



Eric Holcomb, Governor
State of Indiana

Indiana Family and Social Services Administration

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Family and Social Services Administration – FY20-21 Overview

This letter accompanies the budget submission of the Family and Social Services Administration (FSSA) for the FY20-21 biennium.

FSSA Vision: To become a high performance, integrated and interdependent agency, leveraging its resources across the continuum of services we provide in order to reliably and consistently serve our customers while acting as astute stewards of the state and federal money provided to us.

FSSA facilitates the delivery of health and human services to one of every six Hoosiers through a variety of programs and funding sources. The financial strategy of the agency leverages state General Fund appropriations with matching federal funds to improve and expand services to eligible Indiana citizens in need.

FY20-21 Budget Overview

FSSA is organized into six care divisions plus administrative support:

Care divisions

- Office of Medicaid Policy and Planning
- Division of Disability and Rehabilitative Services
- Division of Aging
- Division of Family Resources
- Division of Mental Health and Addiction
- Office of Early Childhood and Out of School Learning

Administrative support functions

- Executive office
- General Counsel
- Communications
- Social Determinants of Health
- Technology services
- Quality and Compliance Office



Contract management
Financial and accounting
Audit

FSSA Agency Initiatives

The agency is committed to integration of services for people-centered outcomes. Utilizing the Holcomb Administration pillars, FSSA has initiated significant program and process improvements to support the Hoosier economy, workforce, and relief from the opiate epidemic. The most significant of these include 1) restructure and support of our Data and Analytics team to drive data-informed evaluation and decision making, 2) launching a state/academic partnership to maximize statewide resources and federal fiscal support, and 3) the implementation of the Healthy Opportunities Office which integrates social service and health care delivery with social determinants of health connectors to decrease health disparities and improve health outcomes, while driving down cost.

FSSA is also committed to developing and supporting the staff of this statewide service delivery agency. The 10-point staff recruitment and retention plan will support leadership and management development, wellness initiatives, and employee advancement.

Office of Medicaid Policy and Planning (OMPP)

OMPP Mission Statement: To help more than 1.4 million Hoosiers lead healthy, self-sufficient lives.

To accomplish our mission, OMPP adopts policies and implements programs that are congruent with the healthcare triple-aim: improving quality outcomes, promoting access to appropriate services, and reducing costs.

OMPP accomplishments in the FY18-19 biennium

1. HIP Waiver Renewal and Substance Use Disorder Waiver Implementation

- OMPP led the effort in developing and implementing the Healthy Indiana Plan (HIP) waiver renewal during Governor Holcomb's first year in office. In February 2018, Indiana received final approval from the U.S. Department of Health and Human Services on its 1115 waiver for HIP, which included a number of initiatives to promote health and reduce administrative burdens. This included adding a tobacco use surcharge, keeping pregnant women in the program (for FPLs up to 138%), increasing member incentives, converting to POWER account contribution tiers, restructuring the transitional medical assistance program, coverage for chiropractic benefits, and enforcing a lockout for non-compliance with redetermination. OMPP also took this opportunity to relaunch and enhance the HIP Gateway to Work program to add supports that help members be

engaged within their communities. Beginning July 1, 2019, members will have to report community engagement hours, which can take the form of qualifying activities such as education, volunteering, or employment. OMPP believes this is a unique opportunity to assist approximately 95,000 people to become engaged in local opportunities. Our initial analyses indicate that 46% of these members have no high school diploma, which we view as a promising first step for targeted outreach.

Separate but concurrently, OMPP requested to add services to cover substance use disorder (SUD) treatment. This allows members to have inpatient stays in institutions for mental disease (IMDs) and residential SUD treatment covered, which was previously unavailable. Additionally, coverage for medication assisted treatment (MAT) was added in late 2017. OMPP continues to partner with the FSSA Division of Mental Health and Addiction to address the challenges of the opioid epidemic. In an effort to empower providers and to urge them into action, OMPP sent a letter to 815 providers who had members on their panel with more than 90 morphine milligram equivalents (MME) (the Center for Disease Control and Prevention's (CDC) recommended threshold). The highest MME we observed was 1,718.25, which highlights the necessity of such programs to help providers be aware of the tools available to them to manage these complex members. Provider feedback on this initiative has been largely positive and we will continue to operate similar outreach campaigns to bring down overall opioid usage. OMPP understands this initiative requires an "all-of-the-above" approach.

2. Implementation of Managed Care Procurement for HIP and Hoosier Healthwise

- OMPP completed implementation of RFP 16-035 for the HIP and Hoosier Healthwise programs. This procurement was awarded to four managed care entities (MCEs): Anthem, MDwise, MHS (incumbents), and CareSource (new entrant). The addition of a fourth MCE provides more choice for members and empowers them to be discerning consumers. CareSource began receiving members in January of 2017 and as of May 2018 has a membership of 105,146. Since then, CareSource has developed niche programs such as job fairs to help members with employment opportunities and a direct partnership with the Department of Corrections to help newly released inmates reestablish their Medicaid coverage.

3. CoreMMIS Implementation and Certification

- As was indicated in our last agency biennial budget report, OMPP had been working on updating our legacy Medicaid Management Information System (MMIS), IndianaAIM. This multi-year, multimillion dollar project replaced a 22-year old legacy system that had exceeded its expected life and reached limitations in terms of scalability and administration. CoreMMIS went live February 13, 2017 and modernized our MMIS operations. Claims and payments are processing in half the time and system changes are easier to implement due to intuitive interfaces and design. Simultaneously, the state implemented a new Provider Healthcare Portal that replaced Web interChange. The Portal allows for greater provider self-service, including uploading of attachments, interactive claims submission, prior authorization submission, and secure

correspondence. The federal government requires certification of all MMIS, which included a week-long onsite visit from the Centers for Medicare and Medicaid Services (CMS) in February 2018. FSSA staff and contractors spent 2.7 years on certification-related activities, which resulted in successful certification retroactive to implementation. This allows the state to claim enhanced federal matching funds of 75% for operation of the MMIS, which would otherwise be 50%.

4. Lead Abatement and Poison Control Center Collaboration

- The discovery of lead contamination in East Chicago renewed OMPP's focus on lead testing and abatement initiatives in concert with the state Department of Health. As a direct result of that incident, OMPP directed the MCEs to conduct robust outreach to effected Medicaid members and offer enhanced benefits such as education, case management, and connecting to other local services. Additionally, Medicaid reinstated coverage of codes for comprehensive environmental lead investigations so local departments of health could be reimbursed. An analysis of lead screening and outreach efforts was added to the state's External Quality Review for CY2018; OMPP is currently reviewing recommendations for improvement.

In May 2017, Indiana received approval from CMS to implement a health services initiative program using Children's Health Insurance Program (CHIP) funds to support the Indiana Poison Control Center's (IPCC) initiatives related to children 18 or younger. This partnership helps ensure IPCC has adequate support to provide education, answer calls, and manage cases of suspected poisonings.

5. Medicaid Website Refresh

- The Medicaid website (www.indianamedicaid.com) has existed since 2008 leveraging a variety of open source tools. OMPP's fiscal agent, DXC Technology, has administered and operated the site for both members and providers since then. In 2017, the website was rebranded as www.in.gov/medicaid and the member site was relaunched with an emphasis on access and usability. The new site is hosted at the state using IOT's managed service vendor, Indiana Interactive, and follows the IN.gov template. This ensures greater compliance with Section 508 accessibility standards, improved user metrics, greater site security, and additional features at no cost (such as free page translation, mobile readiness, etc.). OMPP similarly intends to refresh the provider site, which is still hosted by DXC for now, by the end of 2018, and will also launch a new site for business partners (e.g., MCEs, DXC, etc.) to obtain useful information related to program administration. These sites are visited by hundreds of thousands of users a year and is our primary communication platform for updates and program changes.

6. Management and Performance Data Hub Collaboration

- As noted in our last biennial budget update, OMPP continues to enhance our use of data. Most recently, we have partnered with the Management and Performance Hub (MPH) to make 25 data sets available for public consumption. This is the first of its kind nationally

and represents an opportunity to solidify MPH's credibility as a knowledge broker. We are excited by the tools that MPH brings to bear and look forward to partnering with them and other agencies on other initiatives, such as education-workforce-social services connectivity/overlap and Commission on Improving the Status of Children. These initiatives will allow the state to truly understand our most vulnerable citizens and measure the impact of investing in these programs to better understand the economic costs of not obtaining appropriate education credentials or gainful employment. Our efforts here are especially critical to the Secretary's focus on social context and social determinants of health.

OMPP significant initiatives for FY20-21

1. HIP Gateway to Work

- As noted above, HIP Gateway to Work will be fully implemented in FY20. We envision, however, that additional activities for certification and systems work will be necessary into FY20. This will require the hiring of ten to fifteen additional staff to perform outreach, relationship management, process case-by-case reviews of qualifying activities and processing appeals. OMPP has committed to stakeholders that we would continue to engage them throughout implementation and stabilization to ensure awareness and understanding.

2. Centralized Credentials Verification Organization (CVO)/FSSA EnCred

- OMPP awarded RFP 17-040 for CVO services to Conduent (ACS Human Services) in 2017 and began working with stakeholders to implement a unified, streamlined enrollment and credentialing process for all providers. In the 2018 legislative session, House Enrolled Act 1007 was enacted, which establishes the CVO and gives OMPP authority to implement the program. OMPP has renamed this project to FSSA EnCred (enrollment and credentialing) to represent the scope and future potential of the project. The project is still in design and development; once the schedule is finalized, we will work with stakeholders on an implementation timeline that is least disruptive and well communicated. OMPP adopted emergency rules in July 2018 consistent with HEA 1007 and will provide a legislative update in December 2018.

3. Home and Community-Based Services Rate Setting Methodology Retooling and LTSS Reform

- House Enrolled Act 1493-2017 required OMPP to review rate methodology for long-term care (and by proxy, our HCBS programs). A request for information was published in summer of 2018 to solicit input from providers, experts, and other stakeholders on what a potential reimbursement system could look like for long-term support services (long-term care and HCBS). OMPP, in collaboration with our sister divisions, expects to continue analyzing the results of this RFI and use that to inform a procurement for a vendor to assist with rate setting for our HCBS programs. This is one aspect of our overall goal of long-term care rebalancing, which we noted in our last biennial budget update. OMPP

will continue to work with sister divisions and stakeholders to implement holistic reform in this area to decrease expenditures, promote access to more home and community-based services, and increase long-term health outcomes that are typically associated with greater member choice and community placement.

4. Pharmacy Benefit Manager (PBM) Procurement for Fee-for-Service

- In 2013, OMPP implemented a pharmacy benefit manager (now OptumRx) to administer the fee-for-service pharmacy benefit in an administrative services organization arrangement. In addition to paying point-of-sale claims, the vendor provides support for pricing, preferred drug list maintenance, auditing/investigation oversight, and board/committee support. The current contract ends in 2019 and must be re-procured. OMPP will issue an RFP later this year for PBM services with implementation plans in 2020. The system will subsequently need to be certified by CMS.

5. Claims and Reimbursement Improvements

- OMPP plans to implement the All Patients Refined Diagnosis Related Groups (APR-DRG) version 35 in 2019. We presently use version 30, which was implemented concurrently with ICD-10 in October 2015. Moving to APR-DRG v35 will improve data collection and analysis and allow for more specific reimbursement changes. This effort has been coordinated with the Indiana Hospital Association and key providers who are supportive of the change.

Concurrently, the fee-for-service timely filing limit will be reduced from 365 days to 180 days with some exceptions. This change has been in consultation with the provider associations. Reducing the timely filing limit for claims allows for more current analysis of claims data, faster processing and settlement for some supplemental payments, and better budgeting/close out of program years.

6. Department of Child Services Collaboration

- OMPP has partnered with DCS over the past several years to increase utilization of Medicaid-financed services (versus DCS-financed services). Most recently, this has been manifested in restructuring the Medicaid reimbursement methodology for psychiatric residential treatment facilities (PRTFs) to more closely align with DCS methodology. Additionally, OMPP will continue to work with DCS to improve health quality outcomes to ensure Indiana is honoring its promise to these vulnerable children. This includes greater managed care participation, increased care coordination, decreasing program churn based on placement, and other initiatives in support of DCS' vision of children living in safe, healthy, and supportive families and communities.

7. Medicaid Managed Care Regulation Compliance

- The federal government issued a 1,425 page regulation in May 2016 with new requirements for states to monitor and oversee Medicaid managed care contracts. The

regulation impacts all areas of managed care programs and places significant new burdens on states to demonstrate compliance. The provisions phase in over a three-year timeline. OMPP continues to implement these provisions in our managed care contracts.

8. Electronic Visit Verification (EVV) for certain providers

- The recently passed *21st Century Cures Act* directs state Medicaid programs to require providers of personal care services and home health services to use an electronic visit verification (EVV) system to document services rendered. Use of an EVV system to document personal care services must be implemented by January 1, 2019. Use of an EVV system to document home health services must be implemented by January 1, 2023. Recent legislation granted additional time for implementation of these requirements, which will allow OMPP to further test our solution with providers.

9. Third Party Liability and Estate Recovery Changes

- OMPP is partnering with our fiscal agent, DXC Technology, to perform a second-pass of third party liability (TPL) on managed care claims. Previously these claims were excluded from TPL procedures and the managed care health plans were responsible for cost avoidance and third party liability. DXC will now issue TPL requests on any claims that are older than two years, which is outside of the MCEs' statutory timeframe to collect. We expect this to result in additional savings to the state.

The 2018 legislative session saw some changes to creditor's rights and Medicaid's claims against estates. Those changes have been implemented as of July 1, 2018, but OMPP will continue to work with stakeholders to refine and streamline this process to ensure all funds duly owed to the state are collected and reinvested in the program. Estate recovery is required under the federal Omnibus Budget Reconciliation Act of 1993 and helps ensure the long-term sustainability of Medicaid by recouping funds from certain individuals.

10. Enhancing Academic and State Partnerships to Inform Evidence-based Policymaking

- Secretary Walthall has enlisted an agency Chief Medical Officer to help coordinate the clinical efforts of FSSA across all divisions. Part of this initiative includes leveraging academic resources in our communities to ensure policymaking is both clinically appropriate and evidence-based. FSSA intends to establish relationships with key academic units at universities to leverage Indiana's academic brain trust.

11. Community Health Worker Initiative

- Medicaid is developing the first-of-its-kind reimbursement for community health workers. These are individuals with cultural understanding of our members who can bridge the gap between their healthcare and other social needs. A partnership with ISDH will utilize these workers to address infant mortality in Indiana.

Division of Disability and Rehabilitative Services (DDRS)

DDRS mission statement:

To facilitate effective partnerships to enhance the quality of life for the people we serve in the communities and pursuits of their choice.

DDRS's vision is guided by principles of self-advocacy and self-direction, quality integration through quality outcomes, and work first as key to a meaningful day. DDRS facilitates the delivery of support services to children under the age of three with learning delays and disabilities, to eligible individuals with cognitive disabilities, to the blind and visually impaired, to the deaf and hard of hearing, and to those who can benefit from vocational rehabilitation services.

DDRS is responsible for the administration and oversight of four bureaus:

- Bureau of Rehabilitation Services (BRS)
- Bureau of Developmental Disabilities (BDDS)
- Bureau of Quality Improvement Services (BQIS)
- Bureau of Child Development Services (First Steps)

DDRS accomplishments in the FY18-19 biennium

1. Bureau of Rehabilitation Services (BRS)

BRS has focused significant effort on the implementation of several new requirements and changes resulting from the signing of the Workforce Innovation and Opportunity Act (WIOA) into law over the past two years. Major BRS accomplishments for the past two years are briefly described below:

- BRS implemented several new federal requirements under the Rehabilitation Act, as amended by the Workforce Innovation and Opportunity Act (WIOA), including:
 - Earmarking 15% of federal Vocational Rehabilitation (VR) funds for the provision of pre-employment transition services (Pre-ETS) to students with disabilities, age 14-22, who are eligible or potentially eligible for VR services.
 - Enhancing collaboration with the Department of Workforce Development (DWD) to submit an update to the WIOA Unified State Plan in 2018. BRS and DWD also worked together to revise an MOU, including negotiated infrastructure funding agreements regarding the operating costs of the local One Stops. Furthermore, DWD and BRS jointly conducted a roundtable summit, followed by regional training aimed at increasing individuals' with disabilities access to One Stop services.
 - Implementing substantial revisions to the VR case management system to collect newly required data elements to meet new federal reporting

requirements, including development of a portal to collect data on Pre-ETS participants who are potentially eligible, but not currently in the VR system.

- Collaborating with the Arc of Indiana and Self Advocates of Indiana to provide career counseling and information and referral services to 4000+ individuals employed at sub-minimum wage.
- BRS has implemented several strategies to build staff capacity. BRS has experienced significant improvement in staff retention and a reduction in caseload sizes to more manageable levels, however, more work is needed to recruit and retain qualified candidates to ensure that VR can meet federal timeliness requirements and improve the quality of services and outcomes. BRS received approval from the Rehabilitation Services Administration (RSA) to implement an order of selection in 2017. State VR agencies are required to implement an order of selection in order to prioritize services to individuals with the most significant disabilities, when sufficient resources are unavailable to serve all eligible individuals. BRS continues to implement strategies to build capacity and to educate applicants about services available at other organizations that may assist individuals with disabilities in achieving their employment goals.
- BRS has evaluated significant modifications to VR employment services which were made in 2015. Modifications were aimed at increasing expectations, revising the funding structure, moving services to a more individualized, consumer-centric approach, and increasing access to supports and services job seekers need to achieve high quality employment outcomes, including those with the most significant disabilities. Evaluation reports have been developed over the past two years and are posted on the VR website for public viewing.
- BRS has focused much effort on addressing audit findings from the RSA federal monitoring and the State Board of Accounts audit and has made significant progress in correcting areas of non-compliance.
- BRS increased promotion of their programs through social media and videos, including informational videos presented in American Sign Language, and regular Twitter and Facebook posts. BRS has also increased focus on identifying and sharing success stories.
- System modernization efforts have been another focus in 2017 and 2018. VR is working toward implementation of a new case management system with a 2019 target go-live, as well as the implementation of an electronic claims payment system for VR vendors, also targeted to go-live in 2019. Phase 1 of the claims payment system (vendor registration) went live in 2018.
- BRS increased focus on training of both VR staff and employment service provider staff over the past two years, including revision of the VR Leadership Academy web-based orientation modules for new staff, increased training opportunities at the regional level, and partnership with Indiana University Center on Community Living and Careers for the provision of training and technical assistance to VR and provider

staff. BRS also implemented contracts with 47 employment service providers to enhance foundational skills training and to build staff capacity.

2. Bureau of Developmental Disabilities (BDDS)

The BDDS had several significant programmatic accomplishments. Major BDDS accomplishments for 2018-2019 are listed below:

- BDDS implemented a redesigned Person-Centered Individualized Service Plan (PCISP). A result of collaboration between highly-engaged case management providers and other stakeholders, the PCISP emphasizes and builds on an individual's personal strengths and existing resources to formulate a successful service plan. This project was designed and implemented with the support and resources associated with The LifeCourse Framework (Supporting Families) philosophy and person-centered planning tools. BDDS provided a comprehensive, statewide training to all case managers providing DRS waiver services.
- BDDS implemented waiver amendments to align with legislation passed to increase provider rates for certain services. To increase staff wages and improve recruitment and retention efforts, BDDS implemented procedures to ensure those rate increases were distributed directly to Direct Care Worker staff.
- BDDS also submitted waiver amendments (pending CMS approval) to redesign the case management service to support the person-centered planning concepts emphasized in the Home and Community Based Settings Rule.
- BDDS piloted district trainings and techniques related to LifeCourse Framework person-centered planning tools and family interview strategies to assist individuals and families to more effectively plan the services and supports (paid and nonpaid) to meet their needs.
- BDDS completed a systems transition to sunset one of three data systems used to track information and house case management training information. This system transition is the first phase to modernize IT supports to a singular data system in a more functional format.
- BDDS began initial stakeholder engagement regarding Indiana Administrative Code (460 IAC). The initial discussions have assisted the Bureau in gathering suggestions and practical application input to improve areas of the code. This process has established some early buy-in to the potential code changes and rule promulgation.

3. Bureau of Child Development Services (First Steps):

First Steps is Indiana's early intervention program, serving Indiana's youngest children from birth up to age three who are experiencing developmental delays or those who have a medical diagnosis which is likely to lead to a developmental delay. The program provides support to the family and child to reduce future costs of education and care to allow the child to meet their developmental goals.

Major First Steps accomplishments for 2018-2019 are listed below:

- First Steps built an infrastructure that has set a strong foundation for an effective and efficient system that supports innovation in early intervention. In 2018 it streamlined and simplified policies and procedures removing unnecessary administrative burden on personnel as well as strengthened training opportunities ensuring qualified personnel are working within the system. An RFP was developed and released that outlines an innovative technological approach to coordinating the early intervention system onto a single platform. This system will improve the programs delivery of service coordination, direct services, and overall team collaboration. It will also improve data quality so data driven decisions can be made to continue to improve the program for the children and families it serves.
- Indiana First Steps was one of six states awarded the opportunity to participate in the national Fiscal Initiative Cohort IV, which provided technical assistance to conduct an in-depth look at funding sources currently used and what may be available, learn from other state systems, and develop effective communication around early intervention budget and fiscal planning.
 - As required by HEA 1317, FSSA conducted a comprehensive analysis of First Steps in order to support and sustain a strong early intervention system. The purpose was to better understand all First Steps revenue sources and expenses associated with the program in order to improve the program's fiscal administration and health as well as prepare for the projected growth of the program due to the increase in the number of children born with toxic substance exposure as a result of the Opiate crisis. DDRS/First Steps consulted with other state agencies on the projected number of children who will need early intervention services as a result of drug exposure, identified statewide service gaps and the number of early intervention professionals needed to provide early intervention services over the next five years. A comprehensive rate and time study for First Steps providers and System Point of Entry (SPOE) personnel was conducted along with an analysis of First Steps revenue sources and the current fund recovery system, and an identification of new and improved ways to leverage available funding for early intervention services.
- First Steps continued strong outreach and relationship building with stakeholders, including providers and institutions of higher education, to aid in recruitment and retention of needed providers.
- First Steps became a member of the Indiana Perinatal Quality Improvement Collaborative (IPQIC) focusing exclusively on perinatal substance use and its significant impact on families, caregivers and communities. The program made a significant contribution to the development of hospital discharge protocol for infants born with prenatal substance exposure. This protocol includes when and how to refer these infants to the First Steps program.

- Successfully launched a new on-line payment option for families in November 2017. The program now provides a convenient online payment option for First Steps family cost participation fees.

4. Bureau of Quality Improvement Services (BQIS):

The Bureau of Quality Improvement Services' (BQIS) role is to assure the quality of services delivered through the Medicaid Home and Community Based Service (HCBS) waivers within BDDS. BQIS fulfills this responsibility by conducting provider oversight activities, monitoring the safety, health, and welfare of individuals in services, and managing and analyzing quality assurance data.

- BQIS utilizes the Quarterly Quality Data Review process to identify large-scale systemic challenges facing providers. A quality improvement initiative, the Data Driven Review process, was launched in 2016 as a means to address large-scale systemic issues (e.g. medication errors). During 2017, data from the review process was evaluated and the execution of the process and data tracking was revised. The revised process was implemented in 2018. BQIS will use the data from the Data Driven Review process and the Quarterly Quality Data Review to track progress of the large scale issue and identify other areas of focus as the initiative continues.
- BQIS developed the Case Record Review process to monitor case management compliance with HCBS waiver requirements and Indiana Administrative Code (IAC) 6 and 7. During this process, the case file for an individual is reviewed based on specified criteria. Interpretive guidelines were developed to assist case managers and state staff in consistently reviewing documentation. Cases where non-compliance is identified require remediation by the case manager.
- Another quality improvement initiative, Data Forums, was established in 2017. BQIS analyzes the data for a given topic and shares the information with stakeholders via webinar. The information is also posted on the BQIS webpage. The topics presented thus far have included Data Driven Review for Medication Errors and Mortality Data.
- BQIS updated and revised the complaint process to streamline written reports and corrective actions for the parties and to ensure transparency for families, individuals, and guardians.
- BQIS formed an Incident Reporting Workgroup in 2018 to proactively review and update the incident review process. This workgroup will review how data is collected, analyzed, and utilized, and will identify best practices and training needed for providers and key stakeholders.

DDRS significant initiatives for FY20-21

1. Bureau of Rehabilitation Services (BRS)

- a. Implementation of a new VR Case Management System to replace the current system, IRIS, is targeted for a 2019 implementation. Implementation of an electronic

- VR Claims Payment system is also in development and will allow for increased efficiency with VR case service billing process and improved timeliness in payments to VR vendors.
- b. BRS will continue to implement strategies to increase staffing capacity and retention to improve the services provided to job seekers with disabilities. BRS will work closely with the State Personnel Department to implement these strategies. As a result of new requirements under WIOA, the need to build capacity is now even more critical. BRS has made great strides in improving staff retention over the past year, however, more work is needed to build capacity and recruit qualified candidates both within VR and with employment service providers.
 - c. BRS continues to monitor the VR employment service revisions (implemented July, 2015) to evaluate the success of the new model in terms of improving the quality of services and outcomes, increasing focus on individualization, and increasing access to supported employment services for individuals with the most significant disabilities. BRS is contracting with Public Consulting Group (PCG) to conduct a formal evaluation of the services and quality and quantity of outcomes. The evaluation reports are posted on the VR website. Additionally, BRS will continue to invest in the establishment project contracts mentioned above through 2020 to increase provider capacity and training.
 - d. A major focus moving forward is to build and increase collaboration with other workforce partners, colleges and universities, and other organizations to both learn and increase awareness of the variety of pathways to employment for job seekers with disabilities. Increased partnerships will also help VR capitalize on opportunities to blend resources with other programs when serving mutual clients.
 - e. BRS will initiate a VR rule promulgation process to align current rules with new federal requirements under WIOA.

2. Bureau of Developmental Disabilities (BDDS):

- In January 2014, the CMS announced a requirement for states to review and evaluate current Home and Community Based Services (HCBS) settings, including residential and nonresidential settings, and to demonstrate how Indiana's HCBS waivers comply with the new federal HCBS rules that came into effect in 2014. This is a key issue for BDDS as the rule for HCBS will require a large scope of work, over the next three years, in order to bring Indiana into compliance with this rule by 2022.

BDDS will be redesigning the 1915(c) waivers currently administered for individuals with intellectual and developmental disabilities in order to align services and supports to the federal HCBS rules, and establish a revised objective based allocation method to reflect participants' individualized needs. Initial planning and development will begin in late 2018/early 2019 to effectively design waivers and to incorporate recommendations from the 1102 Task Force for Individuals with Disabilities.

- To comply with CMS standards for state waiver submissions, BDDS will establish documented and defined rate methodologies for services included on any existing or new waivers proposed to CMS. CMS requires any rate change to be presented and defined in waiver amendments and be accompanied by the rate methodology, which must account for the actual cost of the service provided.
- In 2018, BDDS will transition one of our existing data systems to a web-based platform for improved function, programmatic controls, and system capacity. BDDS will begin the procurement process for this new data system.

3. Bureau of Child Development Services (First Steps):

First Steps Rendering Provider and Service Coordination Rates

- The rates for First Steps services were initially set in the mid 1990's and subsequently cut in 2001, 2005, 2008, and 2010. The number of rendering providers has declined and provider agencies are struggling to recruit and retain qualified providers to serve First Steps families. Providers cite a variety of reasons for leaving the program and compensation is often number one. They leave the First Steps program to pursue opportunities in education, hospitals, and private clinics.

As required by HEA 1317, First Steps worked with Public Consulting Group (PCG) from January 1, 2018 through June 30, 2018 to complete a rate, time, and cost study of the program. Based on the results of the study, PCG found that current compensation for rendering providers is low, compared to market rates, and should be increased. PCG recommended a rate methodology that utilized data from the Bureau of Labor Statistics, First Steps provider rosters and cost reports, and time-study data from providers. To determine the current fiscal health of the program, PCG analyzed revenue and fund recovery practices and made recommendations to improve fund recovery and leverage Medicaid and third-party-liability revenue. These changes in practice could offset the cost of a rate increase (see CRO RFP for more details around these changes). Further analysis of the PCG reports is necessary. There could be a fiscal impact to Medicaid, as improved Medicaid claiming could increase the amount of Medicaid funding received by First Steps. The First Steps program is federally regulated and is subject to federal fiscal monitoring. Fund recovery practices should be analyzed to ensure Indiana is following federal requirements for IDEA Part C.

Central Reimbursement Office RFP

- The Central Reimbursement Office (CRO) has three main functions: fund recovery, case management, and provider enrollment. The contract for CRO services has not been formally procured using the RFP process since 2007 and First Steps has utilized the same vendor since that time. The program would like to put the CRO out for bid to ensure the inclusion of federal and state requirements around its functions, modernization in its methods for fund recovery and case management, and data access and quality. The CRO procurement process could take twelve months with additional time built-in to allow for the transition of duties and data if a new vendor is selected. There are federal

requirements around use of federal funding for Part C services, data reporting, and qualified personnel which are all functions of the CRO.

System Point of Entry (SPOE) RFP

- The DDRS/BCDS provides many system points of entry (SPOE) for First Steps to ensure the program is accessible to families and responsive to the needs of local communities. SPOE services are provided across nine regions (called "clusters") covering the State of Indiana. There are currently four fiscal agents that oversee the nine SPOEs. Each cluster has a designated SPOE agency, and the SPOE agency is responsible for several provisions under IDEA Part C. The RFP process for the SPOE would likely take nine months and possibly longer to allow for the transition of duties and data if a new vendor is selected. The overall cost of the SPOE contract is yet to be determined as an appropriate allocation method for these services needs to be developed as part of the RFP process. PCG has made recommendations around the payment for the provision of service coordination and evaluation and assessment. The SPOE function is federally required as indicated above.

Rule Promulgation

- IDEA Part C (34 CFR 303) was reauthorized in 2011 and included new federal requirements in statute. First Steps is working to update and align its current IAC to reflect the changes in the CFR as well as improve definitions, redefine processes, and remove sections that should be in policy and procedure rather than rule. Fiscal implications of rule changes are unknown at this time.

4. Bureau of Quality Improvement Services (BQIS):

- BQIS will be evaluating new methodologies to conduct quality reviews of HCBS waiver providers. Quality on-site reviews will provide valuable insight and data for assuring the health and welfare of individuals served and will assist in monitoring provider compliance with the HCBS final rule. BQIS projects implementation of the on-site reviews in 2020-2021.
- The Data Driven Review Process will be expanded to include additional data points to identify systemic challenges and assist providers in a quality improvement plan to address areas of deficiency identified through the root cause analysis.
- BQIS received a grant funded by the Administration for Intellectual and Developmental Disabilities (AIDD). The purpose of the grant is to engage and empower community partners to build the community support capacity while enhancing the current system for monitoring safety, health, and well-being of individuals. This will promote independence, community integration, and access to quality non-paid and paid community supports and services. The grant will span 2018-2022.

- **Provider Requirements for Renewal:** BQIS will be establishing a workgroup in 2018 to evaluate the current provider requirements for renewal of approval, including accreditation, compliance reviews, and the re-approval assessment.
- BQIS will begin consolidating data activities into one unit embedded within BQIS in order to research, review, and track national HCBS data.
- **Review and Redesign Incident Reporting System:** BQIS established a workgroup to evaluate and redesign the incident reporting system. The intended outcome is to rewrite and align 460 IAC 6 and DDRS policy.

Division of Aging (DA)

The mission of FSSA is to develop, finance and compassionately administer programs to provide healthcare and other social services to Hoosiers in need in order to enable them to achieve healthy, self-sufficient, and productive lives. Within the Division of Aging this means that we are committed to promoting strategies and programs that provide older Hoosiers with choices in the long term supports that they need to safely live as independently as possible within their communities and families. We seek to be responsible stewards of the public resources that have been entrusted to us to achieve these objectives.

We seek to meet the needs of a rapidly growing senior demographic by transforming the long term care paradigm into a system that is easy to access, empowers individuals with the knowledge they need to make informed decisions about long term supports for themselves or their loved ones, and that supports individuals' abilities to access the right care, in the right place at the right time, regardless of payer source.

The DA administers state and federal programs that serve seniors, including programmatic administration of two Medicaid waivers. This is largely accomplished through strategic leadership and collaboration with Indiana's Area Agencies on Aging (AAA). We collaborate with other FSSA divisions and external stakeholders on a range of policy initiatives that impact the lives and healthcare of older Hoosiers, as well as those with physical disabilities.

DA Accomplishments in the FY18-19 biennium

1. Area Agencies on Aging/Aging & Disability Resource Centers (ADRCs)

- For the ADRC function, the Division of Aging has completed an RFI gathering information about how to improve the network, drive greater performance, and create better outcomes for participants.
- In fiscal year 2019, the Divisional and FSSA leadership is visiting many of the AAA across the state. In some instances, this is the first time the FSSA Secretary will have visited some AAA offices.

2. Money Follows the Person (MFP) – The DA has taken steps to revitalize the MFP program in its remaining years and to ensure that it becomes a way to develop a sustainable, long term

approach to transitioning people back into their homes or the community from nursing facility placements and to more effectively offer home and community based options at the time an individual is making the choice to move into a nursing facility or not.

3. **State Plan on Aging** – The Division of Aging submitted the 2019-2022 State Plan on Aging to our federal partner, the Administration on Community Living (ACL). At a minimum, this report is required every four years. For incorporation into the State Plan, the DA conducted a statewide needs assessment, The Community Assessment Survey for Older Adults (CASOATM), to identify strengths and needs of older adults, as reported by older adults themselves. The Division of Aging also conducted public hearings across the state, hosted a virtual online session, and received many written comments.
4. **Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE)** – The Division of Aging instituted statewide changes in functional eligibility requirements and financial eligibility criteria for CHOICE as a result of changes to IC 12-10-10 effective July 1, 2017.
5. **Medicaid Home and Community Based Services (HCBS) Transformation.** Home and Community Based Services are Medicaid programs that help members work and become active members in their communities by providing alternative supports and services to institutional care.
 - The Division of Aging has continued to keep the Aged & Disabled (A&D) Waiver free from waitlists. Waiver enrollment continues to increase every year as Indiana’s population ages. By March 2022, the DA is required to be in full compliance with the federally mandated CMS Home and Community Based Services Rule, issued in March of 2014. The DA has conducted an extensive systematic and site specific assessment of services that are impacted by this rule, including assisted living, adult family care, and adult day care. The DA is also continuing to review and respond to remediation plans that have been submitted to the Division by assisted living and adult day care service providers. FSSA conducted many internal and external meetings to greater align the direction of its different divisions and the Indiana State Department of Health during state fiscal year 2018. During SFY2019 the DA started accepting Assisted Living provider applications for secured memory care units. The DA continues to work with providers and other stakeholders to lesson substantial impacts that could cause disruptions to providers and participants and at the same time provide access to an array of settings for participants that meet the federal standard of a home and community based setting.
 - The Division has worked on streamlining the provider application process and this work will continue through SFY 18. In addition, CMS approved the removal of the 450-B form, which previously was often a delay point in providing services to participants.
 - The DA and a partner organization have trained hundreds of care managers and DA staff in person-centered care planning. One focus of this effort is to place a stronger emphasis on natural or informal supports that one may have available or are in the community instead of automatically looking at a person’s eligibility status first.

- On October 1, 2017, the DA submitted a report to the General Assembly, per House Enrolled Act 1493, outlining a plan to expand the scope and availability of home and community based services for individuals who are aged and disabled.
- The DA came into compliance with Senate Enrolled Act 421 on November 9th, 2018 by once again accepting applications from Assisted Living providers with a Secured Memory Care units.

6. Adult Protective Services (APS)

- APS has successfully implemented a 24-hour telephone hotline number for the first time. This meets a long-standing statutory requirement.
- APS has established access to a pool of funds that can be used for emergency services for individuals in need.

7. Pre-Admission Screening and Resident Review (PASRR) – The procurement process for a PASRR vendor is ongoing. Instead of only completing level one assessments, the new contract will include both level one and level two assessments, making the process more efficient and a better experience for individuals making the choice to go into a nursing facility.

8. INconnect Alliance – The Division of Aging has worked to place the housing with services database online for the first time. This will allow anyone to see assisted living and nursing facilities on a map. There will also be a self-assessment tool to direct consumers to appropriate resources, and there will be an informational resource database that is searchable for aging and non-aging related services near one’s location.

Division of Aging Significant Initiatives for SFY 20-21

1. HCBS “Settings” Rule

- Complete transition activities associated with the CMS HCBS Rule by March 2022. This will require some minor statutory changes, extensive administrative rule revisions, and an update of operational policies, procedures and tools. The DA hopes to conduct a transparent, collaborative and positive process to facilitate the required change.

2. Waiver Updates

- Modification of existing waivers and/or creation of new HCBS state plan or waiver services designed to better meet consumer needs for long term care and state goals of efficient and effective service provision and fiscal responsibility. The goal is to present new waiver documents or amendments, and/or state plan amendments to CMS by the second half of SFY 2019 and implement new programs no later than January 1, 2020.

3. Area Plans on Aging

- All fifteen AAAs will submit Area Plans on Aging to the Division of Aging, per the Older Americans Act and the Administration of Community Living. The Division of Aging will review these plans for items such as emergency preparedness and ultimately approve these plans through a collaborative process.

4. CaMSS

- The Division is on track to finalize the new case management system by the end of the first quarter of calendar year 2019. However, once the system is operational, ongoing efforts will ensure that interfaces with other FSSA systems work effectively and modifications could be made based on actual operations.

5. Incentivize Quality in Home & Community Based Services

- Rate methodology for all of our home and community based services will need to be clearly defined and potentially updated as part of the waiver redesign project. We plan to develop an incentive program for defined quality outcomes as a component of this methodology.

6. Network

- Continue to increase transparency and accountability in all aspects of the ADRC/AAA and waiver case management services delivered by Indiana's AAAs.
- Increase awareness and explore ways to expand, improve, and implement new supports for informal caregivers.
- Develop partnerships between clinical office staff and AAA staff to improve health care integration.

7. Dementia

- Increase awareness around dementia and dementia-related issues.
- Expand opportunities for both congregate settings and other services that greater enable non-congregate settings for individuals with dementia.
- Increase educational opportunities for families and individuals living with dementia.

8. APS

- Increase coordination between Adult Protective Services and other human service entities.
- Facilitate and define expectations to establish statewide consistency.

Division of Family Resources (DFR)

DFR Mission Statement: To develop, finance and compassionately administer programs to provide healthcare and other social services to Hoosiers in need in order to enable them to achieve healthy, self-sufficient and productive lives. To lead the future of healthcare in Indiana by being the most effective health and human services agency in the nation.

The Division receives applications and approves eligibility for Supplemental Nutrition Assistance Program (SNAP) previously known as Food Stamps, Cash Assistance (TANF), and Medicaid.

DFR accomplishments in the FY18-19 biennium

1. Temporary Assistance to Needy Families (TANF):

- Maintained steady decreases in cash assistance payments and caseloads in the Temporary Assistance to Needy Families (TANF) program as TANF recipients find employment and increase earnings through the IMPACT program. The IMPACT program is the Indiana Manpower Placement and Comprehensive Training (IMPACT) which is an employment and training "Welfare to Work" program.
- Maintained the work participation rates for IMPACT individuals thereby continuing compliance with federally established measures.
- Continued partnerships with agencies to provide services that meet the purposes of TANF.
- Provided TANF funding to assist residents of the East Calumet housing addition during the lead crisis.
- Successfully implemented the State IMPACT system for tracking of SNAP, TANF and Gateway to Work Employment and Training activities.

2. HIP/Medicaid Program:

- Since February 2015, DFR has received 2,117,613 health coverage applications, adding over 390,000 HIP Recipients. Application processing timeliness for these applications is at an average of 22.9 days.
- Implemented HIP benefit period changes to match other programs and private insurance to a uniform benefit year.
- Streamlined DOC Medicaid Eligibility process.
- Received approval and implemented HIP waiver changes.

3. SNAP (Food Stamp Program):

- Successfully implemented the Able Bodied Adult Without Dependents (ABAWD) work requirement.
- Application processing timeliness has been maintained at above 95% based upon statistics provided by USDA/FNS.

- Continued focus on Recipient Integrity including monthly monitoring of excessive card replacements as well as with out-of-state transactions.
- Successfully transitioned to a new EBT vendor, Xerox/Conduent, due to previous vendor, JPMorgan Chase, exiting the EBT business.
- Initiated a SNAP anti-fraud campaign including literature posted in the DFR Local Offices to educate clients and staff.
- Successfully implemented Broad Based Categorical Eligibility per State legislative mandate effective January 1, 2018.
- Successfully completed FNS SNAP Nutrition Education on-site Review – May 2018.

4. Refugee Services

- Including primary, secondary, Asylees and Cuban-Haitians, we have provided services to 3,634 individuals.
- Indiana continues to maintain employment averages close to 10% higher than the national average and 20% better than surrounding states.
- Working in conjunction with the State Department of Health and the local county health departments we have implemented infant health screening for refugee infants.
- The City of Fort Wayne graduated two Burmese Refugee officers through the police academy that were the recipients of refugee benefits.
- The State of Indiana was recipient of a \$300,000 Discretionary Targeted Assistance Grant. This Grant funding was utilized to leverage the new Julia Carson Transportation Center in Indianapolis with training and education to help refugees overcome transportation challenges.

5. Electronic Benefits Transfer (EBT)

- The Farmer's Market program has been successfully implemented across the state. Currently there are 70 SNAP authorized farmers' markets across the state that have the ability to accept EBT cards.
- Successfully completed FNS EBT on-site review in June 2018.

6. Indiana Burial Program

- The Indiana Medicaid Burial Program is designed to assist families, funeral homes, and cemeteries with covering the costs of the passing of an Indiana resident active on

Medicaid. Indiana will reimburse up to \$1,200 for funeral costs and \$800 for cemetery costs. Burial costs are funded with 100% state funding.

- In 2014, funeral and cemetery officials worked with the division to establish a policy to limit the time for submission of a claim to 90 days after the date of death. The Indiana Funeral Directors Association also published this policy change.
- DFR has implemented metrics to ensure accurate and timely processing of burial claims.
- The burial program is now managed centrally versus regionally to maintain our level of success with monitoring claim accuracy and timeliness. Additionally, burial claim forms have been updated.

7. Operations

- DFR regional lines were re-evaluated and caseloads distributed more evenly across the state. Part of the realignment included Marion County Local Offices being divided amongst four (4) DFR regions.
- Installed Webcams in all DFR Local Offices to allow immediate assistance to Deaf and Hard of Hearing clients.
- Successfully transitioned statewide local office staffing supports to a new vendor.
- Published Request for Proposal (RFP) for the Central and Regional Change Centers (C/RCC's) eligibility operations.

Successfully completed FNS Program Access on-site Review in the Allen Region in February.

8. The Medical Review Team

The Medical Review Team (MRT) was moved to DFR from OMPP. The MRT has the responsibility of making accurate and timely determinations of medical eligibility for the State's Medicaid programs.

9. Training

- Published a Request for Proposal (RFP) for Training Services for eligibility operations.
- Deployed new trainings developed by the DFR Training Team (i.e. Nepotism, Citizenship, Investigative Interviewing, etc.).
- FNS Employment and Training review at Marion South resulted in zero corrective actions.
- Successfully completed FNS Employment and Training on-site Review in the Marion East Office in March.

DFR Significant Initiatives for FY20-21

- Reduce SNAP error rates to be at or below the SNAP national average.
- Maintain 95% timeliness for all eligibility programs.
- Develop a contract with the successful bidder of the Request for Proposal (RFP) for the Central and Regional Change Centers (C/RCC's).
- Develop a contract with the successful bidder for the Request for Proposal (RFP) for Training Services.
- Update policy and Indiana Administrative Code for Burial Claims.
- Review, update, and develop Benefit Recovery & SEC Training Materials.
- Develop a Training curriculum for the transition of RCC Eligibility Specialists to the Local Office.
- Fully implement the State Emergency Repatriation Plan.
- Successfully Transition ABAWD 36 month clock effective July 1, 2018.

Division of Mental Health and Addiction (DMHA)

DMHA mission statement: To ensure that Indiana citizens have access to quality mental health and addiction services that promote individual, family, and community resiliency and recovery.

The Division of Mental Health and Addiction (DMHA) sets care standards for the provision of mental health and addiction services to Hoosiers. The division certifies all community mental health centers, in-patient psychiatric hospitals, and addiction treatment services. DMHA provides funding support for mental health and addiction services to target populations with financial need through a network of certified providers, and administers federal funds earmarked for substance abuse prevention projects. DMHA operates six psychiatric hospitals (Larue D. Carter Memorial Hospital/Neuro-Diagnostic Institute, Evansville Psychiatric Children's Center, Evansville State Hospital, Logansport State Hospital, Madison State Hospital, and Richmond State Hospital).

DMHA Accomplishments in the FY 18-19 Biennium

1. Addressing the opioid crisis.

- Maternal Neonatal Opioid Project- Community Hospital has developed a program to deliver best practices for pregnant women suffering from an opioid use disorder across the perinatal continuum of care from the first prenatal visit through post-partum care, which leads to a healthier mom and a healthier baby.

- Allen County Substance Abuse Pilot Program- The program will assist participants suffering from a substance use disorder by providing evidence based addiction treatment and developing a long term plan for sober living. An additional 79 residential beds will be added to Allen County to provide services in ASAM 3.5 level of care, ASAM 3.1 level of care and beds in recovery residences.
- 21st Century Grant funds- Indiana received \$10.9 million on May 1, 2017 and an additional \$10.9 million on May 1, 2018 to combat the opioid crisis. Funds have been utilized to increase residential bed capacity, provide peer recovery coaches in the emergency department, provide mobile crisis teams to rural areas, provide evidence based training to providers, Project ECHO and develop a humanizing campaign. Funds received in 2018 will be used to continue support of projects started in year one, support a maternal neonatal project, recovery housing, and support quick response teams to follow up after an overdose.
- State Opioid Response grant funds- Indiana is scheduled to receive \$17.8 million starting in October 2018. It is still being determined how funds will be utilized but could include increasing recovery residences, increase access to Medication-Assisted Treatment and develop a resource center staffed with peer recovery coaches.
- Medication Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA). In FY 2015, SAMHSA provided Indiana \$3 million in funding for three years to enhance/expand treatment service system to increase capacity and provide accessible, effective, comprehensive coordinated care, and evidence-based medication assisted treatment (MAT) and recovery support services to individuals with opioid use disorders seeking or receiving MAT. The grant targeted two sub-populations: (1) rural residents of several Northwestern Indiana counties who fell below the poverty line and faced barriers to accessing MAT services; and (2) residents of Scott County in Southwestern Indiana who were (a) at risk for HIV/Hepatitis C or other infectious diseases due to intravenous drug use (b) had been diagnosed with an infectious disease such as HIV or Hepatitis C., and/or (c) had significant barriers to accessing MAT. The goal was to serve at least 600 clients during the life of the grant. Each provider served 300 clients during the three years of the grant.
- Opiate Treatment Programs (OTPs). Five new OTPs have been located across the State of Indiana to join a network of thirteen existing OTPs in providing an array of medically supervised MAT options for those who wish to overcome an addiction to or dependence upon opioids. The name and location of the new OTPs are: New Vista, Indianapolis, Marion County; Western Indiana Recovery Center, Terre Haute, Vigo County; Bowen Recovery Center, Ft. Wayne, Allen County; Limestone Health Lafayette, Lafayette, Tippecanoe County; and Limestone Health Bloomington, Bloomington, Monroe County.

2. Recovery Works

- DMHA continues to oversee and grow the impact of the mental health and addiction forensic treatment fund program, Recovery Works. In its second and third year, Recovery Works enrolled a total of 27,912 felons and provided funding for mental health

and addiction services. Services are available in all 92 counties through a network of 107 providers. Services are paid for via a voucher system managed centrally in DMHA.

3. Children's Services

- DMHA has a collaborative and strong relationship with juvenile justice. As a result of an identified need from cross agency partners, DMHA dedicated a staff position that supports both mental health and substance abuse concerns for youth identified as high risk.
- DMHA is at the end of a five year grant (ending September 2018) to build the system of care infrastructure at the state level. We have developed a robust youth and family component to the system of care. DMHA plans to sustain their efforts through state and block grant funds.
- DMHA is actively involved with the Commission to Improve the Status of Children. Staff participate on several task forces and committees.
- DMHA received \$3.5 million to support substance abuse prevention, mental health promotion, and suicide prevention programs in the schools. These efforts will support over 26 counties, 171 schools, and 33 school districts/corporations providing education to youth, families and staff at those schools. Due to the increasing demand and need for services within the school setting, DMHA has devoted a staff position that will be responsible for all of the school-based programs and initiatives. This individual will also be the liaison between DMHA and DOE.
- DMHA continues to provide support to the Indiana Association for Infant & Toddler Mental Health (renamed Infancy Onward). There are currently 80 professionals who have an endorsement. DMHA in collaboration with ISDH offered several trainings and webinars on infant mental health.
- Children's Mental Health Awareness Day funded a mental health promotion art contest in Indiana high schools for the last two years, and was very well received. DMHA anticipates a wider effort and response from schools throughout the state.

4. Suicide Prevention

- DMHA has hired a full-time Suicide Prevention Coordinator to oversee prevention efforts and training. The Suicide Prevention Coordinator and DMHA have trained 70 local system of care coordinators.
- A statewide suicide prevention conference was held in June in Fort Wayne with more than 300 participants. A Zero Suicide Academy will be held in July to expand use of this hospital-based prevention program.

5. Certification and Licensure

- Developed new addiction outpatient and residential administrative rules to cover the national standard for services (ASAM – American Society of Addiction Medicine) and have a greater focus on quality.
- Creating and implementing the ASAM placement criteria in the current assessment tools (CANS and ANSA) and including an algorithm that will determine ASAM level of placement.
- Created a Clubhouse Certification for community based psycho-social rehabilitation programs.
- Creating a DMHA Incident Reporting website for reporting incidents at all DMHA providers/programs.

6. State Psychiatric Facilities

- Construction of the Neuro-Diagnostic Institute, being built on the Community East (Indianapolis) campus, is in full swing. The new hospital will open in the spring of 2019 with 159 beds and state of the art diagnosis and treatment for a variety of populations.
- The state psychiatric hospitals will be implementing a new electronic health record system, currently being developed by Cerner, the contracted vendor for this project.

DMHA Significant Initiatives for FY 20-21

1. State Psychiatric Facilities

- Continue the work of the System Integration Council to make the hospital system responsive to community needs.
- Integrate the function of the NDI into the hospital system.
- Improve transitions from hospitalization to community-based care.

2. Community Treatment

- Evaluate and implement payment reform for addiction and mental health services to ensure funding meet the needs of consumers and their families.
- Revise and update administrative rules for Private Inpatient Mental Health Institutions, Community Mental Health Centers, and residential providers.

3. Adult Services

- Mental Health

- Continuing to work with DRS to establish improved access and services to persons dually diagnosed with mental illness and ID/DD.
- Continue to support the growth of integrated care across mental health and addiction providers.
- Substance Abuse Treatment
 - Working to improve treatment provider readiness for integration with physical and mental health services.
 - Expand access to addiction services through a variety of measures including primary care, state hospital service expansion, and addressing workforce shortages.
 - Enhancing and coordinating community prevention efforts.

4. Children's Services

- Continue work with the juvenile system to develop and implement alternatives to detention for youth needing mental health and/or addiction service.
- DMHA continues to work in partnership with DCS to support intensive community-based services and supports for children and youth that do not have access to adequate services.
- Continue to support and expand the children's System of Care across the state.
- Continue to partner with the Alcohol and Tobacco Commission for surveillance of retailers for selling tobacco products to underage persons by: (1) Continue to meet the federally established target noncompliance rate of no greater than 20%; (2) Maintain the Advisory Board; (3) Implement a retailer education program; (4) Indiana Tobacco retailer noncompliance with youth tobacco access laws will be reported and monitored on a quarterly basis for evaluation of the annual federal report.
- Incorporate Trauma Informed Care into programs and policies, and a cross-system training for state agency personnel. DMHA was instrumental in bringing "Think Trauma", a training for juvenile justice staff, to Indiana from the National Child Traumatic Stress Network.

Office of Early Childhood and Out of School Learning

Vision and Mission Overview

The vision of Office of Early Childhood and Out of School Learning (OECOSL) is that every Indiana community will have a strong network of Early Care and Education (ECE) and Out-of-School time (OST) programs that support the child, the family and local schools. Programs will

be high quality, affordable and accessible, enabling families to work effectively to obtain economic self-sufficiency. Children will thrive in programs that meet their developmental and educational needs and make them feel welcome, encouraged and supported. Professionals teaching and caring for children have the resources, including training and education, needed to operate and maintain high quality programs.

OECOSL administers numerous early childhood and school-age, out-of-school time care and learning initiatives. These initiatives are focused on supporting low income families with a variety of high quality options for programs for their children ages birth to 13; as well as supporting providers of these services by offering resources needed to build the capacity of high quality programs. These high quality programs ensure that children are healthy, safe and learning in out of home environments.

OECOSL Accomplishments in the FY 18-19 Biennium

OECOSL includes the following business areas: Licensing/Registration, Quality Improvement, CCDF Program and Policy, Operations and Early Education including On My Way Pre-k. Each area has experienced significant accomplishments over the past two years.

1. Licensing/Registration:

- OECOSL inspected and regulated 600 licensed centers, 2,411 licensed childcare homes, 371 registered ministries and 534 exempt providers.
- Continued joint visits with Department of Child Service investigators. In 2017, 1,249 joint investigations occurred with DCS to ensure child safety in childcare environments.
- OECOSL partnered with the Indiana After School Network to adjust state law to allow for preschool children to attend before and after school care if they were attending a public school.
- Implemented a federally required enhanced process for criminal background checks that allows for greater scrutiny of criminal history to ensure that all caregivers are qualified to work with young children.
- Provided a fiscal savings and increased continuity of licensing inspections by bringing into state employment the Legally Licensed Exempt consultants allowing alignment of all licensing staff.
- OECOSL partnered with the Indiana Department of Education to build an electronic interface to assign each early educator a School Personnel Number (SPN) which is a unique number/letter combination. This has previously only been assigned by IDOE for K-12 educators but is now being assigned to early educators allowing Indiana to track the training, professional development and licensure of educators birth through grade 12.

2. Quality Improvement:

- Paths to QUALITY (PTQ) continue to have high participation in the voluntary system (90.8% of all centers, 71.6% of all licensed homes, and 26.4% of all Registered Ministries as of June 2018).
- Paths to QUALITY continue to exceed our level advancement goals for enrolled programs and Indiana having 16% of all PTQ providers being at a Level 4 with a national accreditation.
- As of June 2018, there are 24,822 children who receive CCDF support in a PTQ program representing 79.9% of total children served in the CCDF system.
- Educational scholarships and career counseling are available through the statewide T.E.A.C.H. Early Childhood® INDIANA project for early childhood teachers, directors, and family child care providers currently in the workforce. The project impact is threefold - increasing the education of the child care provider, increasing compensation, and decreasing staff turnover. Scholarships are available for Early Childhood degrees at the Bachelor and Associate level through Indiana higher education institutions, and also for the national Child Development Associate (CDA) Credential. Through June of 2018 there were 130 active Bachelor level scholarships, 512 active Associate level scholarships, and 515 active CDA Credential scholarships.
- Indiana applied and was one of ten states to be awarded support through the Administration for Communities and Families' Impact project. This support allows OECOSL to focus on improving areas such as Paths to QUALITY, coaching and training and professional development for early educators.

3. Child Care Development Fund (CCDF) Program and Policy. CCDF is a federal program that assists low-income families in obtaining child care so that they can work and/or attend school.

- Successful implementation of all federal changes that occurred in the reauthorization of the Child Care Development Block Grant (CCDBG) that included items such as 12 month eligibility, enhanced consumer education websites, increased criminal background checks, and the establishment of health and safety training requirements in 10 different topic areas (e.g., prevention of sudden infant death syndrome (SIDS), first-aid, and CPR, child development).
- Successful implementation in the payment system for CCDF providers to allow for entry of electronic late attendance and a parent portal to allow CCDF parents to access their child(ren) attendance and approve late attendance resulting in more timely payments to providers.
- Development of a fiscal accountability system that allows for planning and increased management of the CCDF waitlist.

- Launched the improved <https://www.in.gov/fssa/childcarefinder/> site that allows families to search for child care. This site now includes enhanced search features by age, setting type and location as well as a route to work feature.
- Launched the <http://brighterfuturesindiana.org/> site that meets federal compliance for a family education website. This site includes information on the early learning foundations and represents a public-private partnership meeting both CCDBG reauthorization requirements (for the Office) and Lilly Endowment family engagement goals for Early Learning Indiana.

4. Operations:

- Indiana leads the nation in the Improper Payment Initiative with an error rate of 0% being the only state in the nation with no recorded payment errors.
- Enhancements of the CCIS database to help increase the timeliness of completing background checks for prospective staff members and providers who are receiving CCDF funds, which helps to minimize the risk of unqualified caregivers working in these child care locations and helps to better protect the children.
- Completed, on average, 412 criminal history background checks a week and over 21,000 per year ensuring child safety in all child care environments.
- Provided funding to over 24 different sites through State appropriated funds to support the needs of low income children in school age programs.

5. Early Education:

- Expansion of On My Way Pre-K (OMW) into 15 additional counties making OMW available in 20 total counties across the state.
- Completion of additional resources for OMW Pre-K providers through the <http://providers.brighterfuturesindiana.org/> site. This site provides support to public schools, non-public schools, and any exempt provider who desires to be an OMW provider.
- Update of payment systems for OMW allowing OECOSL to avoid improper payments and more timely payments to providers.
- Layering of OMW funds with CCDF to allow a more seamless delivery of Pre-k for families, increased reimbursement for programs and more efficient use of State funds.
- Awarded capacity building grants to 17 different counties to increase the availability of high quality early education.

Current Challenges:

Each business area also faces unique challenges over the next two years including the following:

1. Licensing/Registration:

- CPS complaints continue to rise causing the need for additional licensing visits. The number of enforcements as well as the number of probationary licenses has increased from 2015 as well as the number of initial visits increased from 707 to 858 in 2017. All of these increases require multiple visits per year and the number of licensing consultants has not increased in order to keep up with demand.
- The Child Care Developmental Block Grant (CCDBG) reauthorization required that all childcare staff receive training on ten topic areas around child health and safety. OECOSL now has to validate that this training has occurred adding additional time to each visit.
- The recruitment and retention of highly qualified staff. Increased opportunities in the field of early care and education have resulted in numerous staff leaving for higher paying jobs.
- High risk of litigation. FSSA is at risk of tort claims from families whose children have experienced death and/or injury within a child care program.

2. Quality Improvement

- As Paths to QUALITY and the Pre-K Pilot program increase the demand for high quality providers, the need for quality support including education, training and technical assistance increases.
- Implementing the new federal CCDBG regulations, including new requirements on providing parents with information and supporting increased safety standards among providers receiving CCDF funds is worthwhile but costly. These new requirements will continue to increase the cost per child due to increased administrative costs.

3. CCDF Program and Policy:

- Implementing the new federal CCDBG requirement to take into account irregular fluctuations in income. This change is important for families who rely on work that is unpredictable or seasonal in nature.
- The change of eligibility from 6 months to 12 months has increased the waitlist for CCDF vouchers due to a lack of attrition

4. Operations:

- The OECOSL data systems are old and costly to repair and update. This causes inefficiencies and potential for improper payments to occur.
- OECOSL is required to process background checks related to any State that a caregiver has lived in within the last five years as well as respond to other States who are

requesting this information. This process is new and it is unknown the staffing capacity that will be needed to comply with this federal requirement.

- Enhancing the CCIS database to include the capacity to support the OECOSL's goal of going paperless in order to continue to improve on the accomplishments of accountability, effectiveness, and efficiency across all business areas of OECOSL.

5. Early Education:

- Additional social emotional training supports for programs for working with difficult behaviors and families is needed in order to reduce the number of children being expelled from preschool programs.
- Increased focus and technical assistance on Kindergarten transition to ensure consistency across the state.
- Family recruitment at 127% FPL for the OMW program.
- Adequate workforce for teachers with bachelor's degrees.

OECOSL Significant Initiatives for FY 20-21 Biennium

The OECOSL is planning the following future initiatives over the next two years:

1. Rule promulgation for licensed homes, centers, ministries and exempt providers to ensure state rules match federal reauthorization of the Child Care Development Block Grant (CCDBG).
2. Enhancements to the PTQ system in order to continue to increase expectations and ensure that the care and education happening in our high quality programs support better child outcomes. Revisions of PTQ will also ensure that all types of providers (i.e. schools, ministries, non-public schools, Montessori schools, etc.) have a pathway to participate in PTQ.
3. Develop a training registry that will support the needs of all early childhood education staff as well as function as a trainer/training approval system. An update to the training platform that is currently used to ensure that OECOSL can meet its obligations outlined in CCDBG for tracking and monitoring training of all childcare providers.
4. Increased efforts to recruit and retain childcare providers in areas of the state where there are not enough licensed childcare seats to meet the demands of the community.
5. As a part of our current PTQ system OECOSL has a cadre of coaches located regionally around the state to assist programs in their quest for quality. This system of support will be updated to ensure that work the coaches do truly supports programs as they strive to implement the new standards for high quality early care and education for the children and families in our state. The coaching project will also be assessed to determine how supports

are provided to programs that are in “quality deserts”, along with how the coaching project can be used to provide support around trainings to ensure practices learned are embedded into the classroom.

FSSA’s Overall Initiatives for FY 20-21

Continuing to meet the health and human services needs of Indiana’s population within a fiscally responsible balanced budget will always be challenging. Numerous program enhancements, improvements, and efficiencies have been identified and implemented, and the agency is committed to making additional improvements and modifications to meet these challenges in the next biennium.

New Initiatives for FY20-21

1. Indiana Neuro-diagnostic and Advanced Treatment Center (“NDI”)
 - a. Purpose of the program: To provide state-of-the-art, rapid evaluation and management of serious mental illness with the purpose of enhanced community reintegration and efficient utilization of the state psychiatric hospital system network. The NDI shall provide contemporary mental health initial diagnostic assessments for newly committed patients, early stabilization for said patients, and establish their short or long-term treatment protocols. The NDI is intended to be the entry point for new behavioral health patients without a prior assessment and a short stay facility (either patients stabilized at NDI and released or longer term patients transferred to other existing State Operated Facilities). Additionally, the NDI will serve as a catalyst to help modernize and standardize the State Psychiatric Hospitals as an interoperable healthcare “network.”
 - b. Statutory Authority: The NDI operates under the specific authority granted by the various provisions contained in Indiana Code Section IC 12-24 and was funded under IC 4-13.5-4.
 - c. Numbers and profiles of population served: The population served at the NDI will be 159 based on available patient beds, though intended annual throughput may be as high as 1,500. The patients served are those who are Seriously Mentally Ill from both the community and court.
 - d. Goals:
 - a. Function as a rapid patient assessment and stabilization center.
 - b. Incorporate contemporary behavioral health assessment and treatment equipment;

- c. Maintain short duration patient stay program (ideally less than 60 days) encouraging patient stabilization and release, or transfer to existing SOFs for longer treatment requirements;
- d. Provide immediate proximal support for primary and emergent care needs for SOF patients via co-location on Community Health Network East hospital campus;
- e. Establish standardized treatment protocols for patients that will “travel” with them through either longer duration stay in SOF system or to community support facilities upon release;
- f. Provide a model of modernized healthcare delivery and Health Information Technology (“HIT”) excellence for distribution to existing SOFs and fulfill Larue Carter mission to be a behavioral health training ground for future Providers.
- g. Major Changes to Scope: The NDI is a brand new facility being designed and built during the 2018-19 budget cycle. It is currently planned to open in spring 2019, with approximately 6 months of operation under aforementioned budget cycle. The closure of Larue Carter Memorial hospital is intended to largely coincide with the opening of the NDI.

Sincerely,

Dr. Jennifer Walthall
FSSA Secretary



FSSA Organizational Chart

