



Statewide IN-Home Services

2003

Annual Report July 1, 2002 - June 30, 2003



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Introduction and Overview

Under the direction of the late Governor Frank O'Bannon, the Division of Disability, Aging, and Rehabilitative Services (DDARS) within the Indiana Family and Social Services Administration (FSSA) administers in-home services and community-based programs for older adults and persons of all ages with disabilities. Within DDARS, the Bureau of Aging and In-Home Services (BAIHS) contracts with a statewide network of sixteen Area Agencies on Aging (AAA), which are a single point of entry for community-based long-term care services for these populations.

One such program is the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program. The CHOICE Program was established during the 1987 legislative session through House Enrolled Act (HEA) 1094 and began as a pilot program in Knox, Daviess, and Tippecanoe counties in 1988. The program went through several expansions that resulted in services to all of Indiana's 92 counties in 1992. CHOICE continues to receive very positive reviews for providing consumer choice and a wide array of in-home services aimed at maintaining maximum independence.

During State Fiscal Year 2003 The Bureau of Aging and In-Home Services provided services to more than 65, 000 individuals through the array of programs listed in this report.

The Need for In-Home, Community-Based and Protective Services

There are estimated to be more than 988,000

people in Indiana over age 60 according to the United States Census Bureau, and more than 291,000 of them experience some limitation in two or more "activities of daily living" such as bathing, dressing, or walking. Additionally, there are more than 559,000 Hoosiers below age 65 who also experience some limitation in these activities. (*Census 2000: US Census Bureau*)

FSSA recognizes that older persons and persons with disabilities prefer to maintain their independence and privacy as long as possible. The In-Home Services and Community-Based and Protective Services Programs of DDARS provide high quality, cost effective, and accessible services to meet the growing needs for Indiana citizens. The program goals include:

- Allowing older adults and persons of all ages with disabilities the option to live independently in their own homes.
- Providing an array of services aimed at preventing premature or inappropriate institutionalization.
- Consolidating/coordinating services.
- Enabling AAAs to serve as gatekeepers and service brokers.
- Accessing services from all available sources.
- Improving the quality of life of families and children with an emphasis on seniors and persons with disabilities.

Demographic trends also support the need for statewide in-home, community-based, and protective services. According to the U.S.

Department of Health and Human Services, 76 million Americans will retire in the first half of this decade. This represents one of the most important social policy challenges facing the country for the next three decades.

The IN-Home Services Program offers viable options to meet the growing demand.

***Continuum of Care -
Services Along the Way***

BAIHS, through the AAA network, provides services that are integrated and coordinated. This is accomplished by service delivery planning that looks at a continuum of human needs from complete independence through increasing degrees of dependency.

Highlights

BAIHS increased capacity for home and community-based services to older persons and persons of all ages with disabilities. Listed below are some of the accomplishments for BAIHS in SFY 2003.

- 11,272 persons were served by the CHOICE Program.
- The Assisted Living Medicaid Waiver was implemented creating additional options for individuals to receive services in an Assisted Living Facility rather than a Nursing Facility.
- 313 individuals were diverted from institutional care.
- The Governor's Task Force on Alzheimer's Disease and Related Senile Dementia awarded one grant totaling \$170,000.

- BAIHS planned and participate in three special events aimed toward the aging population.

These and other accomplishments are detailed in the sections to follow.



In-Home and Community-Based Programs

The Family and Social Services Administration (FSSA) through the Bureau of Aging and In-Home Services implemented the Statewide IN-Home Services Program in July 1992. The Area Agency on Aging (AAA) case management system provides a single point of entry which consolidates many programs. This makes services accessible for individuals and families through a coordinated and integrated approach.

In-home services include home health services, homemaker, attendant care, respite care, adult day services, transportation, home delivered meals, habilitation, therapies and other appropriate services such as minor home modifications and adaptive aids. The program brings together funding from the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program, Title III of the Older Americans Act, the Social Services Block Grant (SSBG), the Older Hoosiers Account, four Home and Community-Based Medicaid Waivers, the Nutrition Services Incentive Program (formerly USDA Meals Program), and local and private funds.

In addition to in-home services, the Division of Disability, Aging, and Rehabilitative Services (DDARS) coordinates an additional range of community-based and protective services including congregate meals, information and referral, legal services, ombudsman, preventive health services, adult protective services, adult guardianship, senior employment, pre-admission screening and annual resident

review, Residential Care Assistance Program (RCAP), formerly called Room and Board Assistance (RBA) and Assistance to Residents in County Homes (ARCH), and money management and representative payee programs.

The IN-Home Services Program, the Community-Based Programs, and Protective Services Programs continue to serve as models for service delivery in the provision of a comprehensive, coordinated, and integrated alternative to institutionalization. Indiana's program is especially appealing because of its innovative approach to serving older adults and persons of all ages with disabilities with a single point of entry, its cost share provision, and its focus on the entire family.

CHOICE

To be eligible for CHOICE Program services, an individual must be a resident of Indiana, age 60 years of age or older, or of any age with disabilities and unable to perform two or more activities of daily living as determined by an assessment using the Long Term Care Services Eligibility Screen.

The CHOICE Program served 11,272 persons in State Fiscal Year (SFY) 2003. Information concerning persons served through the CHOICE Program is shown in the following charts.

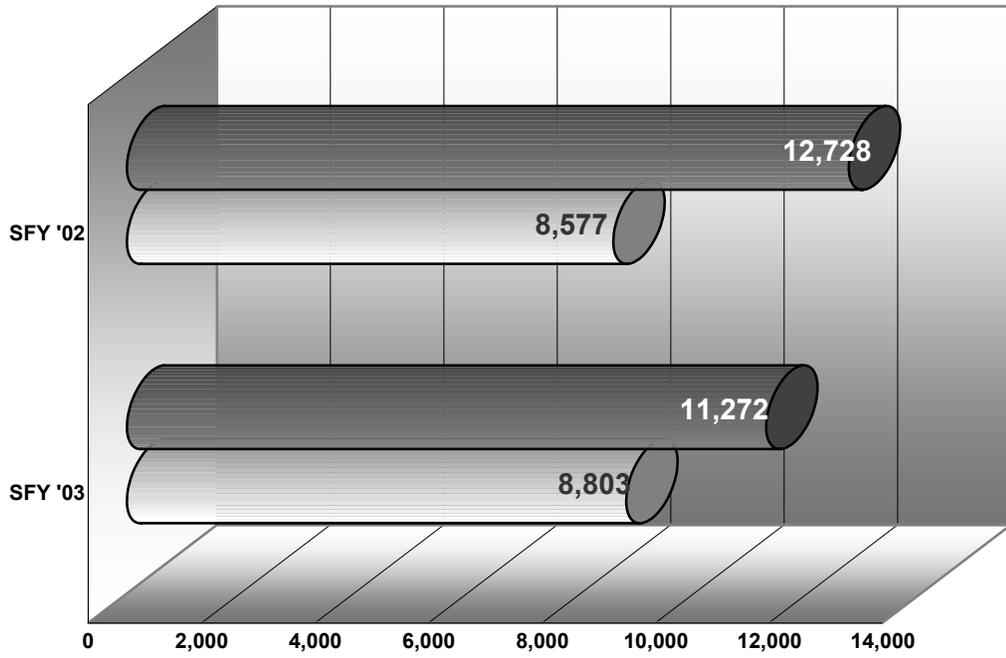
In-Home vs. Institutional Cost

Average CHOICE Costs Compared to Medicaid Nursing Facility Case Mix Average Rate*

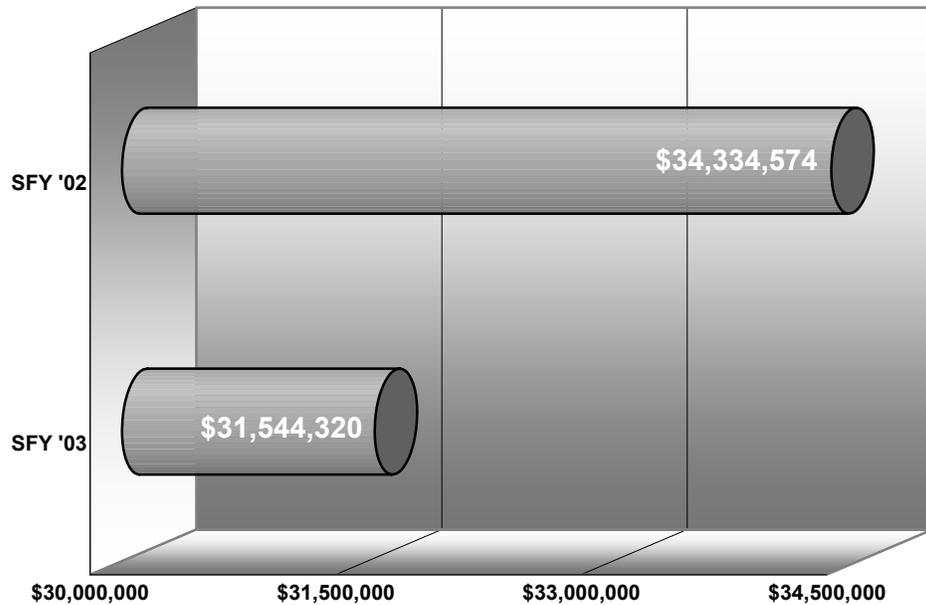
	Average CHOICE Cost	Nursing Facility Case Mix Average Rate
<i>DAILY</i>	Total	
State Share	\$17.94	\$39.90
Federal Share	-0-	\$ 65.20
TOTAL	\$17.94	\$105.10
<i>MONTHLY</i>		
State Share	\$538.33	\$1,196.88
Federal Share	-0-	\$1,956.12
TOTAL	\$538.33	\$3,153.00
<i>ANNUALLY</i>		
State Share	\$6,459.96	\$14,562.03
Federal Share	-0-	\$23,799.47
TOTAL	\$6,459.96	\$38,361.50

* Total is a weighted average based on percentage of all elderly and disabled recipients and length of service. The State share of the total Medicaid cost is 37.96%. Federal funding provides the remainder.

Persons Served by Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) vs. Persons on Waiting List



CHOICE - Trend of Annual Expenditures



Medicaid Waivers

Medicaid Waivers allow Indiana to provide a variety of in-home and community-based services to individuals who would otherwise require the level of care provided in an institutional setting. The four Medicaid Waivers administered by BAIHS are:

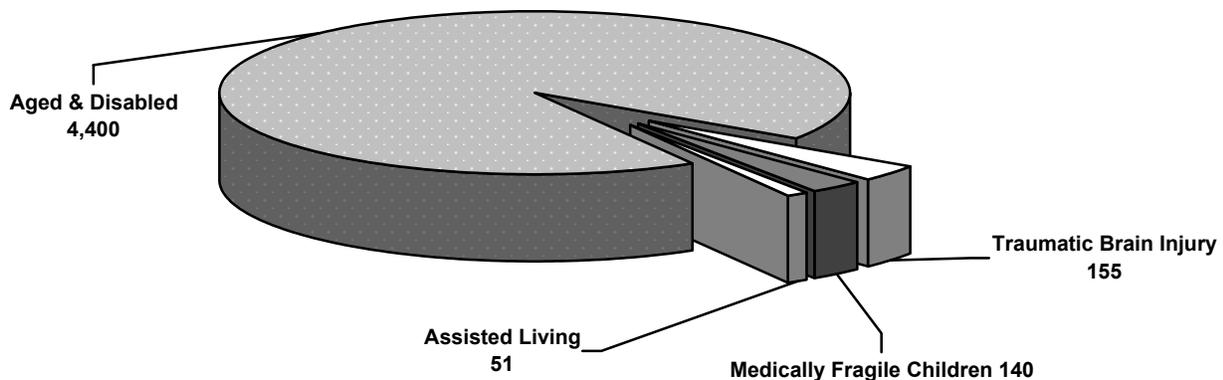
- The Aged and Disabled Waiver serves individuals who meet the Medicaid guidelines and are either 65 years of age or have disabilities. Individuals served by this waiver must meet level of care standards of a skilled or intermediate nursing facility.
- The Medically Fragile Children Waiver serves children under 18 years of age who are in need of significant medical services, including those who are technologically dependent. Recipients of

these services meet either skilled nursing facility level of care or hospital level of care.

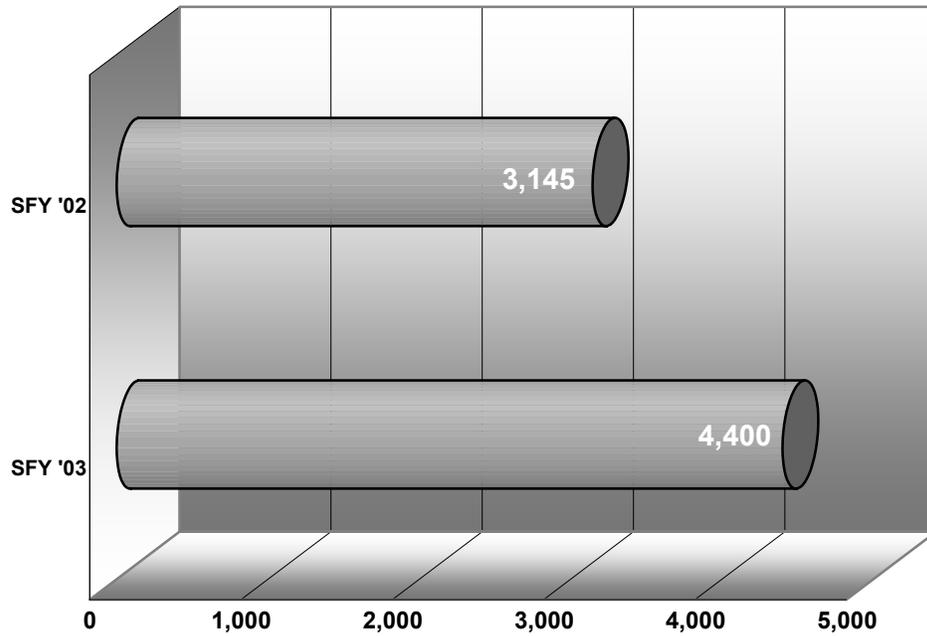
- The Traumatic Brain Injury Waiver serves persons who have suffered injuries to the brain including closed or open head injuries. Services under this waiver were implemented in March 2000.
- The Assisted Living Waiver provides services to individuals age 18 and over, who meet nursing home level of care, but choose to receive care in an assisted Living Facility.

These four Medicaid Waivers served a combined total of 4,746 individuals in SFY 2002. Information concerning persons served through these waivers is shown in the following charts.

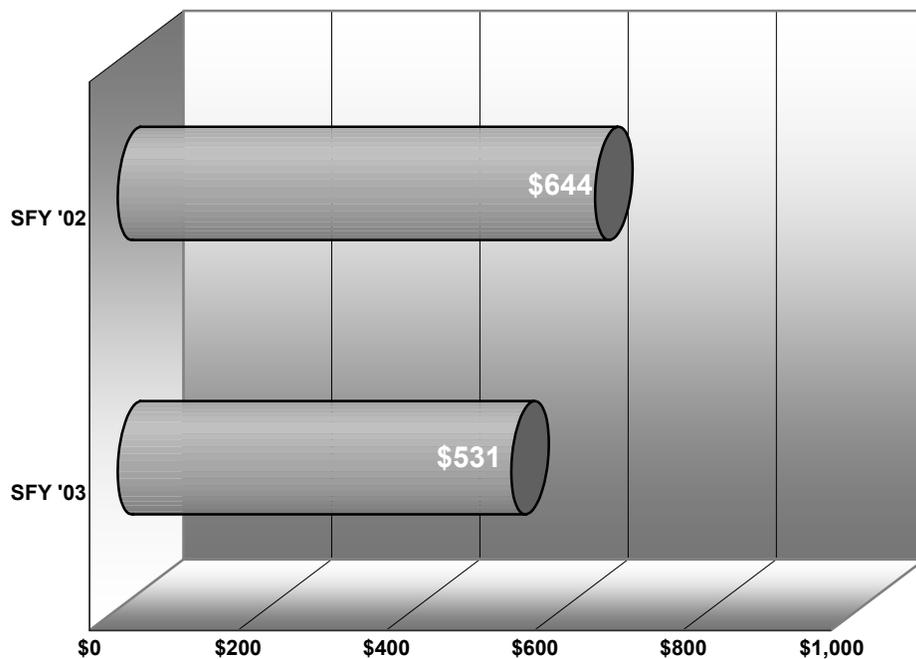
Combined Home and Community-Based Medicaid Waivers Persons Served



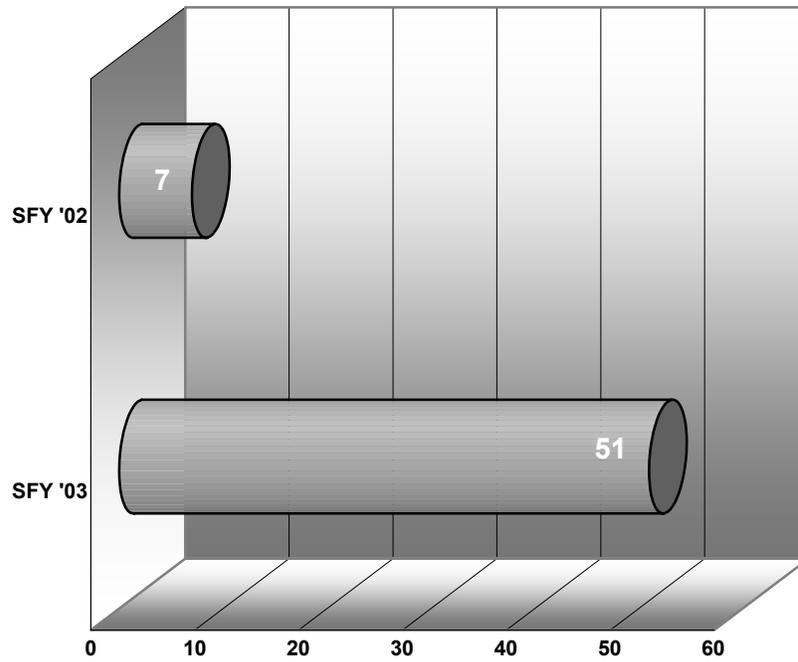
Aged and Disabled Home and Community-Based Medicaid Waiver Persons Served



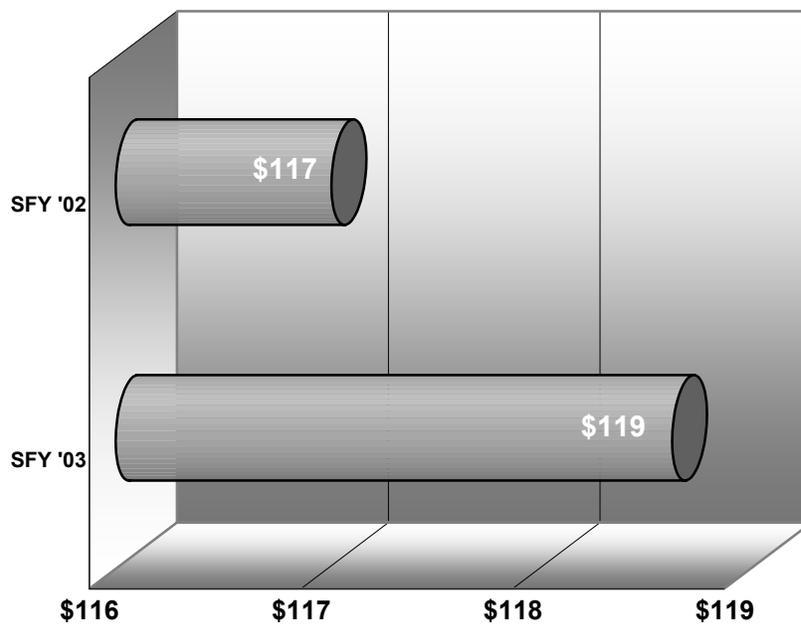
Aged and Disabled Home and Community-Based Medicaid Waiver Average Monthly Expenditures



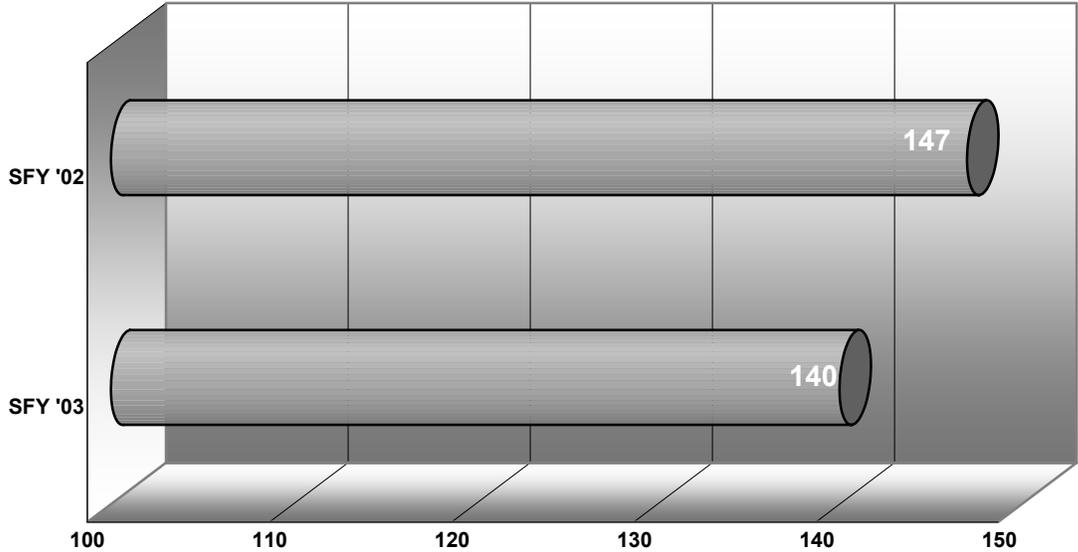
Assisted Living Home and Community-Based Medicaid Waiver Persons Served



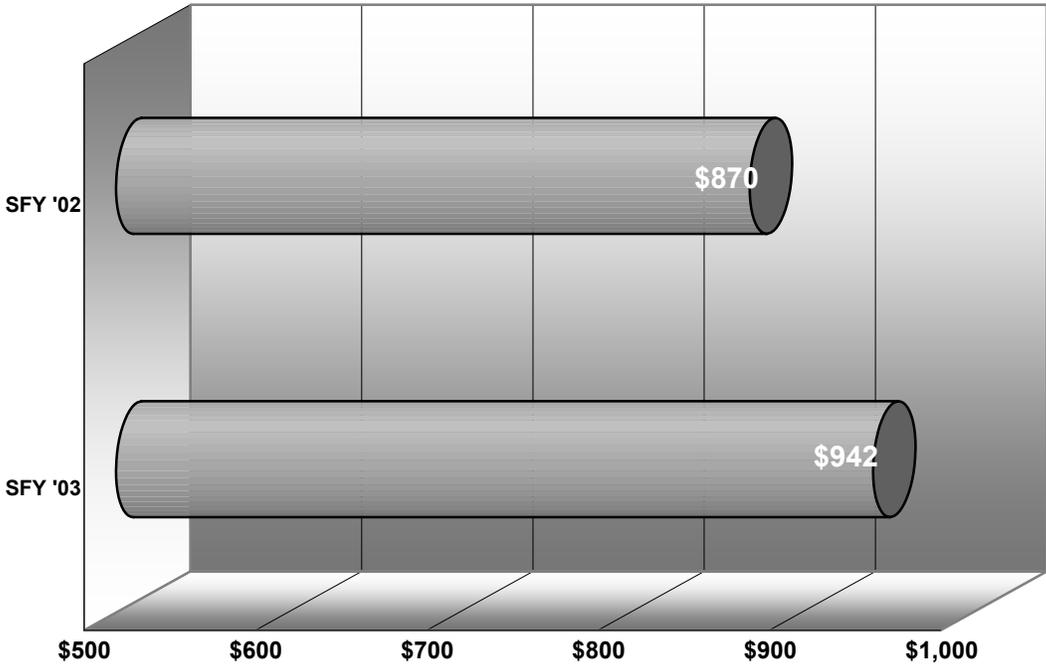
Assisted Living Home and Community-Based Medicaid Waiver Average Monthly Expenditures



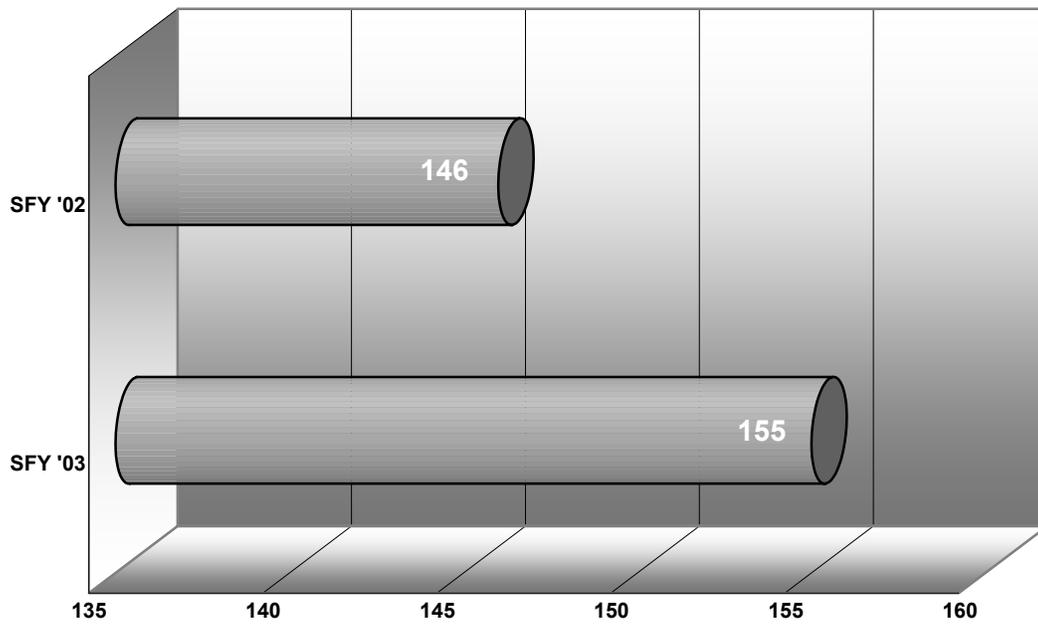
Medically Fragile Children Home and Community-Based Medicaid Waiver Persons Served



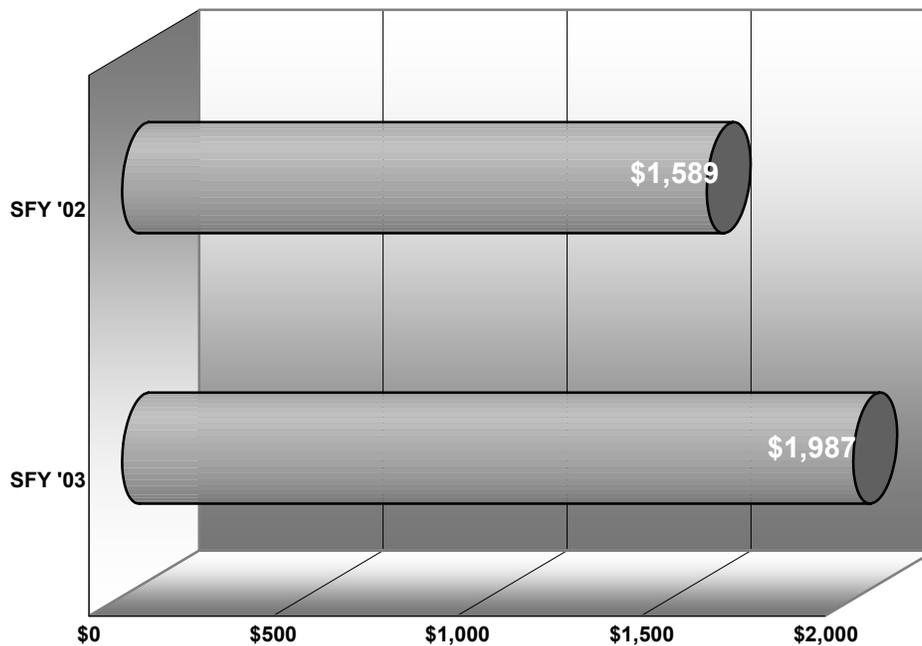
Medically Fragile Children Home and Community-Based Medicaid Waiver Average Monthly Expenditures



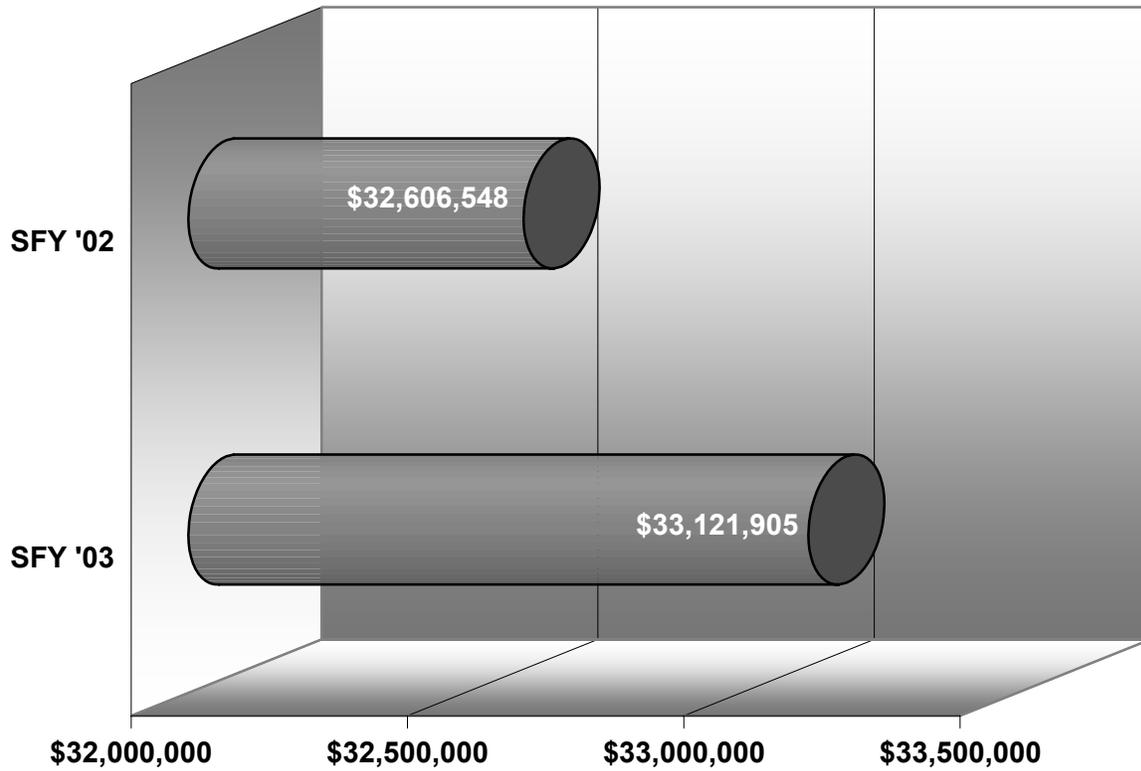
Traumatic Brain Injury Home and Community-Based Medicaid Waiver Persons Served



Traumatic Brain Injury Home and Community-Based Medicaid Waiver Average Monthly Expenditure

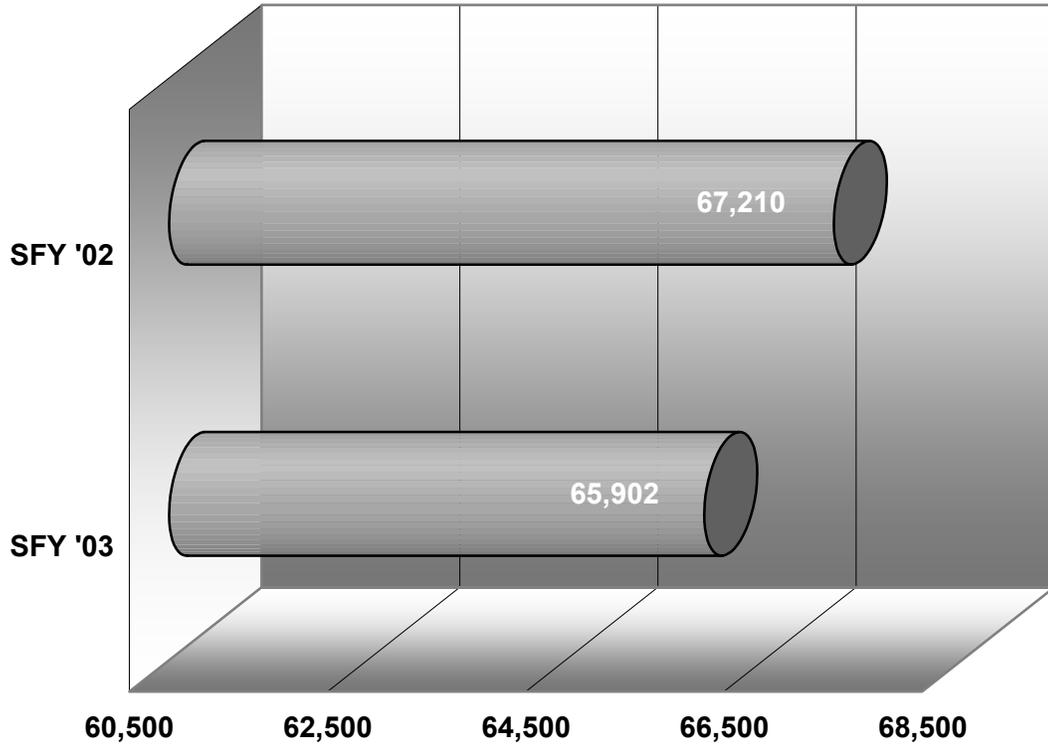


Combined Home and Community-Based Waivers Trend of Annual Expenditures*



* Data from SFY 2001 and SFY 2002 include Developmental Disability Waivers

IN-Home Services Combined Total Persons Served*



Total Expenditures*



* Includes CHOICE, SSBG, Title III, & Medicaid Waivers

Adult Guardianship Services

History

State law established the Adult Guardianship Services Program (AGS) in 1988. In the fall of 1990, Guardianship services were provided to residents of Madison State Hospital and Ft. Wayne State Developmental Center. In 1994, services were expanded to eligible residents of the State Developmental Centers at New Castle and Muscatatuck, and to former residents of Central State Hospital who moved to community settings.

Purpose

The AGS program was established to provide full guardianships, limited guardianships, and less restrictive alternative services to indigent, incapacitated adults who are unable to care for themselves and/or manage their own affairs without assistance, or who have a developmental disability as defined by IC 12-10-7. Related to this program is the Money Management Program (MMP), which provides for a representative payee to handle an individual's federal benefits and to provide assistance with budgeting and financial matters.

Outcome

The desired outcome is to provide residents and former residents of State Developmental Centers or state-operated facilities with ICF/MR units, and former residents of Central State Hospital, and others who are eligible with guardianships or less restrictive alternative

services.

Accomplishments

The AGS Program served 250 individuals in SFY 2003. The clients of the program have a physical disability, a mental impairment, or both.

Funding

The program expended \$335,920 total funds in SFY 2003. This amount has not changed since SFY 2001.

Eligibility

To be eligible for services through the AGS Program, an individual must be at least 18 years of age, a current resident in a state-operated facility, or a former resident of such institutions who has moved into a community setting, and is indigent. The individual must be incapacitated, have no appropriate person to serve as guardian, and have a demonstrated inability to obtain privately provided guardianship services.



Adult Protective Services

History

The Adult Protective Services (APS) Program was established in 1985. Adult Protective Services Units were established throughout Indiana to investigate reports of abuse, neglect, or exploitation, and to assist in obtaining protective services for endangered adults. The Indiana Prosecuting Attorneys Council was asked to assume functional control of the program and establish geographical boundaries. Full-time investigators operate out of 18 central offices throughout the state. Historically, reported cases of suspected adult endangerment have increased approximately 10% each year, until SFY '00 when the increase reached 41%.

Purpose

The purpose of this program (IC 12-10-3) is to provide protection to adults who are



endangered by abuse, neglect, or exploitation. The law defines “endangered adults” as individuals at least 18 years of age, incapable of caring for themselves, and being abused, neglected or exploited.

Outcome

The desired outcome is to investigate and resolve reports of suspected adult endangerment. When the report is confirmed, APS strives to provide the least restrictive form of intervention necessary to relieve the endangerment.

Accomplishments

In SFY 2003, a total of 13,874 reports of abuse, neglect, or exploitation were investigated by APS. This is an increase of approximately 10% from the previous year. Intervention ranged from referral to a social service agency to court ordered protection of endangered citizens. A 24-hour hotline is maintained to serve as a clearinghouse for reports. A series of on-going in-service trainings was provided to the investigators.

Funding

The program expended \$1,967,114 in total funds in SFY 2003, which is a decrease of \$206,868 from the previous year.

Eligibility

The eligibility criteria are for the individual to be a resident of the state of Indiana, 18 years of age or older, either physically or mentally incapacitated and reported as abused, neglected or exploited.

Governor's Task Force on Alzheimer's Disease and Related Senile Dementia

History

The Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia was created in 1987 under IC 12-10-5.

Purpose

As outlined in IC 12-10-5, the Task Force is to assist the Division of Disability, Aging, and Rehabilitative Services by identifying areas of concern to be addressed, recommending services to meet the needs, recommending the development of training materials, and compiling available research. In carrying out this role, the Task Force reviews annual grant proposals and makes recommendations to the Division of Disability, Aging, and Rehabilitative Services for funding.

Outcome

One grant was awarded during SFY 2003 to meet the needs of individuals with Alzheimer's Disease or Related Senile Dementia and their families. Specific results of this grant are summarized in Appendix A.

Accomplishments

Grantee summaries in Appendix B provide specific information about the accomplishments of the grant awarded through these funds.

Funding

Program expenditures for SFY 2003 were \$170,000. This is the amount of the grant that was awarded for a two year period, which is explained in Appendix B. Funding amounts for the previous year totaled \$85,006.

Clients Served

The Task Force recommends the funding of programs to benefit individuals facing Alzheimer's Disease and Related Senile Dementia and their caregivers throughout Indiana.



Social Services Block Grant

History

The Social Services Block Grant (SSBG) was established in 1982 as a revision to Title XX of the Social Security Act. The grant allows states the flexibility to define their social services programs, ranging from services for children to services for older persons. The Division of Disability, Aging, and Rehabilitative Services (DDARS) has been allocated funds from the grant to administer services to older persons and to persons with disabilities. SSBG has been part of the Statewide IN-Home Services Program since July 1, 1992.

Purpose

The purpose of the program is to provide in-home services in order to help individuals continue to live in their own homes and communities under U.S.C. 1397 and IC 12-13-10-1. Services may include attendant care, transportation, adult day services, home delivered meals, homemaker, respite care, home health services and supplies, or other services consistent with the needs of the client

population to maintain self sufficiency.

Outcome

The desired outcome is to enable persons who are older adults and/or persons age 18 years or older who have disabilities to continue to live independently in their own homes and communities.

Accomplishments

The number of persons receiving in-home services through SSBG for SFY 2003 was 13,240. This is an increase of 347 persons.

Funding

Program expenditures for SFY 2003 were \$6,390,563. These expenditures are 100% federal funds. This is a decrease of \$329,994 from the previous year.

Clients Served

Individuals 18 years of age or older with an income below 150% of poverty and in need of services are eligible for SSBG services.



Long Term Care Ombudsman Program

History

The Long Term Care Ombudsman Program is authorized under Title VII of the Older Americans Act of 1965 as amended. The program provides protection and advocacy for the rights of residents of nursing facilities.

Purpose

The purpose of the Long Term Care Ombudsman Program is to provide advocacy services to residents of licensed long term care facilities. Services include: (1) investigation and resolution of complaints made by or on behalf of residents; (2) education /training of facility staff, residents, family members, community groups, and others; (3) information and referral services; and (4) system advocacy to improve quality of life and care for all residents.

Outcome

The desired outcomes are: (1) complaints and concerns are promptly investigated and resolved to

the satisfaction of the resident; (2) consumers are informed and empowered to resolve problems on their own; and (3) interested persons, agencies, legislators, and the general public receive information on the rights and the issues that affect residents; (4) and system problems that affect residents are resolved.

Accomplishments

In SFY 2003, the Long Term Care Ombudsman Program investigated 724 complaints compared to 1,073 the in SFY 2002. The program provided 3,228 consultations to individuals, and 4,468 consultations to facility staff members. The LTC Ombudsman Program provided 72 sessions of community education and 143 facility in-service trainings. Though there were fewer complaints there was a significant increase in the number of consultations and training conducted.

Funding

Program expenditures for SFY 2003 were \$634,702, of which \$474,946 were federal funds and \$159,756 were nonfederal funds. This is an increase of approximately \$175,000 from the previous year.

Clients Served

Residents of long term care facilities in Indiana are served by this program.



Money Management Program

History

The Indiana Money Management Program (MMP) was established in 1993. The first year there were five local sponsors of the program. One sponsored only the Representative Payee portion of the program. There are now 14 sponsors, with thirteen providing both Representative Payee and Bill Payer portions of the program.

Purpose

As outlined in IC 12-10-14, the MMP is to provide assistance with financial management to individuals with limited incomes who can not manage their own fiscal affairs without assistance.

Outcome

The desired outcome of the MMP is to lessen the incidence of exploitation and mismanagement of an individual's benefits, with the objective of improving the quality of life for individuals who need the service and to lessen their need for other social and community services.

Accomplishments

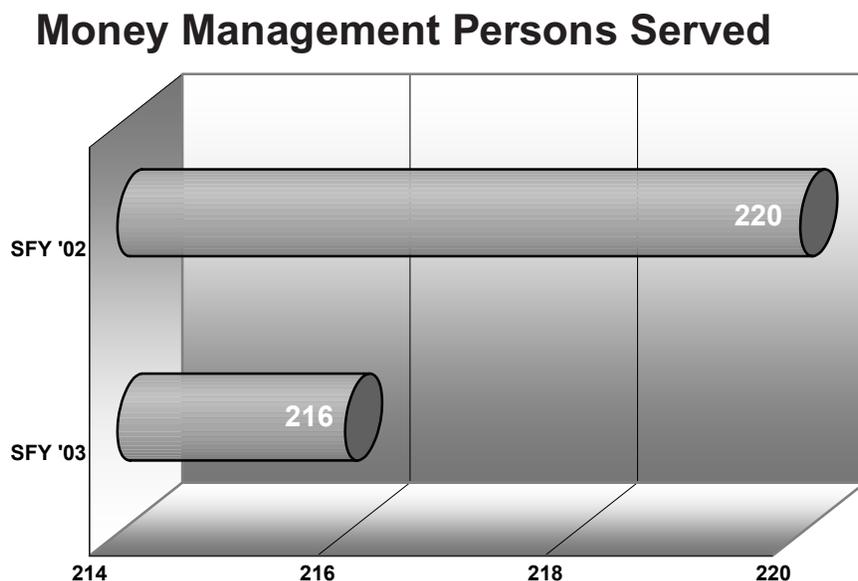
The program's Representative Payees paid out nearly \$400,000 of their client's funds toward those client's basic needs in SFY 2003. These funds return to the local communities in the form of payments for such items as rent/motrgage, groceries, and utilities. The program served 216 individuals in SFY 2003.

Funding

Volunteers at the local level staff this program. There is no federal or state funding for this program.

Persons Served

The Representative Payee portion of the program served individuals who receive federal benefit funds and have been determined by the appropriate federal office to need a representative to pay expenses associated with their basic needs. The Bill Payer portion of the program serves individuals who request or agree to accept assistance with organizing and paying bills and budgeting.



Indiana Pre-Admission Screening

History

The Pre-Admission Screening Program (PAS) was enacted by the Indiana General Assembly on April 30, 1983. The PAS program monitors nursing facility admissions to assure that all placements are appropriate.

Purpose

The primary purpose of PAS as outlined in IC 12-10-12 is to assure that alternatives such as in-home and community services are explored. Individuals are helped to remain in their homes by finding and making available the services required to avoid or delay facility placement.

Outcome

Each person considering placement in a nursing facility must be notified of PAS requirements and the Medicaid penalty for non-participation.

Accomplishments

The PAS program has increased availability of in-home and community services, providing individuals with the information and services necessary to be able to remain in their homes. PAS conducted 34,581 screenings in SFY 2003. In addition, 313 persons were diverted from institutional care due to increased home and community-based services.

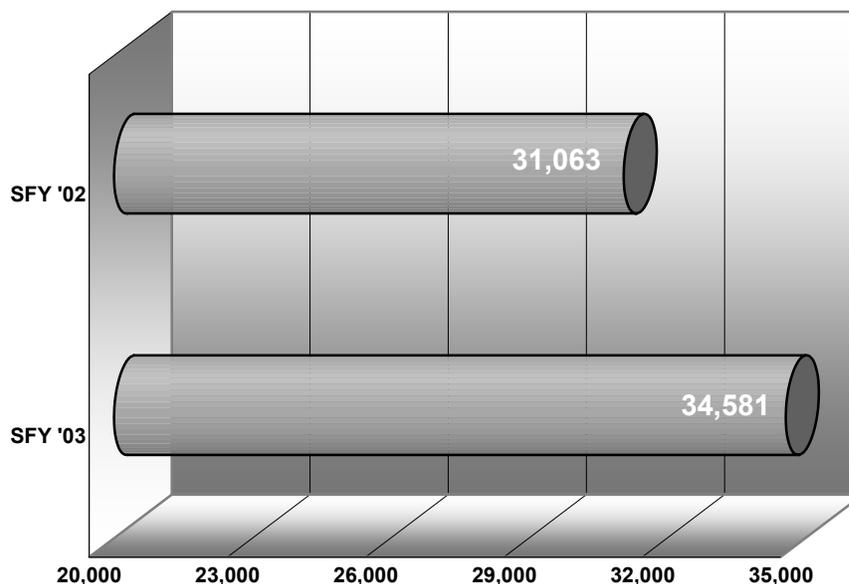
Funding

The Area Agencies on Aging (AAA) are reimbursed for PAS through the Office of Medicaid Policy and Planning (OMPP). Total cost for SFY 2003 was \$2,726,227. This is a decrease of \$113,236 from the previous year.

Clients Served

Individuals applying for admission to a long-term care facility.

Persons Served Per Year



Omnibus Reconciliation Act Pre-Admission Screening Resident Review (PASRR)

History

The Pre-Admission Screening Resident Review (PASRR) program was enacted into federal law in 1987. In 1989, the PASRR program was implemented in Indiana.

Purpose

The purpose of the PASRR program is to assure under 42 U.S.C. 1396r, 42 C.F.R. 483.100 subpart C and IC 12-10-12 that applicants to or residents of Medicaid certified nursing facilities, who have a major mental illness or a developmental disability/medical condition, have their needs properly met.

Outcome

The desired outcome is that individuals are

appropriately placed in nursing facilities and that the placement continues to be appropriate as the individual's needs change.

Accomplishments

The PASRR program served a total of 5,646 persons in SFY 2003.

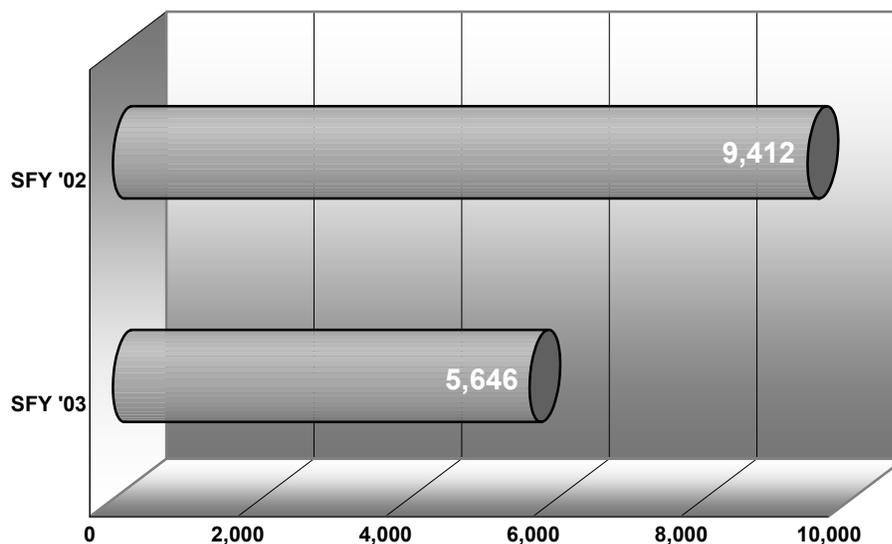
Funding

PASRR expenditures for SFY 2003 was \$2,804,360, based on program claims. This is \$516,444 less than the previous year.

Clients Served

Residents of nursing facilities who have a mental illness or developmental disability.

Persons Served Per Year



Federal changes in the Level II requirements resulted in a significant decrease in person served in SFY'03

Nutrition Services Incentive Program

History

The Nutrition Services Incentive Program (NSIP) is not a new program; it was authorized by Section 311 of the OAA of 2000, as amended, and has been authorized in one form or another under the OAA since 1978. Until FY03, the program was administered by the USDA, which provided cash and/or commodities to supplement meals provided on the authority of the OAA.

Purpose

The NSIP is intended to provide incentives to states and tribes for the effective delivery of nutritious meals to older adults. The NSIP supplements funding for food used in meals served under the OAA. Indiana uses this NSIP funding to fund a portion of the cost of each meal served.

The Indiana Senior Nutrition Program provides for both congregate and home-delivered meals. The meals served under this program must provide at least one-third of the daily recommended dietary allowances established by the Food and Nutrition Board of the National Academy of Sciences-National Research Council.

Besides meals, the Indiana Senior Nutrition Program (administered through the state's 16 Area Agencies on Aging) also provides a range of related services, including nutrition screening, assessments, education, and counseling. These services help older participants to identify their general and special nutrition needs, as they may relate to health concerns such as hypertension and diabetes. The congregate meals program also provides older Hoosiers with positive social contacts with other seniors at the group meal site.

Eligibility

While there is no means test for participation in the Indiana Senior Nutrition Program, services are targeted to older Hoosiers with the greatest economic or social need, with special attention given to low-income minorities. In addition to focusing on low-income and other older Hoosiers at risk of losing their independence, the following individuals may receive services:

- A spouse of any age;
- Disabled persons under age 60 who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
- Disabled persons who reside at home and accompany older Hoosiers to meals; and
- Nutrition service volunteers

Outcome

The desired outcomes of this program are to provide higher daily intakes of key nutrients and to promote positive social contacts.

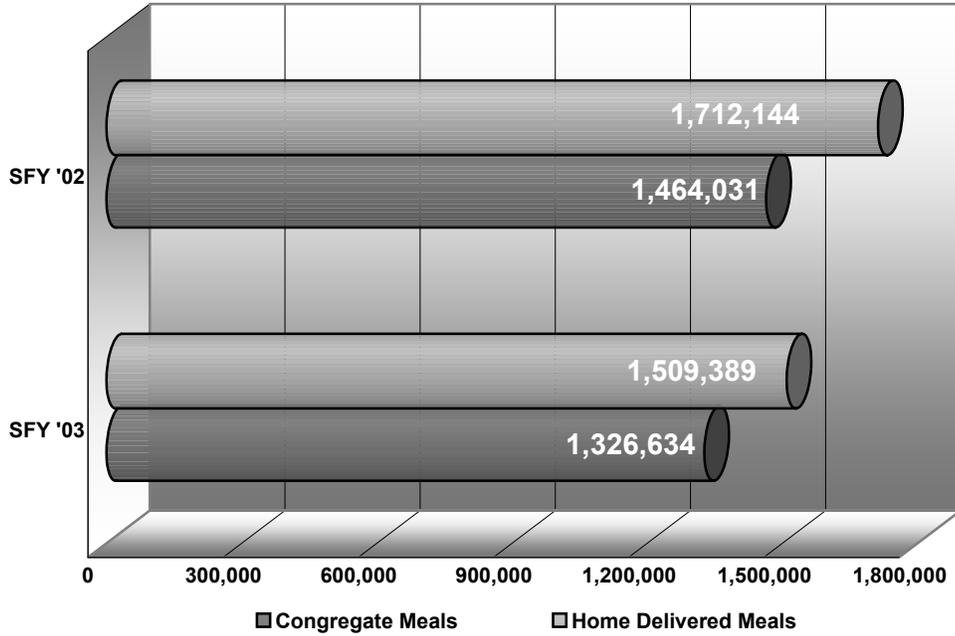
Accomplishments

In SFY 2003, 1,326,634 congregate meals and 1,509,389 home delivered meals were served, for a total of 2,836,023 meals served.

Funding

Program expenditures during SFY 2003 were \$797,943 for congregate meals and \$1,052,572 for home delivered meals. The total Indiana NSIP nutrition expenditure in SFY 2003 was \$1,850,515, which is an increase of \$332,328 from the previous year.

Nutrition Program Meals Served



Meals provided by CHOICE, SSBG, and Title III are reflected in chart on page 6.



Residential Care Assistance Program

History

The enactment of P.L. 122-1975 implemented the fully state-funded Assistance to Residents in County Homes (ARCH) Program. The Room and Board Assistance (RBA) Program followed in July 1976. These laws enacted a state-funded system to subsidize the difference between a resident's income and the state approved daily rate for a County Home or a licensed and approved residential care facility. In 1992, the two programs were transferred to the authority of the Division of Disability, Aging, and Rehabilitative Services. In 2000, the ARCH and RBA programs were merged into the Residential Care Assistance Program (RCAP).

Purpose

As outlined in IC 12-10-6, RCAP is to provide financial assistance to eligible persons living in an approved residential care facility or a county home who do not have sufficient monthly income to pay the daily charge in the facility or home. The program also provides personal needs assistance payments to residents whose income is insufficient to cover their monthly personal needs expenses. RCAP assists eligible residents with health care coverage through Medicaid funding.

In order for a facility to participate in the RCAP it must be a county home, a facility that is licensed by the Indiana State Department of Health (ISDH) pursuant to IC 16-10-4 as

a residential care facility, or an accredited Christian Science facility. The facility must also be approved by the Division of Disability, Aging, and Rehabilitative Services (DDARS).

Accomplishments

The number of residents on RCAP at the end of SFY 2003 was 1,411. In SFY 2003, 1,032 persons were served in RBA facilities and 369 persons through ARCH.

Funding

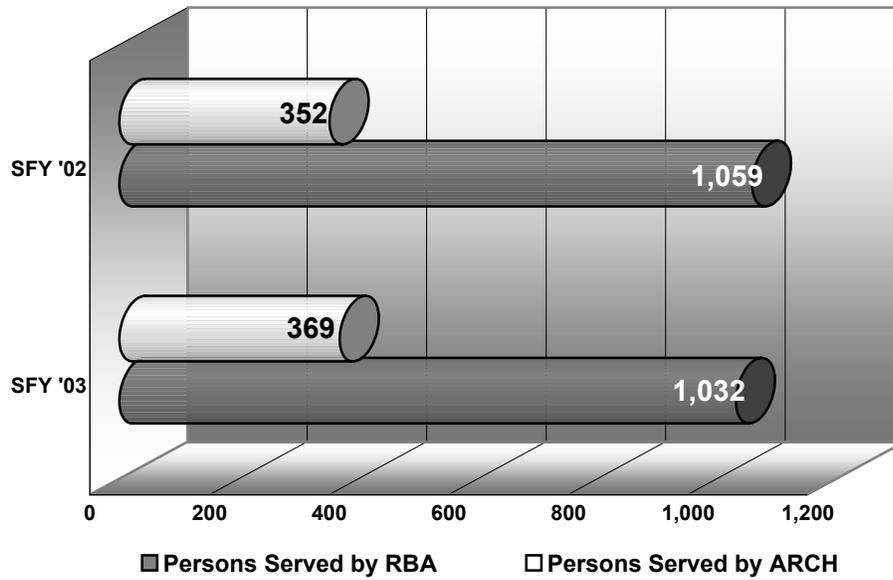
RCAP expenditures totaled \$14,224,294 in SFY 2003. Of this total, \$7,503,738 were expended in RBAs and \$1,720,557 through ARCH. These expenditures are 100% state funds. Total expenditures increased by \$4,655,833 from the previous year

Clients Served

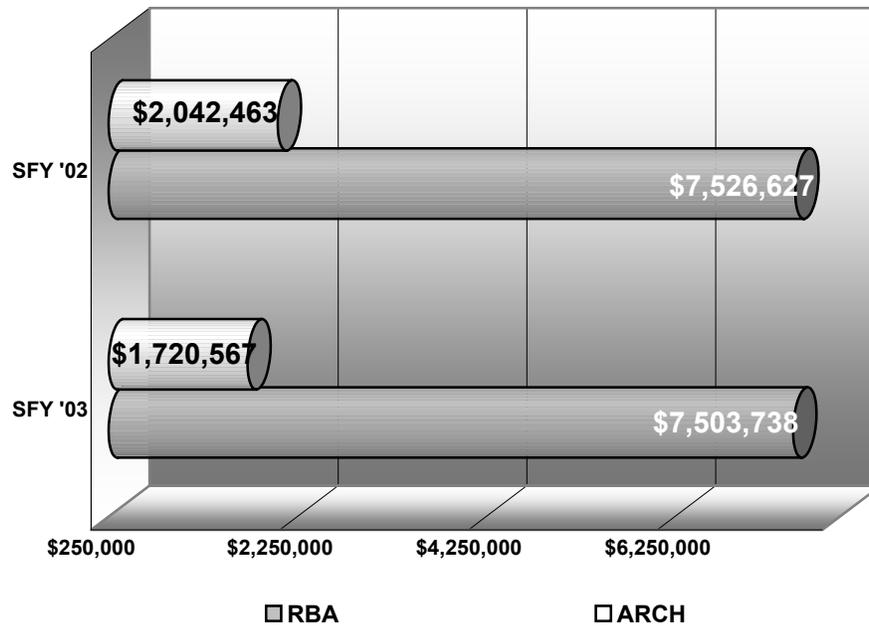
The RCAP assists people who cannot live in their own homes because of age or disability but who do not need the level of care provided in a licensed nursing facility. Eligibility is determined by a caseworker in the county Office of Family and Children.



Residential Care Assistance Program Persons Served Per Year



Residential Care Assistance Program Trend of Annual Expenditures



Title III/VII of the Older Americans Act

History

The Older Americans Act of 1965 as amended provides Indiana with federal funds to coordinate and provide services to persons age 60 and above. The Act has been a major source of support for services to older persons. Major parts of the Act became part of the Statewide IN-Home Services Program on July 1, 1992.

Purpose

The purpose of the program under 42 U.S.C. 3021-3030r, 42 U.S.C. 3058 and IC 12-9-5-1 is to provide needed services to persons age 60 and above. Funds have been a major source of support for congregate and home delivered meals, transportation, information and referral, outreach, legal protection, and advocacy.

Outcome

The desired outcome is that older adults have access to needed services enabling them to continue living independently in their own homes and communities.

Accomplishments

The Older Americans Act provided services to a total of 122,366 individuals in SFY 2003, of which 36,636 received in-home services. Use of local funding represents a significant

portion of total expenditures.

Funding

Total expenditures for SFY 2003 were \$20,812,929. This includes \$670,541 for community-based services and \$1,268,548 for in-home services. This is an increase of \$2,899,852 from the previous year.

Clients Served

To be eligible for services through this program each participant must be age 60 or above and in need of services.



Title V Senior Employment

History

The Older Americans Act of 1965 as amended, authorized the Title V Community Service Employment Program. This program is commonly referred to as the Title V Senior Employment Program.

Purpose

The purpose of the Title V Senior Employment Program is to provide meaningful part-time work opportunities in community service for low-income persons who are age 55 years of age or older and who have poor employment prospects under U.S.C. 1397.

Outcome

The desired outcome of this program is to provide meaningful employment and training for individuals who meet the qualifications set forth in U.S.C. 1397. Initially wages are subsidized by the US Department of Labor.

Accomplishments

The Title V Senior Employment Program served 553 individuals during SFY 2003. The majority of individuals served were women between the ages of 60 and 74. The U.S. Department of Labor has established a goal of placing 20% of the Title V clients with unsubsidized employment. Indiana exceeded this goal by placing 21.2% of the clients in unsubsidized employment. Written agreements

between Area Agencies on Aging and local Workforce Development offices have been established to assure maximum coordination at the local and state levels.

Funding

This program is funded primarily through the U.S. Department of Labor as authorized by the Older Americans Act, as amended. Federal funds equaling \$2,319,020 were expended in SFY 2003 and matched with \$257,669 in state and local funding. In addition, administrative expenses were \$64,833, of which 90% were federal dollars. This is \$236,216 less than the previous year.

Persons Served

This program serves persons age 55 years and above who have income below 125% of the federal poverty guidelines.



Program Support: Collaborative Efforts, Quality Assurance, Training, Technical Assistance, & Funding

In-Service Training

The Division of Disability, Aging, and Rehabilitative Services (DDARS) is committed to the provision of quality services to Indiana's elderly and persons with disabilities. To maintain the level of service quality, the Family and Social Services Administration (FSSA) and the Indiana Association of Area Agencies on Aging (IAAAA) have provided comprehensive in-service training sessions in the area of in-home and community-based programs. In SFY 2003, training was conducted in the following areas:

- Case Management
- CHOICE
- Pre-Admission Screening/Resident Reviews
- Medicaid Waivers
- Nutrition
- RCAP

Program Support

DDARS has applied for several competitive grant opportunities from a variety of federal and private sources. DDARS has been successful in obtaining the following grants:

- Performance Outcome Measures Project
- Preventing Medicare Fraud, Waste, and Abuse
- Alzheimer's Disease Demonstration Project
- Relatives as Parents Program

These grant funds will allow Indiana to expand and support activities designed to enhance

the lives of older adults and persons with disabilities. The outcome of these projects will also continue Indiana's efforts of innovation and collaboration. Plans are to incorporate the design of these exciting projects into the ongoing work of DDARS when the grant period has ended.

INsite

DDARS has redesigned its automation capability. Working with the Area Agencies on Aging (AAA) and Roeing Corporation of Lafayette, Indiana, DDARS established a new standard for data collection and reporting using automation. The INsite program is a Windows based system using Visual FoxPro.

The continued development of such systems is critically important as management moves toward performance-based outcomes to assure that consumers receive quality services.

DDARS has established an effective means for the electronic transmission of information and processing of Medicaid Waivers. This is designed to streamline and reduce the paperwork intensive nature of processing Medicaid Waiver decisions. The inclusion of data and information supplied by independent case managers is incorporated into INsite

Quality Assurance

DDARS quality assurance initiatives continued to grow in 2002. The Quality Improvement Program (QIP) has expanded to all sixteen AAAs and data collection is currently under way. Each AAA is contractually required to survey 10% - 15% of IN-Home Services Program recipients to provide a basis for quality improvement activities in the areas of service quality and consumer satisfaction. Consumer-based information is then aggregated, preserving confidentiality, and feedback is given to providers.

Consumer Directed Attendant Care Program

The 112th Indiana General Assembly (2001) enacted Senate Enrolled Act 215. This Act addresses individuals in need of self-directed in-home care. This allows individuals receiving services through Indiana's CHOICE and Medicaid Waiver programs to recruit, hire, pay, dismiss, and supervise a personal services attendant. This provision allows for "ancillary services", such as shopping, laundry, and transportation. It also allows a personal attendant to provide "basic services" including health related services, bathing, dressing, and feeding.

Community Outreach Activities

A number of Community Outreach Activities are sponsored each year by DDARS. In SFY 2003 these activities included:

- Older Americans Month Proclamation** - This annual event in May pays tribute to contributions of older persons in the community. The ceremony was highlighted by a proclamation by the late

Governor Frank O'Bannon.

- Indiana State Fair** - This twelve-day event in August served as a showcase for talents of persons of all ages, provided information on services and programs for older adults and persons of all ages with disabilities, and promoted health awareness. The highlights of the event included the recognition of the Martin H. Miller Award for Senior Volunteers of the Year, educational programs, and entertainment provided by the Area Agencies on Aging, a Gospel Sing, and a visit by the Jeopardy Brain Bus.

- Indiana Governor's Conference on Aging and In-Home Services** - The conference was attended by older persons, individuals of all ages, advocates, service providers, and professionals in October. The conference provided information on wellness, life course events, transportation & housing programs, and caregiver issues. The "Older Hoosier of the Year" awards were presented to recipients at the Awards Luncheon.

Closing Comments

Under the direction of the late Governor Frank O'Bannon, Indiana's commitment to in-home services and community-based programs has grown significantly over the past year. Thousands of Hoosiers, both those who are aging and those with disabilities, have been provided services through initiatives to increase the opportunities for people to stay in their homes and communities. The Family and Social Services Administration (FSSA) is proud of the innovations and has increased its focus on ensuring the changes continue as Indiana seeks a truly balanced delivery system.

Appendix A

Bureau of Aging and In-Home Services Advisory Bodies

Indiana Commission on Aging

Dale Helmerich, Chairperson	James M. Goen Rev. A. Glen O'Dell	B.L. Martz, M.D. – Emeritus 5/03
Roscoe Harkins Geneva Sams	Harry E. Thompson – Emeritus 11/02	Mary Lena Roberson Anita McCollester
Don Hallett John R. (Bob) Johnson	Edward Gottschling Mary Jane Phillippe	Martha L. Bannon Roxsandra Clemons- McFarthing
Donna K. Laflin		

Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Board

Stephen Rappaport, M.D., Chairperson	Dale Helmerich JoAnn Burke, Ph.D., LCSW	David Rogers Sharon Bybee Laura Harting, R.N.
Beth A. Eiler (designee for Division of Family and Children)	Joan McLaughlin Blanche C. Ferguson	

Indiana Money Management Program State Advisory Council

Judy Davis, Chairperson Irene Wegner Humbert Lopes Betty Bahr Dale Helmerich	Donna Gadd (designee for Bureau of Aging and In-Home Services) Beth Evans Catherine K. Lake	Edward W. Stachowicz Joan Shelter Bette Lindley Jacqueline Wright Jim Lizon
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Indiana Governor's Task Force on Alzheimer's Disease and Related Senile Dementia

LouAnn Lawson, R.N., Chairperson LaDonna Jensen, R.N. Karen M. Robinson, DNS, R.N., CS, FAAN Martin Rhys Farlow, M.D. Andrew Klatt (designee for Division of Mental Health & Addictions)	Kathleen S. Hall, Ph.D. Frank Forster, Psy.D. Clifford H. Swensen, Ph.D. Mark Laker (designee for Bureau of Aging and In- Home Services) Janet Chorpenning Mary Marr Owens – Emeritus 10/03	Gayle J. Cox, Ph.D. – Emeritus 1/03 Allison Brashear, M.D. – Emeritus 2/03 EX Officio Senator Allie V. Craycraft Senator Marvin Riegsecker Rep. Mary Kay Budak Rep. Terry Goodin
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Appendix B

INDIANA GOVERNOR'S TASK FORCE ON ALZHEIMER'S DISEASE & RELATED SENILE DEMENTIA GRANTEE SUMMARY

One project was selected to be funded for State Fiscal Years 2002-2004 totaling \$170,000 for the two year period. The grant is summarized below:

PROJECT CATEGORY - STATEWIDE EDUCATION AND OUTREACH

GRANTEE: EDUCATION AND INFORMATION TRANSFER CORE, INDIANA ALZHEIMER CENTER

FUNDING AMOUNT: \$170,000 for two years

PROJECT SUMMARY: The purpose of the Indiana Caregiver's Awareness, Recognition, and Education about Alzheimer's Disease Project (I-CARE About AD Project) is to provide systematic training, education and outreach on Alzheimer's Disease throughout the state of Indiana.

The I-CARE About AD Project has three main goals:

1. Provide education and training on AD and related dementias including recognizing systems and understanding the latest treatment options, through the use of traditional education formats and new technologies, in a systematic and statewide way with an emphasis on rural and minority populations.
2. Promote the I-CARE About AD Project as well as existing programs and services statewide.
3. Create an information infrastructure on AD for the state.

The following achievements have been reported to date:

1. The first video and teleconferences were held, and audio tapes of the teleconferences will be sent to caregivers.
2. The project website is now available to the public at <http://www.iupui.edu/~icaread>. Four new links to service providers were added to the website.
3. Project staff have successfully develop collaborations with community groups such as the Parish Nurse Board, and contacted such organizations as the Indiana Adult Day Services Association, and the Indiana Association of Area Agencies on Aging.
4. Public TV and radio slots have featured project staff, including an interview aired on "Town Medicine" in collaboration with WFYI and Indiana University.
5. Project staff surveyed libraries in Indiana and distributed four publications and one videotape free of charge to all Indiana libraries.



**State of Indiana
Family and Social Services Administration**

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