Indiana
State Plan on Aging

Federal Fiscal Years 2023-2026

Family and Social Services Administration
Division of Aging

DRAFT
March 2022

INDIANA STATE PLAN ON AGING
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EXECUTIVE SUMMARY

The Division of Aging (DA), part of Indiana's Family and Social Services 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 and codified through the *Supporting Older Americans Act of 2020* (P.L. 116-131), FSSA DA is required to submit a multi-year plan to the Administration for Community Living that proposes goals and objectives related to assisting older Hoosiers, their families, and caregivers. The proposed Federal Fiscal Year (FFY) 2023-2026 goals are outlined below:

- **Goal 1:** Assure access to high-quality home and community-based services and resources for older adults and their caregivers to support increased independence and quality of life.
- **Goal 2:** Improve health, well-being, and equity in all aspects of service access and delivery.
- **Goal 3:** Optimize the physical, emotional, and financial well-being of caregivers to strengthen their ability of provide ongoing supports and delay or prevent care recipient institutionalization.
- **Goal 4:** Support efforts to create a dementia-capable Indiana in alignment with Indiana Code 12-9.1-5.
- **Goal 5:** Promote statewide partnerships for advocacy and protection of older adults.

The FFY 2023-2026 State Plan on Aging, built upon extensive stakeholder feedback, incorporates key priorities outlined by the OAA and Administration for Community Living. The planned efforts align with, while expanding upon, the state's ongoing effort to reform its system of Long-Term Services and Supports. In 2019, Indiana launched a robust process to transform the state's Medicaid system to meet the growth in Indiana's population of older adults with the important, critical, and agreed-upon priorities of choice, quality, and sustainability. The State Plan reflects aspects of the reform efforts, as well as broader efforts, rooted in the requirements of the OAA, that impact older Hoosiers and their caregivers. FSSA DA intends to expand upon this State Plan on Aging and pursue the coordinated development of a Master Plan on Aging to serve as the comprehensive, long-term planning blueprint toward aging well in Indiana.

According to AARP,[ii] over 75% of older adults prefer to age in their own homes. In Indiana, roughly half of those who qualify for publicly funded LTSS receive those services in their homes. This serves as a driver of the state's Medicaid LTSS reform efforts yet speaks to the broader importance of access to high-quality home and community-based services and resources for Hoosiers regardless of payor source. The Older Americans Act created a network of home and community-based services over fifty years ago that serves as a critical component of LTSS in Indiana. Through core programs and services impacting Social Determinants of Health, 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 access to these critical home and community-based supports to boost independence and quality of life. By the year 2025, the entire baby boomer generation will be aged 60 and over, with the largest population growth occurring in those 85 and older. This growing population will look for options that meet their individual needs and preferences in culturally appropriate ways, compelling the network to utilize a person-centered practice in the delivery of care that includes information and services. A critical component of this approach will be improved integration of health care and social services.

FSSA DA is committed to improving health, well-being, and equity for older Hoosiers and their caregivers. The efforts outlined in the State Plan on Aging are targeted to those with the greatest social need, specifically persons of color, individuals with limited English proficiency, LGBTQ+ persons, persons who live in rural areas, and those with the greatest economic need whose income is at or below the poverty level. In FFY 2021, 25% of registered clients[iii] served through FSSA DA non-Medicaid programs were a racial or ethnic minority, compared to 11.2% of older Hoosiers being a racial or ethnic minority. However, only 18% of registered clients lived in rural areas compared to 31% of the older population living in rural areas. FSSA DA is compelled to do better to ensure supports are reaching those with the greatest needs by leveraging data, growing partnerships, and increasing education, provider training, and technical assistance.

The COVID-19 pandemic brought issues impacting older adults to the forefront. Efforts to support seamless care transitions from hospitals and institutional care to home and community settings were accelerated to limit exposure. Stay-at-home orders and social distancing closed adult day programs, senior centers, and congregate nutrition sites, leading to widespread social isolation. Indiana's aging network plays a key role in promoting social connectedness and mitigating the negative effects of social isolation. Indiana will leverage lessons learned and COVID dollars awarded to implement long-term, practical approaches to maintain social connections and support individual needs and preferences.

In addition to formal support structures, Indiana's system of LTSS relies on the informal support provided by family caregivers. According to the AARP Public Policy Institute,[iv] Indiana is home

to 850,000 caregivers responsible for 710 million hours of unpaid care each year. Hoosier caregivers spend more time per week providing care (42% of Hoosier caregivers provide 20 or more hours of care per week vs. 30% nationally) and provide care for longer than their national counterparts (38% have provided care for five or more years vs. 28% nationally). The estimated economic value of their unpaid contributions was approximately $9.3 billion in 2017. FSSA DA will work to enhance the support and resources available to caregivers to sustain and enhance their critical contributions to the LTSS system, seeking to enhance cultural competency in service delivery and reduce caregiver stress and burnout.

Approximately 215,000 Hoosier caregivers,[v] or 25% of those mentioned above, are providing unpaid care for someone with dementia. FSSA DA is leading the implementation of Indiana's Dementia Strategic Plan required by Indiana Code 12-9.1-5. Components of that plan are highlighted in the State Plan on Aging, focused on (1) increasing awareness and knowledge of dementia-related issues and (2) developing, coordinating, enhancing, and expanding services that decrease health disparities and optimize the quality of life for the 110,000 Hoosiers living with dementia and their caregivers.

Finally, Indiana is committed to promoting partnerships for the advocacy and protection of older adults. Eleven percent (11%) of adults over 60 suffer some form of abuse each year, [vi] meaning the total number of Hoosiers experiencing elder abuse grows larger as Indiana's aging population does. Adult Protective Services has steadily increased its number of cases investigated over the past ten years to meet the increasing demand. Increasing long-term care needs have similarly increased demand for resident advocacy provided by the Long-Term Care Ombudsman Program. Both programs received federal funds as part of the nation's COVID response and will work to streamline program implementation and enhance training over the next four years.

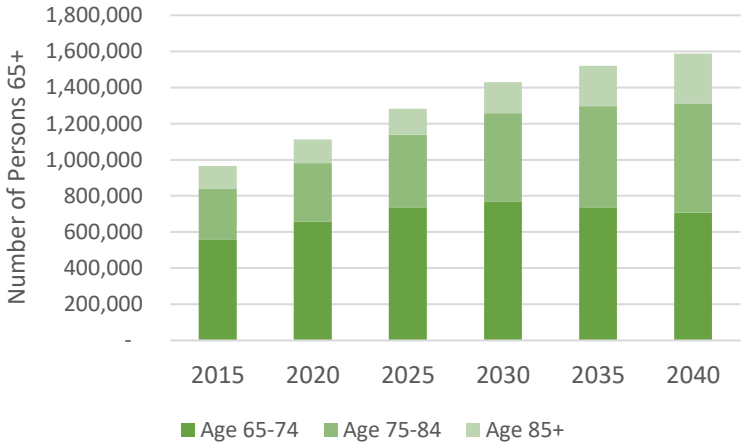
In order to create a more equitable, person-centered system that meets the needs and expectations of the growing population of older Hoosiers and their families, this 2023-2026 State Plan on Aging outlines a commitment to a future that provides access to culturally appropriate services and supports where and when individuals need them and maximizes an individual's ability to remain as independent as possible within their community.

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. By 2025, nearly 19% of all Hoosiers will be age 65 or older (Figure 1). In 62 of Indiana's 92 counties, that figure will exceed 20% of all Hoosiers.[vii]

Figure 1: Indiana 65+ Population by Age, 2015-2040



Data Source: U.S. Bureau of the Census (provided by Milliman)

The Older Americans Act requires that preference be given to individuals aged 60 and older with the 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 2019 state-level population estimates,[ix] there are 1,512,159 individuals over the age of 60 in Indiana. Of those:

- 7.98% are living below the federal poverty level
- 13.28% of racial and/or ethnic minority 60+ are living below the poverty level
- 11.2% are of a racial and/or ethnic minority population
    - 6.7% Black, non-Hispanic
    - 1.2% Asian and Hawaiian/Pacific Islander, non-Hispanic
    - 2.5% Hispanic origin
- 31.1% live in rural areas
- 19.5% have mobility limitations (not including those residing in skilled nursing facilities)
- 8.7% are age 85+
- 2.7% 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 concentration 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 15 Area Agencies on Aging (AAAs) serving the state's 92 counties divided into 16 planning and service areas (PSAs) (see Attachment D for map). They vary greatly in population and geographic service area, ranging from a two-county PSA with a 60+ population of 33,602 to an eight-county PSA with a 60+ population exceeding 367,689. The AAA network was created in 1972 to assist the 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, providing home and community-based services to older adults and persons with disabilities of ages to assist in maintaining their independence in their own homes or communities for as long as is safely possible.

- 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 and access through the application of person-centered counseling for LTSS. The ADRCs serve as the primary access point for FSSA DA's Medicaid waiver and non-waiver HCBS programs, including the Older Americans Act, Social Services Block Grant (SSBG), and CHOICE.

- 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. The ADRCs are also designated entities for MDS section Q referrals from nursing facilities.

The AAAs provide ongoing case management to facilitate Level of Care determinations and care planning functions for Medicaid Waiver, OAA Title III, 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 FFY 2022-2023 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 and Title VII. 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 incapacities. They must also be at risk of being harmed or threatened with harm by neglect, battery, or exploitation. In 2021, APS units employed 17 full-time equivalent (FTE) unit directors and 43 full-time investigators. In 2021, APS received 20,547 calls for service; of those calls, 14,298 cases were opened.[xi]

- Long Term Care Ombudsman Program (LTCOP): The LTCOP, defined in the Older Americans Act 45 CFR 1321 and 1324, applies to residents of licensed Indiana nursing facilities, licensed residential care facilities, and Medicaid-certified Assisted Living facilities. FSSA DA funds the LTCOP through OAA Title VII funding from ACL and state funds. Operated by the State Ombudsman out of 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 residents residing in state-licensed or certified facilities, and that involve the health, safety, welfare, or rights of residents.

  In FFY21,[xii] the LTCOP received 1,603 complaints leading to 1,040 cases partially or fully resolved to the satisfaction of the resident, resident representative, or complainant. Additionally, the local ombudsmen and State Office staff participated in 142 resident councils and 74 family councils, provided 2,203 instances of information and assistance to facility staff, and made routine access visits to 365 facilities.

- Residential Care Assistance Program: The Residential Care Assistance Program (RCAP) provides residential financial assistance to eligible individuals residing in Indiana Department of Health (IDOH) 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 statistically valid survey assessing the strengths and needs of older adults, as reported by older adults themselves, administered by Polco[xiii] (see Attachment E). The survey was conducted in Indiana through a questionnaire mailed to a random sample of older Hoosiers in fall 2021 with results completed in early 2022. Survey participants were asked to rate their overall quality of life, as well as aspects of quality of life in Indiana. 7,060 completed surveys were returned, equating to an 8.52% overall response rate. In addition to the random sample, an open participation survey was conducted online, generating an additional 785 responses for an overall total of 7,845 completed surveys. CASOA was conducted in Indiana in 2013 (baseline) and 2017 as well, which allows us to view changes in the data over time.

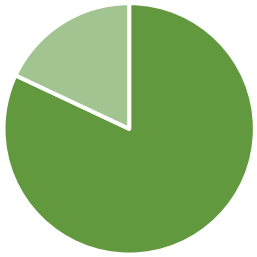
CASOA targeted a random sample of residents in 85,000 Hoosier households age 60 or older. Survey respondents represented older residents in each of Indiana's 16 planning and service areas. Twenty-eight percent (28%) of respondents were between the ages of 60-64; 41.8% were aged 65-74; and 29.7% were aged 75 or older. Fifty-five percent (55%) of respondents were female and 91% were non-Hispanic White. About 60% had lived in the community for more than 20 years. Thirty-five percent (35%) 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 overall community quality and aspects of community livability within six community domains:

1. *Overall Community Quality*

This section assessed how residents viewed their community overall, assessing how likely they are to recommend and remain in their communities. About 8 in 10 older residents gave positive rankings to their community as a place to live and would recommend it to others. Approximately 82% were somewhat or very likely to remain in their community throughout retirement (Figure 2).

Figure 2: Overall Community Quality Results



82% of older Hoosiers plan to remain in their community throughout retirement.

2. *Community Design*

This section explored responses related to land use and zoning, accessible affordable housing, and mobility options to support residents aging in place.

Potential Problems*	2013	2017	2021
Having safe and affordable transportation available	25%	25%	39%
Maintaining home	44%	45%	59%
Maintaining yard	47%	46%	51%
Having suitable housing	18%	19%	30%

*Percent reporting issue at least a "minor" problem

About half of respondents rated the overall quality of the transportation system (auto, bicycle, foot, bus) in their communities as excellent or good. Ease of travel by car was considered excellent or good by 80% of respondents, while ease of travel by walking was considered excellent or good by only 60% of respondents. Only 30% of respondents rated the availability of accessible housing (e.g., homes with no step entry, single floor living, wide hallways, and doorways) as positive. Fifty-nine percent (59%) reported at least a minor problem maintaining their home (Table 1). This response trended downward compared to 2017 and is less favorable than the national benchmark. Thirty-nine percent (39%) indicated a problem having safe and affordable transportation available, which, although similar to the national benchmark, is a less favorable response than in 2017.

3. *Employment and Finances*

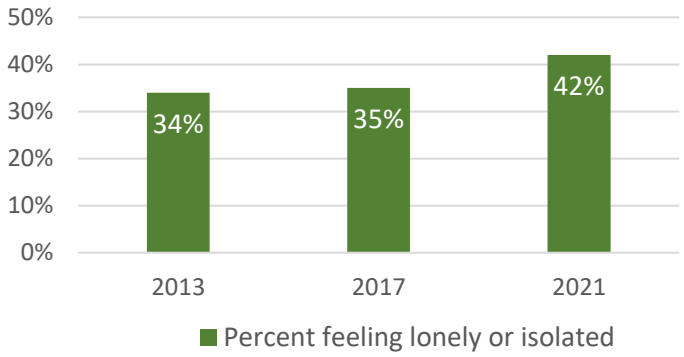
In this section, CASOA looked at employment opportunities and challenges, along with reported financial challenges and costs of living. While 59% positively reported on the overall economic

health of their community, 48% reported problems having enough money to meet daily expenses, a decrease from 2017. Respondents reported increased problems building skills for paid or unpaid work (45%) or finding work in retirement (36%) compared to 2017.

4. *Equity and Inclusion*

This section looked at respondents' sense of community, including not only a sense of membership and belonging, but also feelings of equity and trust in the other members of the community. Forty-two percent (42%) reported feeling lonely or isolated as a minor, moderate, or major problem, compared to 34% in 2013 and 35% in 2017 (Figure 3). This is a statistically significant increase from 2017 but comparable to national data. There was an increase in the number of respondents reporting an excellent or good sense of community in the community (59% in 2021 compared to 46% in 2017). At the same time, however, only 45% reported positively that older residents were valued in the community. Forty-nine percent (49%) reported excellent or good for the community's openness and acceptance of older residents of diverse backgrounds. Twenty percent (20%) reported at least a minor problem being treated fairly or discriminated against because of age.

Figure 3: Equity and Inclusion



5. *Health and Wellness*

CASOA included questions pertaining to safety, physical and mental health, independent living, and health care in this section. The majority of respondents held positive perceptions of their overall physical and mental well-being. Over half (57%) responded positively regarding the availability of preventive health services (e.g., health screenings, flu shots, educational workshops). However, respondents reported increased problems getting the oral health care (36%), vision

Table 2: Health and Wellness Needs

Potential Problems*	2013	2017	2021
Falling or injuring self in home	28%	29%	36%
Having enough food to eat	12%	15%	21%
Feeling depressed	40%	41%	44%
Being a victim of fraud or a scam	14%	20%	24%

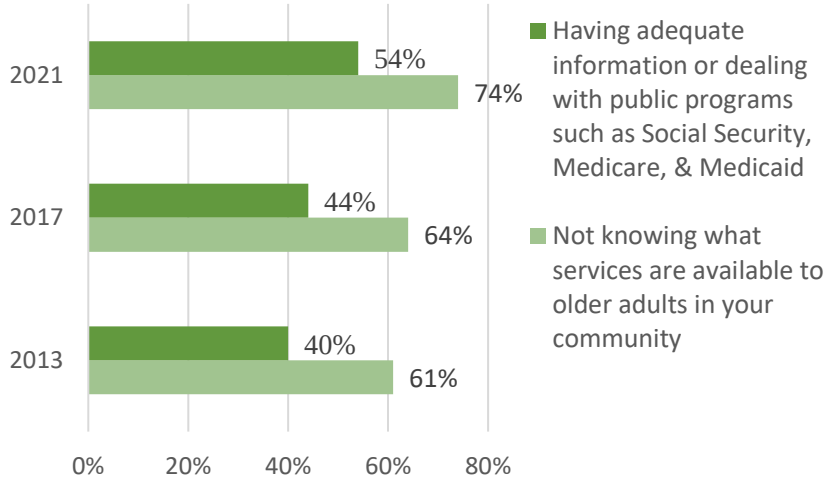
*Percent reporting issue at least a "minor" problem

care (32%), and health care (35%) needed compared to 2017. These are statistically significant changes from 2017, yet similar to national benchmarks. Respondents noted potential problems in several areas (see Table 2); minority respondents indicated higher percentages of problems in these areas than White respondents. While 24% reported being a victim of fraud or a scam at least a minor problem (comparable to prior years and national data), 71% positively responded to an overall feeling of safety in the community, an upward trend compared to 2017.

6. *Information and Assistance*

In this section, respondents assessed the availability of information about older adult resources, as well as financial or other legal services. Fifty-six percent (56%) felt they were "somewhat" or "very" informed about services and activities available to older adults in their community, comparable to prior years. Seventy-four percent (74%) reported at least a minor problem knowing what services are available to older adults (Figure 4); only 26% reported the availability of information about resources for older adults as excellent or good. Similarly, 54% reported at least a minor problem having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid. While this is trending downward compared to 2017 data, this is not a statistically significant difference compared to national benchmarks. Around 36% reported good financial or legal planning services. Forty-four percent (44%) gave good or excellent rankings to the overall services provided to older adults.

Figure 4: Information and Assistance Needs*



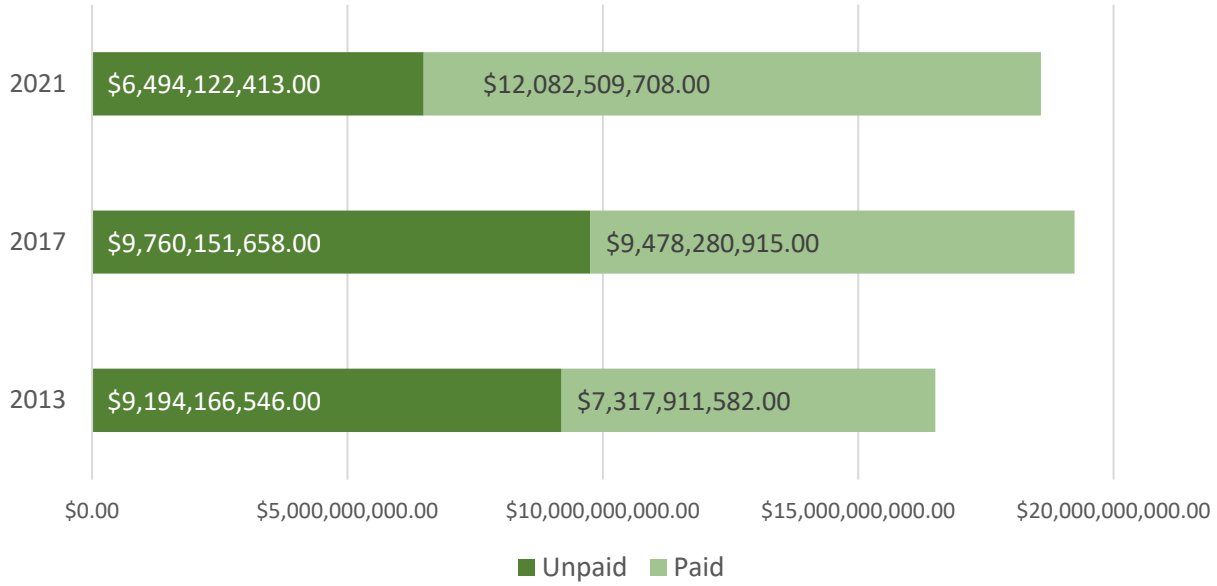
*Percent reporting at least a minor problem

7. *Productive Activities*

This section explored older adults' engagement in Indiana by looking at their civic and social engagement, as well as caregiving. Respondents reported fewer opportunities to volunteer or to participate in community matters compared to 2017. Around 47% reported at least a minor problem feeling bored, reporting fewer opportunities for recreation, social events, or religious or spiritual activities. Fourteen percent (14%) reported using a senior center in the last 12 months, comparable to 2017.

Approximately 74% 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. About 25% felt burdened by their caregiving, either physically, emotionally, or financially, comparable to the national benchmark and prior years' data. In Indiana, the value of paid and unpaid contributions by older adults totaled around $18.6 billion for one 12-month period (Figure 5).

Figure 5: Economic Contributions of Older Hoosiers



Overall, CASOA respondents reported increased needs in numerous areas compared to 2017. Considering the extensive impact COVID-19 had over all aspects of life over the last two years, this is not surprising. Further, the CASOA report stated "[o]lder adult sub-populations in Indiana with higher proportions of challenges and an increased need for intervention tended to live in lower-income households, rent and live alone. Seniors at higher risk also tended to be people of color. Residents 75 years or older reported greater needs than their counterparts in the areas of housing, mobility and independent living but fewer challenges in the areas of finances and health care." These disparities illustrate the need to target resources to the most at-risk populations as outlined throughout this plan.

Stakeholder Engagement

Over the last two years, FSSA implemented a robust stakeholder engagement process and qualitative and quantitative research as part of its efforts to reform Indiana's LTSS system. Stakeholders have spent over 1,700 hours with FSSA in co-design and workgroup sessions related to the reform efforts. The engagement process included a collaborative effort between FSSA, ADvancing States, and the Indiana Minority Health Coalition to conduct "community conversations" with older Hoosiers and their caregivers in fall 2021. The conversations, with

over 800 participants in 23 virtual sessions, sought to understand the participant experience in the current LTSS system, while learning what is important to them and what would improve their quality of life.

In 2021, Indiana conducted two pilot surveys to gather feedback from older adults and their caregivers:

- Consumer Assessment of Healthcare Providers and Systems Home and Community-Based (HCBS CAHPS) Survey: to assess and quantify self-reported experiences of individuals receiving publicly funded LTSS from state Medicaid HCBS programs, with responses identifying strengths and weaknesses in the delivery of those services.
- Indiana Caregiver Survey: to assess caregiver physical and mental health, identify caregiver needs along with gaps in caregiver support services, and better understand the characteristics of caregivers and care recipients in Indiana. (729 total respondents)

In addition, Indiana's participation in the 2019-2020 National Core Indicators of Aged and Disabled (NCI-AD) (see Attachment F) provided support and direction for this plan.

Themes from the stakeholder engagement are reflected throughout the plan. In April-May 2022, FSSA DA will solicit feedback on this proposed 2023-2026 State Plan on Aging. This section and document will be updated as needed following that period.

GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES

According to AARP,[xiv] over 75% of older adults prefer to age in their own homes. Data from the Kaiser Commission on Medicaid and the Uninsured[xv] suggests that 70% of persons aged 65 or older will need some type of long-term services and supports (LTSS). Currently, roughly half of those who qualify for publicly funded LTSS in Indiana receive those services in their homes. AARP's 2020 LTSS scorecard ranked Indiana 44th overall in the nation and 48th for choice of setting and provider for LTSS.[xvi] Knowing all of this, Indiana is focused on assuring access to high-quality home and community-based services.

While Indiana proceeds with Medicaid LTSS reform efforts to move to risk-based managed care, there are opportunities to improve continuity of care and create seamless experiences for individuals in need of LTSS regardless of payor source. A key component of a seamless experience is the process of accessing programs and services. According to the recent CASOA survey, about 6 in 10 survey respondents reported being somewhat or very informed about services and activities for older adults; about 4 in 10 had information access challenges. Indiana's recent "community conversations" echoed challenges related to knowing who to contact or being able to access information. FSSA 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 critical component of this approach will be improved integration of health care and social services, along with the establishment of referral processes and workflows for care transitions.

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." Since the branding roll-out, Indiana 211 became part of FSSA. In addition, FSSA piloted an expedited eligibility process during the public health emergency, increasing the number of initial access points to Medicaid LTSS. As reform efforts continue, FSSA DA will prioritize efforts to reevaluate branding and communications related to information and access, while clearly defining roles and workflows to ensure continuity of care and seamless experiences.

The COVID-19 pandemic brought issues impacting older adults and caregivers into the national conversation, highlighting the importance of services supporting independent living and social connectivity. From the onset of the public health emergency, services quickly pivoted to respond to the changing environment. For example, AAA nutrition programs implemented grab-n-go meals to support older adults' nutritional needs while congregate nutrition sites were closed. New activities, such as telephone reassurance and friendly phone calls, were introduced to combat social isolation. During the first six months of the pandemic, the Indiana aging network experienced a 52% increase in meals served compared to the first half of FFY 2020, serving nearly 1.5 million meals in 24 weeks. Over 20,000 individual socialization contacts were provided to maintain social connectedness during the initial months of stay-at-home orders. Through federal support received through the American Rescue Plan and other COVID-19 supplemental funding, FSSA DA will prioritize funds towards strategic investments to respond to lessons learned through the pandemic and position the aging network to meet the growing and changing needs of older Hoosiers.

As described above, the PSAs vary greatly in both population size and geographic size. As populations shift throughout the state, FSSA DA intends to leverage data to drive decisions and ensure effective and efficient usage of Division of Aging grant funds to promote quality and equity in service delivery. This will include a review of the Intrastate Funding Formula, the population-based funding formula used to distribute OAA funds (see Attachment C).

Goal 1: Assure access to high-quality home and community-based services and resources for older adults and their caregivers to support increased independence and quality of life.

Objective 1.1: Implement Managed Long-Term Services and Supports (MLTSS) for qualifying

adults 60 years of age and older, including those on the Aged and Disabled Medicaid Waiver or living in a nursing facility.

Strategies:

1.1(a): Conduct procurement process to select Managed Care Entities (MCEs) to provide MLTSS.

1.1(b): Develop workflows to ensure continuity of care and seamless experiences for individuals as they transition to the MLTSS program or among providers, settings, programs such as PACE, coverage types, or other HCBS funding sources.

1.1(c): Provide LTSS providers with education, training, and technical assistance on risk-based managed care, transferring agency-specific practices to managed care, and related contracting.

1.1(d): Seek ongoing feedback from all stakeholders to develop and implement statewide MTLSS that attains choice, quality, cost, and sustainability.

Outcome Measures 1.1:

- MLTSS launches statewide in 2024, with 106,000 Medicaid participants transitioning to MLTSS.
- 75% of new Medicaid members who receive LTSS will be in an HCBS setting by 2024.
- Long-term: Older Hoosiers with Medicaid will have increased access to quality, coordinated services in HCBS settings.

Objective 1.2: Leverage data to drive decisions and ensure effective and efficient usage of Division of Aging grant funds to promote quality and equity in service delivery.

Strategies:

1.2(a): Develop and utilize AAA performance and quality benchmarking to increase transparency.

1.2(b): Using data available from the 2020 U.S. census, examine the intrastate funding formula (IFF) used for Older Americans Act funding to ensure sufficient targeting of resources to those with the greatest social and economic need (see Attachment C for current IFF).

1.2(c): Analyze available program and survey data to determine service and provider gaps, program and system inequities, and recommendations that contribute to an equitable, comprehensive, and coordinated system of long-term care responsive to the needs and preferences of older adults and their family caregivers.

Outcome Measures 1.2:

- Increased transparency related to grantee performance and quality of service delivery

- Increased rate of participation among individuals with greatest social and economic need (from FFY 2022 State Program Report baseline)
- Improved management and allocation of resources to target those with the greatest social and economic need
- Long-term: Improved quality and equity in service delivery

Objective 1.3: Increase pathways to information and support to ensure Hoosiers have choices and options to meet their long-term care needs.

Strategies:

1.3(a): Establish new policies and procedures related to ADRCs in conjunction with LTSS reform.

1.3(b): Leverage partnerships and stakeholder networks to assist in outreach and awareness efforts related to the availability of and access to LTSS, with particular focus on those with the greatest social and economic need.

1.3(c): Evaluate the INconnect Alliance branding, including its relationship to FSSA's 211 and the transition to MLTSS.

1.3(d): Identify and implement AAA best practices for coordinating care transitions from hospitals and long-term care facilities for those at risk of prolonged institutionalization.

1.3(e): Establish guidelines and best practices for referrals between the ADRCs and Dual Special Needs Plans (DSNPs).

1.3(f): Through the governor-appointed Commission on Aging, expand the Living Longer/Living Better grassroots initiative.

1.3(g): 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.

Outcome Measures 1.3:

- Increased stakeholder awareness of the availability of HCBS
- Increased consumer satisfaction with access to HCBS
- Increased standardization and coordination of HCBS
- Long-term: Older Hoosiers have increased access to quality, coordinated services in HCBS settings.

Objective 1.4: Utilize Older Americans Act American Rescue Plan funding and other remaining COVID-19 supplemental funding towards strategic investments to position the aging network to meet the growing and changing needs of older Hoosiers.

Strategies:

1.4(a): Invest in one-time interventions for older adults, such as home modifications.

1.4(b): Implement the Community Aging in Place – Advancing Better Living for Elders (CAPABLE) program in Indiana.

1.4(c): Contract with a CPA firm to assist the Division of Aging with improving current fiscal operating procedures, fiscal monitoring of the AAAs, and implementing improvement strategies to strengthen the fiscal competencies and compliance of the AAAs.

Outcome Measures 1.4:

- Increased independence resulting from an increase in the number of home modifications or interventions (from FFY 2022 State Program Report baseline)
- Updated and improved grants management and administration resources for FSSA DA and grantees
- Long-term: Older Hoosiers receiving HCBS through the OAA or other programs remain in their homes and community longer.

Goal 2: Improve health, well-being, and equity in all aspects of service access and delivery.

At the heart of an age-friendly Indiana is a commitment to improving the health, well-being, and equity of older Hoosiers and their caregivers. Indiana's aging network is built to impact the Social Determinants of Health (SDOH), targeted to those with the greatest social and economic needs. The CASOA survey explored various areas related to SDOH. For example, it reported that 54% of older Hoosiers have either a minor, moderate, or major problem maintaining a healthy diet and 21% responded the same way for having enough food to eat. United States Department of Agriculture (USDA) defines food insecurity as having limited or uncertain access to adequate food.[xvii] Per America's Health Ranking, 13.5% of older adults aged 60+ in Indiana experiences food insecurity.[xviii] Food insecurity cannot be mentioned without including a conversation about malnutrition. Malnutrition can result from deficiencies in the diet as well as excessive nutrients in the diet. Having more robust data-driven information will allow for more targeted interventions to address those at nutritional risk through DA-funded programming.

The Supplemental Nutrition Assistance Program (SNAP) is available for older adults to provide supplemental funds for food purchases, yet Indiana's 2018 34% participation rate for eligible older adults lag the national average participation rate of 42%.[xix] America's Health Rankings state that barriers to SNAP enrollment include a variety of reasons such as lack of knowledge about the program and how it works, the stigma associated with receiving social services, difficulty completing an application and cultural beliefs. The 2021 CASOA survey reported that about 6 in 10 survey respondents felt that they were somewhat informed or very informed about

services and activities available to older adults. This discrepancy indicates a need and an opportunity to educate and increase awareness of the SNAP program.

Approximately 57% of CASOA respondents reported that the availability of preventive health services (e.g., health screenings, flu shots, educational workshops) was excellent or good. America's Health Rankings reiterated this, indicating Hoosiers aged 65+ years' flu vaccination rate was 63.5% and pneumonia vaccination was 72.2%.[xx] In addition, over 80% of older Hoosiers are fully vaccinated against COVID-19.[xxi] Indiana's aging network was instrumental in the initial roll-out of the COVID-19 vaccine in early 2021. With COVID funds received from the Administration for Community Living, efforts will continue in this plan period.

The COVID-19 pandemic brought issues impacting older adults to the forefront, including the need for preparedness planning. Stay-at-home orders and social distancing closed adult day programs, senior centers, and congregate nutrition sites, leading to widespread social isolation. CASOA revealed that 42% of older Hoosiers reported feeling lonely or isolated as at least a minor problem, a statistically significant increase from 2017. Through the congregate nutrition program, health promotion programming, and senior center support, Indiana's aging network plays a key role in promoting social connectedness and mitigating the negative effects of social isolation. Indiana will leverage lessons learned and COVID dollars awarded to implement long-term, practical approaches to maintaining social connections and supporting individual needs and preferences.

Person-Centered Practices

An essential piece of FSSA DA's work is a person-centered approach to service delivery across the LTSS spectrum. This State Plan documents FSSA DA's commitment to applying person-centered practices, principles, and skills demonstrated through engagement with people and families, providers delivering care in our network, and improving governance and policy. Since FSSA DA's person-centered planning efforts launched in 2015, Indiana has focused on training to build capacity and sustain a train-the-trainer model through The Learning Community for Person-Centered Practices (TLCPCP). In addition, during the last state plan period, FSSA DA began collaborating with Indiana University's Geriatric Education and Training Center (IU GETC) on geriatric training with person-centered practice infusion, connecting with over 4,600 (duplicated) care managers and options counselors throughout the AAA and ADRC network since May 2020. Topics included social isolation (including engagement in a virtual setting), advanced directives, dementia, fall risk, care transitions with DSNPs, and supporting caregivers. During the next four years, this momentum will continue.

Objective 2.1: Support programs and partnerships that increase health awareness, knowledge, and/or prevention efforts that improve health and well-being and help create aging-friendly communities.

Strategies:

2.1(a): Coordinate utilization of the American Rescue Plan (ARP) Title III-D funds to minimize duplication of effort and maximize the efficiency and effectiveness of evidence-based health promotion programming, ensuring culturally and linguistically appropriate information provision for ethnic, racial, and LGBTQ+ populations.

2.1(b): Develop and implement a process to include screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs funded through Title III-D.

2.1(c): Through collaboration with FSSA's Division of Mental Health and Addition, facilitate the provision of information and resources related to opioid use disorder and safe medication handling targeted to older adults and caregivers.

2.1(d): Partner with the IU Geriatric Workforce Education Program to update the care management/options counseling practice standards that align with the Social Determinants of Health, including, but not limited to, falls prevention and falls-related TBI screening, medication management, housing, social isolation, and mental wellness.

2.1(e): Partner with the Indiana Department of Health, Division of HIV/STD & Viral Hepatitis to share information and coordinate opportunities for older adults living with HIV/AIDs to access services to support health, well-being, and long-term care needs.

2.1(f): Utilize VAC5 and ADRCVAC funds to increase access to and utilization of the COVID-19 vaccines through the aging network to support public health efforts.

2.1(g): Explore the feasibility of utilizing resources from the Reframing Aging Initiative[xxii] to counter ageism and improve Hoosiers' understanding of aging and the many ways older adults contribute to society.

2.1(h): Support the preparation, publication, and dissemination of educational materials dealing with the health and economic welfare of older adults.

Outcome Measures 2.1:

- Increased participation rates in health promotion programming in at-risk communities
- Increased health awareness, knowledge, and prevention efforts among older Hoosiers, including increased vaccinations
- Long-term: Older Hoosiers receiving HCBS through the OAA or other programs experience improved health outcomes.

Objective 2.2: Build capacity for the continued integration of person-centered thinking practices into the model of care to ensure services are person-centered, trauma-informed, participant-driven, holistic, caregiver involved, and address social determinants of health in each

individual's setting of choice.

Strategies:

2.2(a): Develop a comprehensive strategy to mitigate the effects of experienced trauma across all services and settings.

2.2(b): Provide training and education to care managers, options counselors, APS staff, and any other identified role related to trauma-informed services to increase capacity to provide trauma-informed services to meet individual client needs and preferences.

2.2(c): Train and certify additional aging network staff as trainers of The Learning Community's Person-Centered Practices to build Indiana's capacity to facilitate person-centered thinking trainings.

2.2(d): Examine the current "pick list" process utilized for service provider selection to identify opportunities to enhance informed choice and person-centered service delivery.

2.2(e): Utilize the INperson Learning Community, Indiana's formal community of practice, to enhance CM/OC cultural competence through peer-to-peer collaborative learning and sharing to implement person-centered practices.

2.2(f): In conjunction with FSSA's Office of Healthy Opportunities, provide equity training for all services and settings, including FSSA DA staff.

Outcome Measures 2.2:

- Increased capacity to integrate person-centered practices through the addition of 2 mentor trainers by 2023 and 2 additional certified trainers each year through 2026, for a total of 15 certified trainers for TLCPCP in Indiana
- Increased knowledge and skills to provide person-centered planning through a trauma-informed lens
- Enhanced knowledge of issues of inequity
- Increased participation in services from underserved target populations
- Long-term: Improved participant satisfaction with service delivery

Objective 2.3: Enhance efforts to address food insecurity and malnutrition in older adults.

Strategies:

2.3(a): Through ADRC/No Wrong Door public health workforce funding, contract with an epidemiologist to support data-driven decision-making, program development, and educational materials related to malnutrition and the nutritional needs of older adults, including identification of health and nutritional disparities in at-risk populations.

2.3(b): Work with AAA nutrition and wellness staff to enrich statewide nutrition

education programming, including the incorporation of oral health as a required component of nutrition education funded through Title III.

2.3(c): Provide training and technical assistance to support the modernization of the Title III-C nutrition program throughout Indiana, including enhanced efforts to reach rural populations through the implementation of restaurant voucher programs.

2.3(d): Select a malnutrition screening tool and incorporate it into the assessment process, including congregate nutrition program participants.

2.3(e): Develop referral and intervention options for use with the DETERMINE nutrition screening and malnutrition screening/risk tools to support nutritional health and well-being.

2.3(f): Partner with the Division of Family Resources (DFR) and the aging network to increase the number of SNAP enrollees to assist in addressing food insecurity, targeting at-risk populations and regions.

2.3(g): Work with the aging network nutrition programs to explore new partnerships and/or expand current providers' availability of Title III meals that meet special dietary needs that include cultural considerations and preferences and medically tailored options.

Outcome Measures 2.3:

- Increased awareness of the signs of food insecurity and malnutrition risk factors
- Increased number of applicants to food assistance programs
- Increased referrals of individuals identified as high-risk nutritionally to practitioners for nutritional support
- Increased participation rate in nutrition programs that address special dietary needs that include cultural considerations and medically tailored options
- Long-term: Older Hoosiers receiving nutrition services through the OAA or other programs experience decreased food insecurity and improved nutritional health.

Objective 2.4: Enhance social interaction and connectedness for older Hoosiers to mitigate the negative health effects associated with social isolation.

Strategies:

2.4(a): Research options, including consultation with FSSA's Division of Mental Health and Addiction, to improve utilization of the UCLA Loneliness Scale that is incorporated into the person-centered planning process while incorporating suicide risk screening into the person-centered planning process.

2.4(b): Facilitate collaboration between the state's Assistive Technology Program, INDATA, and the aging network to increase awareness of and access to assistive technology options for serving older adults.

2.4(c): Partner with the Indiana Arts Commission to facilitate the creative aging work,

Lifelong Arts Indiana, within AAAs' congregate nutrition sites to support cultural experiences, activities, and services, including the arts.

2.4(d): Facilitate connections between Indiana's aging network and entities, such as the Senior Center Coalition of Indiana, Indiana Minority Health Coalition, and AmeriCorps Senior Companion Program, to promote opportunities to leverage OAA funds and encourage social connectedness.

2.4(e): Evaluate the usage of virtual programming and services post-pandemic to maintain and support increased connectedness and access to services, particularly in rural areas and for those with mobility and transportation issues.

Outcome Measures 2.4:

- Increased collaboration and connections for opportunities for social connectivity
- Reduction in reported loneliness based on results of the UCLA Loneliness Scale

Objective 2.5: Expand efforts to assist older adults and caregivers with emergency and disaster preparedness planning.

Strategies:

2.5(a): Assess lessons learned from the COVID-19 pandemic to update policies and procedures for reviewing and monitoring AAAs' emergency preparedness plans.

2.5(b): Promote emergency preparedness among older adults and their caregivers through person-centered planning and outreach activities.

2.5(c): Explore opportunities to partner with local emergency response agencies to provide additional support to those with the highest social and economic need

2.5(d): Explore opportunities for expanding partnership with the State Assistive Technology Program to ensure older adults have safe and reliable contact with caregivers and support agencies.

Outcome Measures 2.5:

- Increased aging network knowledge of available resources for preparedness planning
- Improved quality of care management clients' emergency plans

GOAL 3: Optimize the physical, emotional, and financial well-being of caregivers to strengthen their ability of provide ongoing supports and delay or prevent care recipient institutionalization.

Family caregivers play an integral role in providing the day-to-day care and support that keeps people in their homes and communities. Nationally, 41.8 million adults in the U.S., or 1 in 5 adults, act as a caregiver for an adult over age 50, of which nearly forty percent are a racial or

ethnic minority.[xxiii] According to the AARP Public Policy Institute,[xxiv] Indiana is home to 850,000 caregivers responsible for 710 million hours of unpaid care each year. The estimated economic value of their unpaid contributions was approximately $9.3 billion in 2017. In light of Hoosier caregivers' essential contributions, Indiana has much work to do to equitably enhance the system of supports for families and caregivers, illustrated by AARP's 2020 LTSS Scorecard[xxv] ranking Indiana 51st overall for support of caregivers.

The recent CASOA survey revealed approximately 37% of respondents reported being caregivers for adults age 55+, with 40% of those providing at least 6 hours of care each week. 22% felt burdened by their caregiving, either physically, emotionally, or financially. The Indiana Caregiver Survey revealed further that "[c]aregivers who spent 20 or more hours per week providing care were significantly more likely to report poor mental health including severe depression and high levels of burden compared to those who provided less than 20 hours per week." When caregivers experience high levels of stress, it significantly impacts the likelihood the individual for which they are providing care will be admitted to a nursing facility.[xxvi]

During the stakeholder engagement and survey processes, 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 caregiving 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. Despite the stated necessity for respite, only three-in-ten individuals who have an unpaid caregiver also have paid support.[xxvii] This is likely due, in part, to a lack of routine or consistent assessment of caregiver needs through the ADRCs during the person-centered planning and assessment processes.

In order to equitably enhance supports for families and caregivers, Indiana is prioritizing an array of services and initiatives to support their overall mental, physical, and emotional well-being. Currently, FSSA DA supports caregivers through OAA Title III-E funded services, as well as through waiver-funded Structured Family Care and Consumer-Directed Attendant Care. With immense diversity within the caregiving experience, Indiana plans to center efforts on addressing inequities across a variety of factors which may include race and ethnicity, rurality, gender, sexual orientation, dementia (see Goal 4), and long-distance caregiving. In addition, the needs of caregivers caring for both an older adult and children under 16 will be considered, as well as grandparents and other older relative caregivers caring for children. Kinship families and grandfamilies are becoming increasingly common. Currently, an estimated 2.7 million American children live in households led by a grandparent, relative, or close family friend without their parents present.[xxviii]

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. This has been exacerbated by the prevalent workforce shortages and staffing challenges resulting from the

COVID-19 pandemic. A key objective of Indiana's LTSS reform effort is to recruit, retain, and train the direct service workforce. According to data provided by Milliman,[xxix] we expect the population age 65 and older in Indiana to increase between 2015 and 2030 by almost 43%. Nationwide, it is projected that there will be an additional million home care positions available, an increase of 46%, by 2028.[xxx] Workforce data gathered by the Paraprofessional Healthcare Institute (PHI)[xxxi] shows that the direct service workforce in Indiana increased only 10% from 2010 to 2020. If this growth rate continues, 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 can prolong their support with assistance from HCBS. Yet, paid caregivers, primarily women and people of color, are often undervalued. Over the next four years, FSSA DA plans to enhance support to both paid and unpaid caregivers as outlined below. These proposed objectives and strategies align with the recommendations of the RAISE Family Caregiving Advisory Council prepared in September 2021.[xxxii]

Objective 3.1: Using evidence-supported and culturally sensitive assessments, engage informal caregivers to identify their willingness, ability, and needs to provide and prolong support.

Strategies:

3.1(a): Select and implement a standardized, evidence-informed informal caregiver assessment.

3.1(b): Document best practices related to informal caregiver support.

3.1(c): Analyze assessment results to identify trends in service utilization and service gaps, as well as caregiver health outcomes, particularly for those with the greatest social need including persons of color, members of religious minorities, LGBTQ+ persons, persons with disabilities, and persons living in rural communities.

3.1(d): Document policies and procedures for person-centered options counseling and care management for caregivers to elevate the inclusion of informal caregivers into the person-centered planning process.

Outcome Measures 3.1:

- Implementation of standardized caregiver assessment
- Stratification of standardized caregiver assessments by sub-groups (race, gender, ethnicity, geography, etc.)
- Increased understanding of informal caregivers needs and preferences
- Increased inclusion and recognition of informal caregivers in the person-centered planning process
- Long-term: Improved caregiver health and well-being, leading to sustained informal caregiving and delayed or prevented institutionalization of care recipients

Objective 3.2: Expand efforts to improve caregiver health.

Strategies:

3.2(a): Provide access to technology, such as tablet devices, image sharing applications or animatronic pets, to help facilitate human connection and reduce loneliness, stress and/or burden as caregivers and loved ones transition out of the COVID-19 pandemic and beyond.

3.2(b): Create a digital interactive community to provide access to pertinent resources and caregiver supports.

3.2(c): Explore opportunities to better serve and support the health and well-being of grandparents and other kin caregivers who are raising children through Title III-E, leveraging resources made available via Generation United's National Technical Assistance Center on Grandfamilies and Kinship Families.

3.2(d): Through the FSSA DA Legal Assistance Developer and aging network, coordinate the provision of resources and supports related to advanced care planning and elder law concerns for caregivers.

3.2(e): Explore partnerships to provide additional training and guidance on supported decision-making for providers.

Outcome Measures 3.2:

- Increased awareness of and access to existing caregiver resources such as available services, advanced care planning, and supportive decision making
- Improved caregiver health through reduced caregiver stress and burden), reduced loneliness (using UCLA loneliness scale), reduced self-reported symptoms of depression (using PHQ-4), and improved self-reported health (compared to the baseline established with caregiver survey and implementation of standardized assessment tool)
- Long-term: Improved caregiver health and well-being, leading to sustained informal caregiving and delayed or prevented institutionalization of care recipients

Objective 3.3: Expand the existing HCBS direct care workforce.

Strategies:

3.3(a): Research evidence-based or best practices used by other states and organizations that led to increased recruitment, retention, and career satisfaction among the direct service workforce.

3.3(b): Build up training and resources for both individuals interested in pursuing a career as a direct service worker and current direct service workers.

3.3€: Implement a statewide recruitment campaign to highlight the importance of direct service work and connect candidates with opportunities.

3.3(d): Educate medical professionals about self-directed care as an option for supporting long-term care needs.

3.3(d): Explore implementation and/or expansion of self-directed care service options under Title III and CHOICE.

3.3€: Examine the feasibility of coordinating the Senior Community Service Employment Program (SCSEP) with other OAA programs to support efforts to strengthen the direct care workforce.

Outcome Measures 3.3:

- Increased career opportunities and options for the direct care workforce
- Increased usage of self-directed care options
- Long-term outcome: Expansion of Indiana's direct care workforce

GOAL 4: Support efforts to create a dementia-capable Indiana in alignment with Indiana Code 12-9.1-5.

In 2019, FSSA DA convened a statewide Indiana Dementia Care Advisory Group committed to developing and expanding dementia-capable services that support caregivers and foster independence for persons living with dementia (PLWD). Building upon this initiative, House Enrolled Act (HEA) 1177 established the creation of a Dementia Strategic Plan and Annual Report in 2021. Under Indiana Code 12-9.1-5, FSSA DA is required to develop a dementia strategic plan to identify and significantly reduce the prevalence of dementia in Indiana. This statutory requirement elevates the state's focus on ensuring that the coordinated system of LTSS considers the unique needs and challenges of PLWD and their caregivers.

Over 110,000 Hoosiers have Alzheimer's disease and/or a related type of dementia causing cognitive impairment to the extent that functional limitations necessitate assistance in activities of daily living by another individual, frequently a family caregiver. This number is expected to increase 18% to 130,000 by 2025. In general, older Black and Hispanic/Latino Americans are more likely to develop the disease than older White Americans. The vast majority (80%) of persons with dementia still live in community settings, and 30% live alone.[xxxiii]

According to the Alzheimer's Association, approximately 215,000 Hoosiers are providing unpaid care for someone with dementia. Women, particularly women of color, make up about two-thirds of caregivers. Caring for and supporting persons with dementia is complicated and often comes with specific challenges such as behavioral symptoms and mobility problems that may lead to significant caregiver stress. Most caregivers, direct care workers, and health care professionals have little training in dementia care, further exacerbating the stress of caregiving.

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. Title III-E of the OAA funds home and community-based caregiver supports such as information and person-centered care management, counseling, training, support groups, and respite services, all designed to enhance the health and well-being of caregivers. Caregivers of PLWD benefit from these services but there is an opportunity to increase efforts to target these resources to this population and their caregivers.

Objective 4.1: Through the Dementia Care Advisory Group and FSSA DA, implement Indiana's Dementia Strategic Plan required by IC 12-9.1-5.

Strategies:

4.1(a): Continue convening the Indiana Dementia Care Advisory Group to plan, implement, measure, and evaluate progress on Indiana's Dementia Strategic Plan.

4.1(b): Leverage HCBS FMAP funding and Older Americans Act American Rescue Plan (ARP) funds as feasible to support outlined initiatives.

4.1(c): Provide dementia care coordination within FSSA DA.

Outcome Measures 4.1:

- Improved state capacity to support and implement dementia-related activities
- Long-term: Indiana provides supports that optimize the quality of life for PLWD and their caregivers.

Objective 4.2: Develop, coordinate, and expand services that decrease health disparities and optimize the quality of life for people living with dementia (PLWD) and their caregivers.

Strategies:

4.2(a): Collaborate with the Indiana Minority Health Coalition, Living Longer/Living Better Community Coalitions, and others to increase understanding of and develop strategies to mitigate existing health disparities impacting PLWD and their caregivers in minority populations in Indiana.

4.2(b): Examine results of the Caregiver Stress Prevention Bundle pilot developed under ACL's Alzheimer's Disease Program Initiative (ADPI) to determine implementation and sustainability options, including the possible use of Title III E funds.

4.2(c): Through person-centered options counseling and care management, inform more informal caregivers of the availability of Title III-E funded respite, counseling, training, or support group services for caregivers of older adults and individuals of all ages with Alzheimer's disease and related disorders with neurological and organic brain dysfunction.

Outcome Measures 4.2:

- Increased understanding of health disparities impacting PLWD and their caregivers in minority populations
- Increased rate of participation of caregivers of PLWD receiving Title III-E funded respite, counseling, training, or support group services
- Long-term: Indiana provides supports that optimize the quality of life for PLWD and their caregivers.

Objective 4.3: Increase awareness and knowledge of dementia and associated caregiver issues, including how to access additional information and ongoing resources.

Strategies:

4.3(a): Explore opportunities to participate in and support Dementia Friends Indiana efforts in communities across the state.

4.3(b): Participate in the training of care managers and options counselors to increase capacity to recognize, understand, and support the unique needs of PLWD and their caregivers through person-centered planning and referrals to a local memory assessment center, Alzheimer's Association, and other community supports.

4.3(c): Participate in the training of Direct Care Workers providing in-home assistance to increase capacity to recognize, understand, and meet the unique needs of PLWD and their caregivers.

4.3(d): Develop a strategy to enhance the capacity of adult protective services workers and law enforcement to respond to PLWD appropriately.

Outcome Measures 4.3:

- Expansion of the Dementia Friends Indiana movement
- Increased knowledge among care managers, options counselors, direct care workers, and APS related to dementia
- Long-term: Indiana provides supports that optimize the quality of life for PLWD and their caregivers.

GOAL 5: Promote statewide partnerships for advocacy and protection of older adults.

The foundation of FSSA's efforts related to abuse, neglect, and exploitation lies within two programs: Long-Term Care Ombudsman Program and Adult Protective Services.

Long-Term Care Ombudsman Program (LTCOP)

Population trends continue to indicate an increased need for long-term care settings ranging from community-based settings intended to encourage residents' independence and autonomy to

skilled care in nursing facilities, either of which can be inconsistent in services delivery to meet diverse needs. The role of the local ombudsman will likely evolve as the range and type of residences expand, as they will be called upon to assist this broad range of residents and their concerns, complaints, and problems. However, the Ombudsman's primary focus will presumably remain in nursing facilities where residents tend to be frailer, perhaps cognitively vulnerable, and at greater risk of having their rights violated. The types of complaints the program handles tend to be more complex and challenging than in the past. Grievances have moved away from requests for assistance with daily needs to more urgent concerns such as involuntary discharges and evictions. The LTCOP's ability to respond adequately to the diverse needs of residents in the changing variety of settings is strained now and will likely be even more impacted 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 currently functioning at least 50% below that level without considering the number of residents in Assisted Living and RCAP facilities that must be included in its case-mix and responsibilities. Due to staffing difficulties related to limited resources and to enable flexibility in staffing, the LTCOP will continue to explore opportunities to streamline program administration.

Adult Protective Services

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

In 2021, APS received 20,547 calls for service related to battery, neglect, or exploitation of endangered adults. Of those calls, 14,728 cases were opened.[xxxv] In 2021, APS investigated 1,762 allegations of battery, a 12% decrease over the previous year, and 11,060 total cases of neglect (neglect and self-neglect), which is a 5% increase from the previous year. In addition, APS investigated 3,053 allegations of exploitation, a 10% increase over the previous year. In 2021, 24% of CASOA survey respondents reported either minor, moderate, or severe problems with being the victim of a fraud or a scam in the preceding 12 months, up from 20% in 2017.

These statistics indicate overall the necessity of 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 5.1: Streamline administration of the Title VII Ombudsman program to allow for greater efficiencies and increased responsiveness to long-term care residents.

Strategies:

5.1(a): Partner with IUPUI's (Indiana University-Purdue University Indianapolis), O'Neill School of Public Environment and Affairs, to develop a statewide, sustainable volunteer management program using CARES Act funding.

5.1(b): Commence a statewide educational campaign for facility staff, residents, and family members on the importance and benefits of having strong Resident and Family Councils in place, using CRSSA/ARPA funding.

5.1(c): Use CARES Act funding to hire a former local ombudsman as a temporary contractor/social media coordinator to increase brand awareness and knowledge of long-term care and the Ombudsman Program on its new (2021) social media accounts (Facebook, Twitter), along with regularly updating the current state web page.

5.1(d): Continue to refine data management and reporting, through the use of Ombudsman software PeerPlace, to track resident historical data while maintaining required confidentiality.

5.1(e): Finalize and implement Indiana Administrative Code and policies in line with Indiana's new (2019) statute and reflecting federal Ombudsman regulations.

Outcome Measures 5.1:

- By 2024, the LTCOP will have recruited and trained 35 volunteer ombudsmen, with an additional focus on retention and expansion, who will donate time in LTC facilities within their local communities.
- By 2024, the LTCOP will develop training on Resident and Family Councils for facility administrators and other staff (particularly Activity Directors) that demonstrates the benefits of how strong resident groups can form a united consumer voice that can communicate concerns to facility administrators and work for resolutions and improvements.
- By 2024, the LTCOP will develop printed materials in English and Spanish on Resident and Family Councils for distribution by local ombudsmen to all facility residents.
- By 2023, LTCOP social media analytics will demonstrate an increase in Facebook and Twitter post shares by 20% and new information will be posted at least twice a week on existing social media profiles.
- By 2023, the State Long Term Care Ombudsman will work with legal counsel to complete and finalize the Indiana Administrative Code and policies to align with Indiana's 2019 statute and reflect federal Ombudsman regulations.
- Long-term: Increased support and advocacy for long-term care residents

Objective 5.2: Develop tools for improving statewide consistency for Indiana's Adult Protective Services.

Strategies:

5.2(a): Develop and implement ongoing systems of training for new hires, current staff, and supervisors based on core competencies.

5.2(b): Improve case management, performance measurement, data entry efficiency and informed decision-making by developing, implementing, and maintaining a new online case management system.

5.2(c): Create and implement standard operating procedures consistent with recommended national quality standards.

Outcome Measures 5.2:

- By 2023, APS will develop a comprehensive training curriculum that will be utilized annually for onboarding new APS staff and supervisors.
- By 2023, a new statewide case management system will be implemented, and staff will be trained on how to use it.
- Increased efficiency and program management
- Improved client outcomes through the use of well-planned, consistent investigation assessments and service plan development processes
- Long-term: Increased safety of Hoosiers related to abuse, neglect, and exploitation

Objective 5.3: Increase coordination between Adult Protective Services and other human service entities.

Strategies:

5.3(a): APS program will continue to increase partnerships with other human services stakeholders to encourage and promote APS participation in local multi-disciplinary teams.

5.3(b): Collaborate with AAAs to address the service needs of APS clients.

5.3(c): Enhance and redefine the role of the Legal Assistance Developer within Indiana's aging network.

5.3(d): Partner with FSSA's Bureau of Developmental Disability Services (BDDS) to identify a vendor for emergency services for clients with intellectual and developmental disabilities. Increasing the availability of emergency services by financially assisting a local senior shelter for battered elders.

5.3(e): Conduct an in-depth organizational analysis at both the individual unit and overall team levels.

Outcome Measures 5.3:

- By 2023, APS will hire a new legal assistance developer.
- By 2024, APS will allocate funding to a local senior shelter and will roll-out emergency services.
- By 2023, APS will conduct an organizational analysis of units and teams.
- By 2025, APS will develop an implementation plan and rollout new projects based on findings and recommendations.
- Increased scope and quality of services through increased participation in multi-disciplinary teams
- Increased capacity to prioritize endangered adults with the highest need by leveraging partnerships
- Long-term: Increased safety of Hoosiers related to abuse, neglect, and exploitation

QUALITY MANAGEMENT

Data Collection

In April 2019, after many delays, Indiana launched a new case management, data collection, and reporting system called Care Management for Social Services system (CaMSS), replacing a twenty-year old Fox-Pro based system. Since its launch, FSSA DA has worked with the vendor to continually update and enhance the system's functionality. CaMSS receives data from the ADRCs' information and referral platform, VisionLink, as well as notifications from DSNPs regarding Medicaid Waiver clients' skilled nursing facility admissions. This information sharing allows for more efficient and coordinated service delivery.

CaMSS is utilized for the required data collection for the federal OAA State Program Report (SPR). FSSA DA has linked aspects of the SPR reporting requirements to the AAA claims process to capture usage of COVID funding and spending flexibilities tied to the Major Disaster Declaration. This has created a clearer connection between funding and service delivery, resulting in less missing service unit data. There is work to be done to reduce missing client demographic data (see Remediation below).

FSSA DA introduced the interRAI™ holistic assessment in 2016, which is linked 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. CaMSS also houses a person-centered monitoring tool that is utilized during assessments. This tool incorporates the UCLA Loneliness Scale (see Objective 2.4). DA also plans to incorporate malnutrition screening into the assessment process (see Objective 2.3). This will be in addition to the DETERMINE nutrition screening used with nutrition program participants.

Remediation

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. This recurring review evaluates each agency's personnel and operational policies, hiring practices, and complaint resolution procedures. With any identified management deficiencies, agencies must file a corrective action plan within a stated time frame. After the plan is accepted, follow-up is conducted to assure implementation.

Through efforts outlined in the 2019-2022 State Plan on Aging, FSSA DA developed new tools for program monitoring and will be continuing efforts under this plan. The goal is to not only ensure compliance but to ultimately incorporate quality measures into the review process. FSSA DA intends to develop and utilize AAA performance and quality benchmarking (see Objective 1.2(a)). Key data and information will be shared to increase transparency.

FSSA DA has identified other data collection issues, particularly related to the data necessary for the State Program Report (SPR), which exist outside of software limitations. There is a significant amount of missing client demographic data, especially for the Congregate Nutrition program. In FFY 2021, 58% of congregate clients did not have poverty status reported, and 41% were missing living alone status. Twenty-two percent (22%) of all registered nutrition program participants were missing a DETERMINE screening in CaMSS. Some of this missing screening data is related to COVID efforts to ensure nutritionally balanced home delivered or grab-n-go meals reached older adults as quickly as possible (without delays due to administrative processes). In addition, software limitations and the amount of additional reporting and tracking related to the COVID grants led to reporting challenges. FSSA DA updated instructional and reference guides and is working to hold more frequent webinars and technical assistance meetings to support the increased expectations. Aside from the challenges reporting COVID-related services, there is a continued need to provide training and education to AAA staff related to data collection 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 the preparation of the SPR.

Continuous Improvement

FSSA DA added a data scientist to the staff in 2021. This increased capacity to analyze data will assist with Objective 1.2, allowing for increased efforts toward continuous improvement.

As part of LTSS reform efforts, FSSA is developing a quality framework. The goal is to develop program goals whose achievement will deliver measurable results, with robust identified performance measures that will demonstrate progress towards meeting goals. This will establish clear focus areas around which stakeholders can collaborate to implement interventions.

FSSA DA continues its commitment to improving its quality assurance and quality improvement efforts related to care management activities. As described in Objective 2.2 above, FSSA DA will increase capacity for the continued integration and enhancement of person-centered thinking practices into service plans and service delivery through two mentored certified trainers and fifteen certified trainers for Person-Centered Thinking (PCT).

Feedback from stakeholders, through surveys and more personal "community conversations," provides FSSA DA with critical information to identify opportunities for continuous improvement. Additional stakeholder engagements will occur during this plan period, including more "community conversations" in partnership with ADvancing States and the Indiana Minority Health Coalition. In addition, Indiana plans to again implement the HCBS CAHPS survey (see page 13) within the next year or two. For the sixth time, FSSA DA is participating in the National Core Indicators – Aging and Disabilities (NCI-AD)™ effort in spring 2022. 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 are to obtain information to strengthen LTSS policy and support continuous quality improvement. FSSA DA is aware of new Person-Centered Practices in the National Core Indicators Data. The practice principles of the core indicators identified by ACL's National Center on Advancing Person-Centered Practices and Systems will be examined with plans to implement.

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