Indiana
State Plan on Aging

Federal Fiscal Years 2019-2022

Family and Social Services Administration – Division of Aging

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INDIANA STATE PLAN ON AGING
Federal Fiscal Years 2019-2022

CONTENTS

EXECUTIVE SUMMARY 1

CONTEXT 4

Demographics 4

Indiana's Aging Network 5

Needs Assessment Summary 7

Stakeholder Engagement 11

GOALS, OBJECTIVES, STRATEGIES AND OUTCOMES 12

GOAL 1: Network. 14

GOAL 2: Caregivers. 16

GOAL 3: Dementia Care 18

GOAL 4: Elder Rights 20

GOAL 5: Social Determinants of Health. 22

QUALITY MANAGEMENT 26

REFERENCES 29

SIGNED ASSURANCES .... Attachment A

INFORMATION REQUIREMENTS .... Attachment B

INTRASTATE FUNDING FORMULA .... Attachment C

MAP OF INDIANA'S PLANNING AND SERVICE AREAS .... Attachment D

CASOA™ REPORT .... Attachment E

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.

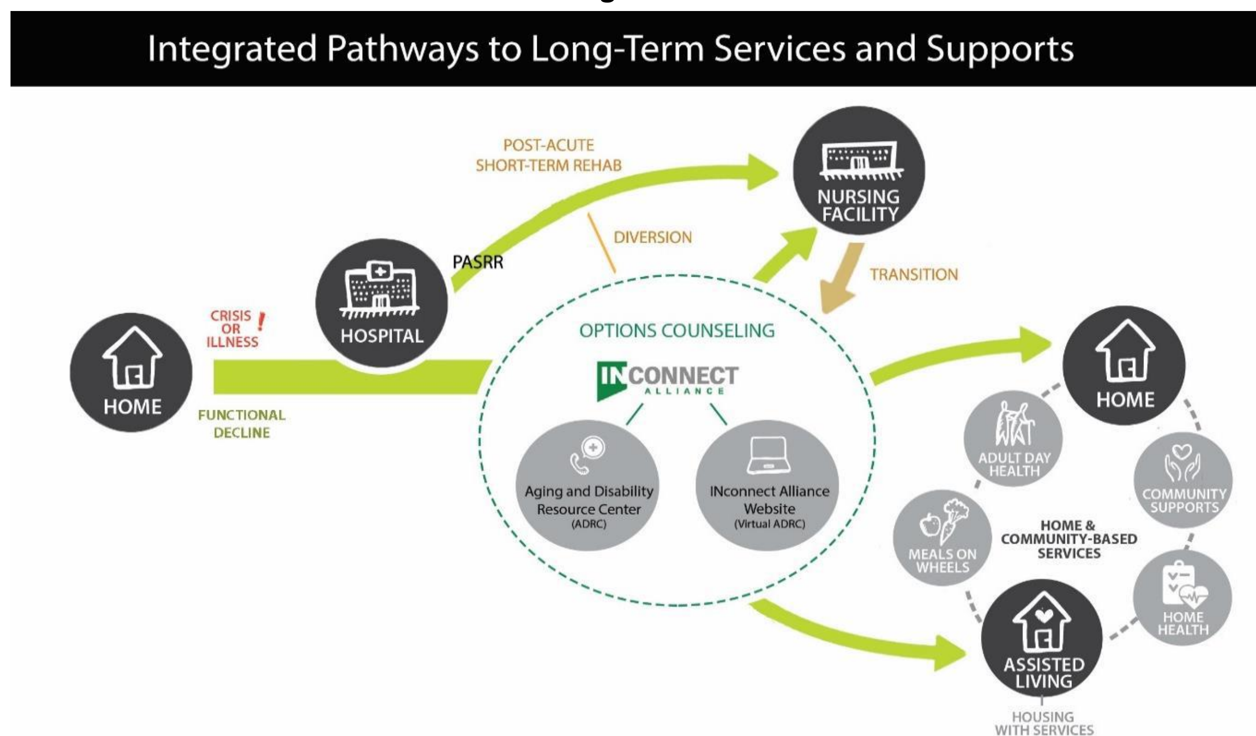
The 2019-2022 goals align with those outlined in the House Enrolled Act 1493 report, submitted to Indiana's general assembly in October 2017. HEA 1493 required FSSA DA to prepare a report[ii] detailing plans to expand the scope and availability of HCBS for individuals who are aged and disabled. This 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

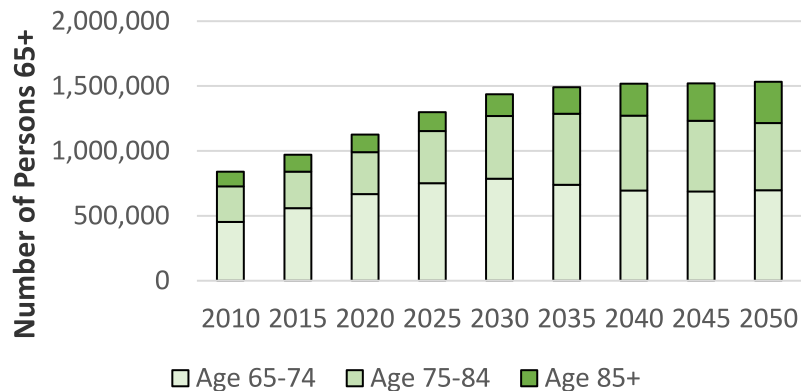
billion in 2013. FSSA DA will work to enhance the support and resources available to caregivers to enable their ongoing contributions to the long term care system. As well, there will be a concerted effort to enhance the ability to care for individuals with dementia, in both home and community-based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



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). 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 and Burmese dialect-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:

- 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.

- 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.[xii]

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.

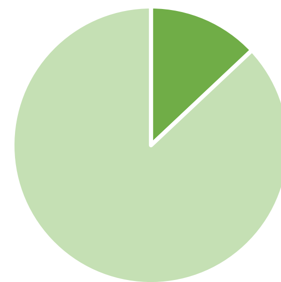
CASOA targeted a random sample of residents in households age 60 or older. Survey respondents represented older residents in each of Indiana's 16 planning and service areas. Half of respondents were between the ages of 60-69; 18% were ages 70-74; and 31% were ages 75 or older. Fifty-five percent of respondents 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

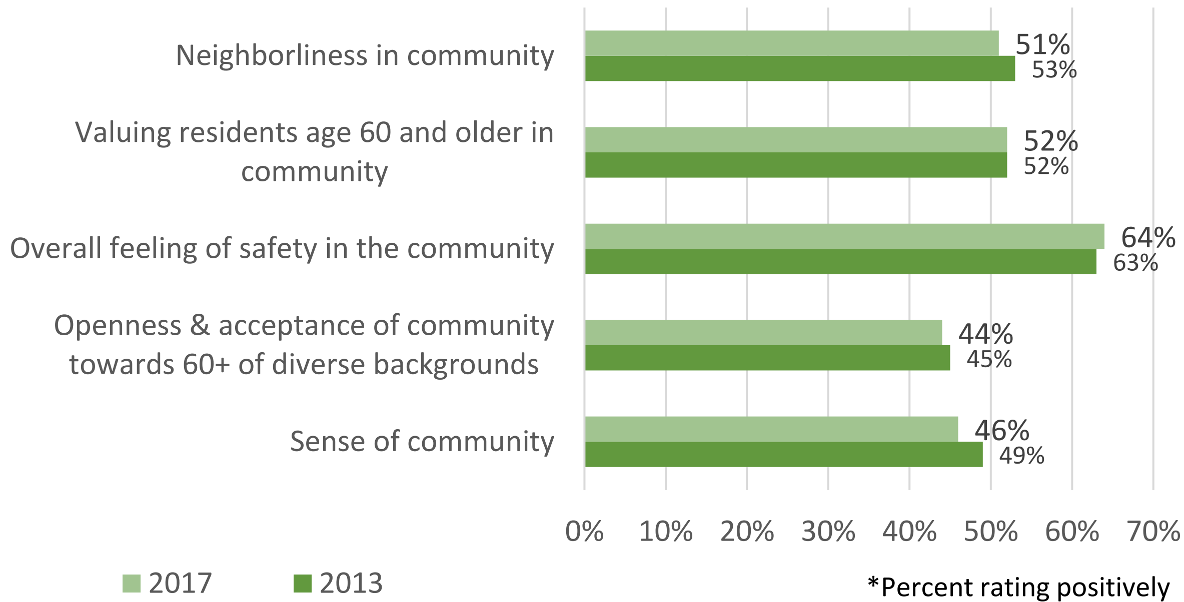


87% of older Hoosiers plan to remain in the community throughout retirement

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*



*Percent rating positively

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.

Yet 64% reported problems knowing what services are available in their communities, representing a slight

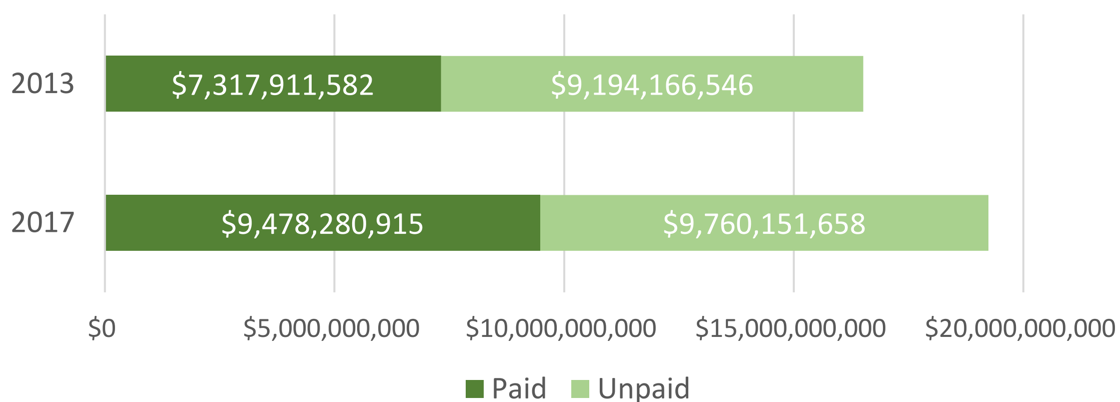
Table 1: Community Information Needs

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

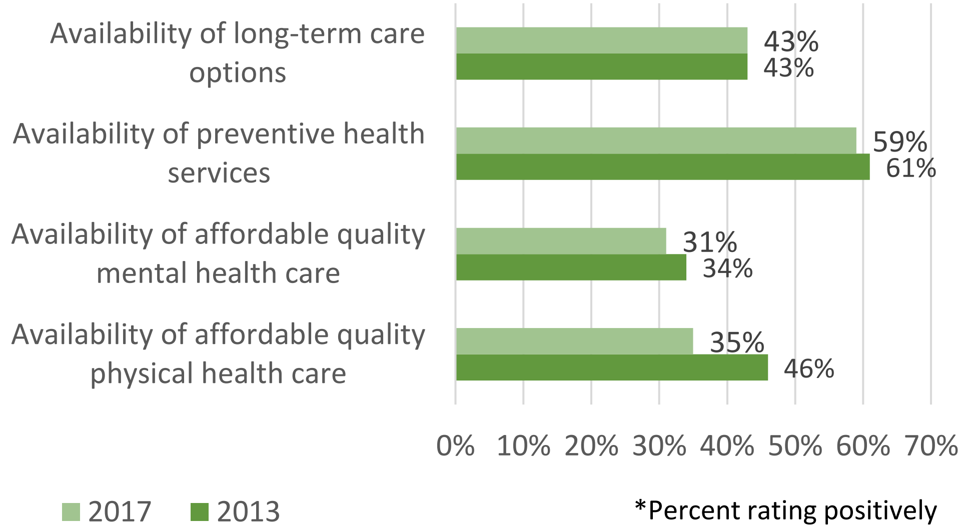
increase over 61% in 2013 (Table 1). Nearly 40% reported good financial or legal planning services.

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).



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 other communities across the nation" (Table 2).

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

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 researc 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) provided support and direction for this plan.

In April-May 2018, FSSA DA will solicit feedback on this proposed 2019-2022 State Plan on Aging. This section and document will be updated as needed following that period.

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 parity of resources, 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.

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. 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.

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: Partner with health care community 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.
- 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 2020, complete a review of Title III-E programming with recommendations for enhancements.

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

Between 2017 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 2016, 335,000 caregivers provided unpaid care valued at $4,831,000,000. 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.

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.

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.
- 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 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: 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.
- 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.
- 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.

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 programs.

Measures:

- By July 1, 2019, FSSA DA 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 are 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.

<u>Objective 5.1</u>: Support healthy, aging-friendly communities.

- Strategy: Develop and implement a plan to maximize Title III-D funding for 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.

<u>Objective 5.2</u>: 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: 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.

<u>Objective 5.3</u>: Expand access to non-medical transportation.

- Strategy: Improve monitoring and oversight of DA-funded transportation programs to look for opportunities to enhance service delivery.
- 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 advance planning for long-term care needs, including 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 planning discussions.
- Strategy: Identify a competency standard required by case managers on advance planning decisions.
- Strategy: Enhance the role of the Legal Assistance Developer within Indiana's aging network.

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 a decrease in average congregate meal cost in Indiana.
- By SFY 2022, demonstrate an increase in utilization of non-medical transportation.

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.

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