



State of Indiana

Indiana Family and Social Services Administration

Proposed Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817 – Q1 FY 2025

State of Indiana

Submitted to The Centers for Medicare and Medicaid Services

July 18, 2024



Eric Holcomb, Governor
State of Indiana

Indiana Family and Social Services Administration

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Transmittal Letter

July 18, 2024

The Indiana Family and Social Services Administration (FSSA) is submitting the following HCBS Spending Plan Narrative Update to CMS pursuant to the guidance issued via SMD #21-003.

The narrative below builds upon our prior Quarterly Updates. As the end of the HCBS Spending Plan funding period approaches, FSSA is committed to ensuring that the timing of all HCBS initiatives aligns with the March 31, 2025 deadline. Per our February 27, 2024 correspondence with CMS, we have clarified our interpretation of the spending deadline and began to review the progress and timeline of all initiatives in order to ensure that all spending is completed by the March 31, 2025 deadline.

FSSA's designated point of contact for the quarterly Spending Plan submissions is Cora Steinmetz, the State Medicaid Director.

As part of our quarterly HCBS Spending Plan submission, FSSA attests to the following assurances:

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

FSSA looks forward to CMS' review of our quarterly HCBS Spending Plan submission and hope to continue receiving full approval of Indiana's HCBS Spending Plan. We are excited to be able to use the enhanced FMAP funding to improve the continuum of HCBS and enable improved health and well-being outcomes for Hoosiers.

Sincerely,

A handwritten signature in cursive script that reads 'Cora Steinmetz'.

Cora Steinmetz
Medicaid Director, Office of Medicaid Policy and Planning
Indiana Family and Social Services Administration

Spending Plan Narrative

Background

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARP), of which Section 9817 provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS). In accordance with ARP and the additional Centers for Medicare and Medicaid (CMS) guidance issued, the Indiana Family and Social Services Administration (FSSA) plans to use the federal funds attributable to the increased FMAP and state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement the strategies outlined in this Spending Plan to enhance and expand access to, quality of, and capacity of HCBS under the Medicaid program.

In response to the COVID-19 Public Health Emergency (PHE), Indiana's FSSA will use this enhanced FMAP funds to increase community living options for qualifying Medicaid beneficiaries, stabilize and support the HCBS workforce and HCBS provider network, build up the necessary health information technology infrastructure, and accelerate long-term services and supports (LTSS) reform in accordance with Title II of the Americans with Disabilities Act, 42 U.S.C. §§ 12131–12134, as interpreted by the Supreme Court in *Olmstead v. L.C.*, 527 U.S. 581 (1999) and with Title XIX of ARP.

Executive Summary

States are in a unique position to accelerate the expansion of HCBS which offers older adults and individuals with disabilities greater choice and control in regard to services that help them achieve greater quality of life. Indiana is in the midst of implementing an array of HCBS strategies that promote community living and services in support of this goal. This module describes Indiana's plan to utilize the HCBS enhanced FMAP funds to improve delivery of services that are sustainable across communities, equitable in their approach and access, data-driven, and invested in continuous improvement of quality and outcomes.

Our plan initially focused on a stabilization phase in response to the COVID-19 public health emergency. In a concurrent phase over the four-year enhanced FMAP period through March 2025, FSSA is utilizing an outcomes-orientation approach in determining how to effectively advance HCBS in the State of Indiana. Our four (4) priority areas, as outlined in this plan, and echoed and validated by our stakeholder partners, are:

1. Workforce
2. Enhance HCBS
3. Build Provider Capacity
4. Caregiver Training and Support

In addition to funding initiatives pertaining to these four priority areas, FSSA is directing some HCBS funds to related administrative costs.

The proposals detailed in this Spending Plan are subject to change as the project evolves.

Plan Details

Phase I: Stabilize Community Provider Networks

As we emerged from the public health emergency, we knew that it was critically important to stabilize Indiana's workforce and community-based Medicaid provider network. In this first, immediate phase, we focused on meeting urgent needs in the HCBS landscape and supplementing the relief funds that the State has already distributed.

FSSA is pleased to share that \$176 million of the Home- and Community-Based Services Stabilization Grant described further below was issued to 1,195 qualifying HCBS providers in the first half of 2022. This is slightly above the \$173 million FSSA initially allocated for this initiative and allowed FSSA to support even more of our important HCBS provider community. Due to the grant requirement to pass through at least 75% of the grant directly to their workforce, at least \$132 million of those dollars were directed to the HCBS workforce. Providers received an 8.1% increase applied to their qualifying baseline claims expenditure.

Additionally, Indiana issued an optional follow-up survey to better understand the impact of the HCBS Stabilization Grant. Approximately 600 providers responded to the survey and shared that they primarily used the funds for workforce bonuses and recruitment, which impacted an estimated 45,000 employees. Across all grant recipients, an estimated 80,000 to 100,000 employees were impacted.

FSSA applied an equity lens when establishing and administering the targeted stabilization grant programs, prioritizing HCBS provider groups and communities that have been underrepresented in the relief funds paid out to date. FSSA worked with stakeholders to determine eligibility criteria, with a focus on streamlining the grant process and making the opportunity easily accessible to all qualifying provider types.

➤ Home and Community-Based Services Stabilization Grant

In order to support providers affected by the public health emergency, FSSA worked with stakeholders to develop the Home- and Community-Based Services Stabilization Grant opportunity. As part of the HCBS Stabilization Grant, providers were required to attest to passing through at least seventy-five percent (75%) of the amount received towards HCBS related workforce stabilization activities. For technical assistance, we published an informational video and FAQ, as well as issued targeted provider bulletins. We have

established a dedicated HCBS inbox and have been communicating directly with stakeholders through hcbs.spendplan@fssa.in.gov.

Purpose: FSSA announced on January 10, 2022 the Home- and Community-Based Services Stabilization Grant opportunity to support providers and frontline staff affected by the public health emergency. The purpose of the grant was both to retroactively address COVID-19-related expenses and challenges and to recognize the important work of frontline staff, including costs related to compensation and benefits, COVID-19 testing, personal protective equipment, and other COVID-19 related expenses, to allow providers to stabilize their operations.

Cost Allowance: Providers were required to pass through at least seventy-five percent (75%) of the amount received towards HCBS related workforce stabilization activities (e.g., bonuses for frontline staff, recruitment activities). The remaining grant funds could be spent on additional provider stabilization activities as deemed allowable in SMD #21-003.

Attestation Process and Determination: Providers were required to attest to being a current Medicaid provider with Medicaid claim submission during calendar year 2021 as well as have been active during the COVID public health emergency and had Medicaid claims submission to Indiana Health Coverage Programs during calendar year 2019, 2020, and/or 2021. Grant amounts were calculated as a flat percentage of each eligible provider's highest annual claims total across calendar years 2019, 2020, and 2021.

➤ Home Medical Equipment (HME) & Durable Medical Equipment (DME)

In January 2023, FSSA also distributed \$6.7 million in one-time stabilization grants to 97 HME/DME providers to address COVID-19-related expenses and challenges and to recognize the important role that HME/DME providers play in serving vulnerable Hoosiers in the home and community. Consistent with the HCBS Stabilization Grant program, the HME/DME Stabilization Grant was awarded to currently active HME/DME providers that served Hoosiers in 2021 to support provider operations as they relate to HME/DME provided in home or community-based settings. Grant payments were calculated based on a flat 8.1% of qualifying Calendar Year 2021 HME/DME claims for each provider in alignment with FSSA's HCBS Stabilization Grant methodology. Allowable expenses included but were not limited to business operation expenses, COVID-19 training, personal protective equipment, payroll, employee bonuses, employee benefits, shipping, and transportation.

Phase II: Effectively Advance HCBS in the State of Indiana

Now that FSSA has completed the work planned for Phase I: Stabilization, FSSA is focusing on implementation of Indiana's Phase II activities and evaluating project impact on an ongoing basis. Review of the activity outcomes will inform if Indiana should use state funding to sustain any Phase II activities after the end of the spend period, which will inform our budget process.

A number of Phase II activities are in alignment with FSSA's long-term services and supports (LTSS) reform project that affect federal waiver authority 1915(b) and (c) combination waiver for HCBS services and for managed care. FSSA is developing a managed LTSS program that will enhance services for approximately 115,000 Medicaid enrollees who are 60 years of age and older and are eligible for Medicaid on the basis of age, blindness, or disability and have limited income and resources. This managed LTSS program was referred to as MLTSS in previous Spending Plan Narratives before Q4 FY 2023 but is now referred to as Indiana PathWays for Aging or PathWays. In accordance with this project, FSSA submitted a new 1915(b) and (c) waiver for PathWays for individuals currently on the Aged & Disabled (A&D) waiver that are ages 60 and over. Subsequently, in May 2024, the 1915(b) and 1915(c) waivers were approved by CMS for a July 1, 2024 implementation. In developing this program, FSSA seeks to achieve the following among other goals:

- Ensure more Hoosiers can choose to age at home and simplify access to Home and Community-Based Services (HCBS)
- Appropriately divert individuals from long-term nursing facility stays in accordance with a person-centered approach
- Expand the HCBS provider network, especially in rural areas

In March, FSSA completed contract negotiations with the three PathWays Managed Care Entities (MCEs), and these MCEs have now achieved full compliance with all readiness requirements to begin program operations on July 1, 2024.

Following the 2023 end of year review that FSSA completed in February 2024, FSSA has affirmed active progress and refined budget estimates for all Phase II activities described below. As a byproduct of this process, some projects have been moved into a different priority area, recategorized into a new activity, adjusted in scope, or removed due to budget constraints and competing priorities. The following activities represent our current list of initiatives that FSSA has determined maximize the available budget and impact of the available ARPA spending plan dollars.

1. Workforce

Support the Provider Workforce

One of our key priorities is to support and expand the HCBS provider workforce, especially front-line workers, which will ultimately support the provision of quality HCBS. In this transitional post-COVID-19 time, it is critical that we build Indiana's community-based provider workforce and translate lessons learned from the public health emergency into sustainable, long-term strategies.

➤ Recruitment and Retention of Workforce

On a broad level, FSSA is centering our plans around a data and outcomes-driven approach to enhance HCBS services in line with community needs. A core requirement

is thus to expand the existing HCBS workforce in order to meet HCBS member needs and growing member demand.

To support individuals in the workforce, including paid family caregivers which can be any family member who is paid through the Medicaid waiver to provide services to a waiver participant, FSSA plans to build up training and resources for both individuals interested in pursuing a career as a direct service worker and current direct service workers.

In order to inform and align workforce policies and investments, FSSA released the [Indiana Direct Service Workforce Plan](#) (DSW Plan) in November of 2022. Beginning in fall 2021, FSSA partnered closely with the Indiana University School of Medicine Bowen Center for Health Workforce Research and Policy to conduct intensive research and planning in order to develop the plan. Additionally, FSSA conducted extensive stakeholder engagement with individuals with lived experiences, the direct service workforce, providers, and advocacy organizations helped to inform and design the DSW Plan. FSSA is conducting additional stakeholder engagement through targeted outreach and surveys with incentives to respond to ensure better data is available for decision-making.

The Indiana Direct Service Workforce Plan focuses on three primary action areas to build and sustain this workforce: wages and benefits; training and pathways; and promotion and planning in collaboration with the Indiana Department of Health (IDOH). **In compliance with Indiana House Enrolled Act 1342, and in support of the training and pathways action area, FSSA developed a Home and Community Support Professional (HCSP) Training RFP that was released at the end of December 2023. With support from the Indiana Department of Administration (IDOA), FSSA has completed the procurement evaluation and plans to award a vendor in July 2024.** The purpose of this RFP is to establish a registry of support professionals and a tiered training certification program that includes core competencies and developmental opportunities including specialized on-the-job training and academic study. The credentials will be portable across HCBS settings and employment arrangements to ensure high-quality, reliable supports and services as well as administrative efficiency. FSSA collaborated with a diverse group of stakeholders to support the design of the RFP, specifically receiving feedback on the core competencies and training activities.

An aspect of the promotion and planning action areas includes gathering better data about the workforce. FSSA partnered with the Indiana Professional Licensing Agency (PLA) and IDOH to include demographic and work status questions to the certification process of certified nurse assistants, home health aides and qualified medication assistants. **The questions were implemented in January by PLA. Also related to promotion and planning, FSSA hired a marketing vendor to develop a marketing campaign. The goal of the marketing campaign is to raise awareness for these essential workers and to recruit and train professionals to meet the anticipated demand in Indiana.**

In order to better understand the existing workforce, FSSA released an HCSP Career Interest survey and received nearly 600 responses in March. The survey gathered information such as the level of education HCSPs hold; their interest in additional education and training opportunities; their consideration of important job factors; their timeframe to stay in their current role; barriers to entry or remain in the workforce; and levels of interest in aspects of the field.

In April, Indiana was one of six states chosen to participate in the Direct Care Workforce (DCW) Strategies Center State Technical Assistance opportunity. FSSA will receive up to 250 hours of individualized technical assistance to support their workforce goals.

FSSA also has convened weekly meetings with the Indiana PathWays for Aging Managed Care Entity (MCE) Workforce Development Administrators (WDAs). The purpose for this collaboration is to ensure the MCEs are aligned on workforce initiatives and promoting the goals set forth in the Indiana Direct Service Workforce Plan.

As a major component of the wages and benefits action area of the Direct Service Workplace Plan, FSSA announced the Direct Service Workforce Investment Grants in November 2022 as a critical short-term strategy. The purpose of the grants is to support providers to invest in their Direct Service Workforce through recruitment and retention efforts, financial compensation, and wraparound benefits. This \$130 million grant opportunity was available only to HCBS providers that employ DSWs. In response to feedback received from stakeholders, 95% of the funding must be passed through directly to the DSWs. The three equal rounds of the grant were issued to a total of 840 providers in January, March, and June 2023.

As part of the requirements of the grant, providers were asked to respond to a grant impact survey issued by FSSA that captures how the dollars were used to support their workforce. From analysis of the survey responses, FSSA found that the grant funds were primarily used for workforce bonuses, hourly wage increases, and retention activities. Providers reported that these funds impacted over 52,000 DSWs in total.

As many states are also focusing on expanding the direct service provider workforce, we will continue to work closely with our peers across the country to build upon and implement other innovative ideas. We will also work to promote direct support work as a career path and to establish pathways that increase the workforce. These efforts will help build and retain the HCBS workforce.

➤ Home Health Redesign

As part of a broader effort to transition away from institutional care to HCBS, FSSA is redesigning Indiana Medicaid's Home Health services benefits and processes to increase the access to and quality of home health services in Indiana as well as remove administrative burden on providers and families. As a first step, FSSA developed a home

health strategic plan and implementation roadmap with input from the Indiana Department of Health and a variety of other stakeholders, including home health providers, consumers and families, and advocates. We are reviewing the regulatory and policy infrastructure and developing and implementing a plan to make the appropriate and necessary changes to both State Plan and waiver services, including the interplay between their separate and distinct processes. Work includes improvement in coordination of benefits between state plan home health services and other services (including Medicare home health and waiver personal care and structured family caregiving services), building out private duty nursing policies and requirements, and providing clear guidelines on when state plan home health services are appropriate. FSSA has already begun implementing the changes identified in the initial workgroup that did not require rule change, many of which will streamline processes and reduce administrative burden on our home health providers and is developing a detailed implementation plan for all changes, including those that do require rule change. Our overriding goal is to maximize available home health resources by incentivizing the right care at the right time and to reduce administrative burden that threatens the viability of Medicaid home health providers.

➤ HCBS Rating Methodology

FSSA has completed work on an HCBS reimbursement approach that provides several benefits to HCBS providers. The revised methodology reduces the administrative burden on HCBS providers, improves consistency across FSSA's divisions, supports sustainability by keeping the workforce in mind, and promotes person-centeredness by supporting community integration for HCBS participants.

FSSA received CMS approval for the HCBS waiver rate increases retroactive to July 1, 2023. In addition to the methodology work, FSSA is dedicating funding to cover a portion of these retroactive rate adjustments that were paid out at the end of calendar year 2023.

The Division of Aging (DA) Aged and Disabled (A&D) Waiver and the Traumatic Brain Injury (TBI) Waiver, along with the Division of Disability and Rehabilitative Services (DDRS) Community Integration and Habilitation (CIH) Waiver and the Family Supports Waiver (FSW) has new rates for all claims processed on or after October 25, 2023.

2. Enhance HCBS

To Ensure All Individuals have Easy and Equitable Access to HCBS

The State of Indiana is committed to enhancing the delivery of HCBS in order to provide easy and equitable access to necessary services. It is our top priority to center the individuals served as we build upon our existing infrastructure and implement targeted strategies that empower all individuals to thrive in their communities. Our efforts will include ensuring equitable access to

HCBS, expanding wraparound services to address systemic barriers to quality home and community-based care, and integrating our systems to provide a cohesive HCBS environment.

➤ No Wrong Door

- Aging and Disability Resource Center (ADRC) Support

The State of Indiana is currently embarking on a comprehensive reform of Medicaid-funded LTSS, with a focus on improving health and wellness outcomes and increasing equitable access to outcomes-focused care and community-based services. In Indiana, ADRCs provide streamlined access to information and resources, care options, short-term case management, and benefits enrollment across the spectrum of LTSS as part of Indiana's efforts to improve holistic, front-door access to needed supports for individuals with existing or anticipated long-term care needs. Across the State, HCBS Aged and Disabled (A&D) Medicaid Waiver growth has eclipsed the amount of funding available to perform enrollment intake activities, such as Level of Care (LOC) assessments and initial person-centered service planning. To address this temporary concern, bridge funding is actively being provided to ADRCs to perform the intake function; however, as Indiana transitions to a managed LTSS model (Indiana PathWays for Aging), the enrollment intake process may transform as well.

- Expedited Eligibility

FSSA is committed to developing an expedited eligibility model for Indiana to decrease the waiting time for HCBS delivery to likely Medicaid beneficiaries without imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services that were in place on April 1, 2021. On June 27, 2023, FSSA received CMS approval for the A&D Waiver renewal with expedited waiver eligibility (EWE) to launch statewide at the expiration of Appendix K authority, with continual collaboration expected regarding verification of Citizenship and SSN.

The agency is utilizing a combination of State process changes, information technology (IT) system improvements, communications, and training to implement the model.

- State Process Changes

State process changes will build upon our pilot expedited eligibility program to offer expedited application processing statewide for the HCBS population. FSSA also plans to train staff to focus on applications for members needing LTSS. These staff will have expertise in assisting HCBS applicants and be specially trained in the special income limit (SIL) and budgeting processes for HCBS members.

- **System Changes**

IT system changes that are in process will support the ability to establish eligibility quickly. The specialized unit and their expedited process will be marketed to stakeholders statewide to assure understanding and uptake for their services.

- **Communications/Marketing**

To ensure utilization of the expedited eligibility model once in place, FSSA will pursue a comprehensive marketing campaign that employs differing methods based on targeted populations and their caregivers. Additionally, FSSA will develop expanded informational web pages on the EWE program as well as informational, easy-to-understand video modules that describe LTC options focused on HCBS waivers and how to effectively serve as an Authorized Representative and assist an LTC applicant.

- **Training**

FSSA is also investing in additional technical assistance and training options to support implementation and onboarding of the expedited eligibility model.

Trainings may include:

- LTC expertise training to develop a deeper bench of LTC experts
- On-demand training for local Area Agencies on Aging (AAA) and providers
- Extra training for Navigators on LTC applications

FSSA is currently conducting an operational and systemic review to ensure the sustainability of this process.

➤ **Address Social Needs of Members Receiving HCBS**

In order to expand access to home and community-based service options, Indiana is taking a holistic approach to tackling systemic barriers that currently prevent individuals from being supported in their home and community.

A key component of home and community-based services is supporting individuals receiving services through using integrated supports to address their social needs. These needs can be as unique as the individuals supported, but generally focus on issues related to housing, employment, access to food, transportation, etc. With this in mind, FSSA will invest in efforts specifically targeted at addressing social determinants of health, including increasing access to housing, transportation, employment, and wealth management education.

To address housing, we are working with the Indiana Housing and Community Development Authority along with the Corporation for Supportive Housing to better

understand the current and projected housing needs of aging and disabled Hoosiers in order to inform future investments in accessible, affordable housing across the State. Work with the Corporation for Supportive Housing will also include a supportive housing needs assessment for seniors, the development of supportive housing training resources for use by FSSA staff and other stakeholders and making these resources available on FSSA's Healthy Opportunities website. With the Corporation for Supportive Housing, we are also exploring the potential benefit and feasibility of adding housing and tenancy supports to our current waivers as well as potentially implementing a 1915(i) Housing and Tenancy Supports waiver. These efforts, however, do not include activities that will incur capital investment costs.

For employment, FSSA is working with self-advocates, families, and providers to use recommendations advanced by the Task Force for Assessment of Services and Supports for People with Intellectual and Developmental Disabilities and the recently adopted Indiana Employment First Plan to develop a comprehensive approach to increasing competitive, integrated employment (CIE) opportunities. **This approach includes:**

- **Building capacity of waiver providers to deliver individualized, community-based supports leading to CIE outcomes,**
- **Enhancing waiver services to better support individuals, especially those with significant time spent in non-integrated, non-community settings, in considering community-based supports and developing CIE goals, and**
- **Improving the collaboration of waiver services and Indiana vocational rehabilitation services through policy and process alignment, joint staff professional development, and clarifying staff expectations for supporting shared participants in their CIE goals.**

From a workforce perspective, FSSA plans to address non-clinical barriers by building a sustainable workforce that increases capacity and access to care at the least restrictive setting to support HCBS, which would allow the HCBS workforce to meet member needs and growing member demand. This will include strategies to increase the workforce that reflects the demographics of the members who receive HCBS services. This will allow individuals to remain at home and to avoid unwanted and unnecessary institutional stays.

➤ Address Social Determinants of Health and Health Disparities

Indiana is committed to providing quality care for all individuals, which requires a targeted approach when considering health inequities. This commitment will require the integration of health equity considerations into policy and programs, collaborating with other agencies, measuring and tracking outcomes data, ensuring equal access and intentionally engaging minority communities. Initially, FSSA is assessing the current barriers individuals face in accessing healthcare and HCBS services, depending on a variety of factors such as race, geography, disability, and income level.

FSSA is working with local entities such as the local Indiana Minority Health Coalitions (IMHC) to provide community supports, assist in identifying disparities, create collaborative strategies, improve communication channels, and provide education.

Aside from ensuring that workforce strategies are inclusive and accessible, FSSA is developing a comprehensive plan to measure, analyze, and respond to identified inequities in health and social programs across race and geography. To do so, we are connecting with local communities that understand their own needs best in order to inform and support our recruitment and training efforts.

Additionally, FSSA is engaging outside technical assistance and advisory support to review and provide guidance on identifying and addressing health inequities in Indiana's LTSS system. Another key component of this work includes growing our data capacity to better analyze the data by race, location, disability, poverty rates, and other factors in order to better understand the health equity landscape.

As part of the planned activities to support individuals with intellectual developmental disabilities (IDD), FSSA awarded \$20 million in grants to support 34 pilot programs that together serve all 92 counties, including a telehealth pilot project and a family support and telemedicine hybrid model pilot. These pilots will offer an opportunity to explore the use of technology to meet expressed needs of individuals seeking or receiving services from the Bureau of Developmental Disability Services (BDDS).

➤ I/DD and Mental Health Empowerment

- Dual Diagnoses Pilot for Individuals with Intellectual and Developmental Disabilities (I/DD) and a Mental Health Condition

A central pillar of the State's plans for HCBS is improving access to holistic health services for individuals who face disproportionate roadblocks in accessing treatment or care through evidence-based mechanisms. In general, effective support for individuals dually diagnosed with an I/DD and a mental health condition is challenging. These challenges are primarily related to effective integration of funding and supports to address both their developmental and mental health needs. This becomes particularly problematic in working to discharge individuals with dual diagnoses from our state psychiatric hospitals back to the community.

To improve in this important area, we had originally proposed a pilot project that would include research on best practices and evaluation of existing provider and system capacity, as well as investments in resources to build organizational capacity to provide wrap-around support to individuals. To more intentionally pursue supports for this community, FSSA is first participating in the Capacity Building Institute for Individuals with I/DD and Mental Health Support Needs (CPI) hosted by the National

Association of State Directors of DD Services, with the support of the National Association of Dual Diagnosis and the National Association of State Mental Health Program Directors. This institute is designed to build capacity to serve people with a dual diagnosis of I/DD and mental health/behavioral health support needs.

As part of this project, FSSA has identified a significant need to build the capacity among providers and level-set with both internal and external stakeholders regarding behavioral support/management/consultation. To address this need, FSSA is funding a training initiative focused on both internal team members and providers.

For more information on other investments into services for individuals with I/DD and mental health conditions, please see the Community Catalyst Mental Health Services Program described below.

- Community Catalyst Mental Health Services Program

FSSA is engaging with a behavioral health provider that serves southwestern Indiana to partner with local agencies to integrate and expand services for high need youth and families, with an emphasis on services for youth with combined I/DD and behavioral health challenges. The project has the potential to serve an estimated 2,500 youth in the area and will include rapid response to mental health crises and access to sensory equipment paired with a 2Gen wraparound model that addresses ongoing needs of the youth and family. As part of this project, the behavioral health provider will author a sustainability plan to ensure work is feasible as it continues.

- Building Indiana's Self-Advocacy Leadership Network

Home and community-based services are rooted in the principles of person-centeredness and self-direction. For many individuals with intellectual and developmental disabilities, they have not had life experiences and opportunities that have enabled them to build skills around decision-making, advocacy (and self-advocacy), and the engagement needed to direct their own life. Self-Advocates of Indiana – a group of Hoosier citizens who speak out, advocate, and educate for equal rights, respect, and inclusion for all in the community – recommend that the best way to support individuals with I/DD in developing their skills and experience with self-advocacy and self-direction is through training and peer-to-peer support.

With this in mind, Indiana is working with self-advocates, families, and other system stakeholders to develop a statewide, comprehensive approach to building a self-advocacy leadership network. To help promote self-advocacy in daily life and in public policy, training and curriculum were developed based on the Charting the LifeCourse (CtLC) Framework, developed through the National Supporting Families Community of Practice, of which Indiana has been a part since 2016. In addition to trainings, the approach includes strategies to build a peer mentoring network to enable self-advocates with lived decision-making and advocacy experience to

connect with and support other self-advocates in navigating systems and supports that lead to their good life.

Additionally, FSSA is interested in providing access to mobile applications that support individuals with their person-centered planning, remaining connected and in communication with their support team, and understanding and navigating supports and issues important to them. To do so, FSSA would pursue a pilot program to implement these solutions. Learnings from this pilot would be investigated, and similar solutions could be pursued or adapted to include other HCBS populations. Eventually, these solutions could be transitioned to an existing Medicaid waiver as necessary.

➤ Aging and Dementia

FSSA has decided to remove the previously included activities “Legal Aid” and “Supportive Housing Partnership Consultant” due to feasibility concerns.

- Dementia Strategic Plan and Implementation Report

As the State builds out our continuum of care to holistically support Hoosiers, we are leveraging funds to enhance access and quality of care for individuals with dementia. Under Indiana Code, the State is required to produce a Dementia Strategic Plan and Implementation report by December 1, 2021. The Dementia Strategic Plan and Implementation Report are required to be submitted annually to the Indiana Legislature. In order to meet legislative requirements, the State has identified a funding need for enhanced capacity.

The Dementia Strategic Plan directly seeks to enhance and sustain HCBS for individuals with dementia as well as individuals with I/DD as they may have unique and specific needs. The Dementia Strategic Plan began with an evaluation phase that considers the services, resources, and care available to address the needs of individuals with dementia, and their families and caregivers. Taking into account evaluation results, we are working to identify methods to reduce the financial costs of dementia, as well as strategies to enhance Indiana's dementia-based workforce, to increase access to HCBS for individuals with dementia, and to enhance the quality of care received by these individuals and families. Informed by these findings, we are also exploring strategies to decrease health disparities concerning dementia in ethnic and racial populations in Indiana.

The Dementia Strategic Plan and Implementation Report is imperative not only to fulfill legislative requirements, but also to improve the continuum of care equitably for individuals who face disproportionate barriers to care.

- Older Americans Act Consultant

As required by the Older American's Act, FSSA annually evaluates and updates our State Plan on Aging. To ensure we are appropriately communicating with consumers and stakeholders to inform our review, FSSA is working with a consultant to provide strategic planning and State Plan development support.

- Community Assessment for Older Adults (CASOA)

Indiana is also leveraging ARPA funding to conduct the Community Assessment Survey for Older Adults (CASOA), an ADRC-related survey administered by the National Research Center, Inc. that has historically been performed every four years. The CASOA provides a statistically valid survey of the strengths and needs of older adults as reported by older adults in communities across the state to improve our understanding and ability to predict the services and resources required to serve the aging population in Indiana. The results of this survey will be leveraged to improve ADRC-related services and more broadly, LTSS services.

➤ Indiana PathWays for Aging

- HCBS and Indiana PathWays for Aging Value-Based Purchasing (VBP)

As part of the ongoing, statewide LTSS reform effort, FSSA is implementing processes to explore and support evidence-based VBP work. The State's long-term goal is to align cost and quality of services to enhance sustainable health and well-being outcomes. FSSA has evaluated which providers to move to VBP. Following this determination, FSSA has contracted with a vendor to perform the following services for the appropriate providers:

- Recommend performance measures
- Design performance measures for the State measures if no national measure exists
- Evaluate and identify data needed for measurement and how to obtain data the State does not have access to already
- Design and implement learning collaboratives for measurement reporting and project plans

The aforementioned vendor outputs will support the State in finalizing a list of candidate HCBS and PathWays performance measures for identified providers.

- Indiana PathWays for Aging Implementation Support

In preparation for Indiana's LTSS reform effort to transition to a managed care model, FSSA needs to improve systems, establish new policies and procedures, conduct rate setting, build a managed care oversight program for operations and

fiscal management, and purchase licenses. To aid in this major project, FSSA has contracted with vendors to provide project management, program consulting services, and assistance with contacting members.

Additionally, FSSA has selected a Level of Care Assessor vendor to streamline and enhance nursing facility level of care (NFLOC) assessment, prepared for member plan selection with its existing partner, and is in conversation with a member support service partner in line with this effort.

FSSA also plans to establish an objective review process to determine if service plans that reflect higher than expected services hours are appropriate to meet the members' needs. The goal of this review is to identify areas of potential waste or abuse in order to optimize HCBS services and ensure sustainability and availability for appropriate beneficiaries.

- Indiana PathWays for Aging Accountability

As part of our LTSS Reform effort, Indiana has and continues to engage in thoughtful processes to increase transparency and communication with consumers and stakeholders. In order to assist with this outreach, FSSA is adding capacity to the communications team to lead communications surrounding PathWays, the A&D waiver transition, and the Direct Service Workforce Plan described above. To ensure alignment across MCEs for quality measures and training as well as outcome measures for both members and providers, FSSA is contracting with a vendor to develop experience measures assigned to each service.

Furthermore, Indiana is engaging expert support to develop new LTSS and HCBS reports and assessments to meet the need for greater managed care entity (MCE) performance and activity transparency as their roles and activities evolve to include Indiana PathWays for Aging. Indiana has developed and is implementing standardized Health Needs Screening (HNS) and Comprehensive Health Assessment Tool (CHAT) assessments for MCEs to create treatment plans, collect information, and identify caregivers. Additionally, FSSA staff who will be operationalizing PathWays will receive training on the interRAI Home Care Assessment to supplement MCE work.

- Supporting HCBS LTSS Providers

FSSA has issued grants to provide support to HCBS LTSS provider agencies serving individuals aged 60 and older who showed and continue to lead an exemplary effort in preparing and implementing changes to their business for Indiana PathWays for Aging, which will result in a loss of billable service hours between 2022 and 2024. This activity will support provider contract readiness as part of Indiana's transition to PathWays, a service listed in Appendix B. These grants will allow providers to enhance their business models to increase their capacity to work with managed care

organizations and ultimately to provide better health outcomes for the Hoosiers they serve.

In January 2023, FSSA awarded a total of \$7.3 million in grant funds to 373 qualifying providers. Each provider received \$20,000 in grant funds that served to compensate them for time away from their day-to-day agency work as they engage in business training and PathWays readiness activities. Readiness activities may include: (1) Completion of Business Acumen Training, (2) Partnership with technical assistance entity provided by FSSA to prepare for PathWays, (3) Development and implementation of a PathWays readiness project and identification for how that expansion of business acumen leads to better health outcomes for Hoosiers served.

In February 2023, FSSA announced the reopening of this grant opportunity in order to extend support to providers who were not awarded during the first round. FSSA distributed a total of \$2 million in second-round payments to 98 eligible providers in May 2023.

- **Salesforce Platform**

FSSA plans to streamline the certification process for HCBS providers, which is currently being handled manually. FSSA will upgrade the certification process into the Salesforce platform in order to improve automation and data visibility.

- **Integrate HCBS Data Systems to Improve Quality and Reduce Inequities**

In order to streamline real-time information sharing in support of the other strategic outcomes described in this spending plan, FSSA is making improvements to its HCBS data systems. Establishing a comprehensive and integrated HCBS data environment will lead to an improved understanding of differences in health outcomes as well as increased efficiency, which is pivotal from a quality and equity perspective. FSSA is accomplishing this through system upgrades, updated data management resources, expanded data partners, and enhanced development capacity as well as by engaging in informal learning collaboratives with our peers across the country.

- **Data Integration Efforts**

FSSA is pursuing improvements to data warehousing for data integration with HCBS claims data and other data sources from source transactional systems. Ancillary HCBS systems are included in this effort, including but not limited to HCBS case management, incident reporting, eligibility, health information exchange, and Medicare encounters systems.

FSSA is also working with the Indiana Health Information Exchange (IHIE) to leverage the Fast Healthcare Interoperability Resources (FHIR) standard to build a

provider-friendly application for ease of exchange and access of member demographics, social needs, care plans, and medical histories.

In order to support the transition to PathWays, FSSA is currently pursuing several key activities that culminate in progression of data sharing activities between FSSA, key stakeholders, and additional future data sharing partners. These activities include evaluation of business and technical requirements, documentation of needs analysis, and development and support of data sharing technologies.

- **Dual Eligible Special Needs Plans (D-SNPs) and Medicare Data Integration**

Indiana is pursuing activities to increase D-SNP and Medicare data integration, including planning and operationalization of processes to bring in Medicare encounter data from state D-SNPs and integrating that encounter data with the State's enterprise data warehouse. Further, the State plans to bring in Consumer Assessment of Healthcare Providers and Systems (CAHPS) data received from state D-SNPs in alignment with the requirements in the 2022 SMAC. The State also plans to incorporate D-SNP data from the Indiana Health Information Exchange (IHIE).

- **Data Products**

In order to achieve better HCBS outcomes, FSSA is engaging a data products and applications managed services partner to support the development and deployment of necessary data products and applications. This includes but is not limited to record linkage services, automation services, business intelligence, data science, advanced analytics, and project management. It also includes the development of data dashboards to monitor outcomes, support internal decision-making and disseminate key information to public stakeholders.

- **Project Management and Data Governance**

FSSA is working to enhance its HCBS data governance to assure improved management of education and literacy, data quality, privacy and security, strategic alignment, and metadata management. FSSA is building up our Research and Evaluation capacity to support project management, business and partner engagement, data management, requirements gathering, analysis & visualization, and co-authoring for state programs and state-university partnership research, evaluation, data briefs, and task orders.

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey**

FSSA has completed the initial rounds of two CAHPS Surveys, one for HCBS consumers and the other for Department of Mental Health Administration (DMHA) HCBS consumers on the 1915(i) waiver. The goal of these surveys is to learn

valuable information regarding beneficiaries' perception of quality of care. The CAHPS surveys provide valuable feedback regarding available HCBS programs in Indiana, allow us to learn where there are gaps in programming, and let us hear directly from consumers about the end user experience as it relates to provider service delivery. The results of the CAHPS survey are being integrated with our data systems and used to inform our value-based purchasing activities.

- **Care Management for Social Services (CaMSS) Support**

In order to enable an enhanced continuum of care, FSSA is enhancing IT systems that enable care management. By implementing improvements to Indiana's current care management IT system, CaMSS, that allow it to more seamlessly integrate with our other systems, we will gain more holistic insights into individual needs, align care across programs, and move towards a more integrated and outcomes-based approach.

- **Implementation of and Enhancements to the BDDS Portal**

FSSA is continuing to enhance the Bureau of Developmental Disability and Rehabilitative Services (BDDS) Portal to consolidate legacy data systems and build appropriate system functionality, particularly as it relates to provider functions, to effectively meet the State's business needs in supporting individuals with I/DD in waiver services as well as in our intermediate care facilities. These critical enhancements and changes ensure necessary data elements and reporting requirements are captured to support monitoring and management of outcomes, person-centered planning processes, and compliance monitoring for the HCBS Settings Rule.

➤ **Children with Complex Health Needs Projects**

Children with complex health needs, including intellectual and developmental disabilities often require a high degree of care coordination, caregiver support, and multiple services and supports to live in their home and community. In Indiana, available current home and community services are often insufficient to adequately support them while maintaining their health and safety. This can sometimes result in their admission to one of three nursing facilities specializing in this population.

To address this need, Indiana is engaging with subject matter experts to pursue two activities: an assessment of the services available to children with complex health needs and an expansion of the care coordination pilot.

Indiana has contracted with a subject matter expert to provide a comprehensive overview of Indiana's services and supports for children with complex health needs, including an understanding of pathways to institutional care versus home and community based care; an environmental scan of best practices within Indiana and across the state

for supporting children with complex health needs in their home and community; and detailed recommendations for policy and program changes needed to increase the availability and use of meaningful home and community based services for this population.

The Maternal Child Health Collaborative Improvement and Innovation Network to Advance Care for Children with Medical Complexity (CMC COIIN) through the use of care coordination using shared plans of care was a ten-state project from 2018 through 2021. As part of this effort, Indiana embedded primary care nurses in 3 geographically dispersed primary care practices to perform comprehensive needs assessments, synthesize a summary of each child’s medical history, and delineate clear actions to meet prioritized unmet needs, all within a shared plan of care (SPOC) disseminated across care providers. This initial effort led to demonstrated successes in identification of unmet needs and family satisfaction. As a result, Indiana is scaling the model from 300 to 3,000 participants over 3 years, creating a statewide network of advanced medical homes, including the recruitment of adult patients and adult teams into the pilot. Expansion into the adult population will target patients who receive home-and-community-based services and currently reside in non-supported living settings. **From a forward-looking perspective, the State is exploring opportunities to provide care coordination, including utilization of the Integrated Health and Wellness program service in the Health and Wellness waiver and Wellness Coordination in the CIH waiver as well as adding a new care coordination service in the FSW waiver.**

➤ Perinatal Home Visiting Services

FSSA is expanding the capacity of home visiting services provided to Medicaid women as part of the existing state program My Healthy Baby by increasing service capacity of otherwise under-resourced referral services. My Healthy Baby is a cross-agency partnership between Indiana Medicaid, Department of Health, and Child Services that provides home services to at-risk pregnant Medicaid members. The services provided under this activity fall under Personal Care Services in Appendix B. My Healthy Baby is part of a statewide initiative designed to decrease maternal and infant mortality. These programs provide holistic support and guidance during pregnancy and for at least one year after the baby’s birth, addressing social determinants of health as well as medical risk factors.

3. **Build Provider Capacity**

To Meet the Growing HCBS Needs of the Medicaid Population

FSSA is committed to improving the HCBS system to enable all Hoosiers to access the care they need and thrive in the settings they choose. As demand for HCBS increases among older individuals or individuals with I/DD, we must adjust to reflect the needs of and strategically help improve health outcomes for some of our most vulnerable Hoosiers. As part of our existing

Indiana PathWays for Aging reform efforts, the State expects the number of Hoosiers who qualify for HCBS under Medicaid to increase. As part of our goal of increasing the availability of HCBS, we plan to bridge the gaps in our existing HCBS infrastructure by supporting provider capacity building efforts across the state. We will accomplish this by supporting providers to build out additional capacity, right-sizing institutional networks, and developing a crisis system for older adults and individuals with I/DD.

➤ Update Institutional Networks

As part of the effort to rebalance the provision of Long Term Supports and Services (LTSS), FSSA is partnering with the nursing and residential facility industry to improve alignment of available facilities with projected future institutional needs. FMAP funds are being used to conduct a detailed market analysis of senior housing in Indiana in order to better understand the current and future projected needs for both nursing facilities and other types of senior affordable housing in Indiana. This will inform the wisdom and feasibility of potential future decisions to convert some nursing facilities into assisted living facilities that are fully compliant with the HCBS Settings Rule.

FSSA is working with a subject matter expert to conduct a detailed senior housing market analysis, which will help identify areas of the state where there is an oversupply (or undersupply) of nursing facilities to meet projected need and areas where more HCBS housing is needed to meet current and expected demand. This exercise will consider the State's PathWays project as well as resident and other stakeholder concerns. Future investments that may be informed by the senior housing market analysis include the reduction of multiple occupancy rooms, managed transition of facilities in regions with low nursing facility occupancy levels to HCBS settings, and assistance for maintaining or opening assisted living facilities in regions projected to have future bed capacity challenges. In no instance will FMAP funding be used to increase the capacity of nursing facilities.

➤ Develop a Crisis System and Support Implementation of 9-8-8

The State of Indiana is investing in expanding the capability and capacity of the Indiana Crisis System as part of its HCBS investment plan. The State is leveraging Medicaid funding to support service capacity infrastructure, including the capacity to be responsive to the needs of all HCBS recipients experiencing crisis. Indiana is developing a robust crisis system predicated on the Crisis Now model as delineated in the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit, which includes four core elements:

- High-tech crisis call centers with real time coordination
- Centrally deployed, 24/7 mobile crisis
- Crisis receiving and stabilization programs
- Essential crisis care principles and practices

As such, our efforts include the support for multiple call center organizations to develop the infrastructure necessary to provide 24x7 call coverage capacity while meeting the expectations laid out in the SAMHSA toolkit. **DMHA is currently contracted with five centers to provide response services.**

Part of this effort also addresses the rules the FCC adopted in July 2020, designating 988 as the phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. Switching to an easy-to-remember 988 as the '911' for suicide prevention and mental health crisis services will make it easier for Hoosiers in crisis to access the help they need and decrease the stigma surrounding suicide and mental health issues. FSSA implemented this new resource in July 2022 and has consistently seen an increase in the rate of 988 calls answered in-state.

The State is also allocating funding to community behavioral health providers to expand mobile response team capacity and crisis stabilization capacity, which are a critical component of the Crisis Now model. **DMHA has designated 13 Mobile Crisis Teams (MCTs) across Indiana that are ready to be dispatched by 988 centers for individuals who need in-person support. DMHA has also funded 19 Crisis Receiving and Stabilization Services Providers (CRSSs) across the State to receive individuals whose crises cannot be resolved over the phone or by an MCT.**

These services will be sustained in future years by leveraging other existing funding mechanisms.

➤ Non-Emergency Medical Transportation (NEMT)

As part of our provider capacity efforts to serve home-based members, we have identified a network adequacy issue with non-emergency medical transportation (NEMT) options to enable members to remain in their homes instead of institutional settings. In order to accommodate increased destinations (homes) and enhance our ability to meet current member need, Indiana needs to improve the network capacity of for ambulance (stretcher) transports and wheelchair van transports. The network currently struggles to provide transportation to meet all member need. Indiana has developed grant programs to increase the number of bariatric ambulances and wheelchair vans. Through these programs, current Indiana NEMT providers for Medicaid were able to apply for a grant to receive funding to purchase a wheelchair lift for an existing van, purchase a new wheelchair van or purchase a bariatric ambulance.

FSSA was pleased to announce the first of such efforts, the Bariatric Ambulance Grant, on March 23, 2022. FSSA made available a one-time, federally funded, opportunity to cover the cost of purchasing bariatric ambulances at \$180,000 per vehicle, and up to two vehicles per applicant. Twelve providers were awarded funding for 21 bariatric ambulances at a total of \$3.8 million.

The second transportation grant opportunity, the Wheelchair Van and Lift Grant, was announced on June 15, 2022. FSSA made available a one-time opportunity to cover the cost of purchasing wheelchair vans at \$77,000 per grant and wheelchair lifts to be installed in the existing fleet at \$9,000 per grant. FSSA awarded a total of \$4.9 million to 61 applicants for 83 wheelchair vans and 26 wheelchair lifts.

The third transportation grant opportunity, the Type II Ambulance Grant, was announced on September 2, 2022. FSSA made available a one-time opportunity to cover the cost to purchase type II ambulances at \$110,000 per vehicle, and up to two vehicles per provider. FSSA awarded a total of \$2.5 million to 13 providers for a total of 23 type II ambulances.

All three activities are aimed at increasing non-emergency medical transportation services, which address the social determinant of health of transportation for our diverse member population. The Request for Funding (RFF) opportunities were posted to the FSSA HCBS webpage and communicated to providers through targeted bulletins.

➤ Provider Training & Learning Modules

To increase accessibility to key training supports in the field of developmental disabilities, FSSA is securing subscriptions to industry standard learning modules to make this resource available system-wide to providers, case managers, and State staff. This training support is important for direct support professionals to have in order to provide the necessary person-centered services for the individuals they support. Additionally, FSSA will expand its provider guidance, provider training, and provider technical assistance activities, including implementation of additional onsite provider reviews as well as development of a comprehensive quality guide for behavioral support services.

➤ Support Providers with HCBS Settings Rule Compliance

The goal of this initiative is to improve HCBS settings by assisting the Department of Aging HCBS providers in implementing the requirements of the HCBS Settings Rule. Providers who were not currently in full compliance with the Settings Rule received Remediation Reports indicating changes that needed to be made in order to achieve alignment with the HCBS Settings Rule requirements. Providers requested support and assistance to make the necessary changes based on their validated remediation plans. In January, FSSA issued awards to qualifying residential and non-residential providers for a total of \$1.1 million to 101 providers. As of March 17, 2023, all HCBS providers engaged with the FSSA Division of Aging received approval to continue providing services in alignment with the HCBS Settings Rule.

➤ Support New HCBS Providers

FSSA recognizes potential challenges new providers may face in the current environment and hopes to support their operations and business development.

In April 2023, FSSA issued a survey directly to new HCBS providers and provider associations to better understand what kind of support would be most beneficial. Based on the feedback received, FSSA is enhancing training support for new HCBS providers.

FSSA issued a one-time stipend of \$5,000 to 186 new HCBS providers in September 2023. This stipend is intended to support new HCBS providers by covering staff time and registration fees to participate in at least 10 hours of training opportunities.

Additionally, in August 2023, FSSA shared a Resource Letter with all new HCBS providers as a general introduction to existing training and support offerings. FSSA hoped to direct new providers to resources already available to assist them and their staff.

4. Caregiver Training and Support

To Support Families and Caregivers of Individuals Receiving HCBS

FSSA is committed to improving the system of supports for families and caregivers. According to the AARP's 2020 LTSS Scorecard, Indiana ranked 51st overall for support of caregivers. Caregivers play an essential role in supporting Hoosiers receiving HCBS, and women of color represent a majority of paid and unpaid caregivers. In order to equitably enhance the system of supports for families and caregivers, Indiana is prioritizing an array of services and supports to help HCBS recipients and their families support their overall mental, physical, and emotional well-being as detailed throughout this section. Indiana will center these initiatives on addressing inequities across a variety of factors including gender, race, geography, income level, and disability.

FSSA has decided to remove the previously included activities "Caregiver Survey" and "Caregiver Assessment Technology" due to feasibility concerns.

➤ Caregiver Mental Health Supports

FSSA is excited to commit funding to providing critical mental health supports for caregivers, a priority that was echoed by our stakeholders and partners. As a first step, FSSA is conducting research and connecting with peer states and stakeholder partners to determine effective mental health support strategies. A necessary part of this effort also includes increasing Indiana's capacity to assess the needs, including the personal physical and mental health, of family caregivers. FSSA is exploring potential innovative and accessible avenues; such as, training and resources in trauma-informed care

specific to the elderly or individuals with I/DD, self-care practices, processing emotions associated with diagnoses, caregiver support groups, and caregiver counseling.

Specifically, FSSA plans to address caregiver isolation and loneliness, which have serious implications on mental and physical health. These feelings can jump-start thoughts and behaviors that exacerbate the emotional toll of caregiving.

In order to maintain good caregiver health, the following areas of support have been identified in the past five years and heavily validated through stakeholder feedback as critical to improving caregiver mental health and health outcomes: Connection and Training.

In order to improve caregiver mental and physical health based on the needs identified above, FSSA is collaborating to support implementation of an innovative model to address the unmet needs of family caregivers (FCs). One area of collaboration has been Caregiver Way, a digital interactive community, which will provide 24/7 access to pertinent resources and support sustained engagement of volunteer advocates (Vas) and FCs and provide resources to them.

➤ Dementia Caregiver Support

FSSA plans to partner with select Area Agencies on Aging around the state to operate a program providing support for caregivers of individuals with dementia. As part of this program, the Area Agencies on Aging will utilize an evidence-informed practice, Aging Brain Care (ABC) Community, which consists of dementia counseling and education, crisis plan development, weekly caregiver time off, and support group participation. FSSA's goal is that this program strengthens support for caregivers of individuals with dementia and maximizes the ability of people living with dementia to remain in community settings.

Activity-Specific Information Related to the Semi-Annual Spending Plan Narrative

| | One-time or Temporary | Ending on or before 3/31/25 | Sustain Beyond | Targeting beneficiaries, their family members, or their unpaid caregivers? | Appendix B Services Involved | If not related to Appendix B, how is it enhancing, expanding, or strengthening HCBS? |
|--|-----------------------|-----------------------------|----------------|--|---|--|
| Phase I | | | | | | |
| HCBS Stabilization Grant | X | | | | Home health care, school-based services, rehabilitative services, private duty nursing, 1915(c), 1915(i), PACE | |
| Home Medical Equipment (HME) & Durable Medical Equipment (DME) | X | | | | Home health care | |
| Phase II | | | | | | |
| Recruitment and Retention of Workforce | | | X | | Home health care, school-based services, rehabilitative services, private duty nursing, 1915(c), 1915(i), PACE, MLTSS | |
| Home Health Redesign | | | X | | Home Health Care, Private Duty Nursing, | |

| | | | | | | |
|--|--|--|---|---|---|--|
| | | | | | 1915(c), school-based services, rehabilitative services, 1915(i) | |
| HCBS Rating Methodology | | | X | | Home health care, school-based services, rehabilitative services, private duty nursing, 1915(c), 1915(i), PACE, MLTSS | |
| No Wrong Door | | | X | Potential Medicaid beneficiaries | 1915(c), MLTSS | |
| Address Social Needs of Members Receiving HCBS | | | X | All Waiver participants | 1915(c), MLTSS | |
| Address Social Determinants of Health and Health Disparities | | | X | | 1915(c) | Addressing social determinants of health and health disparities and developing cross-system partnerships |
| ID/D Mental Health and Empowerment | | | X | Individuals with dual I/DD and mental or behavioral health diagnoses and their families | 1915(c), 1915(i) | |

| | | | | | | |
|--|--|---|---|--|---|--|
| Aging and Dementia | | | X | Individuals with dementia and individuals with I/DD and their families | 1915(c), MLTSS, 1915(i) | |
| Indiana PathWays for Aging | | | X | | Home health care, school-based services, rehabilitative services, private duty nursing, 1915(c), 1915(i), PACE, MLTSS | New or Additional HCBS Services, enhanced care coordination, improved person-centered planning and practices |
| Integrate HCBS Data Systems to Improve Quality and Reduce Inequities | | | X | | Home Health Care, Private Duty Nursing, 1915(c), 1915(i) | Quality improvement; improving person-centered planning and practices; enhanced care coordination |
| Children with Complex Health Needs Projects | | | X | Children with complex health needs | Home Health Care, Private Duty Nursing, 1915(c), 1915(i) | |
| Perinatal Home Visiting Services | | | X | Medicaid beneficiaries | Section 1115 | |
| Update Institutional Networks | | X | | | N/A | Institutional diversion; expanding provider capacity |
| Develop a Crisis System and Support | | | X | Individuals in crisis | N/A | Expanding provider capacity; |

| | | | | | | |
|---|---|---|---|-------------------|-------------------------|---|
| Implementation of 9-8-8 | | | | | | expanding behavioral health and substance use services capacity |
| Non-Emergency Medical Transportation (NEMT) | X | | | | N/A | Addressing social determinants of health and health disparities |
| Provider Training & Learning Modules | | | X | | 1915(c) | |
| Support HCBS Settings Rule Compliance | X | | | | 1915(c), MLTSS, 1915(i) | |
| Support New HCBS Providers | X | | | | 1915(c), MLTSS, 1915(i) | |
| Caregiver Mental Health Supports | | X | | Unpaid caregivers | 1915(c), MLTSS | |
| Dementia Caregiver Support | | | X | Unpaid caregivers | 1915(c), MLTSS | |

Stakeholder Feedback

As the State of Indiana strategically approached our plan development, we have intentionally engaged stakeholders to gather integral recommendations and insights from the community. It is FSSA's goal to partner with the provider and member communities to ensure that the services delivered are in line with community and individual needs and that funds are most effectively leveraged to improve HCBS for Hoosiers. Our goal is to enhance the HCBS delivery system through building equitable, effective, efficient, and sustainable supports to improve health outcomes, fill unmet social needs, and support all Hoosiers to achieve their full emotional, mental and physical well-being potential.

As previously described, FSSA is in the collaborative process of reforming the LTSS system across Indiana and has gathered intentional feedback through 50+ various stakeholder engagement opportunities and the goals of ARP funding align well with the LTSS reform project's goals. FSSA leveraged the lessons learned and input from stakeholders throughout the LTSS project thus far to define key spending priorities.

FSSA sought input from the community through various mechanisms, including individual communications and discussions, written correspondence, as well as a survey designed to support FSSA in determining spending priorities for the enhanced funding. The survey was distributed broadly to our stakeholder community and FSSA received over 660 responses from recipients or potential recipients of HCBS, family caregivers, direct service professionals, HCBS industry providers, HCBS industry/association representatives, and other stakeholders in the current HCBS system.

| Respondent Type | % | Count |
|--|----------|--------------|
| Consumer (recipient or potential recipient of HCBS) | 10.44% | 69 |
| Family Caregiver | 16.79% | 111 |
| Consumer advocate representative | 5.60% | 37 |
| Direct service professional (DSP, e.g., personal care worker, attendant care) | 8.93% | 59 |

| | | |
|---|--------|-----|
| HCBS industry provider | 35.10% | 232 |
| HCBS industry / association representative | 3.48% | 23 |
| Other - please specify | 19.67% | 130 |
| Total | 100% | 661 |

Survey respondents were asked to identify their top priorities for inclusion in Indiana’s Spending Plan from the list published in CMS’ guidance around allowable expenses. Workforce Recruitment was universally identified as the top priority across each of the Respondent types shown above, with nearly 50% of Respondents identifying it as a top priority. More broadly, feedback coalesced across the survey and written and verbal stakeholder feedback reinforced the State’s strategic spending priorities to invest in workforce recruitment and retention, expand HCBS provider capacity, provide family and caregiver supports including training and respite, provide stabilization grants in the wake of the COVID-19 crisis, decrease HCBS delivery time, invest in eligibility systems, and broadly build out the HCBS continuum of care to support Hoosiers in all social determinants of health to realize improved health outcomes and thrive with their families and communities.

The top 10 priorities identified by survey respondents are shown in the table below and align well with Indiana’s spending priorities detailed in the preceding sections.

| HCBS Funding Priority | % | Count |
|---|----------|--------------|
| Workforce Recruitment | 48.57% | 322 |
| Expanding HCBS Provider Capacity | 44.80% | 297 |
| Reducing or Eliminating HCBS Waiting List / Increasing Number of HCBS Waiver Slots | 32.28% | 214 |
| Caregiver Training and Respite | 27.90% | 185 |

| | | |
|--|--------|-----|
| Leave Benefits | 24.28% | 161 |
| Eligibility Systems | 23.38% | 155 |
| Expanding Behavioral Health and Substance Use Services Capacity | 21.57% | 143 |
| Expanding Use of Technology and Telehealth | 18.55% | 123 |
| Assistive Technology and Other Supports for Persons with Disabilities | 16.89% | 112 |
| Supplies/Equipment Supports for Family Caregivers | 16.59% | 110 |

Further, Indiana also reviewed 85 comments submitted by survey respondents detailing their ideas for how the state should allocate its funding. Comments covered a range of subjects including the scope of HCBS services and potential expansion opportunities, reimbursement rates and compensation, transportation options, and the benefits and challenges of technology. FSSA has considered these comments in the development of this plan.

Indiana is grateful to have the opportunity to engage with various stakeholders and incorporate critical insights from the community. Realizing alignment in the State’s strategic priorities with priorities expressed by the diverse coalition of HCBS stakeholders is imperative to transforming the continuum of care to improve the health and well-being of Hoosiers.

Spending Plan Budget

In order to estimate the additional funds available to the State as a result of the enhanced FMAP, the State established as a first step the qualifying baseline total costs for HCBS Services for the April 1, 2021 to March 31, 2022 time period, which Indiana now knows is approximately 2.41 billion dollars in expenditures. Applying the ten percent (10%) enhanced FMAP to this baseline yielded an estimation of the state funds (\$241 million) equivalent to the amount of federal funds attributable to the increased FMAP. These state funds are thus available to be used through March 31, 2025, and the estimated total funds available are calculated by applying the matching FMAP share to the state funds estimate.

FSSA developed the following budget estimate in alignment with the overarching goals and priority areas detailed in the preceding sections, recognizing that many of the initiatives described above align with more than just one priority area. **The estimated total funds available of \$741,327,176.79 has been calculated based on the above.** The table below shows the percentage of the total budget FSSA plans to allocate to each of the five major plan components, and the equivalent dollar amount based on the estimated total funds available.

FSSA has projected quarterly spend by priority area based on the activities described in this spending plan. **In this Quarterly Update, Indiana refines our previous estimates to incorporate expanded activity commitments that qualify for FMAP, which has adjusted our overall estimated budget. This also impacts the percentage commitments for our priority areas, which reflects an enhanced commitment to supporting Indiana’s HCBS Workforce.** More detail can be found in Indiana’s HCBS Spending Plan Spreadsheet for this Quarterly Update.

| Priority Area | Percent of Total | Total Estimated Funds |
|--------------------------------|------------------|-----------------------|
| Stabilization | 25% | \$182,284,073.48 |
| Workforce | 33% | \$247,826,404.15 |
| Enhance HCBS | 26% | \$189,986,469.14 |
| Build Provider Capacity | 16% | \$118,979,420.02 |
| Caregiver Training and Support | 0% | \$2,250,810.00 |
| TOTAL | 100% | \$741,327,176.79 |