



State of Indiana

Indiana Family and Social Services Administration

Proposed Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817 – Q3 FY 2023

State of Indiana

Submitted to The Centers for Medicare and Medicaid Services

January 13, 2023



Eric Holcomb, Governor
State of Indiana

Indiana Family and Social Services Administration

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Transmittal Letter

January 13, 2023

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. **In accordance with our December 19th, 2022 correspondence with CMS, we are incorporating in this report our responses to CMS' requests for clarification, which have been previously shared with and reviewed by our CMS liaison.** FSSA's designated point of contact for the quarterly Spending Plan submissions is Allison Taylor, 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 receive full approval of the Indiana HCBS Spending Plan. We are excited 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 black ink that reads "Allison Taylor".

Allison Taylor
Medicaid Director, Office of Medicaid Policy and Planning

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 offer older adults and individuals with disabilities greater choice and control in regards 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 focuses 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 proposes to utilize 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 preliminary ideas put forth by the state of Indiana and are subject to change as the project evolves.

Plan Details

Phase I: Stabilize Community Provider Networks

As we emerge from the public health emergency, it is critical that we 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 must 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 is 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 must 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 may 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)

This month, FSSA is distributing \$6.7M in one-time stabilization grants to 115 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 will be 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. Payments for the grant will be 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 include but are 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 majority of the work planned for Phase I: Stabilization, FSSA is focusing on initial implementation of Indiana's Phase II activities and continually evaluating project impact. 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 MLTSS) program that will enhance services for approximately 106,000 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. In accordance with this project, FSSA plans to submit a new 1915 (b) and (c) waiver for MLTSS for individuals currently on the Aged & Disabled (A&D) waiver that are ages 60 and over. 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

The MLTSS Request for Procurement (RFP) has recently closed and FSSA is actively reviewing proposals **with a target award date in the first quarter of 2023**. Additionally, FSSA is currently amending the A&D waiver and FSSA looks forward to sharing more details on these waiver reform efforts as they become available. Submissions are forthcoming and will align with required CMS timelines for new programs.

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 established a first of its kind Direct Service Workforce Advisory Board and engaged a large group of stakeholders to identify challenges in the workforce, share potential strategies, and gauge the level of interest and support for each. This feedback along with continued input from 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. For example, surveys are being added to the Certified Nursing Aide, Home Nursing Aide, and Qualified Medication Aide license applications and renewals to capture better information regarding demographics, current work status, type and place of work, etc.

The Indiana Direct Service Workforce Plan focuses on three primary action areas to build and sustain this workforce: wages and benefits; definition, training, and pathways; and promotion and planning in collaboration with the Indiana Department of Health (IDOH). To make progress in these action areas, three corresponding workgroups will be convening in the coming months.

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. Three rounds of grants will be issued beginning in January 2023, with subsequent payments in the spring and summer of 2023.

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 apprenticeship 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 hopes to redesign Home Health in Indiana. As a first step, FSSA has engaged subject matter experts to assist with the review and redesign in order to develop a home health strategic plan. The development of this plan includes engagement with the Indiana Department of Health in their role as regulator, as well as a variety of different stakeholders to determine strategic direction. 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. Our overriding goal is to maximize available home health resources by incentivizing the right care at the right time.

➤ HCBS Rating Methodology

FSSA has begun work on an HCBS reimbursement approach that will provide several benefits to HCBS providers. One objective of the revised reimbursement is to move away from reliance on provider cost reports which will reduce the administrative burden that they impose on HCBS providers. Additionally, a primary goal of the methodology work is to improve the alignment and continuity of the rate setting across FSSA's divisions to provide HCBS reimbursement that is consistent and predictable. Our intent is to implement rating methodologies that are easily understood by HCBS providers and that offer greater stability for their business planning purposes. To that end, rate methodology updates will also reflect labor and expense changes driven by the COVID-19 public health emergency.

Another key goal of the rating methodology work is to deliver rates that support the sustainability of the HCBS programs with a specific focus on how rates impact the provider's ability to hire and retain adequate staff to deliver the services needed by HCBS eligible Medicaid members.

Finally, the updated rating methodology should promote person-centeredness and Value-Based Purchasing. The person-centered rating aspects will support community integration for HCBS participants, and the Value-Based Purchasing focus will help to drive health outcomes.

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.

FSSA has decided to remove the previously included activity “Social Isolation Support through Technology” from this Spending Plan after assessing its feasibility.

➤ 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 will work with the Indiana Housing and Community Development Authority along with the Corporation for Supportive Housing to build on current efforts to build the pool of accessible, affordable housing across the State. For individuals with intellectual and developmental disabilities, this includes building on the community integration set-aside, as well as the Moving Forward project. These efforts, however, do not currently include activities that will incur capital investment costs.

For employment, FSSA will work 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, community-based employment opportunities. This approach will include strategies that emphasize enhanced benefits planning support and the use of quality-driven payment mechanisms, such as pay for performance.

To address other areas of social need, FSSA will work with individuals, families, and other stakeholders to identify strategies to address challenges and barriers.

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 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 Health Inequities

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 will explore opportunities to assess the current barriers individuals may face in accessing healthcare and HCBS services, depending on a variety of factors such as race, geography, disability, and income level.

FSSA will work 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 will develop a comprehensive plan to measure, analyze, and respond to identified inequities in health and social programs across race and geography. To do so, we will connect with local communities that understand their own needs best in order to inform and support our recruitment and training efforts.

Additionally, FSSA will engage outside technical assistance and advisory support to review and provide guidance on identifying and addressing health inequities in Indiana's LTSS system. One specific initiative that FSSA will pursue is developing and implementing an in-home vaccination program to ensure equitable access to COVID-19 vaccines and other vaccines in the long term. Another key component of this work will be to grow our data capacity to better analyze the data by race, location, disability, poverty rates, and other factors in order to better understand the health landscape.

As part of the planned activities to support individuals with intellectual developmental disabilities (IDD), FSSA is funding multiple innovation pilots, 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).

➤ 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. The agency plans to utilize 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 create a specialized LTC Eligibility unit that will focus on applications for members needing LTSS. The unit 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 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 will invest 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

➤ Legal Aid

Under the Older Americans Act, FSSA is required to have a Legal Assistance Developer (LAD) to facilitate legal assistance services across Indiana for older individuals with the greatest social and economic needs. While legal assistance is currently provided across the state through legal assistance providers who contract with the individual AAAs, the services are ad hoc; the identification and delivery of the services is inefficient; and services are not necessarily tailored to the needs of the community. There is very little available data on legal services and no consistent strategy driving the services. This lack of coordination indicates that the legal assistance services are likely not meeting the true needs of our clients.

Thoughtful legal assistance services could enhance HCBS under Medicaid to help members navigate the complicated and disconnected process of living at home. FSSA proposes a comprehensive assessment of legal aid services currently provided by FSSA Aging partners to first identify and recommend ways to integrate elder justice practices with service options planning.

The legal assistance program needs an assessment by experts to better understand the legal needs of older individuals in Indiana and to form a strategic plan with recommendations on how to best deliver legal services through the AAAs and other innovative ideas around identifying potential clients, training, and other program needs. Additionally, this assessment would help further Indiana's goal of respecting an individual's rights by analyzing the current use of supported decision-making by legal assistance providers and their understanding of that concept. The assessment would make recommendations to ensure supported decision-making is an integral part of legal service delivery in appropriate situations. We plan to engage a university with subject-matter expertise to create this assessment to understand and meet the legal needs of older Hoosiers. The university will be responsible for completing a comprehensive assessment studying the history, strengths, and weaknesses of the current legal services system; studying and identifying the legal assistance needs of older Hoosiers across the state; and creating workable recommendations for the legal assistance program.

➤ 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. Due to lack of current provider and system capacity we have pivoted instead to participation 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. In addition, in collaboration with the Department of Mental Health and Addiction, we are contributing funding to a Community Catalyst Grant to Southwestern Behavioral Health to partner with local agencies to integrate and expand crisis services for individuals for high need youth and families, with an emphasis on services for youth with combined ID/DD and behavioral health challenges. This activity is further described below under Community Catalyst Mental Health Services Program.

➤ 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 proposes 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, we will develop training and curriculum based on the Charting the LifeCourse (CtLC) Framework, developed through the National Supporting Families Community of Practice, which Indiana has been a part since 2016. In addition to trainings, the approach will include 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 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 (MLTSS) model, the enrollment intake process may transform as well.**

Indiana also plans to leverage 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.

➤ Dementia Strategic Plan and Implementation Report

As the State builds out our continuum of care to holistically support Hoosiers, we plan to leverage 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. Following evaluation, 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. Informed by these findings, we will also recommend 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.

➤ HCBS and MLTSS 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 is currently in an early stage of this effort and will continue to evaluate which providers to move to VBP. Following this determination, we hope to engage 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 MLTSS performance measures for identified providers.

➤ Supportive Housing Partnership Consultant

As the State builds out our continuum of health and well-being supports, it is imperative to consider new, collaborative partnerships to address root causes across all social determinants of health. Supportive housing interventions improve outcomes for families and individuals across the board, including improving housing stability, and further improving health outcomes and lowering public costs by reducing the use of publicly-funded crisis services. Specifically for the elderly or individuals with I/DD, supportive housing programs improve health outcomes, quality of life, and enable maximum independence. As such, FSSA plans to hire a Supportive Housing Partnership Consultant to advise us on how we can build a stronger relationship across State divisions, specifically with the Indiana Housing and Community Development Authority (IHCDA). The Consultant would help move the needle for the State's strategic partnerships by producing a supportive housing needs assessment as well as a

commissioned IHADA assessment and recommendations report, both of which will provide a starting point for our learning and discussions about future direction. The Consultant would also provide assistance in developing future direction and strategy for RCAP in order to increase HCBS.

➤ 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 will make immediate 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 will accomplish this through system upgrades, updated data management resources, expanded data partners, and enhanced development capacity as well as by engaging with our peers across the country.

- Data Integration Efforts

FSSA plans to pursue improvements to data warehousing for data integration with HCBS claims data and other data sources from source transactional systems. Ancillary HCBS systems will be a part of this effort, including but not limited to HCBS case management, incident reporting, eligibility, health information exchange, and Medicare encounters systems. FSSA also plans to work with Indiana Health Information Exchange (IHIE) to leverage the Fast Healthcare Interoperability Resources (FHIR) standard and to build a provider-friendly application for ease of exchange and access of member demographics, social needs, care plans, and medical histories. 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 plans to pursue activities around D-SNP and Medicare data integration. A primary activity will be the planning and operationalization of processes to bring in Medicare encounter data from state D-SNPs and integrating 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 will pursue 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 plans 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 will build 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 is in the process of completing two CAHPS Surveys, one for HCBS consumers and the other for DMHA HCBS consumers with 1915(i) waivers. The goal of these surveys is to learn valuable information regarding beneficiaries' perception of quality of care. This would allow us to gain feedback regarding available HCBS programs in Indiana, learn where there are gaps in programming, and hear about the end user experience as it relates to provider service delivery. The results of the CAHPS survey will be 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 hopes to enhance IT systems that enable care management. By implementing improvements to Indiana's current care management IT system, CaMSS, we hope to provide 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 will 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.

➤ Older Americans Act Consultant

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

➤ MLTSS Accountability

As part of our LTSS Reform effort, Indiana intends to engage in thoughtful processes to increase transparency and communication with consumers and stakeholders. To start, the State plans to contract with a communications subject matter expert to develop a comprehensive and informative MLTSS communications plan to ensure clear and thorough communication of the State's efforts. As part of the communications plan, Indiana will conduct targeted outreach campaigns to the appropriate member populations to ensure member understanding of the program changes. Additionally, Indiana plans to engage expert support to develop new LTSS and HCBS reports to meet the need for greater managed care entity (MCE) performance and activity transparency as their roles and activities evolve to include MLTSS.

➤ 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, current home and community are insufficient to adequately support them while maintaining their health and safety. This results 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 expansion of care coordination. This Quarter's Spending Plan considers these two previously distinct projects combined due to their shared affected populations.

Indiana plans to contract 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 plans to scale 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. 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 will launch work for a state plan amendment to sustain the work of this project as a health home model.

➤ Community Catalyst Mental Health Services Program

FSSA will engage 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 will serve an estimated 2,500 youth in the area and will include rapid response to mental health crises paired with a 2Gen wraparound model that addresses ongoing needs of the youth and family. As part of this project, the partner will author a sustainability plan to ensure work is feasible ongoing.

➤ Creative Aging

Research shows that creative aging work is effective in improving the health and well-being of older adults. FSSA is partnering with the Indiana Arts Commission and Lifelong Arts Indiana to provide creative aging best practice training sessions for aging service providers and early action grants to implement these best practices to improve the mental health, physical health, and social engagement of senior Hoosiers. To ensure this program is impactful, a robust evaluation plan will be developed.

➤ Perinatal Home Visiting Services

FSSA will expand 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. It is part of a statewide program 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.

➤ MLTSS Implementation Support

In preparation for Indiana's LTSS reform effort to transition to a managed care model, FSSA will need to improve systems, establish new policies and procedures, conduct rate setting, build a managed care oversight program for operations and fiscal management, and purchases licenses. To aid in this major project, FSSA will contract with a vendor to provide project management and program consulting. Additionally, FSSA is seeking a new vendor to perform enrollment services, member plan selection, and member supports in line with this effort.

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 MLTSS reform efforts, the State plans to increase the number of Hoosiers who qualify for HCBS under Medicaid in conjunction with increasing the availability of HCBS, and as such, 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.

➤ Build Capacity to Deliver

Concurrently to the stabilization plans described in Phase I, Indiana must build additional capacity within our provider network to deliver HCBS.

Some supports that FSSA is pursuing in partnership with providers and in conjunction with our Workforce strategies include increasing the availability of structured family caregiving and shared living. These service models often result in better quality of life for the individuals supported, while at the same time create new, non-traditional opportunities for direct service workers. In addition, FSSA will work with individuals, families, and providers to increase access to adult day centers (particularly in rural areas), community employment supports, and will promote self-direction as a core determinant of an individual's health plan and peer-to-peer support approaches.

FSSA will also address workforce capacity by increasing the workforce through non-agency caregiver support strategies, as further detailed in Section II.

➤ Update Institutional Networks

As part of the effort to rebalance the provision of Long Term Supports and Services (LTSS), FSSA intends to partner with the nursing and residential facility industry to improve alignment of available facilities with projected future institutional needs. FMAP funds will be used to expand HCBS capacity primarily by converting interested nursing facilities into assisted living facilities that are fully compliant with the HCBS Settings Rule.

Phase 1: Feasibility Study

In the first phase of this project, FSSA will work with a subject matter expert to conduct a feasibility study, which will help identify prospective nursing facilities with projected oversupply and areas where more HCBS housing is needed to meet current and expected demand. This exercise will consider the State's MLTSS project as well as resident and other stakeholder concerns. Potential changes 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 capacity of nursing facilities. Any capital investment activities will be supported by reinvested State dollars made available by the FMAP funding.

A key area of focus will be providing support to all residents of nursing facilities that close for any reason (e.g., changing market dynamics or a State supported transition to assisted living). The closure of an existing nursing facility provides an opportunity to re-evaluate each resident's needs and to determine options for meeting those needs in a community setting. Revisiting care options is a key step in the journey to build a person-centered and financially sustainable system for the future.

FSSA is currently evaluating financial approaches that can be used to support nursing facilities in areas with limited bed capacity and to encourage closures in geographies where bed capacity significantly exceeds current and projected needs. In both instances, FSSA will leverage available quality metrics to make sure that any capacity re-sizing results in aggregate quality improvements.

Phase 2: Implementation

If determined to be viable, FSSA will move into the implementation phase. To support providers in this transition and address underutilized capacity, FSSA will create a number of grant opportunities that incentivize institutional and potentially RCAP settings

to convert to HCBS settings and 14(c) programs to transition to community employment programs by the end of the transition period in order to be eligible to become certified Medicaid waiver providers as they convert to HCBS settings. In support of this shift, FSSA will also facilitate a Learning Collaborative and technical assistance programs for providers to leverage.

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

The State of Indiana is looking to invest in expanding the capability and capacity of the Indiana Crisis System as part of its HCBS investment plan. The State will leverage Medicaid funding to support service capacity infrastructure, including the capacity to be responsive to the needs of all HCBS recipients experiencing crisis. Indiana is interested in 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 will include the support for a call center or 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. Part of this effort will also address 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 plans to implement this new resource by July 2022.

The State will also be 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.

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 is developing grant programs to increase the number of bariatric ambulances and wheelchair vans. Through these programs, current Indiana NEMT providers for Medicaid can 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 to purchase 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 to purchase wheelchair vans at \$77,000 per grant and wheelchair lifts to be installed in the existing fleet at \$9,000 per grant. **FSSA will be awarding a total of \$6.5 million to 88 applicants for 115 wheelchair vans and 41 wheelchair lifts.**

The third transportation grant opportunity, the Type II Ambulance Grant, was announced on September 2, 2022. FSSA is making available a one-time grant opportunity to cover the cost to purchase type II ambulances at \$110,000 per vehicle, and up to two vehicles per applicant.

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 plans to secure 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 HCBS providers in implementing the requirements of the HCBS Settings Rule. Providers who are not

currently in full compliance with the Settings Rule have received Remediation Reports indicating changes that need to be made in order achieve alignment with the HCBS Settings Rule requirements. Providers are requesting support and assistance to make the necessary changes. These providers had an opportunity to apply for a special one-time grant payment to assist with the costs of complying with the HCBS Settings Rule, based on validated remediation plans. Indiana plans to allow capital investment costs with these funds when capital improvements are specifically needed for providers to complete their HCBS Settings Rule Remediation plans. In January, FSSA is issuing flat awards of \$7,500 per site plus \$50 per resident, up to 100 residents per site to qualifying residential providers and \$5,000 per site plus \$50 per person served, up to 100 people served per site to qualifying non-residential providers.

➤ Support HCBS LTSS Providers

FSSA has issued grants to provide support to HCBS LTSS provider agencies serving individuals age 60 and older who showed and continue to lead an exemplary effort in preparing and implementing changes to their business for MLTSS, 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 MLTSS, 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, each qualifying provider received \$20,000 in grant funds that served to compensate HCBS LTSS providers for time away from their day-to-day agency work as they engage in business training and MLTSS readiness activities. This may include: (1) Completion of Business Acumen Training, (2) Partnership with technical assistance entity provided by FSSA to prepare for MLTSS, (3) Development and implementation of a MLTSS readiness project and identification for how that expansion of business acumen leads to better health outcomes for Hoosiers served.

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.

➤ Caregiver Survey

FSSA will also leverage funding to gather crucial feedback from the diverse caregiver community to better understand existing gaps in the continuum of supports and create a strategic plan to address the identified gaps. Contractual support is needed in order to implement the Caregiver survey, gap analysis, and strategic planning to implement recommended changes in accordance with the results of the survey and gap analysis.

➤ 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 will conduct research and connect with peer states and stakeholder partners to determine effective mental health support strategies. A necessary part of this effort will include increasing Indiana's capacity to assess the needs, including the personal physical and mental health, of family caregivers. FSSA would like to explore 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 interested in exploring partnerships to support implementation of an innovative model to address the unmet needs of family caregivers (FCs). One potential idea is the Caregiver Village, a digital interactive community, which would provide 24/7 access to pertinent resources and support sustained engagement of volunteer advocates (Vas) and FCs and provide resources to them.

➤ Caregiver Assessment Technology

In order to enhance Indiana's care continuum, FSSA will consider what assessment technology may be beneficial to implement. Initially, FSSA plans to engage consulting support to assess how other states with MLTSS recommend the use of caregiver assessment platforms as well as how data integration and HCBS measurement work would flow if we decide to implement an assessment platform. The results from the initial

assessment would include recommendations to support FSSA’s decision-making process around purchasing and implementing a dedicated platform. If the State determines that AAAs should utilize a caregiver platform for non-MLTSS members, funds could be used to release an RFP and purchase one statewide system. If so, FSSA will pursue additional research to inform the RFP.

➤ **Caregiver Technology Grant Program**

To recognize and validate the often uncompensated yet vital work of caregivers, FSSA established a dedicated caregiver support grant to promote access to valuable technology resources that help facilitate human connection and reduce loneliness as caregivers and loved ones transition out of the COVID-19 pandemic and beyond.

Purpose: To provide access to technology, such as tablet devices, image sharing applications or animatronic pets to combat social isolation and loneliness exacerbated by the COVID-19 public health emergency.

Cost Allowance: FSSA has determined a preliminary estimate of electronic devices needed for individuals in the HCBS continuum to support and combat the negative expressions of those experiencing social isolation and loneliness. FSSA plans to make technical assistance available for anyone who receives an electronic device through this process in order to ensure recipients of these devices can experience the full benefits these options can offer.

Attestation Process and Determination: FSSA is partnering with a fiscal intermediary to develop an equitable and easily accessible application process, differentiated between caregivers and providers, to ensure the appropriate technology reaches the appropriate recipients.

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?
Phase I				
HCBS Stabilization Grant	X			
Home Medical Equipment (HME) & Durable Medical Equipment (DME)	X			
Phase II				

Recruitment and Retention of Workforce			X	
Home Health Redesign			X	
HCBS Rating Methodology		X		
Address Social Needs of Members Receiving HCBS			X	All Waiver participants
Address Health Inequities			X	
Expedited Eligibility			X	Potential Medicaid beneficiaries
Legal Aid			X	
Dual Diagnoses Pilot for Individuals with Intellectual and Developmental Disabilities (I/DD) and a Mental Health Diagnosis			X	Individuals with dual I/DD and mental health diagnoses and their families
Building Indiana's Self-Advocacy Leadership Network			X	Individuals with I/DD and their families
ADRC Support		X		
Dementia Strategic Plan and Implementation Report			X	Individuals with dementia and individuals I/DD and their families
HCBS and MLTSS VBP			X	
Supportive Housing Partnership Consultant		X		Elderly and individuals with I/DD
Integrate HCBS Data Systems to Improve Quality and Reduce Inequities			X	
Older Americans Act Consultant			X	
MLTSS Accountability			X	
Children with Complex Health Needs Projects	X		X	Children with complex health needs
Community Catalyst			X	Youth with combined I/DD and behavioral health challenges and their families
Creative Aging		X	X	Medicaid beneficiaries, unpaid caregivers

Perinatal Home Visiting Services		X	X	Medicaid beneficiaries
MLTSS Implementation Support		X		
Build Capacity to Deliver			X	
Update Institutional Networks	X			
Develop a Crisis System and Support Implementation of 9-8-8			X	Individuals in crisis
Non-Emergency Medical Transportation (NEMT)	X			
Provider Training & Learning Modules			X	
Support HCBS Settings Rule Compliance	X			
Support HCBS LTSS Providers	X			
Caregiver Survey			X	Unpaid caregivers
Caregiver Mental Health Supports		X		Unpaid caregivers
Caregiver Assessment Technology			X	Unpaid caregivers
Caregiver Technology Grant Program	X			Unpaid caregivers

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 has developed the following updated 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 \$843,997,528.49 has been calculated based on the above. This is an increase from the previous estimated amount after factoring in updated FMAP percentages as detailed in H.R. 2617. 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. 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	23%	\$194,119,431.55
Workforce	20%	\$168,799,505.70
Enhance HCBS	29%	\$244,759,283.26
Build Provider Capacity	26%	\$219,439,357.41
Caregiver Training and Support	2%	\$16,879,950.57
TOTAL	100.00%	\$843,997,528.49