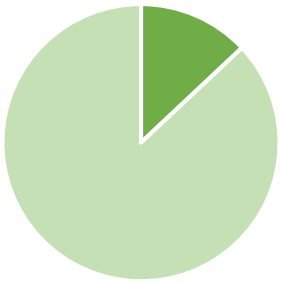
CASOA targeted a random sample of residents in households age 60 or older. Survey respondents represented older residents in each of Indiana's 16 planning and service areas. Half of respondents were between the ages of 60-69; 18% were ages 70-74; and 31% were ages 75 or older. Fifty-five percent of respondents were female and 91% were non-Hispanic white. Sixty-seven percent had lived in the community for more than 20 years. Thirty-six percent had household incomes less than $25,000 per year.

CASOA's results highlight a number of Indiana's strengths, challenges and opportunities for improvement focused on six community dimensions:

1. *Overall Community Quality*

This section assessed how residents viewed their community overall, their connection to their community, and how well they can access information and services offered by FSSA DA. Over 75% of respondents gave high rankings to their community as a place to live and would recommend it to others. Nearly 90% planned to remain in their community throughout retirement (Figure 3). However, only 44% gave high rankings to the overall quality of services provided to older adults. Overall, most aspects of community quality ranked lower in 2017 than 2013.

Figure 3: Overall Community Quality Results

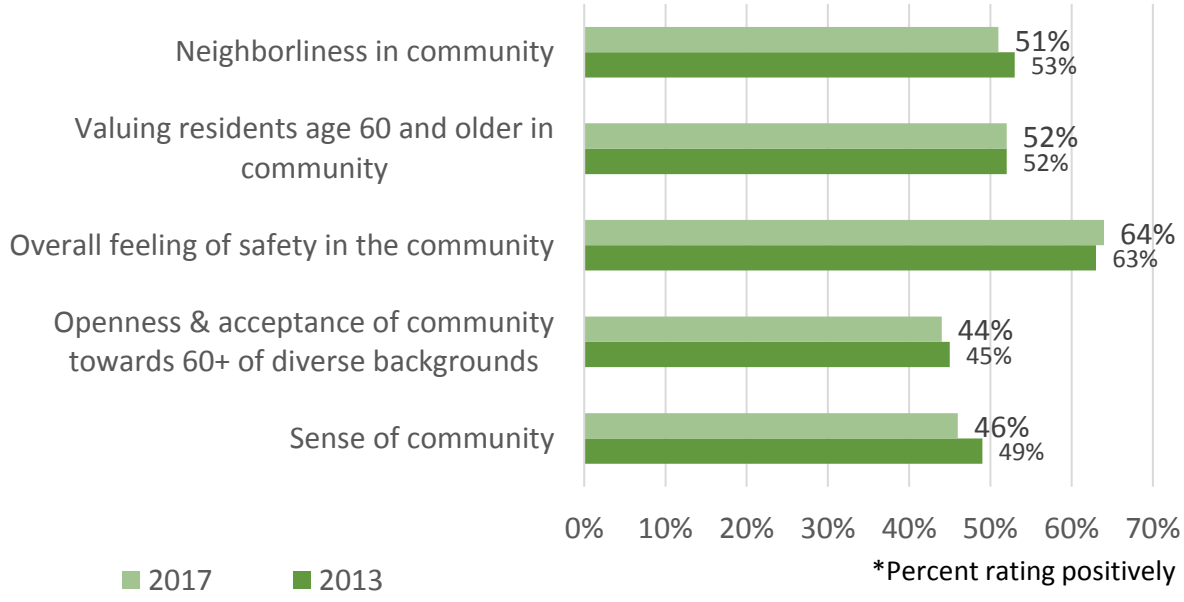


87% of older Hoosiers plan to remain in the community throughout retirement

2. *Community and Belonging*

This section explored respondents' sense of community, acceptance and value by others, and feelings of safety. Around 50% of respondents rated their sense of community, feeling valued by their community, and community neighborliness positively (Figure 4).

Figure 4: Older Hoosier Ratings of Community and Belonging*



Nearly a quarter (23%) reported being treated unfairly or discriminated against because of age. One-fifth reported problems with being the victim of fraud or a scam in the preceding 12 months which is a 14% increase from 2013 results.

3. *Community Information*

In this section, respondents' assessed the availability of information about older adult resources, as well as financial or other legal services. Fifty-two percent felt they were "somewhat" or "very" informed about services and activities available to older adults which is a slight decrease from 2013.

Table 1: Community Information Needs

Potential Problems*	2017	2013
Finding meaningful activities to do	37%	35%
Feeling like voice is heard	58%	57%
Finding meaningful volunteer work	33%	31%
Not knowing what services are available	64%	61%

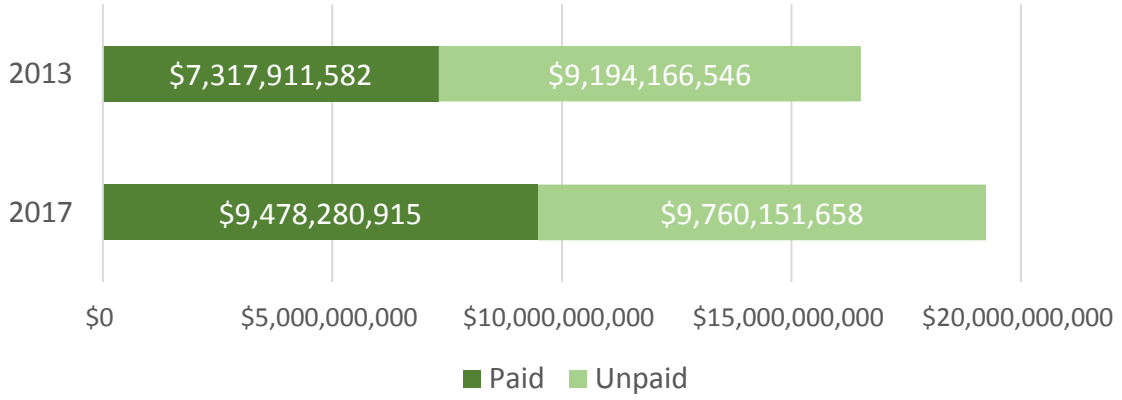
*Percent reporting issue at least a "minor" problem

Yet 64% reported problems knowing what services are available in their communities, representing a slight increase over 61% in 2013 (Table 1). Nearly 40% reported good financial or legal planning services.

4. *Productive Activities*

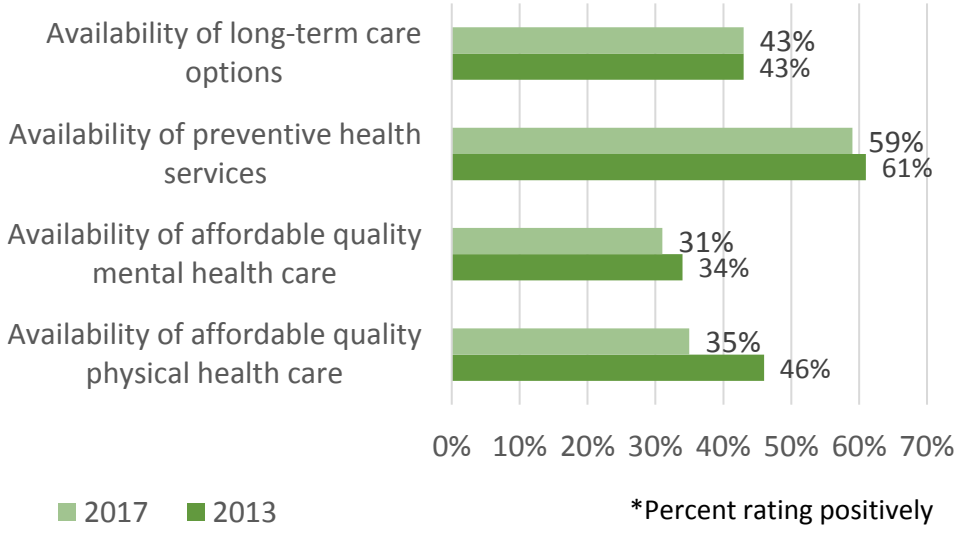
This section explored older adults' engagement in Indiana by looking at their participation in social and leisure programs, civic meetings, and volunteering or helping others. About 70% of respondents were fully retired, with half reporting minor problems finding interesting social activities to attend. Only about 1 in 10 used a senior center. Approximately 60% of respondents reported being caregivers for children, adults, or older adults. The average hours of care provided each week was between 9 and 11 hours. More than 25% felt burdened by their caregiving, either physically, emotionally, or financially. Thirty-four percent reported problems with having enough money to meet daily expenses. In Indiana, the value of paid and unpaid contributions by older adults totaled around $19 billion for one 12-month period (Figure 5).

Figure 5: Economic Contribution of Older Hoosiers



5. *Health and Wellness*
CASOA included questions pertaining to physical and mental health, independent living and health care in this section (Figure 6). The majority of respondents held positive perceptions of their overall physical and mental well-being. However, 37% reported problems with walking, eating, and meal preparation, 17% were no longer able to drive, and 20% reported falling or otherwise injuring themselves at home. Older Hoosiers were more likely to report being bored than peers nationally. Eight-seven percent had not used a senior center in the previous 12 months, 79% had not used a community recreation center and 91% had not visited a nutrition/meal site.

Figure 6: Availability of Health and Wellness Service Options*



6. *Community Design and Land Use* This section explored the notion of "livable communities," which are communities that have planned for the aging population. Forty-two percent reported good access to affordable, quality housing and varying options of housing. However, nearly one-quarter reported experiencing housing stress (housing costs equal to 30% or more of income). Additionally, some respondents reported problems related to "basic necessities of daily living including having safe and affordable transportation available (26%), having housing to suit their needs (19%) or having enough food to eat (14%). Daily living problems in Indiana were similar to

Table 2:
Community Design and Land Use Needs

Potential Problems*	2017	2013
Having safe and affordable housing	19%	14%
Having enough food to eat	14%	12%
Having housing to suit needs	26%	25%

*Percent reporting issue at least a "minor" problem

other communities across the nation" (Table 2).

Overall, of all the six assessed community dimensions, *Overall Community Quality* rated most favorably and *Community Information* rated least favorably. This demonstrates that while older Hoosiers recommend their communities as places to live and retire, there is a perceived discrepancy between what FSSA DA is offering to the older population and what they need or prefer as living options.

Stakeholder Engagement

In 2017, FSSA DA engaged in a robust stakeholder engagement process and qualitative and quantitative research to inform the development of the above-referenced HEA 1493 report. 1493 statute required FSSA DA to consult with stakeholders, including consumers, organizations representing consumers, and experts in the field of home- and community-based services (HCBS) to provide insight concerning the needs of Indiana residents seeking LTSS to allow the individuals to remain at home and in their communities.

Stakeholder engagement activities included:

- Meetings with 270 total participants in sixteen areas of the state, primarily home health and personal services agencies and AAA staff;
- Two days of public comment, with input from 34 organizations and individuals;
- An online survey of potential consumers and caregivers, case managers, and HCBS providers that 1,234 persons responded to; and
- Phone surveys of 998 current Aged & Disabled (A&D) Medicaid waiver participants, age 85+, and/or their caregivers.

This stakeholder input contributed extensively to the evaluation of the current state of HCBS in Indiana and in the development of potential actions to address any challenges and opportunities that exist in the provision of LTSS to Hoosiers, including this plan. Furthermore, Indiana's No Wrong Door planning efforts from 2015-2016 and the results of participation in the National Core Indicators of Aged and Disabled in 2016 (NCI-AD) (see Attachment F) provided support and direction for this plan.

In May 2018, FSSA DA held three in-person regional public listening sessions and one webinar to solicit feedback on the draft of this proposed 2019-2022 State Plan on Aging. Interested stakeholders also had the opportunity to share comments with FSSA DA via a designated email address. A summary of the feedback received at those sessions and the written comments submitted electronically are included as Attachment G.

GOALS, OBJECTIVES, STRATEGIES AND OUTCOMES

Data from the Kaiser Commission on Medicaid and the Uninsured[xiv] suggests that 70% of persons age 65 or older will need some type of long-term services and supports (LTSS). People aged 85 and over are four times more likely to need LTSS than persons aged 65-84. To prepare, there is a need to strengthen the service delivery system to ensure services are available and delivered as efficiently and effectively as possible.

FSSA DA has recognized fragmentation across not only LTSS, but all human service systems, and has been focused on building a "no wrong door" (NWD) system of service delivery. Through NWD, regardless of where they live in the state or who pays for their care, FSSA intends for individuals to have access to more information and improved opportunities to make informed choices about their services and supports. A key component of this is the path by which individuals access long term care information and services (see Figure A on page 2). The role of options counseling and ADRCs is central to these integrated pathways to LTSS.

Aging and Disability Resource Centers (ADRCs) in Indiana are currently located within the state's 16 Area Agencies on Aging (AAAs). Indiana's aging network is unique in that the AAAs have three primary roles for which FSSA DA provides oversight: AAA, ADRC, and case management entity. These roles often overlap or are intertwined.

There is an identified need to better define these roles and related expectations so there is a clear delineation of duties. For example, other than voluntary guidelines for ADRCs that were developed by the Indiana Association of Area Agencies on Aging around 2008, there has been little guidance provided to ADRCs about their role or operational and performance expectations. Also, there has been, prior to state fiscal year 2018 ADRC contracts, no defined accountability between FSSA DA and the ADRCs about the roles and responsibilities for each entity. Related to this is the lack of dedicated funding to support ADRC activities. While this is seen as a potential barrier, FSSA DA will continue to look for opportunities to leverage resources.

Furthermore, each AAA in Indiana has its own unique corporate identity, brand, and logo which creates challenges for individuals to even find the ADRC. In 2016, as part of NWD efforts, FSSA introduced a statewide identity, "INconnect," to create streamlined access to LTSS. This branding also went a step further to brand the ADRC network as the "INconnect Alliance." While there is the effort to establish a unified brand, the network is not yet functioning as a unified network.

FSSA DA has observed a wide variance in administrative capacity. As mentioned previously, the PSAs vary greatly in both population size and geographic size. Given that OAA resources are distributed through a population-based funding formula (see Attachment C), there is a

disparity in funding to each AAA. It is anticipated that if there was more balance in terms of capacity, the network as a whole would function more cohesively. It should be noted that Indiana has not implemented cost-sharing by recipients of OAA services, but accepts consumer contributions as part of program income. Indiana does not anticipate implementing cost-sharing for OAA services during this plan period. If cost-sharing is implemented, it will implemented in full compliance with the requirements of the OAA and ACL.

A recent Lewin Group study of Indiana's ADRCs[xv] highlighted inconsistent data collection and reporting practices across the state. In addition, the DA has observed wide variations and fluctuations in reporting within required OAA client and unit reporting (NAPIS), including year-to-year within the same AAA. This reflects the need to look for opportunities to enhance organizational and operational efficiencies.

Fifteen of the 16 AAAs have waivers with FSSA DA to provide direct services, such as OAA Title III-B transportation or Title III-C2 home delivered meals, in addition to the aforementioned three functions. This has led FSSA DA to develop efforts to mitigate the risk of direct service conflicts of interest. Additionally, FSSA DA has seen varied results and lack of consistency looking at Medicaid waiver enrollment data, leading to further questions regarding potential conflicts of interest and unintended bias due to the intertwined functions.

Person Centered Practices

An essential piece of FSSA DA's work is a person centered approach to service delivery. Baby Boomers have shaped many cultural expectations since the mid-20th century, frequently referred to as the "Me" generation. Therefore, this generation's expectations will drive all systems to more person centered practices. Nearly 95% of online survey respondents to a 2017 DA stakeholder survey indicated that remaining in their own home as they age was very important to them.[xvi] This State Plan recognizes the importance of discovering the individualized needs and preferences of service participants and works to further infuse person centered thinking and practices into the service delivery system.

In 2015, FSSA DA began planning for the integration of person centered practices into the care management system, with the long range goal of embedding this culture systemically. In collaboration with The Lewin Group, FSSA DA has trained approximately 550 care managers and options counselors throughout the AAA and ADRC network on the concept to improve the quality of interactions and support consumer control and choice. Additionally, in 2017 Indiana Code 12-10-10 was updated to specify person centered planning for CHOICE. During the next four years, this momentum will continue throughout efforts to meet the needs of the growing population of older Hoosiers.

"We are committed at FSSA to streamlining our processes so that the basic social and health needs of our members are met in a way that does not add to the stress of their daily lives. This is a commitment to Governor Holcomb's unofficial "Sixth Pillar" of Civility that calls on all of us to be respectful to our fellow man, regardless of their circumstance, and sometimes more respectful because of their circumstance. Research demonstrates that streamlined access to unmet social needs facilitates earlier success in sustainable independence from social services."

Jennifer Walthall, MD MPH
Secretary, Indiana Family and Social Services Administration, 1/19/2018

GOAL 1: Improve the performance of Indiana's aging network to efficiently and effectively meet the needs of its growing senior population.

Objective 1.1: Increase accountability and consistency within the AAA network.

- Strategy: Update Indiana Administrative Code 455 IAC 1, 2, and 3 and FSSA DA policy and procedure manual.
- Strategy: Develop and utilize AAA performance "report cards" to increase transparency.
- Strategy: Develop and utilize Title III grant agreements that include more specific deliverables tied to individual AAA Area Plans on Aging.
- Strategy: Implement CaMSS, a new data collection and care management system.

Objective 1.2: Evaluate existing network and funding structure to look for opportunities to improve efficiencies and effectiveness of the service delivery system.

- Strategy: Review existing planning and service area designations.
- Strategy: Examine intrastate funding formula (IFF) used for Older Americans Act funding to ensure sufficient targeting of resources to those with greatest social and economic need (see Attachment C for current IFF).

Objective 1.3: Using tools from ACL's Business Acumen Initiative (BAI), Aging and Disability Business Institute, Disability Network Business Acumen Resource Center at NASUAD, and other identified resources, define the state's role to ensure state and federal dollars are used appropriately.

- Strategy: Develop and implement plans to mitigate risk.

Objective 1.4: Increase pathways to information and support to ensure people have choices and options to meet their long-term care needs.

- Strategy: Build partnership with 211 for community resources and Information and Assistance support.
- Strategy: Continue to build and develop the INconnect Alliance website as a virtual ADRC.
- Strategy: Establish guidelines and best practices for warm hand-offs between ADRCs and the provider network to ensure quality and consistency.
- Strategy: Collaborate with FSSA Division of Disability and Rehabilitative Services (DDRS), Governor's Council for People with Disabilities, Indiana Centers for Independent Living, and other stakeholders to ensure the objective's efforts include people with disabilities of all ages.

Objective 1.5: Increase accountability and capacity within the ADRC network.

- Strategy: Establish more robust, transparent methodology to designate ADRC.
- Strategy: Develop and utilize ADRC performance "report cards" to increase transparency.
- Strategy: Maximize resources available for ADRC activities.

Objective 1.6: Develop and implement statewide care management standards to ensure clear expectations and professional ethics in serving high quality care management services.

- Strategy: Define components of the standards.
- Strategy: Research applicability protocols.
- Strategy: Introduce to network care managers.

Objective 1.7: Develop and implement integrated care management systems.

- Strategy: Research possible models.
- Strategy: Develop a care management advisory committee comprised of ongoing care managers.
- Strategy: Explore new and/or enhanced partnerships with the health care community, including community health workers, to integrate health care with LTSS.

Objective 1.8: Continue integration of person centered thinking practices into care management.

- Strategy: Identify and integrate credentialed Person-Centered Thinking (PCT) trainers, coaches, and mentor certified PCT to support the care management network.
  Strategy: Research population-specific certifications for specialized care management to include more specialized skills and knowledge (e.g. TBI, caregiver, dementia, etc).

Measures:

- By SFY 2020, publish AAA-specific and ADRC-specific report cards, and thereafter on an annual basis.
- By December 2018, new care management standards implemented.

- By the end of SFY19, identify nine-12 PCT trainers and two mentor-certified PCT trainers.
- In SFY 2019, establish baseline and methodology for website analytics related to the INconnect Alliance website and develop targets based on baseline information.
- By end of SFY 2022, demonstrate a reduction in wait lists and increase in number of service participants.
- By end of SFY 2022, demonstrate improvements in participant satisfaction and access to information as indicated via a survey such as CASOA or NCI-AD.
- By end of SFY 2022, demonstrate a decrease in low-need individuals receiving services in skilled nursing facilities.
- Additional possible measures: increase in number of case management clients (options counseling) and information and assistance contacts; average expenditure per unit of service; number and percent of participants' service plans that address participants' assessed needs and personal goals; number and percent of participants that are afforded choice between/among HCBS and institutional care

GOAL 2: Support caregivers' ability to provide ongoing informal supports.

Family caregivers play an integral role in providing the day-to-day care and support that keeps people in their homes and communities. According to the AARP Public Policy Institute and the National Alliance for Caregiving,[xvii] nearly one million family caregivers in Indiana in 2013 provided care to an adult with limitations in daily activities at any given point in time, and over 1.3 million provided care at some time during the year. The estimated economic value of their unpaid contributions was approximately $9.4 billion in 2013. The recent CASOA survey revealed approximately 60% of respondents reported being caregivers for children, adults, or older adults, providing between 9 and 11 hours of care each week. More than 25% felt burdened by their caregiving, either physically, emotionally, or financially.

During last fall's public comment period and in the online survey, stakeholders communicated that caregivers feel ill-equipped to safely provide some of the hands-on care that is required. They shared that the burden of caregiving can feel quite overwhelming. Caregivers shared stories of their work being impacted by the responsibilities associated with being a caregiver, including job loss. When these caregivers die, become ill, or give up due to stress or economic challenges, risk of nursing facility placement escalates sharply. Additionally, with nearly 90% percent of CASOA respondents indicating they wish to remain in their communities, caregivers play a significant role in meeting older adults' personal preferences. This suggests that the investment of resources to support caregivers may be worthwhile.

During the stakeholder engagement process, caregivers and other advocates spoke strongly about the need for education and other services that support and prolong unpaid caregivers' ability to continue in their caring role, thereby preventing or delaying nursing facility placement. They underscored the value of services such as Title III-E respite, which can provide caregivers the opportunity to have a break. The needs of caregivers are not routinely assessed by the ADRCs.

In addition, a strong theme throughout the stakeholder input process was the challenge of hiring and retaining an adequate number of qualified workers to meet service needs. According to data provided by Milliman,[xviii] we expect the population age 65 and older in Indiana to increase between 2015 and 2030 by almost 43%. According to workforce data gathered by the Paraprofessional Healthcare Institute (PHI),[xix] by 2024, the direct service workforce is anticipated to increase by only 23%. This suggests that the workforce will not be adequate to meet the needs of the growing population. HCBS supplement the care and support provided by informal caregivers; they often go hand-in-hand. HCBS are cost-effective relative to nursing facility care in part due to the presence of informal caregivers. Informal caregivers prolong their support due to assistance from HCBS.

FSSA DA currently supports caregivers through OAA Title III-E funded-services, as well as indirectly through waiver-funded Structured Family Care and Consumer-Directed Attendant Care. Over the next four years, FSSA DA plans to further support caregivers' ability to provide ongoing informal supports as follows:

Objective 2.1: Expand, improve, and implement new supports for informal caregivers.

- Strategy: Assess the implementation and effectiveness of Title III-E programming throughout the state.
- Strategy: Select and implement an evidence-based caregiver assessment tool and/or other evidence-based programs.
- Strategy: Explore opportunities for partnerships and funding to enhance caregiver training on issues related to hands-on care.
- Strategy: Explore collaborations with the Corporation for National and Community Service and other entities to leverage resources for caregiver support.
- Strategy: Explore the possibility of implementing a Medicaid HCBS program focused on at-risk individuals not yet at nursing facility level of care.
- Strategy: Enhance Title III-E services for grandparents and older relatives caring for children of parents dealing with mental health and/or addiction issues.

Objective 2.2: Increase awareness around caregiving issues.

- Strategy: Create and promote a comprehensive resource site for family caregivers, including links to training resources, on Indiana's www.INconnectAlliance.org website.

- Strategy: Work with stakeholders such as the governor's Commission on Aging, Long Term Care Transformation Workgroup, AAA and ADRC network, and more to create a short-term task force to create and implement a statewide plan on caregiving.
- Strategy: Increase awareness of existing LTSS, such as Title III-B personal care, homemaker, adult day services, etc., which serve as supports for informal caregivers.

Measures:

- In SFY 2019, establish baseline and methodology for website analytics related to the INconnect Alliance website caregiver resource page and develop targets based on baseline information.
- In SFY 2019, establish baseline and targets for increase in number of caregivers of older adults and older relatives caring for children served through the OAA Title III-E program.
- By SFY 2021, complete a review of Title III-E programming with recommendations for enhancements.
- By SFY 2022, implement strategies identified in review of Title III-E programming.
- By SFY 2022, demonstrate improvements in caregiver self-efficacy.

GOAL 3: Enhance the current dementia care or specialty care competencies.

Between 2018 and 2025, it is projected that Indiana will experience an 18.2% increase in the number of Hoosiers aged 65+ living with Alzheimer's Disease, bringing the total to 130,000.[xx] In 2017, 338,000 caregivers provided unpaid care valued at $4,857,000,000. The impact the growing prevalence of Alzheimer's disease and other dementias will have on the system of structured and unstructured care cannot be understated.

The Older Americans Act requires a special emphasis on older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, as well as on the caregivers of these individuals. In Indiana, services such as adult day services, offer person-centered supports to persons who want to remain in the community despite a chronic condition, providing caregivers peace of mind knowing their loved ones are looked after during the day. Adult day services provide stability for caregivers and can allow them to continue working. It can also aid in maintaining a person's mental and physical capabilities and delay their admission to a nursing facility. The service is not heavily utilized, serving only 75 non-waiver and 739 A&D waiver clients in FFY17.[xxi] It is not clear why the service is not utilized more.

Title III-E of the OAA funds caregiver supports such as information and access, counseling, training, support groups and respite services. Caregivers of persons with dementia benefit from

these services but there is an opportunity to increase efforts to target these resources to this population and their caregivers.

In addition, while Indiana already provides services to assisted living enrollees with Alzheimer's disease or related disorders, the state is required to amend its administrative code to ensure compliance with the Medicaid HCBS Settings Rule. The Settings Rule is a federal regulation adopted by the Centers for Medicare and Medicaid Services (CMS).[xxii] The Settings Rule requires states to make sure providers are in compliance with the different provisions of the Settings Rule by March 17, 2022.[xxiii] A central point of the Settings Rule is to define HCBS and in the process differentiate HCBS from institutional facilities.[xxiv] In addition to physical settings, the Settings Rule also requires Person Centered Service Planning ("Service Planning").[xxv] The Service Planning process includes not only the health needs of the participant but also the preferences and the goals of the participants.[xxvi] This process also includes LTSS necessary for the participant's goals, preferences, and personally defined outcomes.[xxvii]

Objective 3.1: Increase professionals' awareness of dementia-related issues and challenges.

- Strategy: Identify and pursue grant opportunities support training and education efforts.
- Strategy: Explore opportunities to partner with organizations such as the Alzheimer's Association to provide training to professional groups (i.e. DHS).
- Strategy: Utilize technology to provide person-centered trainings and resources to professionals to enhance understanding and capability of managing situations related to persons with dementia.
- Strategy: Identify and share a basic assessment or screening tool to help emergency personnel and law enforcement recognize dementia.
- Strategy: Identify a competency standard required by case managers on dementia and other cognitive impairments.
- Strategy: Explore opportunities to participate in and support Dementia Friendly America efforts in communities across the state.

Objective 3.2: Expand alternatives to secured memory care in congregate settings.

- Strategy: Define requirements for facilities to ensure individuals are able to maximize their personal autonomy.
- Strategy: Support and facilitate person-centered training and programming to promote dementia capability.
- Strategy: Collaborate with ISDH on regulatory structure regarding memory care in congregate settings.

Objective 3.3: Increase educational opportunities and resources for consumers and their families.

- Strategy: Enhance related resources on the INconnect Alliance website, www.INconnectAlliance.org.

- Strategy: Work with the AAAs to explore options for using Title III-B, Title III-D or Title III-E funds to enhance dementia-care capabilities, including the possible addition of new Area Plan requirements.

Measures:

- In SFY 2019, establish baseline and methodology for website analytics related to the INconnect Alliance website and develop targets based on baseline information.
- In SFY 2019, establish baseline and target for number of emergency personnel and law enforcement educated on dementia-related issues.
- In SFY 2019, establish baseline and target for number of consumers and their families reached through educational opportunities and resources.
- By SFY 2022, increase number of training and resources for professionals related to persons with dementia.
- By SFY 2022, amend administrative code to comply with the Medicaid HCBS Settings Rule.

GOAL 4: Strengthen statewide systems for advocacy and protection of older adults.

Similar to within the AAA and ADRC networks, opportunities exist to improve the effectiveness and efficiencies of the elder rights system in Indiana.

State Long Term Care Ombudsman

Population trends indicate increased need for long-term care residential settings ranging from skilled care in nursing facilities to optional settings to encourage independence and autonomy of the resident in community-based settings that may be adaptive or inconsistent in service delivery to meet diverse needs. The roles of the Ombudsmen will have to evolve as the range and type of residences expand. The Long Term Care Ombudsman will be called upon to assist this broad range of residents and their concerns, complaints and problems. However, the Ombudsman's primary focus is likely to remain in nursing facilities where residents tend to be more frail, confused and at greater risk of having their rights violated. The ability to respond adequately to diverse needs of residents in the evolving variety of settings is strained now and will be even more strained going forward.

The recommended national ratio of Ombudsman FTE to nursing facility beds is one Ombudsman for every 1,000 occupied beds or one Ombudsman for every 2,000 licensed beds regardless of occupancy levels. Indiana's program is functioning at 35-50% below that level without considering the number of residents in Assisted Living and RCAP facilities that need to be included in their case-mix and responsibilities. Due to the staffing difficulties experienced in

state fiscal year 2017 and to enable flexibility in staffing, the State Long Term Care Ombudsman program will explore opportunities to streamline the program's administration.

Adult Protective Services

Based on reported statistics, 11% of those 60 years old and over, suffer from some form of abuse each year.[xxviii] This would mean that in 2030 potentially 157,287 Hoosiers, 65 and over, could suffer from abuse in a period of one year.

Indiana has seen a steady increase in the number of allegations investigated in the past ten years. In 2017, APS received 19,958 calls for service related to battery, neglect, or exploitation of endangered adults. Of those calls, 11,240 cases were opened.[xxix] In 2017, APS investigated 2,276 allegations of battery, a 2% increase over the previous year, and 6,966 total cases of neglect (neglect and self-neglect), which is a 10% increase from the previous year.[xxx] In addition, APS investigated 2,519 allegations of exploitation, a 13% increase over the previous year. One-fifth of CASOA survey respondents reported problems with being the victim of fraud or a scam in the preceding 12 months, up from 14% in 2013.

What these statistics signify is that in order to provide the overall necessary services to protect the growing number of endangered adults in Indiana, Adult Protective Services needs to begin strengthening statewide systems now in order to provide protection to vulnerable Hoosiers for years to come. This will be accomplished through the outlined objectives and strategies listed below.

Objective 4.1: Streamline administration of the Title VII Ombudsman program to allow for greater efficiencies and increased responsiveness to long-term care residents.

- Strategy: Working with the State Long Term Care Ombudsman through an open procurement process, solicit applications for the provision of local Ombudsman services.
- Strategy: Refine data management and reporting, through integration of Ombudsman data into CaMSS or another data management system to track and coordinate referrals and resident historical data while maintaining required confidentiality.
- Strategy: Finalize and implement Indiana Administrative Code and policies in line with Indiana's new statute and reflecting federal Ombudsman regulations.
- Strategy: Create streamlined training focused on the new Ombudsman and nursing facility regulations.

Objective 4.2: Facilitate and define expectations to establish statewide consistency for Indiana's Adult Protective Services.

- Strategy: Create and implement shared definitions and standard operating procedures consistent with recommended national quality standards.
- Strategy: Establish caseload and staffing requirements at the APS unit level for program consistency and as a baseline for resource distribution.

- Strategy: Refine case management and reporting database, through CaMSS or another data management system.
- Strategy: Develop and implement ongoing systems of hiring and training based on core competencies by continuing to work on the existing training program that was modified by the Division of Aging in SFY 2017.

Objective 4.3: Increase coordination between Adult Protective Services and other human service entities.

- Strategy: Partner with Indiana's Division of Disability and Rehabilitative Services, Division of Mental Health and Addiction, Office of Medicaid Policy and Planning, State Department of Health, and other stakeholders to create multi-disciplinary teams.
- Strategy: Through education and communication, develop more effective referrals and hand-offs between the INconnect Alliance and APS.
- Strategy: Explore opportunities for cooperation and collaboration with Indiana's Ombudsman program's response to abuse, neglect and exploitation of residents in long-term care facilities.
- Strategy: Enhance the role of the Legal Assistance Developer within Indiana's aging network.

Objective 4.4: Increase capacity and expertise in ability to investigate and resolve allegations of financial exploitation.

- Strategy: Explore feasibility of a designated financial exploitation unit within the APS system.
- Strategy: Explore opportunities for new collaborations with Indiana's Senior Medicare Patrol, Title III-B legal assistance, Indiana's Legal Assistance Developer, law enforcement, health care, and financial institutions.

Measures:

- By July 1, 2019, the State Long Term Care Ombudsman will procure one or more non-profit agencies to provide local Ombudsman services.
- By 2020, a statewide multi-disciplinary team for APS will be created.
- By 2021, there will be improvement in data accuracy evidenced by a reduction in missing data (baseline to be established).
- By 2021, 100% of APS staff trained on updated competencies and requirements.
- By 2022, there will be an increase in the number of financial exploitation cases investigated (baseline to be established).
- Additional possible measures: Number and percent of sentinel incidents, including abuse, neglect, and exploitation (A-N-E), that are monitored to appropriate resolution; number and percent of participants that report they are free from abuse, neglect, and exploitation (A-N-E).

GOAL 5: Institute policies and evidence-based programs to positively impact social determinants of health.

According to Healthy People 2020,[xxxi] "social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Examples include transportation options, housing options, and social support and interactions. FSSA has recognized the importance of the role these conditions play in the lives of Hoosiers, recently forming a new Office of Social Determinants of Health.

The movement in America towards designing more "livable" communities – those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces and more human-scale design – will become a necessity for communities to age successfully. Generally, communities that have planned for older adults tend to emphasize access and to facilitate movement and participation by locating services in or close to residences, providing convenient transportation alternatives and making walking routes attractive.

Community Assessment Survey for Older Adults™[xxxii]

The CASOA survey explored various areas related to social determinants of health. Forty-two percent of respondents reported good access to affordable, quality housing and a good variety of housing options. However, nearly one-quarter reported experiencing housing stress (housing costs equal to 30% or more of income). As noted previously, 94.9% of online survey respondents indicated that remaining in their own home as they age was very important to them. People lose their housing for a variety of reasons. They may have to sell their house, or cease making rent or mortgage payments in order to meet Medicaid requirements for nursing facility care, leaving them nowhere to transition to at a later date. Furthermore, an individual's home may not be safe, accessible, or otherwise appropriate to meet their needs once they have declined in their function or developed a disability due to age or illness. The loss of housing contributes to a person's risk of institutionalization.

Modification of existing housing may enable a person to remain safely in their current home. Such modifications can range from simple assessment for things like trip hazards and the installation of grab bars, to the construction of ramps or more comprehensive modifications such as bathroom remodels to ensure safe bathing conditions. These services are funded through the OAA and other sources.

Housing for seniors and other special needs populations has been an area of focus for the Indiana Housing and Community Development Authority (IHCDA). DA has recently begun to collaborate with IHCDA to develop solutions to some housing challenges. This collaboration has included the formation of a housing workgroup; increased promotion and utilization of housing vouchers in support of Money Follows the Person to aid people in transitioning out of nursing facilities, and the development of "affordable assisted living." DA plans to continue to collaborate with IHCDA to develop and promote the availability of affordable and accessible housing stock. Future opportunities for growth include providing education for options counselors on housing options and how to assist consumers in retaining their own home in a safe manner, as well as accessing other housing solutions.

Additionally, CASOA survey respondents reported problems related to other basic necessities of daily living, including having safe and affordable transportation available (26%) or having enough food to eat (14%). In online stakeholder surveys and meetings with providers, the following transportation challenges were identified:

- Non-emergency ambulance transportation is not available in many areas of the state;
- There is an unmet need for transportation on weekends;
- Providers are unable transport people across county lines;
- People experience difficulty in coordinating medical versus nonmedical appointments; and
- There is a lack of options for persons in wheelchairs.

Remaining in a home or community-based setting requires an ability to get around. Yet, as mentioned above, limitations exist on the available transportation options, particularly non-medical transportation. As one AAA Director stated, "People can get to the doctor's office, but can't stop at the pharmacy to pick up the prescription on the way home."

The ability to address the above issues is underscored by the need to be aware of what services are currently available within the state. Yet, according to CASOA, 64% of respondents reported problems knowing what services are available in their communities, representing a slight increase over the 61% in 2013. Additionally, people are largely unsure of how the system of long term care works and who pays for it. Advance planning helps individuals prepare financially and also helps to ensure that their individual needs and preferences are met. Only 40% of CASOA respondents reported the availability of good financial or legal planning services in their communities.

Objective 5.1: Support healthy, aging-friendly communities.

- Strategy: Develop and implement a plan to maximize Title III-D funding for evidence-based health promotion activities.

- Strategy: Maintain a presence "at the table" to ensure that the needs and preferences of older adults and persons with disabilities are considered in the state's response to the opioid crisis.
- Strategy: Coordinate with community stakeholders to explore the development of aging-friendly communities throughout Indiana.
- Strategy: Increase expectations regarding emergency response and disaster preparedness planning for the AAA and ADRC network.
- Strategy: Explore opportunities to participate in and support Dementia Friendly America efforts in communities across the state.

Objective 5.2: Provide access to information on a variety of housing options that support individuals with long-term care needs.

- Strategy: Continue partnership with the Back Home in Indiana Alliance and the Money Follows the Person Housing Committee to work to ease transitions from nursing facilities to home and community-based settings.
- Strategy: Collaborate with IHCDA and others to expand quality, affordable housing options.
- Strategy: Utilize the INconnect Alliance website to share information on housing options.
- Strategy: Further educate options counselors on housing options and how consumers can retain their own home in a safe fashion, or to access other housing solutions.
- Strategy: Partner with other FSSA divisions and the Indiana State Department of Health to submit the State Transition Plan to the Centers for Medicare and Medicaid (CMS) to comply with the federal Settings Rule by the March 17, 2022 deadline.

Objective 5.3: Expand access to non-medical transportation.

- Strategy: Explore opportunities to ensure person-centered service delivery for DA-funded transportation programs.
- Strategy: Determine priority gaps in transportation service to better target transportation dollars.
- Strategy: Explore opportunities for new solutions to transportation issues.
- Strategy: Engage stakeholders, such as Indiana Department of Transportation, IHCDA, and other FSSA Divisions, to create a state plan on transportation.

Objective 5.4: Improve utilization of and access to the Title III-C nutrition programs to support access to healthy meals.

- Strategy: Provide training and technical assistance to support modernization of the Title III-C nutrition program throughout Indiana, including enhanced efforts to reach rural populations.

- Strategy: Explore opportunities for partnerships to enhance nutrition education throughout the aging network.

Objective 5.5: Educate Hoosiers on the importance of planning for long-term care needs, including advance care planning (advanced directives) and information regarding long-term care insurance.

- Strategy: Collaborate with the Department of Insurance and OMPP to update Medicaid Partnership policies.
- Strategy: Work to promote awareness and encourage employers to offer long-term care benefits.
- Strategy: Train AAA and ADRC staff on advance care planning discussions.
- Strategy: Identify a competency standard required by case managers on advance care planning decisions.

Measures:

- In SFY 2019, establish baseline and methodology for website analytics related to the INconnect Alliance website and develop targets based on baseline information.
- By SFY 2019, demonstrate an increase in annual transitions from nursing facilities to home and community-based settings.
- By SFY 2022, demonstrate an increase in utilization of non-medical transportation.
- By SFY 2022, establish benchmarks and consistent valuation of in-kind resources impacting congregate meal costs in Indiana.
- By SFY 2022, demonstrate enhancements in the provision of nutrition education.
- By SFY 2022, implement a competency standard required by case managers on advance planning decisions.

QUALITY MANAGEMENT

All providers, including the AAAs, are monitored through surveys conducted by the Division of Aging (DA) at a minimum of every three years to assure compliance with Indiana Administrative Code 455 IAC Article 2.[xxxiii] This recurring review evaluates each agency's personnel and operational policies, hiring practices, incident reporting, and complaint resolution procedures.

FSSA DA is working to standardize and update the monitoring tools and processes across its programs. The goal is to not only ensure compliance, but to incorporate quality measures into the review process. FSSA DA intends to develop and utilize AAA performance "report cards." Key data and information will be shared to increase transparency.

FSSA DA's policy and procedure manual has not been through a systematic update in over a decade. As described in Goal 1, Objective 1.1. (see page 14), FSSA DA will review and update policies and procedures as needed to allow for clearer expectations and guidelines. Further, FSSA DA will be revising policies and procedures to ensure compliance with the aforementioned Settings Rule (see page 16).

Also in Goal 1, Objective 1.1., FSSA DA intends to develop and utilize Title III grant agreements that include more specific deliverables tied to individual AAA Area Plans on Aging. AAAs submit Area Plans on Aging to FSSA DA as required by the OAA.[xxxiv] Similar to this State Plan on Aging, the Area Plan outlines an AAA's proposed activities in their service areas on behalf of older adults. Linking the Area Plans to the grant agreements will lead to increased accountability. With that, it is anticipated that the information gathered will be able to be used to review program implementation for trends and opportunities for improvement.

Data Collection

FSSA DA uses INsite, an in-house software program for most data collection and reporting. INsite is a twenty-year-old FoxPro-based system, a technology that is quite outdated. INsite, also used by two other FSSA divisions, is limited in its ability to provide real time data across all levels and all organizations. For the last few years, FSSA DA has been working to design and implement a new system, CaMSS. There have been several delays with its development, though deployment of the new system is expected later in calendar year 2018. It is anticipated that, with CaMSS implementation, there will be better integration of data across all funding sources. Further, it is expected that data collected for the State Program Report (SPR) will increase in accuracy. FSSA DA has linked aspects of the SPR reporting requirements to the AAA claims process. The intent has been to create a clearer connection between funding and service delivery, resulting in less missing service unit data.

In 2016, FSSA DA introduced the interRAI™ holistic assessment, which is linked to the INsite database (and will eventually be to CaMSS). With the interRAI™, care managers collect a breadth of information, including the required information for participant characteristics in the SPR. In order to complete an assessment for services, care managers are required by the system to gather that information.

Remediation

As part of the monitoring process, FSSA DA introduced a revised correction action plan process in 2018 for its Medicaid waiver providers. With any management deficiencies identified in the aforementioned compliance review, agencies must file a corrective action plan within a stated time frame. After the plan is accepted, follow-up is conducted to assure implementation.

FSSA DA has identified other data collection issues, particularly with respect to the data necessary for the State Program Report (SPR), which exist outside of software limitations. There is a continued need to provide training and education to AAA staff and monitor potential data gaps more closely throughout the year. FSSA DA staff members continue to work one-on-one with AAAs to correct data issues as they arise, specifically with preparation of the SPR.

Continuous Improvement

FSSA DA is working to better utilize incident reporting data in order to address quality of services, improve health and safety, and drive better outcomes. Incident report data provides information on instances of alleged abuse, neglect, exploitation, service delivery concerns, falls, nursing facility placement and suicide. Through systematic reviews of the data, FSSA DA is in the process of developing relevant training and education to lead to continuous improvement.

FSSA DA is committed to improving its quality assurance and quality improvement efforts related to care management activities. FSSA DA has coordinated with The Lewin Group, National Certified PCP Trainers and Indiana PCP certified trainers to merge person centered practices and discovery tools with the interRAI™ holistic assessment. In receiving critical feedback from the care managers and options counselors after interRAI implementation in 2016, the DA realized needing more exploration into bridging PCP with the interRAI assessment tool. The beginning of 2018 the Indiana PCP Certified trainers tested a pilot assessment guide in using PCP with the interRAI. The testing and findings were completed in February 2018. In the Spring/Summer of 2018 the Indiana PCP certified trainers will launch a training to the care managers and options counselors on PCP integration, lessons learned, and best practices to engage during the assessment process.

For the third time, FSSA DA is participating in the National Core Indicators – Aging and Disabilities (NCI-AD)™[xxxv] effort. The core indicators are standard measures used by State Medicaid, aging, and disability agencies in multiple states to track performance. Data is gathered through in-person interviews of individuals receiving publicly funded services, including those in

skilled long term care facilities, Medicaid waiver and state plan programs, state-funded services, and Older Americans Act programs. The primary goals through the data collection is to obtain information to strengthen LTSS policy and support continuous quality improvement.

REFERENCES

[i] Older Americans Act of 1965, as amended, Title III, Sec. 307.

[ii] Family and Social Services Administration – Division of Aging. (October 2017). *Home and Community Based Services Report*. Retrieved from http://www.in.gov/fssa/da/5004.htm.

[iii] Kaiser Commission on Medicaid and the Uninsured. Retrieved from http://www.kff.org/about-kaiser-commission-on-medicaid-and-the-uninsured/

[iv] Administration for Community Living, Aging Integrated Database (2015). *Profile of State OAA Programs: Indiana* [Data file]. Retrieved from https://agid.acl.gov/StateProfiles/Profile/Pre/?id=16&topic=1&years=2015.

[v] AARP and National Alliance for Caregiving, Public Policy Institute. (June 2015). *Caregiving in the United States 2015*. Retrieved from http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf.

[vi] Administration for Community Living, Aging Integrated Database (2015). *Profile of State OAA Programs: Indiana* [Data file]. Retrieved from https://agid.acl.gov/StateProfiles/Profile/Pre/?id=16&topic=1&years=2015. .

[vii] Milliman forecast data to FSSA DA

[viii] Older Americans Act of 1965, as amended, Title III, Sec. 305.

[ix] Administration for Community Living, Aging Integrated Database (2015). *Profile of State OAA Programs: Indiana* [Data file]. Retrieved from https://agid.acl.gov/StateProfiles/Profile/Pre/?id=16&topic=1&years=2015.

[x] Batalova, Jeanne and J. Zong. Migration Policy Institute. (July 8, 2015). *The Limited English Proficient Population in the United States*. Retrieved from https://www.migrationpolicy.org/article/limited-english-proficient-population-united-states/#Distribution by State

[xi] Indiana Family and Social Services Administration, Division of Aging. (February 1, 2018). *Adult Protective Services: Annual Report* (IC 12-10-3-30).

[xii] Indiana Family and Social Services Administration, Office of General Counsel. (2017). *Annual Report: Long Term Care Ombudsman Program*.

[xiii] National Research Center, Inc. (2017). *Community Assessment Survey for Older Adults™ – Indiana Family and Social Services Administration 2017*. Boulder, CO.

[xiv] Kaiser Commission on Medicaid and the Uninsured. Available at http://www.kff.org/about-kaiser-commission-on-medicaid-and-the-uninsured/

[xv] The Lewin Group, Inc. (June 30, 2017). *Indiana Aged and Disabled Resource Center (ADRC) Data Summary Report and Data Quality Memo*.

[xvi] Family and Social Services Administration – Division of Aging. (October 2017). *Home and Community Based Services Report*. Retrieved from http://www.in.gov/fssa/da/5004.htm.

[xvii] AARP and National Alliance for Caregiving, Public Policy Institute. (June 2015). *Caregiving in the United States 2015*. Retrieved from

http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf

[xviii] Milliman forecast data to FSSA DA

[xix] Paraprofessional Healthcare Institute (PHI). (2017). *Workforce Data Center*. Retrieved from https://phinational.org/policy/states/indiana/.

[xx]Alzheimer's Association. (2018). *Alzheimer's Statistics Indiana*. Available at https://www.alz.org/documents_custom/facts_2018/statesheet_indiana.pdf?type=interior_map&facts=undefined&facts=facts.

[xxi] Administration for Community Living/Administration on Aging. (October 1, 2016 – September 30, 2017). *State Reporting Tool*. Retrieved from www.agid.acl.gov.

[xxii] 42 CFR Parts 430, 431, 435, 436, 440, 441 and 447.

[xxiii] CMS, Informational Bulletin, May 9, 2017, *https://www.medicaid.gov/federal-policy-guidance/downloads/cib050917.pdf*.

[xxiv] 79 FR 11, p. 2952, *available at* https://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf; CMS, Q&A, Question 10, https://www.medicaid.gov/medicaid/hcbs/downloads/final-q-and-a.pdf

[xxv] 42 CFR § 441.725; CMS, Fact Sheet, Jan 10, 2014, https://www.medicaid.gov/medicaid/hcbs/downloads/final-rule-fact-sheet.pdf.

[xxvi] CMS, Fact Sheet, Jan 10, 2014, https://www.medicaid.gov/medicaid/hcbs/downloads/final-rule-fact-sheet.pdf.

[xxvii] *Id.*

[xxviii] Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging. (2011). *Under the Radar: New York State Elder Abuse Prevalence Study. Self-reported prevalence and documented case surveys* [Final Report]. Retrieved from http://www.lifespan-roch.org/documents/UndertheRadar051211.pdf

[xxix] Indiana Family and Social Services Administration, Division of Aging. (February 1, 2018). *Adult Protective Services: Annual Report* (IC 12-10-3-30).

[xxx] *Id.*

[xxxi] Healthy People 2020. *Social Determinants of Health*. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

[xxxii] National Research Center, Inc. (2017). *Community Assessment Survey for Older Adults™ – Indiana Family and Social Services Administration 2017*, p. 24. Boulder, CO.

[xxxiii] Indiana Administrative Code 455 IAC Article 2

[xxxiv] Older Americans Act of 1965, as amended, Title III, Sec. 306.

[xxxv] National Core Indicators – Aging and Disabilities (NCI-AD ™). Retrieved from https://nci-ad.org/.

INDIANA STATE PLAN ON AGING
Federal Fiscal Years 2019-2022

State Plan Guidance
Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--…

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging…Each such plan shall--
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --
(I) identify the number of low-income minority older individuals in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—
(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:...
(3) The plan shall--
(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --
(A) the plan contains assurances that area agencies on aging will
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project

grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --
(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order…

State Plan Guidance
Attachment A (Continued)

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION
(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .
(2) the State agency shall—
(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and
(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—
(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:
(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—
(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such

information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Sarah Penney — 7/19/19

Signature and Title of Authorized Official — *Date*

State Plan Guidance
Attachment B

INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2) (E)

Describe the mechanism(s) for assuring preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan.

The Division of Aging (DA), part of Indiana's Family and Social Service's Administration (FSSA), Operations Manual requires that the "DA shall assure that preference will be given to providing services to older adults with greatest economic need and older adults with social need with particular attention to low-income minority adults and older adults residing in rural areas and include proposed methods of carrying out the preference." One mechanism Indiana uses for assuring services are provided appropriately to older adults is its formula for distributing Title III funds. This formulaic method of allocation attempts to direct funds to older Hoosiers with the greatest economic and/or social needs. The formula is specifically weighted with regard to low-income minority older adults and those residing in rural areas. Additionally, Indiana's PSA designations were originally designed to take into account the geographical distribution of older adults with the greatest economic and social needs, giving particular attention to low-income, minority older adults.

The Area Plans submitted by Indiana's AAAs must contain a description of how the AAA assures preference to the target populations for each funding source. The Area Plan is required to include assurances regarding:

- adults age 60 years old or older with the greatest economic and social need;
- older minority and low-income minority individuals;
- older individuals living in rural areas; and
- older individuals who are Native Americans.

As part of their targeting efforts, AAAs are also required to develop and implement an intra-area funding formula that addresses target populations. Additionally, the AAA's Commission on

Aging shall meet at least quarterly. The AAA shall document any recommendations made by the Advisory Council concerning matters regarding the AAA's target populations and assure those recommendations are considered by the appropriate decision-making persons. Furthermore, in the provision of outreach services, the AAA shall place special emphasis on reaching older adults with the greatest economic or social needs, giving particular attention to low-income minority older adults and older adults who reside in rural areas.

FSSA DA is also required to conduct annual evaluations of, and public hearings on, activities and projects carried out under the State Plan, including an evaluation of the effectiveness of FSSA DA in reaching older adults with the greatest economic and social needs, giving particular attention to low-income minority older adults. In conducting such evaluations and public hearings, FSSA DA is required to solicit the views and experiences of entities that are knowledgeable about the needs and concerns of low-income minority older adults. FSSA DA has approached this requirement in various ways throughout the past. Input from AAAs and public hearings have always been a large part of these activities. However, these activities are rarely formalized and are not structured to focus all input on targeting populations identified by the OAA as being most at-risk. Going forward, FSSA DA leadership is committed to a higher level of structure and organization of these activities, particularly in the monitoring of AAA effectiveness in reaching target populations. The State will strengthen its ability to monitor services delivered to persons with the greatest social need when its new case management system becomes available, with an anticipated launch for use in 2018.

Moreover, Indiana requires that the State Plan contain specific strategies for service delivery and systems enhancement for targeted populations. In this most recent state plan, FSSA DA has accomplished this specifically with Goal 1, Objective 1 calling for FSSA DA to work with the AAA network to identify and promote new service delivery models that are person-centered as well as cost-effective for long-term sustainability.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Each of Indiana's sixteen Area Agencies on Aging is required to include emergency preparedness in its Area Plan, which is submitted to FSSA DA every two years. Natural disasters most likely to occur in Indiana include severe winter weather, floods, or tornados. Each area plan

must address outreach and advocacy efforts to older adults and persons with disabilities so access to needed services and life-sustaining information will continue during an emergency. During winter months, for example, nutrition staff members plan for emergencies or inclement weather, and deliver extra frozen or shelf-stable meals to home-delivered meal clients in anticipation of potential missed delivery days. The AAA must describe its emergency plan, policies and procedures, and submit a copy of its emergency plan and all associated material. The plan shall include not only an internal AAA plan but also a plan for client service continuation and inter-agency coordination.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) *Specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.*

Contracts with each Area Agency on Aging stipulate that in order to align spending with the goals of Title III, VII, and the Division of Aging, the following minimum expenditures are required:

1) 40% of Title III B funds must be expended for access services, which includes case management, information and assistance, outreach, transportation, and assisted transportation,

2) 15% of Title III B funds must be expended for in-home services, which includes adaptive services, adult day care, attendant personal care, homemaker, and other services necessary to prevent institutionalization,

3) 3% of Title III B funds must be expended for Legal Assistance, and

4) 3% of Title III B funds must be expended for Long-Term Care Ombudsman services.

Section 307(a)(3)

The plan shall:

...

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

	2019	2020	2021	2022
Indiana Rural Population	$2,184,752.53	$2,053,667.38	$1,930,447.34	$1,814,620.50

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

The AAA grant agreements for Title III for SFY 2018 total $21,957,231.90. Of this, 10% was allocated to the 16 AAAs based on the population of adults age 60 and older residing in rural areas, according to the 2010 U.S. Census.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Based on the 2010 U.S. Census, roughly ten percent (10%) of Indiana's population ages 60 and older reside in rural areas. Accordingly, Indiana's intrastate funding formula allots 10% of Title III funds specifically for that population. FSSA DA allocates that amount at the local Area Agencies on Aging level which, through their own Advisory Councils and input from the local communities, determine how best to spend those dollars. Many senior centers and congregate meal sites are located in rural areas to maintain ease of use and access for this particular population.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared---

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency*; and

According 2016 U.S. Census estimates (the most recent available), there are 141,807 Hoosiers who are minorities. Of those, 21,838 (15.4%) are living below the poverty level.

Indiana does not have a significant population of limited English speaking older adults (those who report speaking English "less than very well" per the U.S. Census). For all ages, 3.2% of the population is limited English proficient. For the population of Hoosiers age 60 and older (from the 2011-2015 American Community Survey Special Tabulation), an estimated 13,275

individuals (1.0%) speak English "not well" or "not at all." Data on the number of those who are low income minority was not identified. The highest concentrations of limited English proficiency is found in Spanish-speaking older adults in the state.

(B) *describe the methods used to satisfy the service needs* of the low-income minority older individuals described in subparagraph (a), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Information regarding Area Agency on Aging (AAA) programs and available services is distributed in neighborhoods and communities with high populations of older minorities and low-income older minority populations through local churches, community centers, neighborhood associations, and social services organizations that focus on serving the needs of these populations. Indiana recognizes that the meaning of original text or spoken word must be conveyed plainly, accurately, and culturally when interpreting conversations among consumers, case managers, and providers, so the AAAs make every effort to use translators when providing services to those populations with limited English proficiency.

Reporting is reviewed on a regular basis to determine gaps in service to targeted populations of older minority and older low-income minority populations. AAAs are encouraged to conduct trainings (including cultural competency, customer service principles, etc.), which focus on methods to improve service delivery among older minority and low-income minority populations. Additionally, FSSA DA supports AAAs in establishing partnerships with local organizations that provide support to immigrant and refugee families; these alliances will strengthen the AAAs' abilities to provide services to older adults, persons with disabilities, and populations with limited English proficiency, and their caregivers.

Current software does not provide for quality reporting of limited English proficiency in the individuals served by AAAs. Indiana is planning a transition to a new case management software system that will offer a number of enhancements, and limited English proficiency will certainly be one of the new data elements available for tracking and reporting.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title *(title III)*, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

Indiana has no recognized tribal organizations. However, according to census population information found in Table S21006 in the AGing Integrated Database (agid.acl.gov), there are an estimated 2,660 Hoosiers age 60 and older who identify as American Indian or Alaska Native alone. This includes the Pokagon Band of Potawatomi Indians (Michigan and Indiana) in northern Indiana. Information regarding Area Agency on Aging (AAA) programs and available services is distributed in neighborhoods and communities with high populations of older minorities and low-income older minority populations, including Native Americans, through local churches, community centers, neighborhood associations, and social services organizations that focus on serving the needs of these populations.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

The Indiana Department of Homeland Security (IDHS) oversees emergency activities statewide. A part of the IDHS is the Indiana Host State Concept of Operations providing resources and Emergency Support Functions in the State's role in evacuee support, as well as the State of Indiana's Comprehensive Emergency Management Plan (CEMP), which is designed to complement and coordinate preparedness, emergency response, and recovery and mitigation activities by integrating with the National Response Plan, the FSSA's disaster plan (called the Continuity of Operations Plan [COOP]), county, local, and tribal emergency operations plans and procedures.

Indiana's Family and Social Services Administration (FSSA), an agency that comprises five divisions including the Division of Aging (DA), maintains a Continuity of Operations Plan (COOP). The Indiana FSSA COOP establishes policy and guidance to ensure the execution of the mission essential functions for the Department in the event that an emergency threatens or incapacitates operations. Specifically, the plan ensures that FSSA is prepared to respond to immediate emergencies, recover from, and mitigate against possible impacts by providing timely direction and coordination controls to leadership amongst divisions and other critical parties. The COOP establishes implementation procedures to activate various components of the plan so as to return to normal operating conditions within twelve (12) hours of its activation. FSSA DA's existing network with the AAAs and their service providers as well, provides a highly functional

framework that could be utilized by ISDH and other agencies in emergency situations to distribute critical supplies and information.

FSSA DA's Director or designee would lead and coordinate FSSA DA's role in maintaining continuity of operations and service delivery during an emergency, in the context of FSSA's COOP. Should there be a declared disaster anywhere in Indiana, FSSA DA would consider applying for available AoA/ACL emergency funds. The Director plays an integral role in coordination efforts among FSSA DA staff, and further, with coordination between the State unit and the local AAA units, relying on the individual AAA units for dispersion of emergency related information and response efforts.

Indiana's AAAs must develop and submit, as part of their required Area Plan submissions, emergency preparedness plans for their local areas to ensure continuation of service delivery during an emergency. FSSA DA is working to enhance the requirements of these plans and will be clarifying expectations with the next Area Plan cycle in SFY 2019. The plans will be required to focus on both client service continuity and operational continuity for the AAA and its staff, and will include at a minimum, the following elements in their local emergency preparedness plans:

- Assessment of potential hazards (emergency evaluation);
- Communications plan;
- Continuity of operations plan (program-by-program or site-by-site);
- Continuity of client services plan (program-by-program or site-by-site);
- Data and Information Systems Recovery;
- Description of the AAA's role in local planning and coordination efforts for vulnerable populations;
- Detail on how the AAA will coordinate activities with local and state emergency response agencies, relief organizations and any other entities that have responsibility for disaster relief service delivery, both in the response and recovery phases;
- Emergency planning team, including chain of command.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

The Indiana State Department of Health (ISDH) Emergency Operations Framework (EOF) establishes the foundation upon which ISDH in the form of information, supplies, equipment, personnel, and technical assistance.

The ISDH EOF covers the response phase of emergency management, and expands upon the Emergency Support Function to the State Comprehensive Emergency Management Plan (CEMP). The State CEMP is the guiding document that establishes a basis for how the State and its many agencies coordinate together in mitigating, preparing for, responding to, and recovering from disasters. The CEMP identifies the processes and procedures by which State government coordinates emergency preparedness and identifies the roles and responsibilities of the various State agencies as they pertain to emergency preparedness and response within the State. The Executive leadership of all State agencies, including ISDH, with a role in emergency preparedness and response have signed a letter of agreement to support the responsibilities identified within the State CEMP. The Indiana Family and Social Services Administration (FSSA), of which the Division of Aging is a part, is a close partner with ISDH; FSSA is also represented on the Senior Advisory Committee for Emergency Preparedness.

Section 705(a)(7)
In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307*:

(7) *a description of the manner in which the State agency will carry out this title* in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

Much of how the Division of Aging performs the above-described activities is described in its Operations Manual, which is currently undergoing review and being revised to current standards. However, the DA meets periodically with the AAAs through their association, the Indiana Association of Area Agencies on Aging, or I4A, which provides leadership and advocacy for Indiana's evolving home and community-based services network. FSSA DA also provides trainings—case manager orientation, for example—for AAA staff throughout the year. FSSA DA staff members are also available to AAAs via telephone or e-mail. It is worth mentioning that the DA functions as one of five divisions within Indiana's Family and Social Services Administration, whose mission is to develop, finance, and compassionately administer programs

to provide healthcare and other social services to Hoosiers in need in order to enable them to achieve healthy, self-sufficient, and productive lives.

FSSA DA also uses funds made available by State statute to provide Adult Protective Services (APS) for the elderly. Funding also is made available through the Elder Justice initiative of the Older Americans Act and the Social Services Block Grant to supplement state funding. All funds made available through the Elder Justice Act and the funds made available by state statute are used for APS.

At the direction of the State Ombudsman, Indiana places very few restrictions on its Ombudsmen. Working as advocates for the individual, Ombudsmen are free to talk to anybody: the legislature, law enforcement, and the media. Public awareness of the APS program is through outreach, including brochures and blurbs in telephone books. Referrals are made to the local unit or through the statewide toll-free hotline, which as of January 2018, is answered by 2-1-1.

The protection of client information is addressed in state statute IC 12-10 for APS, and does not permit information to be shared with anyone or any agency other than law enforcement.

Several AAAs and local APS staff have held work groups and community forums to discuss concerns about abuse, neglect, and exploitation. As a part of this State Plan, FSSA DA plans to formalize these community forums with all AAAs and APS units along with other stakeholders. On October 20, 2016, the 3rd annual Elder Justice Convening was hosted by the Indiana Association of Area Agencies on Aging and the Division of Aging. Participation included representatives from broad-based stakeholders including representatives from the State Division of Mental Health, Disabilities, the State Bar Association, Elder Law Attorneys, State Long-Term Care Ombudsman, public television, banking officials, State Prosecuting Attorney Council, and State Adult Protective Services as a first step in expanding the discussion to the broader community about abuse, neglect and exploitation.

Sarah Bonner — 7/19/18

Signature and Title of Authorized Official — Date

Attachment C
INTRASTATE (IFF) FUNDING FORMULA

Funds received under the Title III of the Older Americans Act, as amended, are distributed within the state in accordance with a formula that addresses the geographical distribution of older individuals with the greatest economic or social needs, with particular attention to low-income minority older individuals and those residing in rural areas. After allocating a base of $120,000 to each planning and service area, the formula incorporates factors that consider economic and social need and low-income minority status based on statistical and demographic data. The table below illustrates the formula factors for the distribution of the funding.

FORMULA FACTORS FOR DISTRIBUTION BY PLANNING AND SERVICE AREA			
Factor	Weight	Data Source	Purpose
Share of population 60 and older	30%	2010 U.S. Census	Reflect the geographical distribution of older individuals within the state. OAA Section 305(a)(2)(C)(i)
Share of population 60 and older below poverty level	45%	ACL Aging Integrated Database (AGID)	Reflect the state's population of older individuals with greatest economic need. OAA Section 305(a)(2)(C)(ii)
Share of minority population 60 and older below poverty level	5%	ACL Aging Integrated Database (AGID)	Reflect the state's minority population of older individuals with greatest economic need. OAA Section 305(a)(2)(C)(ii)
Share of population 60 and older residing in rural areas	10%	2010 U.S. Census	Reflect the state's population of older individuals residing in rural areas. OAA Section 307(a)(10)
Share of minority population 60 and older	5%	ACL Aging Integrated Database (AGID)	Reflect the state's minority population of older individuals with greatest social need. OAA Section 305(a)(2)(C)(i)
Share of population 60 and older with limitations in activities of daily living	5%	2010 U.S. Census	Reflect the proportion of older individuals with the greatest need for services. OAA Section 305(a)(2)(C)(i)

State of Indiana **Title III and NSIP** **SFY 2019**				
		% Breakdown		Total Amount
Administration	III A - 3100	10.00%	$	2,184,752.53
Support Services	IIII B - 3101	28.53%	$	6,233,803.08
Congregate	III C-1 - 3102	27.56%	$	6,021,708.29
Home Delivered	III C-2 - 3103	20.91%	$	4,568,212.86
Preventative Health	III D - 3104	1.72%	$	376,240.85
Family Caregiver	III E - 3105	11.27%	$	2,462,807.65
Total Title III			$	21,847,525.25
Nutrition Services Incentive Program (NSIP)			$	1,360,611.24
TOTAL Title III and NSIP			**$**	**23,208,136.50**

APPLICATION OF FUNDING FORMULA		
ALLOCATION OF OLDER AMERICANS ACT FUNDS		
CATEGORY	PERCENT ALLOCATION	DOLLAR ALLOCATION
60+	30.00%	$5,978,257.58
60+ <POVERTY	45.00%	$8,967,386.36
60+ MINORITY<POVERTY	5.00%	$996,376.26
60+ RURAL	10.00%	$1,992,752.53
60+ MINORITY	5.00%	$996,376.26
60+ ADL LIMITED	5.00%	$996,376.26
		$19,927,525.25
Total Funding	$21,847,525.25	
Less Base	$1,920,000.00	
TOTAL ALLOCATED VIA IFF	$19,927,525.25	

INTRASTATE FUNDING FORMULA

1. DETERMINATION OF FUNDING FACTOR OF EACH AREA AGENCY ON AGING
    - FF=.3X(a/A)+.45X(b/B)+.05X(c/C)+.1X(d/D)+.05X(e/E)+ .05X(f/F)

2. APPLICATION OF FUNDING FACTOR IN ALLOCATION OF FUNDS FROM IIIA, IIIB, IIIC1, IIIC2, IIID, AND IIIE PER AREA AGENCY
    - N=(FF*(x-l))+l
    - IF N>1.05P OR N<.95P, THEN N=1.05P OR N=.95P

3. EXCESS OR DEFICIT DUE TO APPLICATION OF 5% IS DISTRIBUTED AMONG REMAINING AGENCIES ON PRORATED BASES

LEGEND

	CENSUS CODES	
CATEGORY	A	a
60+ (30%)	B	b
60+ <POVERTY (45%)	C	c
60+ MINORITY<POVERTY (5%)	D	d
60+ RURAL (10%)	E	e
60+ MINORITY (5%)	F	f
60+ ADL LIMITED (5%)		
ALLOCATION (MINUS BASE)	X	
ALLOCATION		x
FUNDING FACTOR	FF	
PRIOR YEAR FUNDING FACTOR	P	
NEW YEAR FUNDING FACTOR	N	
FUNDING BASE	L	l

NSIP FUNDS

NSIP FUNDS ARE DISTRIBUTED TO EACH AREA AGENCY ON AGING BASED ON EACH AGENCY'S PROPORTION OF THE STATE'S TOTAL PRIOR YEAR NSIP MEALS.

Title III SFY 2019 Funding Formula Calculations

Total Funding	Funding Available to AAAs	% Breakdown	Base $120,000 (Each AAA)	Total Base $$ (16 AAAs)	Total Formula $$ (16 AAAs)
Title III Admin	$ 2,184,752.53	10.00%	$ 12,000.00	$ 192,000.00	$ 1,992,752.53
Title IIIB	$ 6,233,803.08	28.53%	$ 34,239.87	$ 547,837.88	$ 5,685,965.20
Title IIIC1	$ 6,021,708.29	27.56%	$ 33,074.91	$ 529,198.61	$ 5,492,509.69
Title III C2	$ 4,568,212.86	20.91%	$ 25,091.43	$ 401,462.80	$ 4,166,750.06
Title III D	$ 376,240.85	1.72%	$ 2,066.55	$ 33,064.73	$ 343,176.12
Title III E	$ 2,462,807.65	11.27%	$ 13,527.25	$ 216,435.99	$ 2,246,371.66
Total	$ 21,847,525.25	100.00%	$ 120,000.00	$ 1,920,000.00	$ 19,927,525.25

Title III SFY 2019 Funding Formula Calculations by PSA

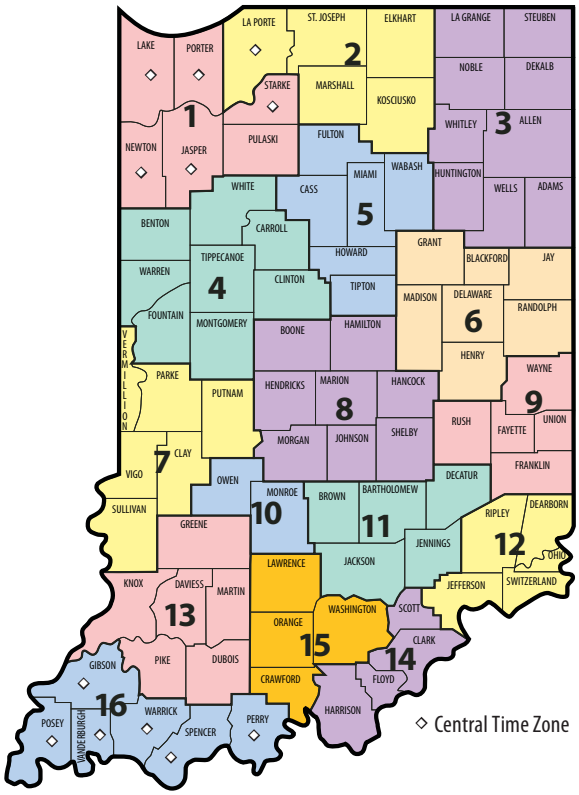
PSA	Base (I)	FF	After Adjustments Title III SFY 19 - Final	NSIP	Total Title III & NSIP
1	$ 120,000.00	12.73%	$ 2,657,309.30	$ 134,963.16	$ 2,792,272.47
2	$ 120,000.00	10.69%	$ 2,251,233.37	$ 173,163.12	$ 2,424,396.49
3	$ 120,000.00	9.03%	$ 1,920,307.46	$ 138,271.91	$ 2,058,579.37
4	$ 120,000.00	4.22%	$ 961,370.22	$ 56,541.79	$ 1,017,912.01
5	$ 120,000.00	3.82%	$ 882,114.78	$ 70,225.60	$ 952,340.39
6	$ 120,000.00	7.57%	$ 1,634,158.80	$ 72,609.93	$ 1,706,768.72
7	$ 120,000.00	3.93%	$ 904,016.04	$ 42,522.60	$ 946,538.65
8	$ 120,000.00	23.17%	$ 4,717,125.10	$ 251,375.93	$ 4,968,501.03
9	$ 120,000.00	2.82%	$ 682,852.14	$ 68,445.81	$ 751,297.95
10	$ 120,000.00	1.83%	$ 487,523.57	$ 25,588.53	$ 513,112.10
11	$ 120,000.00	3.16%	$ 700,813.60	$ 44,168.52	$ 744,982.12
12	$ 120,000.00	2.20%	$ 557,645.57	$ 23,367.67	$ 581,013.24
13	$ 120,000.00	3.05%	$ 764,711.17	$ 65,656.35	$ 830,367.52
14	$ 120,000.00	4.08%	$ 933,399.22	$ 65,702.14	$ 999,101.36
15	$ 120,000.00	2.19%	$ 576,524.30	$ 34,710.13	$ 611,234.43
16	$ 120,000.00	5.50%	$ 1,216,420.60	$ 93,298.05	$ 1,309,718.65
	$ 1,920,000.00	100.00%	$ 21,847,525.25	$ 1,360,611.24	$ 23,208,136.50

State of Indiana
Title VII and State Ombudsman Assisted
Living Funding State Fiscal Year 2019

			Federal	State	Total
			Title VII	OMB Assisted Living Program	
PSA	Bed Count	% of Total Beds	$ 241,750	$ 241,750	
1	4,512	7.86%	$ 19,003.73	$ 19,003.73	$ 38,007.46
2	5,152	8.98%	$ 21,699.29	$ 21,699.29	$ 43,398.59
3	6,129	10.68%	$ 25,814.24	$ 25,814.24	$ 51,628.48
4	3,869	6.74%	$ 16,295.53	$ 16,295.53	$ 32,591.06
5	2,570	4.48%	$ 10,824.38	$ 10,824.38	$ 21,648.75
6	3,986	6.94%	$ 16,788.31	$ 16,788.31	$ 33,576.62
7	1,990	3.47%	$ 8,381.52	$ 8,381.52	$ 16,763.04
8	12,421	21.64%	$ 52,315.01	$ 52,315.01	$ 104,630.01
9	1,745	3.04%	$ 7,349.62	$ 7,349.62	$ 14,699.25
10	974	1.70%	$ 4,102.31	$ 4,102.31	$ 8,204.62
11	1,561	2.72%	$ 6,574.65	$ 6,574.65	$ 13,149.30
12	1,223	2.13%	$ 5,151.05	$ 5,151.05	$ 10,302.11
13	2,088	3.64%	$ 8,794.28	$ 8,794.28	$ 17,588.56
14	2,277	3.97%	$ 9,590.31	$ 9,590.31	$ 19,180.62
15	3,485	6.07%	$ 14,678.19	$ 14,678.19	$ 29,356.38
16	3,416	5.95%	$ 14,387.57	$ 14,387.57	$ 28,775.15
Total	57,398	100%	$ 241,750.00	$ 241,750.00	$ 483,500.00

Bed count obtained from Indiana State Department of Health

Indiana's Area Agencies on Aging



PUBLIC SERVICE AREA 1
Northwest Indiana Community Action Corporation
5240 Fountain Drive
Crown Point, IN 46307
219-794-1829 or 800-826-7871
TTY: 888-814-7597
FAX 219-794-1860
www.nwi-ca.com
director@nwi-ca.org

PUBLIC SERVICE AREA 2
REAL Services Inc.
1151 S. Michigan Street
South Bend, IN 46601-3427
574-284-2644 or 800-552-7928
FAX 574-284-2642
www.realservices.org
info@realservices.org

PUBLIC SERVICE AREA 3
Aging and In-Home Services of Northeast Indiana Inc.
2927 Lake Avenue
Fort Wayne, IN 46805-5414
260-745-1200 or 800-552-3662
FAX 260-422-4916
www.agingihs.org
info@agingihs.org

PUBLIC SERVICE AREA 4
Area IV Agency on Aging & Community Action Programs Inc.
660 N. 36th Street
Lafayette, IN 47903-4727
765-447-7683 or 800-382-7556
TDD 765-447-3307
FAX 765-447-6862
www.areaivagency.org

PUBLIC SERVICE AREA 5
Area Five Agency on Aging & Community Services Inc.
1801 Smith Street, Suite 300
Logansport, IN 46947-1577
574-722-4451 or 800-654-9421
FAX 574-722-3447
areafive.com
areafive@areafive.com

PUBLIC SERVICE AREA 6
LifeStream Services Inc.
1701 Pilgrim Boulevard
Yorktown, IN 47396-0308
765-759-1121 or 800-589-1121
TDY 866-801-6606
FAX 765-759-0060
www.lifestreaminc.org
mail@lifestreaminc.org

PUBLIC SERVICE AREA 7
Area 7 Agency on Aging and Disabled West Central Indiana
Economic Development District Inc.
1718 Wabash Avenue
Terre Haute, IN 47807
812-238-1561 or 800-489-1561
TDD 800-489-1561
FAX 812-238-1564
www.westcentralin.com

PUBLIC SERVICE AREA 8
CICOA Aging & In-Home Solutions
4755 Kingsway Drive, Suite 200
Indianapolis, IN 46205-1560
317-254-5465 or 800-432-2422
FAX 317-254-5494
TDD 317-254-5497
www.cicoa.org

PUBLIC SERVICE AREA 9
LifeStream Services Inc.
1701 Pilgrim Boulevard
Yorktown, IN 47396-0308
765-759-1121 or 800-589-1121
TDY 866-801-6606
FAX 765-759-0060
www.lifestreaminc.org
mail@lifestreaminc.org

PUBLIC SERVICE AREA 10
Area 10 Agency on Aging
631 West Edgewood Drive
Ellettsville, IN 47429
812-876-3383 or 800-844-1010
FAX 812-876-9922
www.area10agency.org
info@area10agency.org

PUBLIC SERVICE AREA 11
Thrive Alliance
1531 13th Street, Suite G900
Columbus, IN 47201
812-372-6918 or 866-644-6407
FAX 812-372-7864
www.thrive-alliance.org
contact@thrive-alliance.org

PUBLIC SERVICE AREA 12
LifeTime Resources Inc.
13091 Benedict Drive
Dillsboro, IN 47018
812-432-6200 or 800-742-5001
FAX 812-432-3822
www.lifetime-resources.org
contactltr@lifetime-resources.org

PUBLIC SERVICE AREA 13
Generations Vincennes University Statewide Services
1019 N. 4th Street
Vincennes, IN 47591
812-888-5880 or 800-742-9002
FAX 812-888-4566
www.generationsnetwork.org
generations@vinu.edu

PUBLIC SERVICE AREA 14
Lifespan Resources Inc.
33 State Street, Third Floor
New Albany, IN 47151-0995
812-948-8330 or 888-948-8330
TTY 812-542-6895
FAX 812-948-0147
www.lsr14.org

PUBLIC SERVICE AREA 15
Hoosier Uplands/Area 15 Agency on Aging and Disability Services
521 West Main Street
Mitchell, IN 47446
812-849-4457 or 800-333-2451
TDD 800-473-3333
FAX 812-849-4467
www.hoosieruplands.org
area15@hoosieruplands.org

PUBLIC SERVICE AREA 16
SWIRCA & More
16 W. Virginia Street
Evansville, IN 47737-3938
812-464-7800 or 800-253-2188
FAX 812-464-7843 or 812-464-7811
www.swirca.org
swirca@swirca.org

To contact your local Area Agency toll-free, call

1-800-986-3505

07-03-17