

Part VII
Appendices

Issues Relating to the Organizational Structure of the Office of the Secretary of Family and Social Services

August 2004

FSSA Evaluation Committee

Indiana Legislative Services Agency

APPENDIX I

Evaluation of the Enabling Statute

Changes from P.L. 9 of 1991

Current Statute

Recodification and other amendments of the statute concerning the structure of FSSA and its responsibilities have had very little impact on the overall structure.

Note: P.L. 2 of 1992 recodified the Indiana Code title concerning human services. Where P.L. 2 of 1992 is mentioned in the 'Change from P.L. 9 of 1991' column, the section was not effected by P.L. 9 of 1991 and, in most cases, existed prior to P.L. 9 of 1991. If the section was in existence prior to P.L. 9 of 1991, it was directing the activities of one of the three departments which were turned into divisions under P.L. 9 of 1991.

Office of the Secretary of Family and Social Services

See P.L.2 of 1992.

IC 12-8-1: The chapter establishing the Office of the Secretary expires on January 1, 2006.

No change

The Office of the Secretary is established to include the Secretary and each office. The Governor appoints the Secretary of Family and Social Services to coordinate family and social service programs among the divisions.

No change

The Secretary has administrative responsibility for the Office of the Secretary and may organize the Office to perform its duties.

No change

The Secretary coordinates the provision of technical assistance for compilation of divisional budgets and for fiscal, management and administrative, and program performance of the divisions.

No change

The Secretary is accountable for resolving conflicts among divisions and coordinating the activities of the divisions with other entities, including the General Assembly and other state agencies. The Secretary coordinates communications with the federal government and other states. The Secretary develops and monitors the central management information system and a centralized training program for orientation and crosstraining, and oversees policy development and management of the state Medicaid program. The Secretary is a liaison with other governments and private service providers.

No change

The Secretary has the power to employ experts and consultants, and use state-owned facilities without reimbursement. The Secretary can accept funds or voluntary or uncompensated services in the name of the state. The Secretary may expend funds. The Secretary has the power to establish and implement policy and advise the Governor concerning rules adopted by a division. The Secretary may create advisory bodies and perform other acts necessary to implement the Act. The Secretary may adopt rules relating to the exercise of powers and duties granted the

Now rules adopted by the Secretary must be approved by

the Family and Social Services Committee.

Secretary.

Previously had to conform to Indiana law.

The Secretary cooperates with the federal Social Security Administration and with other federal agencies to qualify for federal aid for assistance to persons who are entitled to assistance. The Secretary reports to and complies with requirements of the federal Social Security Administration Board or other federal agency. The Secretary acts as the agent to the federal government for welfare matters of mutual concern, and for administration of federal money granted to Indiana to aid the welfare functions of the state.

Added by P.L.138 of 1993.

The Office of the Secretary is designated the sole state agency responsible for administering programs concerning the Vocational Rehabilitation of Handicapped Persons.

Added by P.L.7 of 2000.

The Office of the Secretary implements methods to facilitate the payment of Medicaid providers.

The Office of Administration and the Office of Information Technology within the Office of the Secretary do not currently appear in statute. This section was added by P.L.273 of 1999.

The Office of the Secretary improves its system through the use of technology and staff training to simplify, streamline, and destigmatize the eligibility and enrollment processes in all health programs serving children, ensures an efficient provider payment system, improves services to families, and improves data quality for program assessment and evaluation.

No change

Along with the Commissioner of the State Department of Health, the Secretary coordinates family and social services programs with related programs administered by the State Department of Health. The Commissioner and the Secretary together are responsible for formulating overall policy for family, health, and social services in Indiana including development and implementation of a statewide family, health, and social services plan that includes a set of goals and priorities.

Added by P.L.274 of 2003.

IC 12-10-11.5: The Office of the Secretary establishes a comprehensive program of home- and community-based long-term care services. The Secretary and the Director of the State Budget Agency are responsible for ensuring that the costs of long-term care services do not exceed the total amount of funding. The Office of the Secretary reports annually to the Governor, Budget Agency, Budget Committee, Select Joint Commission on Medicaid Oversight, and to the Legislative Services Agency concerning savings that result from providing home- and community-based services rather than institutional care.

Added by P.L.2 of 2000.

IC 12-10-16: The Office of the Secretary administers a program to implement the recommendations of the Prescription Drug Advisory Committee and reports on these recommendations to the Budget Committee.

Added by P.L.104 of 2003.

IC 12-12-9: Physicians and optometrists report on a form prescribed by the Office of the Secretary information for each person diagnosed as being blind or having visual impairment. The Office of the Secretary sends a copy of the report, for persons less than 17 years of age, to the Indiana

School for the Blind, DDARS, and the Division of Special Education in the Department of Education, and, for persons 17 years of age or older, to DDARS and upon request organizations serving the blind and the State Department of Health. The Office of the Secretary prepares and provides educational materials for physicians, optometrists, and university optometry programs.

See P.L.2 of 1992.

IC 12-8-10: The Financial Services Group, established in the Office of the Secretary, prepares contracts with grantee agencies when the state agency has found that the purchase-of-service format cannot be used.

Added by P.L.272 of 1999.

IC 12-8-14: The Secretary administers the Family Support Program to produce a family support policy state plan. The Secretary submits an annual report on the Family Support Program to the Governor and the General Assembly before July 1 of each year.

See P.L.2 of 1992.

IC 12-15-21: The Secretary adopts rules concerning Medicaid reimbursement with the advice of OMPP's medical staff.

See P.L.2 of 1992.

IC 12-15-27: The Secretary adopts rules concerning health providers' access to Medicaid eligibility information.

See P.L.2 of 1992.

IC 12-15-28: The Secretary conducts hearings and appeals concerning Medicaid.

Added by P.L.273 of 1999.

IC 12-17.6-8: The Secretary conducts hearings and appeals concerning the Children's Health Insurance Program.

The Office was added by P.L.273 of 1999.

Office of the Children's Health Insurance Program (OCHIP)

IC 12-17.6-2 to IC 12-17.6-9: OCHIP, established in the Office of the Secretary, designs and administers a system to provide health benefits coverage for children eligible for the program.

OCHIP establishes performance criteria and evaluation measures, monitors program performance, and adopts formulae for premiums. OCHIP contracts with an independent organization to evaluate the program and reports the results to the Children's Health Policy Board and the Select Joint Commission on Medicaid Oversight. OCHIP adopts rules to implement the program.

OCHIP implements outreach strategies and encourages parents of enrolled children to select a primary dental provider for the children.

OCHIP administers the Children's Health Insurance Program Fund to pay expenses of the program and services offered through the program.

Office of Medicaid Policy and Planning

See P.L.2 of 1992.

IC 12-8-6: The chapter expires January 1, 2006.

Medicaid was referred to as the

The administrator of the Office of Medicaid Policy and Planning (OMPP)

state medical assistance program in P.L. 9 of 1991.

is selected by the Secretary.

No change

OMPP is the single state agency for the administration of the state Medicaid program. OMPP develops and coordinates Medicaid policy for the state. However, the Secretary is the ultimate authority for the state Medicaid program.

No change

The Secretary adopts rules to implement the state Medicaid program and to specify any additional necessary procedures for administrative review of the an agency action under the state Medicaid program.

No change

OMPP assures that a diagnostic assessment of every covered recipient is conducted, a responsibility that previously was filled by the State Department of Public Welfare. The Office of Medicaid Policy and Planning contracts with the Division of Aging and Rehabilitative Services (formerly, the Department of Mental Health) or other persons to conduct the diagnostic assessment.

The OMPP and DDARS memorandum of understanding must specify that OMPP, with the assistance of DDARS, applies for waivers to fund home and community-based long term care services as an alternative to institutionalization.

The Office of Medicaid Policy and Planning develops written memoranda of understanding with the Division of Mental Health and Addiction (DMHA), the Division of Disability, Aging, and Rehabilitative Services (DDARS), and the Division of Family and Children (DFC) that provide for administration of programs, accountability and auditing responsibilities, and allow for each of the divisions to advise on rules and standards. The memoranda of understanding also facilitates communication between the divisions and OMPP.

See P.L.2 of 1992.

IC 12-10-12: Office of Medicaid Policy and Planning appoints one of the two members on a nursing facility screening team. OMPP reviews the screening team's findings and makes final determination where the individual is eligible for Medicaid, the members of a screening team disagree, or where placement is denied. OMPP adopts rules for the appeal of determinations made by OMPP.

See P.L.2 of 1992.

IC 12-10-10: OMPP amends the Home- and Community-Based Services Waiver Program under the state Medicaid plan to provide for payment for attendant care services.

See P.L.2 of 1992.

IC 12-15-1: OMPP and DFC formulate written protocol that specify that OMPP is responsible for payment of claims under the state Medicaid plan. OMPP may enter into contracts to implement the state program. OMPP and the Secretary may take actions, give directions, and adopt procedures and rules to carry out the state Medicaid program. OMPP conducts annual evaluation of the effectiveness of providing Medicaid and submits an annual report to the Legislative Council that covers the office's evaluation. OMPP administers the program of assignment, enforcement, and collection of rights for payment for medical care. OMPP and the Department of Education develop policy and adopt rules for a program to reimburse school corporations from the Medicaid program, and OMPP, consulting with the Budget Agency and Department of Education,

establishes procedures to distribute federal reimbursement to school corporations.

Under procedures established by the Department of State Revenue, OMPP files applications to offset the state tax refund of parents who are required to pay for health services, but who have not.

OMPP may contract with community entities for outreach for and enrollment in the managed care program, provision of services, and consumer education and public health education.

See P.L.2 of 1992.

IC 12-15-2 to IC 12-15-7: County offices determine eligibility and certify to OMPP the individuals who have been found eligible for Medicaid.

OMPP adopts rules for Medicaid services to women who have cervical or breast cancer.

OMPP makes the final determination of eligibility for individuals with developmental disabilities to receive services under a Medicaid waiver. OMPP implements outreach strategies that build on community resources.

OMPP may not limit the number of brand name prescription drugs a recipient may receive under the Medicaid program.

OMPP applies a copayment for certain types of Medicaid.

See P.L.2 of 1992.

IC 12-15-8 to IC 12-15-9: OMPP may assert liens and, on behalf of an injured, ill, or diseased person, initiate and prosecute an action or proceeding.

OMPP may enter a lien against real property of a Medicaid recipient and recover on a claim filed against the estate.

See P.L.2 of 1992.

IC 12-15-10 to IC 12-15-11: OMPP encourages parents of children receiving Medicaid to select a primary dental provider.

To participate in the Medicaid program, a provider files a provider agreement with OMPP. OMPP seeks competitive bids for prescribed drugs and services for state-operated institutions, physical therapy, prescribed laboratory and x-ray services, eyeglasses and prosthetic devices, medical equipment and supplies, and transportation services.

Added by P.L.223 of 2001.

IC 12-15-12: OMPP seeks necessary waivers from the Department of Health and Human Services to implement managed care for the Medicaid program.

OMPP implements a pilot program for chronic disease management and, making necessary changes indicated by the pilot program, a statewide chronic disease program. OMPP and the State Department of Health prepare an evaluation of the pilot program for the Select Joint Commission on Medicaid Oversight and annually on the statewide program.

13 - added by P.L.107 of 1996.
14 - added by P.L.2 of 1992.
14.5 - added by P.L.224 of 2003.
15 - added by P.L.2 of 1992.

IC 12-15-13 to IC 12-15-15: OMPP pays, denies, or suspends each clean claim submitted within the statutorily required period. The period is based on the type of provider or is designated by OMPP for certain types of providers.

See P.L.2 of 1992.

IC 12-15-28: For appeals and hearings, OMPP may make necessary investigations and decisions relative to the granting of Medicaid and the amount to be granted to the applicant.

See P.L.2 of 2002.

IC 12-15-30: OMPP prepares requirements for Medicaid program administration and assists the Department of Administration in preparing bid specifications.

Added by P.L.15 of 2002.

IC 12-15-31.1: OMPP conducts a survey of pharmacy providers to assess the appropriate level of dispensing fees, at least every two years.

See P.L.2 of 1992.

IC 12-15-34: OMPP takes action, gives direction, and adopts rules to carry out a program of home health care services. OMPP may contract to purchase services necessary to implementation of home health care services. OMPP assists the Department of Administration in preparing qualifications and specifications for bidders to administer the fiscal provisions of the program. OMPP develops adequate utilization review procedures for home health agencies to conform to federal guidelines.

Added by P.L.93 of 1995.

IC 12-15-37: The State Department of Health, with guidance and input from OMPP, reviews Medicaid recipient populations to determine which populations may benefit from transfer to insurance products. OMPP and State Department of Health enter into an interagency agreement to allow the State Department of Health to carry out its duties.

OMPP, under the guidance of the State Department of Health, may seek waivers to establish demonstration projects based on the findings of the survey.

OMPP and the State Department of Health may collaborate with the American Heart Association to reduce the cost of stroke treatment and improve outcomes for stroke patients.

Added by P.L.24 of 1997.

IC 12-15-40: OMPP establishes a payment rate to a hospice program for hospice services provided to hospice program patients who are eligible for medical assistance.

Added by P.L.287 of 2001.

IC 12-15-41: OMPP develops a sliding scale of premiums for individuals participating in the buy-in program and annually reviews the premium that an individual is required to pay. OMPP establishes criteria to base the annual redetermination of disability for an individual to participate in the program and to determine the effectiveness of the buy-in program. OMPP adopts rules to implement the Medicaid buy-in program.

Added by P.L.20 of 2003.

IC 12-15-43: OMPP may implement the Program of All-Inclusive Care for the Elderly and adopt rules to implement the program.

The operation of the Long-Term Care Program by the Department of Insurance and OMPP is new.

IC 12-15-39.6 OMPP and the Department of Insurance administer the Long-Term Care Program to provide incentives for individuals to insure against the costs of providing for their long-term care needs and provide a mechanism for individuals to qualify for coverage of the costs of the long-term care needs under Medicaid without first exhausting all their resources. The Department of Insurance contracts with Area Agencies on Aging or other nonprofit organizations to provide counseling services under the program.

No change

OMPP makes an asset disregard for any individual who purchases a qualified long-term care policy in eligibility for Medicaid. OMPP may enter in to reciprocal agreements with other states for asset disregard for Indiana residents who had purchased a qualified long-term care policy in other states.

The Division adopts rules.

The Secretary may adopt rules to implement the Long-Term Care Program.

Divisions and Directors

See P.L.2 of 1992.

IC 12-8-8: The chapter expires on January 1, 2006.

Provisions prohibiting division directors from contracting with nonagency or community mental health entity without the approval of the Secretary are removed.

The Secretary, with the approval of the Governor, appoints each director. The director is the chief administrator of a division and adopts rules related to the operation of the division and implementation of programs within the division.

No change

The director is the ultimate authority for administrative orders and procedures concerning the operations of the division and the division's programs. However, the director consults with the Secretary on issues of family, social services, or health policy.

No change

The director is responsible for divisional budget development and presentation.

Division of Disability, Aging, and Rehabilitative Services

Disability was added to the name.

IC 12-9-5: The Division of Disability, Aging, and Rehabilitative Services (DDARS) administers money appropriated by the state and from certain federal sources. DDARS administers programs including aging services, services for individuals with disabilities, rehabilitation services, and quality improvement services. To the extent that the division has responsibilities for programs, DDARS administers state institutions, voluntary and involuntary treatment of mentally ill individuals, local program financing, and county homes and other county facilities. DDARS is responsible for supported employment for persons with developmental disabilities, the epilepsy service centers program, the epilepsy clinic program, and Medicaid waivers for in-home services.

Medicaid waivers for in-home services is new.

See P.L.2 of 1992.

IC 12-10-3: DDARS contracts with county prosecuting attorneys or other county governmental entities to provide adult protective services. DDARS maintains records concerning endangered adults and reports neglect, battery, or exploitation to the appropriate county authority. Also, DDARS reports before February 2 of each year to the General Assembly concerning endangered adults.

See P.L.2 of 1992.

IC 12-10-4: DDARS develops or identifies and utilizes training programs for the care of individuals with Alzheimer's disease or a related senile dementia, and establishes pilot programs to provide respite care and other support services. DDARS consults with a support organization to develop and evaluate training and respite programs and other long-term care initiatives. DDARS may award grants to be used for Alzheimer's disease or related senile dementia activities.

Added by P.L.106 of 1997.

IC 12-10-5.5: In conjunction with the Long-term care Ombudsman's Office, DDARS provides a disclosure form for health facilities that provide or offer Alzheimer's and dementia special care. DDARS receives the disclosure forms each December, makes the forms available upon request, and publishes all disclosure forms before February each year.

No change (has been amended but has not changed its primary function).

IC 12-10-6: DDARS, in cooperation with the State Department of Health, develops rules for reimbursing residential care facilities and determines eligibility for residential care assistance in the home.

See P.L.2 of 1992.

IC 12-10-7: The Adult Guardianship Services Program is administered by the director of DDARS to provide services within the limits of available funding for indigent, incapacitated adults. DDARS contracts, in writing, for guardianship services and establishes qualifications to determine eligible providers. The providers are subject to audit, and audits are submitted to DDARS.

See P.L.2 of 1992.

IC 12-10-10: DDARS also administers the Community and Home Options to Institutional Care for the Elderly and Disabled Program, including administering federal and state money, and developing and implementing a process for the management and operation of programs. DDARS approves the selection of community and home care services providers and reviews and approves plans developed by the providers. DDARS maintains and provides access to the Long-term care Services Eligibility Screen. Also, DDARS establishes a training program for relatives of eligible individuals to provide homemaker and personal care services. DDARS, in conjunction with the Office of the Secretary, prepares an annual report regarding clients and services of the Community and Home Options to Institutional Care for the Elderly and Disabled Program and other long-term care home- and community-based programs.

Certain responsibilities originally assigned to DDARS have been amended to OMPP.

IC 12-10-12: DDARS, in cooperation with the Division of Mental Health and Addiction and the Office of Medicaid Policy and Planning, develops rules for the activities of screening teams for admission to nursing facilities. DDARS collects information concerning the effectiveness of the preadmission screening program, and identifies barriers to use of in-home care and need for additional in-home services.

Added by P.L.255 of 2001.

IC 12-10-17: DDARS registers or designates an agency to register attendant care service providers. DDARS adopts rules concerning a method of payment to a personal services attendant who provides authorized services and requirements for record keeping for personal attendant services. DDARS also adopts rules concerning receiving, reviewing, and investigating complaints about personal services attendants and concerning the reporting of personal services attendants found guilty of neglect, abuse, mistreatment, or misappropriation of property.

Added by P.L.274 of 2003.

IC 12-10.5-1: DDARS administers the Caretaker Support Program to offer services administered by Area Agencies on Aging. The services offered by the program include information about available respite services, assistance in accessing services, individual counseling and support groups, and respite care. DDARS develops and implements a client cost-share formula for respite care services and provides standards for the training of and promotes best practices for continuum of care program providers.

No change

IC 12-9-2: DDARS may contract with community mental retardation and other developmental disabilities centers, corporations, or individuals that are approved by DDARS.

Added by P.L.272 of 1999.

IC 12-11-2.1: DDARS requires service coordination personnel and vocational counselors to coordinate their services for developmentally disabled.

Added by P.L.104 of 2003.

IC 12-11-6: DDARS is responsible for planning, researching, and the development of developmental services and the coordination of various governmental services, activities, and programs related to developmentally disabled individuals.

See P.L.2 of 1992.

IC 12-12-9: DDARS receives reports on blind or visually impaired individuals and provides information to the individual on available state and local services.

Added by P.L.272 of 1999.

IC 12-10-13: DDARS establishes a Long-term care Ombudsman Program and the DDARS director appoints the state long-term care ombudsman. The long-term care ombudsman receives, investigates, and resolves complaints and concerns made by or on behalf of a resident of a long-term care facility. The ombudsman prepares an annual report on its operations for the Governor, General Assembly, DDARS, the Federal Commissioner on Aging, each Area Agency on Aging, and for the State Department of Health.

IC 12-11-13: The Statewide Waiver Ombudsman is established within DDARS to receive, investigate, and attempt to resolve complaints or concerns made by or on behalf of developmentally disabled individuals who receive services under the waiver for the federal home- and community-based services program. The Ombudsman promotes coordination among programs that provide legal services, DDARS, providers of waiver services, and other providers. The Ombudsman

reports annually on the program to the Governor, Legislative Council, DDARS, and Indiana Commission on Mental Retardation and Developmental Disabilities.

Powers of the DDARS Director

Rules adopted by the director must be approved by Family and Social Services Committee.

The compilation of information is new.

Institutional responsibilities were extensively discussed in the section concerning the duties of the director, but are now in a separate chapter.

No change

Added first by P.L.73 of 1998.

No change

No change

No change

See P.L.2 of 1992.

IC 12-9-2: DDARS director has powers similar to the Secretary's including employing experts and consultants to assist the division to carry out its function; accepting funds and voluntary and uncompensated services in the name of the division; utilizing services and facilities of other state agencies without reimbursement; expending funds, establishing rules, and implementing policies and procedures for the division; and performing other acts necessary to carry out the functions of the division. The Director compiles information and statistics from each bureau concerning the ethnicity and gender of program and service recipients.

The director may hire the personnel necessary to perform the duties of the division and has administrative control of and responsibility for the state-owned and -operated developmental centers.

The director may enter into contracts for the disbursement of money for approved community mental retardation and other developmental disability centers. However, the director must submit the contract to the Attorney General for approval as to form and legality.

IC 12-10-15: The DDARS director develops standardized disclosure forms for operators of housing with services establishments. The director enforces disclosure provisions including assessing penalties.

IC 12-24-1: The DDARS director has administrative control and responsibility for Fort Wayne State Developmental Center, Muscatatuck State Developmental Center, and other state-owned and -operated developmental centers.

The Director produces a semiannual statistical report for each state institution under the director's control.

IC 12-24-2: Subject to the approval of the Governor, the Director appoints the superintendent of a state institution.

IC 12-24-3: The Director may require state institution employees to furnish bond.

DDARS' Bureaus

IC 12-9-1: DDARS consists of five bureaus including:

IC 12-9-6: DDARS operates **disability determination bureaus** through agreement with the federal government to adjudicate claims for

Social Security Disability Insurance and Supplemental Security Income, enter into an interim assistance agreements with the Social Security Administration, or adjudicate whether an employee is entitled to long term disability benefits.

BAIHS previously administered the Indiana long-term care program and the medicaid waiver for in-home services.

IC 12-10-1: The **Bureau of Aging and In-Home Services (BAIHS)** assists the aged in maintaining self-sufficiency and personal well-being with dignity and to realize the aged person's maximum potential as a creative and productive individual. BAIHS administers 15 programs including Area Agencies on Aging services, adult protective services, adult guardianship, long-term care advocacy, and nutrition services and home delivered meals, to name a few.

See P.L.2 of 1992.

BAIHS provides a comprehensive and coordinated service system for Indiana's aging population and conducts studies and research into the needs and problems of aging. The bureau ensures participation by the aging in planning and operation of all phases of the system. BAIHS is a focal point for advocacy, coordination, monitoring, and evaluation of programs for the aging and aged. BAIHS develops a comprehensive plan to meet the needs of the elderly and evaluates programs, services, and facilities for the aged concerning meeting the needs of the aged.

BAIHS coordinates programs, services, and facilities and makes recommendations to the Governor and General Assembly concerning those programs. The bureau receives federal funds and administers any state plan for the aging required by federal law. The bureau cooperates with federal government studies and conferences designed to examine the needs of the aged.

BAIHS provides consultation and assistance to communities and groups developing local services for the aged and promotes community education regarding the problems of the aged. The bureau establishes information and referral sources when not otherwise provided.

BAIHS acts as the agent providing state money to the Area Agencies on Aging. The bureau designates Area Agencies on Aging in each planning and service region. It initiates, evaluates, and provides assistance for improving programs in cooperation with all other state agencies having concerns or responsibilities for the aged. BAIHS conducts an annual conference on the problems of the aging and aged, and examines the needs of the aged and prepares programs and facilities to meet those needs.

The BAIHS is required to coordinate service delivery with the Area Agencies on Aging.

See P.L. 2 of 1992.

IC 12-10-14: DDARS may establish within BAIHS a representative payee and bill payer program to assist low-income individuals who cannot manage their financial matters and do not have friends or relatives who can help. BAIHS administers the program and may provide staff, support services, and training. BAIHS may enter into a memorandum of understanding with legal counsel to represent the interests of the retired

persons. BAIHS may monitor representative payees and bill payers, audit transactions, and review bank statements and cancelled checks.

See P.L. 2 of 1992.

IC 12-12-1: The **Rehabilitation Services Bureau (RSB)**, established within DDARS, includes three units including services for the blind and visually impaired, vocational rehabilitation, and services for the deaf and hard of hearing. RSB plans, establishes, and operates programs, facilities, and services relating to vocational rehabilitation. Also, RSB designs state plans for rehabilitation services and directs the disbursement and administers the use of money for vocational rehabilitation programs. RSB may contract with accredited governmental entities and other public or private entities for job development, placement, and retention services.

RSB provides job placement services, including supported employment, for blind, visually impaired, and other persons with disabilities. RSB determines whether an applicant is a person with a disability. RSB may receive gifts in the Rehabilitation Services Fund to defray the expenses of rehabilitation or other services.

IC 12-12-3: RSB establishes, equips, operates, or contracts for a rehabilitation center for blind and visually impaired individuals.

See P.L. 2 of 1992.

IC 12-12-5: RSB has sole vending opportunities in government facilities to provide blind individuals with remunerative employment. RSB seeks out vending opportunities for blind individuals in public and private buildings. RSB reports annually concerning the number of blind vendors placed in private and public buildings. LSA receives the report and submits copies to chairs of the health committees of the House and Senate.

See P.L. 2 of 1992.

IC 12-12-6: RSB establishes a rehabilitation technology program for persons with physical disabilities. The program provides rehabilitation technology services directly to persons with physical disabilities and provides training for providers of rehabilitation services. RSB may contract with outside agencies to establish the program.

See P.L. 2 of 1992.

IC 12-12-7: The unit of Services for the Deaf and Hard of Hearing refers deaf individuals to the appropriate agencies and coordinates state, local, and private efforts to serve the deaf and hard of hearing. DDARS may contract for services required by the chapter.

See P.L. 2 of 1992.

No change

IC 12-11-1.1: The **Bureau of Developmental Disability Services (BDDS)** plans, coordinates, and administers individualized, integrated, community-based services for developmentally disabled individuals and their families.

Added by P.L.272 of 1999.

BDDS approves entities to provide community-based services and supports and approves and monitors community based residential, habilitation, and vocational service providers. BDDS makes every effort to assure that individualized services plans are developed and may provide reimbursement for services in plans that are not eligible for Medicaid reimbursement. [The Budget Agency reports to the Budget

Committee concerning any savings from transfer or discharge of individuals with developmental disabilities from state developmental centers.]

Added by P.L.272 of 1999.

IC 12-11-2.1: BDDS determines whether or not an individual is developmentally disabled and provides service coordination services for developmentally disabled individuals. BDDS is the placement authority for developmentally disabled individuals, including placements in state developmental centers. BDDS develops service plans for individuals discharged from state institutions, and monitors the individual's compliance with the service plan while the person is in outpatient status.

See P.L. 2 of 1992

IC 12-12.5-1: The **Bureau of Quality Improvement Services (BQIS)** is established within DDARS to monitor services provided by entities that receive funds from DDARS or that have a provider agreement to provide Medicaid in-home waiver services.

BQIS establishes and administers a complaint process for individuals receiving services from an entity with funds provided by the DDARS, entities that enter into a provider agreement, or individuals or entities certified, licensed, or otherwise approved by DDARS.

Division of Mental Health and Addiction

No change

IC 12-11-2.1: DMHA and DDARS enter into a memorandum of understanding concerning referrals to BDDS discharged from or on an outpatient status from a state institution operated by DMHA.

Division of Family and Children

Removed: (1) DFC was allowed to supervise correctional activities including state charitable, penal, reformatory, and correctional institutions and had responsibility for inspection of jails. (2) Administration of state institutions for children and supervision of benevolent institutions. (3) Classification of patients and inmates and transfer of county lease and rent. (4) DFC was not allowed to be construed to include the actual management of state institutions nor the selection of personnel of state institutions.

IC 12-13-5: DFC administers or supervises the public welfare activities of the state including the administration of old age assistance, aid to dependent children, and assistance to the needy blind and persons with disabilities. DFC administers any public child welfare service, licenses and inspects daycare programs and residential child care establishments, and cares for dependent and neglected children in foster family homes or institutions and the interstate placement of children.

DFC provides services to counties including organization and supervision of county offices, compiling statistics, and researching and encouraging research into crime, delinquency, physical and mental disability, and the cause of dependency. DFC prescribes forms to county departments for applications, reports, and affidavits.

DFC cooperates with the Social Security Administration and other federal agencies to qualify for federal aid, including making reports to the federal Social Security Administration Board and complying with requirements.

DFC assists the OMPP in fixing fees for ophthalmologists and optometrists for the examination of applicants for assistance as needy blind persons.

	<p>DFC, when requested, assists other departments, agencies, divisions, and institutions of state and federal government in performing services consistent with the article. DFC acts as the agent of the federal government for DFC programs and county welfare and administration.</p>
<p>Permanency planning services have been added.</p>	<p>DFC supervises day care centers and child placing agencies; the licensing and inspection of all public child caring agencies; and the care of delinquent children and children in need of services. DFC supervises the care of dependent children and children placed for adoptions, and assists juvenile courts as required by juvenile court statutes. DFC provides permanency planning services for children in need of services (CHINS).</p>
	<p>DFC compiles information and statistics concerning the ethnicity and gender of program recipients.</p>
<p>8 of the 23 programs have been added since the original Act.</p>	<p>DFC administers 23 specific programs including the Interstate Compact on the Placement of Children, a child development associate scholarship program, migrant day care services, Housing Assistance Act of 1937, child abuse prevention programs, social services programs, and the Step Ahead Comprehensive Early Childhood Grant Program, to name a few.</p>
	<p>The division may adopt rules and take actions to carry out law concerning family and child services. The division may designate county offices to serve as agents for the purpose of performing public welfare activities in a county.</p>
<p>Added by P.L.2 of 1992 with the exception of the CCBG.</p>	<p>IC 12-13-7: DFC administers 10 specific federal and state program funds including the Community Services Block Grant; Domestic Violence Prevention and Treatment Fund; Child Care and Development Block Grant; and Title IV-A, -B, and -E of the federal Social Security Act, to name a few.</p>
	<p>DFC is the single state agency administering the Child Care and Development Block Grant, Title IV-B and -E of the federal Social Security Act, the federal Food Stamp Program, and the federal Social Services Block Grant. DFC and the counties observe and comply with all requirements of the federal Social Security Act and its regulations.</p>
	<p>DFC prepares and submits forms and records of financial transactions to the State Board of Accounts for approval, and with the approval of the State Board of Accounts, prescribes forms, records, and methods of accounting for all counties.</p>
<p>See P.L. 2 of 1992</p>	<p>IC 12-13-9: DFC administers the State Medical Assistance to Wards Fund to defray the expenses and obligations incurred by DFC for medical assistance to wards.</p>
<p>No change</p>	<p>IC 12-13-10: DFC is the sole sate agency for the development and implementation of the Social Services Block Grant Act. DFC, under the direction of the Governor and in cooperation with other departments, agencies, or divisions, prepares the state plans required by the Social</p>

Services Block Grant Act.

DFC institutes services that further goals including reducing, preventing, or eliminating dependency; preventing or remedying neglect, abuse, or exploitation of children and adults; preserving, rehabilitating, or reuniting families; preventing or reducing inappropriate institutional placement; and securing referral or admission for institutional placement where appropriate.

DFC establishes standards that are required to carry out the purposes of the chapter and the requirements of the Social Services Block Grant Act.

DFC accepts money to supplement the purchase of services and establishes a special fund to receive the money. DFC may not make further payments for services in excess of the authorized federal financial participation.

See P.L. 2 of 1992.

IC 12-14-13 to IC 12-14-22: DFC develops certificates for supplemental assistance to the aged, and provides eye treatment for individuals in need of eye treatment who qualify under rules adopted by the director. DFC pays for the funeral director's expenses and burial lot for a person who receives supplemental assistance if the estate or legal representative is unable to do so. DFC and a county welfare office may file liens.

DFC may accept voluntary contributions in support of a person receiving public assistance, and deposits contribution in the State Welfare Fund.

Added by P.L. 74 of 1992.

IC 12-14-24: DFC makes grants from the Youth Service Bureau Grant Account within the General Fund to organizations that apply to the DFC for certification as youth service bureaus.

See P.L. 2 of 1992.

IC 12-14-28: DFC determines maintenance of effort toward Temporary Assistance to Needy Families (TANF) based on criteria set in statute. DFC may adopt rules to implement the chapter.

See P.L. 2 of 1992.

IC 12-15-1: DFC supervises county offices who serve as agents of the DFC. DFC and OMPP formulate written protocols specifying that county offices are responsible for eligibility determinations for the state Medicaid program.

See P.L. 2 of 1992.

IC 12-16-1: DFC adopts rules to provide for prior review and approval of covered medical services for medical services for inmates and patients.

The Hospital Care for the Indigent Program was created in 2002.

IC 12-16-2.5 to IC 12-16-16.5: DFC administers the Hospital Care for the Indigent Program. DFC adopts forms for the program, investigates to determine eligibility under the program, and notifies the person and hospital in writing concerning eligibility decisions. DFC pays reasonable costs of medical care and transportation to a place of treatment. DFC collects data concerning the Hospital Care for the Indigent Program.

DFC and its medical staff, along with DMH and DDARS, provides for

review and approval of services paid, establishes limitation on the duration of services provided, and specifies the amount of reimbursement for services and the conditions under which payment will be denied.

DFC administers the State Hospital Care for the Indigent Fund which consists of money transferred to the state fund from county funds, contributions, and appropriations made by the General Assembly. The Fund defrays the expenses and obligations incurred by the DFC for hospital care for the indigent.

See P.L. 2 of 1992.

IC 12-13-12: DFC provides staff and administrative support to the Commission on the Social Status of Black Males.

IC 12-13-13: By November 1 of each year, DFC reports to the General Assembly regarding management of child abuse and neglect cases.

See P.L. 2 of 1992.

IC 12-13-14: DFC may seek permission from the Secretary to implement an electronic benefits transfer for recipients of the Food Stamps Program. DFC contracts with vendors for supplies and services to implement the program. DFC provides retailer and recipient training and negotiates a fee structure with the Indiana Grocers and Convenience Store Association.

See P.L. 2 of 1992.

IC 12-13-14.5: Each six months, DFC reports to the Budget Committee and the General Assembly concerning child protection and welfare caseload information of each county.

See P.L. 2 of 1992.

IC 12-13-15: DFC trains local child fatality review teams and collects and documents information surrounding the deaths of children reviewed by local child fatality review teams. DFC reports annually to the public.

See P.L. 2 of 1992.

IC 12-13-15.2: DFC collaborates with OMPP and State Department of Health to establish programs that facilitate children's access to oral health services.

DFC was instructed to work with the Department of Revenue to deduct reimbursement from tax returns.

IC 12-14-11: DFC administers state and federal funds for the Home Energy Assistance Programs that defray home energy costs and provide assistance to low-income households for home energy conservation measures, and establishes eligibility for the program.

See P.L. 2 of 1992.

Annually, DFC reviews the formula used to determine the amount of assistance awarded and reports to the Legislative Council the number of applicants and the number of awards. DFC establishes procedures for providing assistance and for conducting hearings and appeals of applicants who have been denied assistance. DFC recovers assistance from recipients found not to be entitled to assistance.

See P.L. 2 of 1992.

IC 12-15-39: DFC assists providers who provide for the voluntary conversion of Medicaid-funded intermediate care facility for the mentally retarded beds and in securing appropriate placement for individuals who reside in the intermediate care facility for mentally retarded beds that are

converted.

See P.L. 2 of 1992.

IC 12-16-1: DFC adopts rules for medical services for inmates and patients with the advice of the DFC's medical staff and representatives of the Department of Correction, State Department of Health, DMHA, and DDARS. DFC contracts with the Medicaid contractor for administrative and fiscal services.

See P.L. 2 of 1992.

IC 12-16-2.5 to IC 12-16-16.5: DFC administers the Hospital Care for the Indigent Program.

DFC adopts rules to establishes income and resource eligibility standards for the program and the forms used by the program. DFC adopts rules for an administrative appeal procedure.

DFC notifies people and hospitals in writing when eligibility is denied. DFC fixes a time and place for a hearing before a hearing officer appointed by the DFC director. DFC pays for reasonable medical care costs and transportation costs for people found eligible for the program.

Each year, DFC calculates the amount of claims payable by county and notifies the counties of the claims payable.

DFC allocates funds to the State Hospital Care for the Indigent Fund from county hospital care for the indigent funds. The costs of administering the program and processing claims and the expenses and obligations incurred for hospital care for the indigent are paid from the State Fund.

See P.L. 2 of 1992.

IC 12-17-1: DFC county offices provide assistance to destitute children living in a suitable foster family home or institution. The county offices submit to DFC for review and approval a plan for furnishing necessary medical care. The county office receives applications, investigates, and may establish an account for the child and issue four copies of certificate for the child.

DFC adopts rules that prescribe forms and determine eligibility and amount of assistance.

See P.L. 2 of 1992.

IC 12-17-3: DFC cooperates with each county office and with the Children's Bureau of the US DHHS to establish, extend, and strengthen public welfare services for the protection and care of dependent and delinquent children and children in need of services.

See P.L. 2 of 1992.

IC 12-17-9: DFC county offices maintain health summary records for children receiving foster care that is funded by DFC or a county office. DFC provides forms for providers.

See P.L. 2 of 1992.

IC 12-17-11: DFC establishes a medical passport program for children who receive foster care.

No change

IC 12-17-12: DFC administers the School Age Child Care Project Fund which provides grants to school corporations or other nonprofit

organizations that establish and operate a school age child care program. DFC provides an annual report for the Governor and the General Assembly including the number of applications for grants, the number of grants awarded, the amounts left in the fund, and other information requested.

See P.L. 2 of 1992.

IC 12-17.2-2, and IC 12-17.2-4 to IC 12-17.2-6: DFC administers the licensing and monitoring of child care centers or child care homes. DFC, in consultation with the State Department of Health, Fire Prevention and Building Safety Commission, and the Board adopts rules concerning the licensing and inspection of child care centers and child care homes. DFC and the State Fire Marshal apply the rules adopted in licensing and inspection of applicants. DFC monitors licensed entities for continued compliance with statute and rules.

DFC investigates persons seeking licensure as child care centers or child care homes and issues a license to persons who meet all of the license requirements. DFC investigates premises that DFC has reason to believe are used for child care without a license where a license is required. DFC reports findings to the Attorney General, the county department of public welfare attorney, and the prosecuting attorney of the county.

DFC and the State Fire Marshal make annual onsite inspections and keep written records of their monitoring activities and inspections.

DFC holds administrative hearing concerning violations and issues a decision within 60 day after the conclusion of the hearing.

DFC also adopts rules for inspection of child care ministries including standards for sanitation. An unlicensed child care ministry may not operate unless the ministry has met the requirements of DFC and the Office of the State Fire Marshal.

DFC administers the Child Care Fund consisting of fees and civil penalties.

See P.L. 2 of 1992.

IC 12-17.4-2 to IC 12-17.4-6: DFC administers the licensing and monitoring of child caring institutions, foster family homes, group homes, and child placing agencies. DFC adopts rules concerning licensing and inspection of child caring institutions, foster family homes, group homes, and child placing agencies in consultation with State Department of Health, Fire Prevention and Building Safety Commission, and the Board. DFC investigates complaints to determine noncompliance with rules.

DFC investigates a person seeking licensure to determine if the person is in compliance with statute and rules and issues a license to a person who meets the licensure requirements.

DFC and the State Fire Marshal make annual onsite inspections and keep written records of their monitoring activities and inspections.

DFC holds administrative hearing concerning violations and issues a decision within 60 days after the conclusion of the hearing.

DFC investigates unlicensed facilities and reports findings to the Attorney General, the county department of public welfare attorney, and the prosecuting attorney of the county.

See P.L. 2 of 1992.

IC 12-18-4: DFC administers the Domestic Violence Prevention and Treatment Fund and makes grants to and enters into contracts with entities for the establishment or maintenance of a domestic violence prevention and treatment center. Money in the fund may also be used for training, research, and development and implementation of other means for the prevention and treatment of domestic violence.

Current statute adds state marriage license fees as a source for the fund.

IC 12-18-5 to IC 12-18-6: DFC administers the Family Violence and Victim Assistance Fund along with the Treasurer of State. The fund receives fees from state marriage licenses and a distribution from the State User Fee Fund.

See P.L. 2 of 1992.

IC 12-20-7: DFC and county offices use consent forms for information disclosed to township trustees to assist in making eligibility determinations for public assistance programs and assist in reducing fraud and abuse in public assistance programs.

See P.L. 2 of 1992.

IC 12-20-28: The State Board of Accounts forwards to DFC a copy of an annual report concerning the number of Poor Relief recipients and dollar value of the benefits. DFC provides the reports to US Department of Health and Human Services.

Originally, the director was responsible for Indiana State Developmental Center. However, current law indicates that supervision by the division does not include the actual management of institutions or the selection of personnel at state institutions.

Powers of the DFC Director

IC 12-13-2: The director of the Division of Family and Children (DFC) must execute a bond and take and subscribe to an oath. The director appoints state investigators or boards of review to ensure fair hearing to applicants or recipients. The director adopts policies and rules for DFC and is responsible for the administrative and executive duties and responsibilities of DFC. The director establishes salaries for officers and employees of DFC. The director establishes the minimum standards of assistance for old age and dependent children recipients.

The director appoints personnel to efficiently perform the division's duties and bureau heads or other persons who report directly to the director.

See P.L. 2 of 1992.

IC 12-13-7: The director adopts rules to administer and supervise the federal Food Stamp Program.

The director prepares a budget of money necessary to operate division programs for the Budget Director, and includes an estimate of all federal money that may be allocated to the state.

No change

IC 12-13-10: The director establishes rules for financial eligibility standards for social services.

See P.L. 2 of 1992.

IC 12-14-25: The director designates an employee of each food stamp office to perform voter registration duties at that office.

See P.L. 2 of 1992.

IC 12-16-6.5: The director appoints hearing officers for appeals of eligibility determinations from the Hospital Care for the Indigent Program.

See P.L. 2 of 1992.

IC 12-17-12: DFC director adopts rules to carry out the School Aged Child Care Program.

In P.L. 9 of 1991, DFC was instructed to adopt rules.

DFC director adopts rules to govern sanitation in school age child care programs.

See P.L. 2 of 1992.

IC 12-17-2: The director appoints the Child Support Bureau head.

The director adopts rules to implement Title IV-D of the federal Social Security Act.

See P.L. 2 of 1992.

IC 12-17-11: The director adopts rules to implement a Medical Passport Program for children in foster care.

See P.L. 2 of 1992.

IC 12-19-1: The director appoints a county director of the county office of family and children in each county.

DFC County Offices

See P.L. 2 of 1992.

IC 12-19-1: The county director is the executive and administrative officer of the county office. A county director executes a bond and takes and subscribes to an oath for faithful discharge of duties. With the approval of DFC director, the county director appoints assistants to administer the county welfare activities and perform other duties of the county office. DFC pays the county office personal services costs and provides the necessary facility to house the county office including supplies and equipment.

County offices administer assistance and services to dependent children in the homes of the dependent children, elderly persons, and persons with disabilities. County offices administer care and treatment to children in need of services, dependent children, and children with disabilities. Also, licensing of foster family homes, care and treatment supervision for children in need of services and delinquent children in foster family homes, and other welfare activities delegated to the county office by DFC are responsibilities of the county office.

Courts may direct the county director or the county director's assistants to perform the function of a probation officer or agent of the court in welfare matters before the court. County offices may sue and be sued in the name of the county office. County offices may receive and administer gifts, devises, or bequests of personal property.

See P.L. 2 of 1992.

IC 12-19-7.5: A Family and Children's Fund and a Children's Psychiatric Residential Treatment Services Fund are established in each county. Each fund is raised from a separate tax levy. The county office director compiles and adopts an annual Child Services Budget including an estimate of the amount to defray the expenses and obligations of services for children adjudicated to be children in need of services or delinquent

children. The county director also compiles and adopts a budget for the Children's Psychiatric Residential Treatment Service Fund with assistance from judges of courts with juvenile jurisdictions. DFC has final approval of the budgets and tax levies recommended.

IC 12-13-6: DFC's Bureaus

Bureaus were referred to as Sections. The DFC consisted of 5 sections.

The Division of Family and Children (DFC) consists of eight bureaus. Each bureau head and assistant supervisor must execute a bond and take and subscribe an oath. The bureaus include:

Bureau heads and assistant supervisors were known as Bureau chiefs and assistant section chiefs.

No change

IC 12-13-6: The **Bureau of Family Independence** has immediate charge of old age assistance, assistance to dependent children in children's own home, and assistance to the blind.

No change

IC 12-13-6: The **Youth Development Bureau**, which must include a Children's Disabilities Services Unit, plans, funds, and coordinates programs and services for children and youth that promote optimal functioning. The Bureau coordinates services, activities, and programs with other agencies and divisions that provide services to children with emotional disturbances; serves as a link with local schools concerning the Department of Education's educational opportunities for at-risk students program; provides collaboration and assistance to school health programs; plans and administers community-based programs and services for the prevention of juvenile delinquency; and facilitates the movement of students with disabilities from secondary school to postsecondary school or employment.

See P.L. 2 of 1992. (These bureaus are mentioned in statute, but no direction is given about their program content.)

A Bureau of Child Care Services
A Bureau of Residential Services
A Family Protection Bureau

See P.L. 2 of 1992.

IC 12-14-10: The **Bureau of Family Resources** is established within the Division of Families and Children. The Bureau performs the following duties. It provides a range of services and activities having a measurable and potentially major impact on causes of poverty. It provides activities designed to assist low-income participants do the following: (a) secure and retain meaningful employment; (b) attain an adequate education; (c) make better use of available income; (d) obtain and maintain adequate housing and a suitable living environment; (e) obtain emergency assistance; (f) remove obstacles and solve problems that block the achievement of self-sufficiency; (g) achieve greater participation in the affairs of the community; and (h) make more effective use of other programs.

The Bureau provides, on an emergency basis, supplies, nutritious foodstuffs, and related services that are necessary to counteract conditions of starvation and malnutrition among the poor.

The Bureau coordinates and establishes linkages between governmental and other social service programs to assure the effective delivery of services to low-income individuals. The Bureau encourages the use of entities in the private sector to ameliorate poverty in the community.

The Bureau administers the energy assistance program. The Bureau administers the low-income home weatherization programs.

See P.L. 2 of 1992.

IC 12-13-7: The **Food Stamp Bureau** provides an incentive payment to the offices of prosecuting attorneys for the investigation or prosecution of food stamp fraud.

See P.L. 2 of 1992.

IC 12-17-2: The **Child Support Bureau** is established within DFC to develop and implement the state plan for administration of Title IV-D of the federal Social Security Act. In addition, the Bureau evaluates the quality, efficiency, effectiveness, and scope of services provided under the plan, controls the financial operation of the plan, coordinates activities related to the state's enforcement of support law, and operates the state parent locator service. The Bureau maintains the State Case Registry with records of each case in which the Bureau provides services, and each child support order.

The Bureau enters into agreement with individuals who owe child support for wage withholding, brings legal process to require withholding, notifies the Department of Workforce Development of amounts to be withheld from unemployment compensation, and reimburses the Department of Workforce Development for administrative costs incurred.

The Bureau makes agreements and maintains communications necessary with the Bureau that administers Title IV-A of the federal Social Security Act to ensure proper operation of the total program.

The Bureau makes contact with federal courts and makes agreements with local governmental officials in Indiana for the effective administration of the plan.

Under federal law, the Bureau has authority to order genetic testing to establish paternity without court order. The Bureau safeguards information obtained by the Bureau and establishes procedures for providing information to consumer reporting agencies concerning overdue support owed.

The Bureau may establish, with the consent of the Budget Agency, child support enforcement revolving funds for the deposit of child support money collected by the Bureau.

Monthly, the Bureau is to prepare a list of persons with a child support obligation lien and provide the list to the Bureau of Motor Vehicles who

treats the lien as a lien against title of a vehicle.

Division of Mental Health and Addiction

The DMHA was referred to as the Division of Mental Health.

IC 12-21-1: The Division of Mental Health and Addiction (DMHA) applies its resources to ensure that Indiana citizens have access to appropriate mental health and addiction services that promote individual self-sufficiency.

DMHA is composed of a director, the Division of Mental Health and Addiction Advisory Council, and other personnel.

See P.L. 2 of 1992.

IC 12-21-5: DMHA adopts rules to establish and maintain criteria to determine patient eligibility and priority for publically supported mental health and addiction services. DMHA contracts with a network of managed care providers to provide a continuum of care in an appropriate setting, requires services providers funded directly by DMHA to be in good standing with the appropriate accrediting body, develops a provider profile, ensures compliance with all other performance criteria set forth in a provider contract, establishes a toll-free number for comments on services or service providers, and develops a confidential system to evaluate complaints and patient appeals. DMHA submits a biennial report to the Governor and Legislative Council evaluating the continuum of care. Every 4 years, DMHA conducts an actuarial analysis and annually determines rates to be paid for services with managed care providers. DMHA takes actions to assure the quality of services and incorporates results from the actuarial analysis to fulfill its responsibilities.

DMHA plans, researches, and develops programs and methods for educating and treating emotionally disturbed children, including coordination of governmental services and administration of state-supported services for these children. DMHA prepares an annual report required in IC 7.1-6-2-5.

No change

IC 12-22-1: DMHA may institute a Respite Care Program for mentally ill individuals.

No change

IC 12-22-2: DMHA plans, develops, and administers programs of community-based residential alternatives to placement in state institutions. If a superintendent of a state institution requests, DMHA determines if an individual being discharged from a state institution or placed on outpatient status should be given preference for placement in a community residence.

See P.L. 2 of 1992.

IC 12-22-4: DMHA may award grants to local units of government for establishing Dawn Projects.

See P.L. 2 of 1992.

IC 12-23-1: DMHA promotes unified programs for education and research, prevention and control, diagnosis, and treatment of substance and gambling abused.

DMHA assures compliance with state rules and federal regulations for

substance abuse services programs. DMHA approves and certifies facilities and services for the treatment, care, or rehabilitation of alcoholics, drug abusers, and compulsive gamblers. DMHA requires that certain public and private treatment facilities and services are certified.

DMHA makes agreements and contracts with other entities to effectuate addiction services and adopts rules to implement programs.

DMHA is the sole state authority for authorizing grants and review and approval of federal/local contracts or grants concerning alcoholism, compulsive gambling, or drug abuse prevention and treatment of addiction. DMHA is the sole state authority to disburse money for addiction services and treatment.

DMHA is the state authority primarily responsible for prevention, control, treatment and rehabilitation, education, research, and planning in the field of addiction. All other state and local agencies cooperate with DMHA to assist in the performance of DMHA's functions.

See P.L. 2 of 1992.

IC 12-23-2: The Addiction Services Fund receives deposits of excise taxes on alcoholic beverages and riverboat admissions. The Fund provides programs for prevention services and intervention and treatment for those dependent on alcohol or other drugs, and for the prevention and treatment of gambling.

See P.L. 2 of 1992.

IC 12-23-7 and IC 12-23-8: At the request of the court, DMHA examines felony offenders who request to undergo treatment, reports to the courts the results of the examination, and recommends if an individual should be placed under supervision for treatment. The individual may be placed under the supervision of the DMHA for treatment if DMHA accepts the individual for treatment.

See P.L. 2 of 1992.

IC 12-23-16: DMHA may provide for the promotion, establishment, coordination, and conduct of unified local programs for prevention, diagnosis, treatment, and rehabilitation for drug abuse including surveying and analyzing the state's needs and formulating a comprehensive plan. DMHA may establish drug abuse treatment and rehabilitation units necessary for the control and prevention of drug abuse.

See P.L. 2 of 1992.

IC 12-23-17: DMHA administers and operates a state institution for the purpose of observing, diagnosing, and treating alcohol or alcohol abusers.

See P.L. 2 of 1992.

IC 12-23-18: The Methadone Diversion Control and Oversight Program expires on June 30, 2008.

DMHA adopts rules to establish and administer a methadone diversion control and oversight program.

Methadone providers submit a diversion control plan to DMHA, and DMHA reviews and approves or denies plans. DMHA collects fees from methadone providers for each nonresident patient treated and deposits

the fee in the Methadone Diversion and Oversight Program Fund. The Fund is administered by DMHA to identify individuals who divert controlled substances from legitimate treatment and terminate these individuals from methadone programs.

Powers of the DMHA Director

See P.L. 2 of 1992.

IC 12-21-2: The director organizes the division, and subject to approval, establishes qualifications and compensation for all deputy directors, assistant directors, bureau heads, and superintendents. The director studies the entire problem of mental health, mental illness, and addiction in Indiana. The director adopts rules for standards of operations for licensed private mental health institutions, licensing supervised group living facilities, certifying community residential programs and community mental health centers, and for establishing exclusive geographic primary service areas for community mental health centers.

In conjunction with an accredited college or university, the director institutes programs for the instruction of students of mental health and other related occupations. The director develops programs to educate the public and makes the facilities of the Larue D. Carter Memorial Hospital available for student instruction.

The director institutes a stipend program to improve the quality and quantity of staff that state institutions employ. The director establishes, supervises, and conducts community programs for the diagnosis, treatment, and prevention of psychiatric disorders. The Director establishes, maintains, and reallocates long-term care service settings and state operated long-term care inpatient beds.

The director compiles information and statistics concerning program or service recipients and establishes standards for each element of the continuum of care for community mental health centers and managed care providers. The director adopts rules concerning the records and data to be kept concerning individuals admitted to state institutions, community mental health centers, or managed care providers.

The director may enter into contracts for the disbursement of money and the provision of services.

The director, deputy directors, DMHA bureau heads, and superintendents of state institutions may administer oaths, take depositions, and certify to official acts.

See P.L. 2 of 1992.

IC 12-23-16: The director, in accordance with sound medical and psychiatric knowledge, may determine what symptoms and conditions must exist to say that an individual abuses drugs for purposes of the Program on Drug Abuse.

Administrative control over other state owned and operated mental health

IC 12-24-1: The DMHA director has administrative control and responsibility for Central State Hospital, Evansville State Hospital, Evansville State Psychiatric Treatment Center for Children, Larue D.

institutions is new. Carter Memorial Hospital, Logansport State Hospital, Madison State Hospital, Richmond State Hospital, and other state-owned or -operated mental health institutions.

The Director produces a semiannual statistical report for each state institution under the director's control.

No change **IC 12-24-2:** Subject to the approval of the Governor, the director appoints the superintendent of a state institution who is administratively responsible to the director.

See P.L. 2 of 1992. **IC 12-25-1:** The director issues licenses for persons to establish, conduct, operate, or maintain private institutions for the treatment and care of individuals with psychiatric disorders, developmental disabilities, and for the care and treatment provided. The director issues licenses or conducts hearings on applications and investigates to determine if the license should be issued.

See P.L. 2 of 1992. **IC 12-25-2:** The director may suspend or revoke a license after filing a complaint and holding a hearing.

DMHA Bureaus

See P.L. 2 of 1992. **IC 12-22-3: Children's Mental Health Bureau** develops a definition and criteria for emotional disturbance and serious emotional disturbance and assesses current and projected needs for emotionally disturbed children and youth. The Bureau develops an annual plan for children's mental health services and the budget for the bureau. The Bureau develops and coordinates programs and services for prevention and family support and provides technical assistance and oversight of children's mental health programs and services. The Bureau coordinates with other bureaus of the division and maintains sufficient staff to carry out its duties.

See P.L. 2 of 1992. **IC 12-23-1:** The **Bureau of Addiction Services** promotes unified programs for education and research, prevention and control, diagnosis, and treatment of substance and gambling abuse based on comprehensive plans developed by the division. The Bureau assures compliance with state rules and federal regulations for substance abuse services programs and revoking authorization of the programs upon a determination that the programs do not comply with the rules and regulations. The Bureau makes agreements and contracts with other state departments, authorities, or agencies of the state; other states; the federal government; state or private universities; or public or private agencies.

The Bureau, directly or by contract, approves and certifies facilities and services for the treatment, care, or rehabilitation of alcoholics, drug abusers, and compulsive gamblers. It requires that public and private treatment facilities be certified. The Bureau maintains a toll-free telephone line that the public may use to obtain counseling and information about programs.

DDARS and DMHA Institutions

6 - No change

7 - See P.L. 2 of 1992.

8 - Added by P.L.110 of 1997.

IC 12-24-2-6 through 12-24-2-8: State institution superintendents furnish bonds and may administer oaths, take depositions, and certify to official acts. The superintendent regulates smoking within the institution.

No change

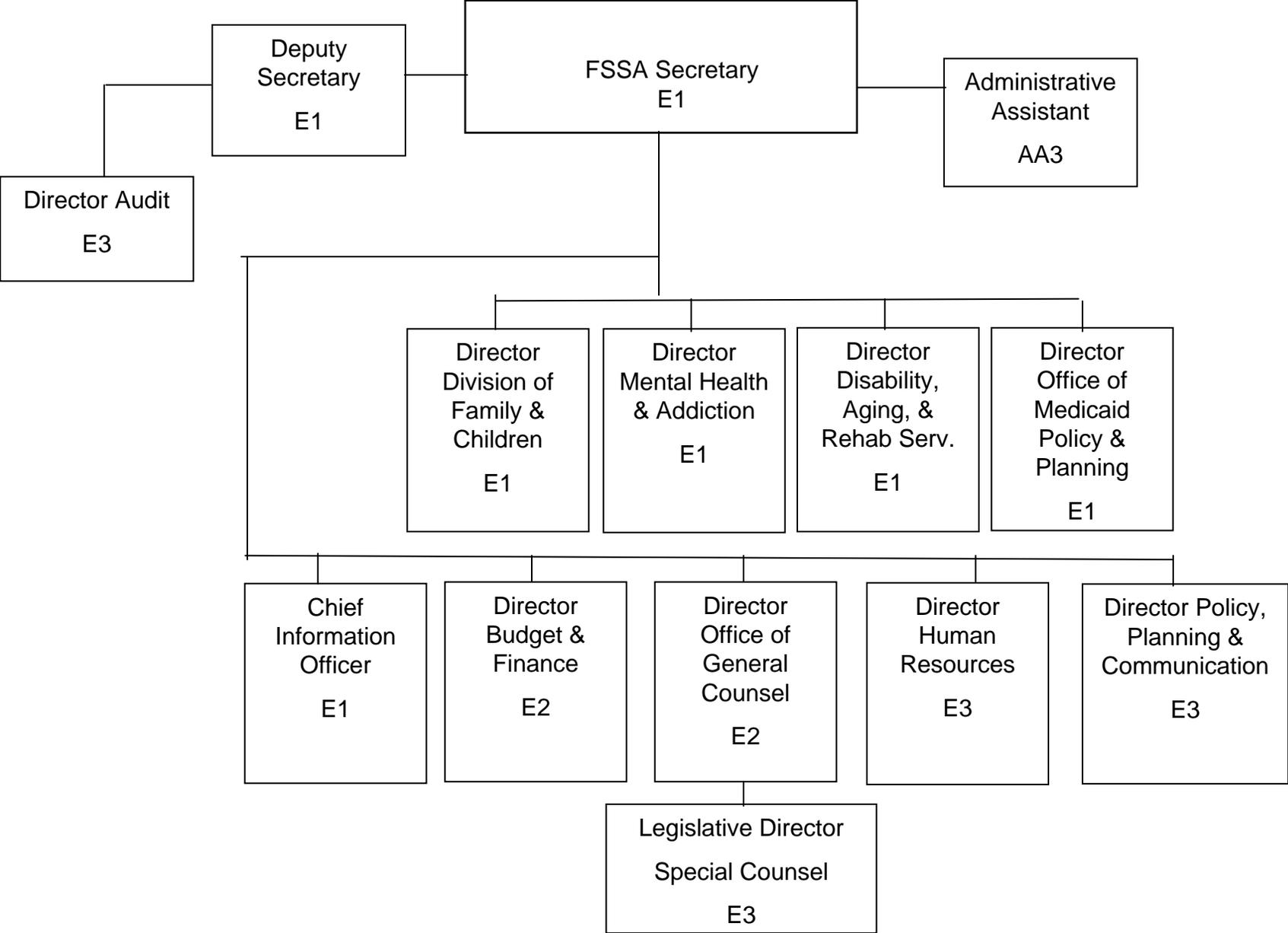
IC 12-24-4: Subject to the approval of the director, the superintendent may appoint security officers.

No change

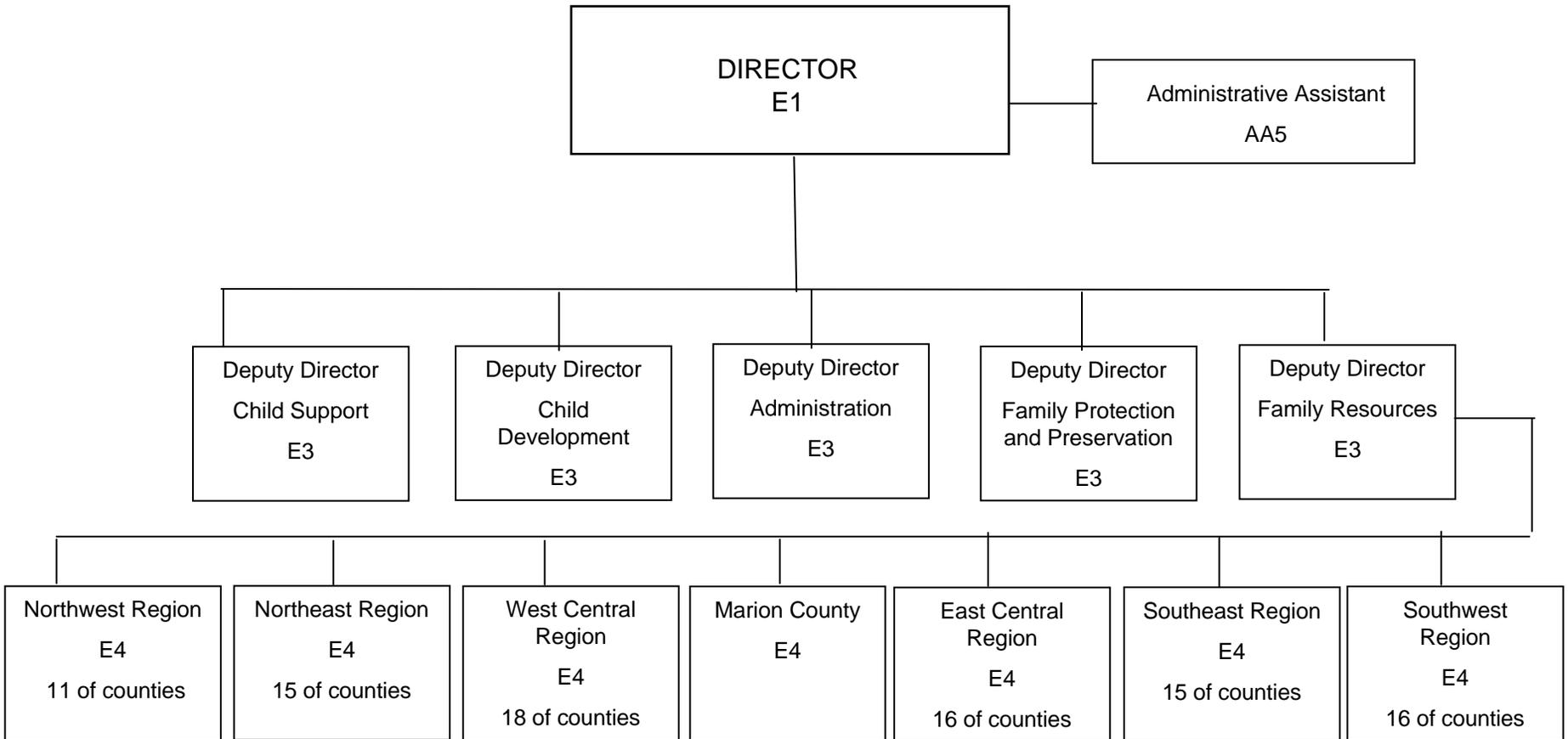
IC 12-24-6: The superintendent indicates the clothing needs of the patient in a requisition.

APPENDIX II

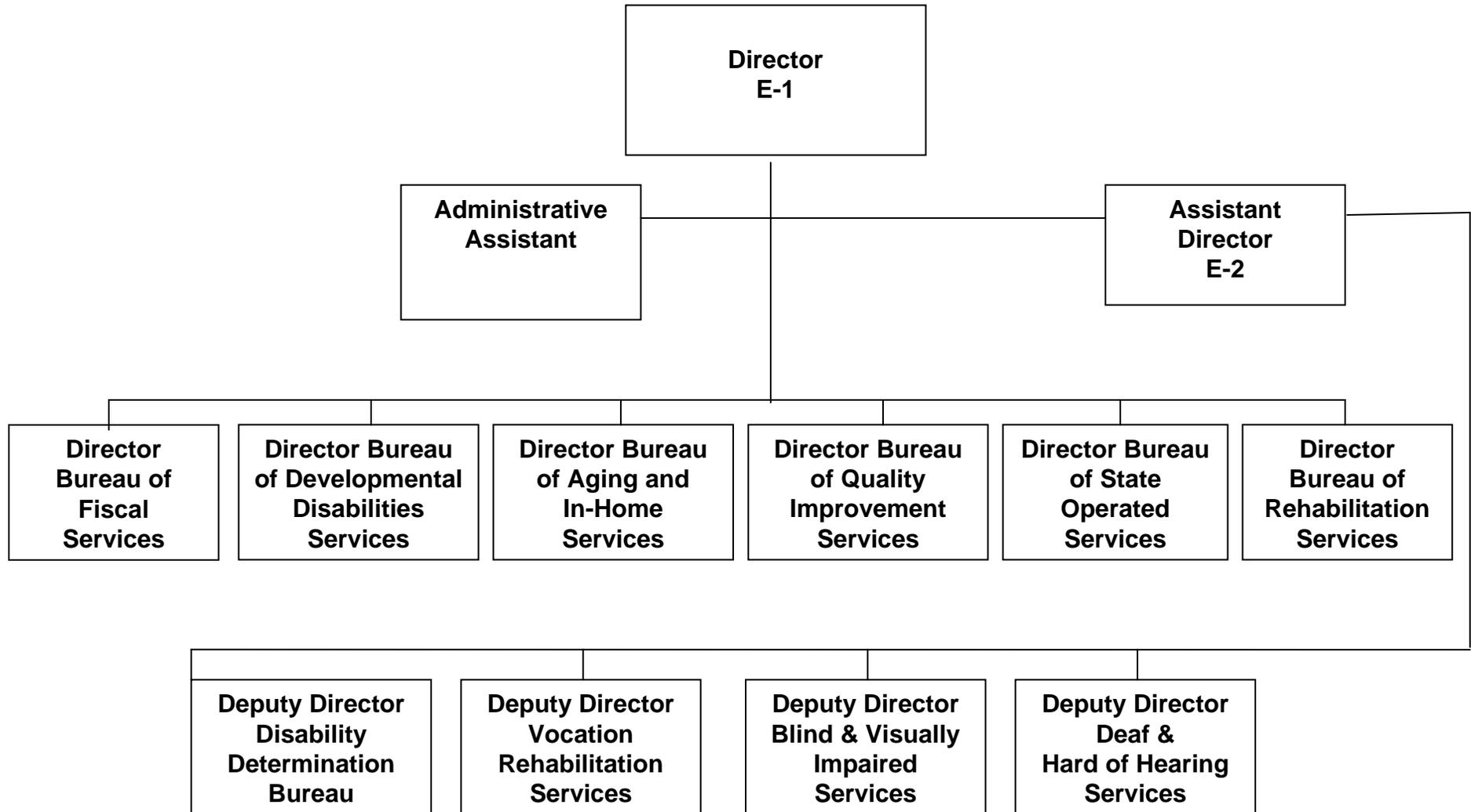
Executive Office

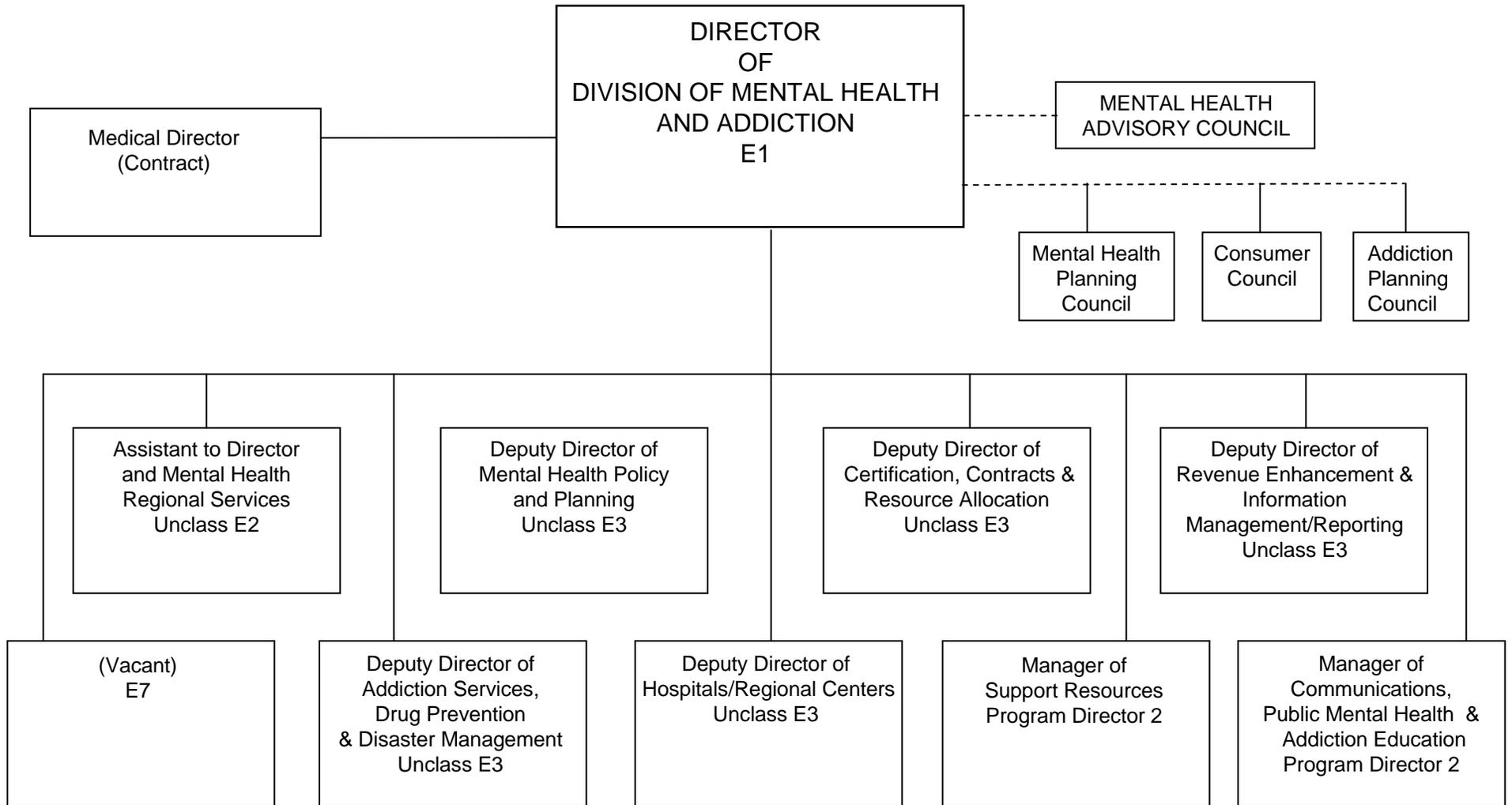


Division of Family and Children



Division of Disability, Aging and Rehabilitative Services Central Office





APPENDIX III

Question 1. Which division(s) do you most frequently contact?

Question 2. In which division(s) are the programs and services you access located?

Division(s)	Question 1		Question 2	
	Number	Percent	Number	Percent
DDARS	12	11.66%	10	9.71%
DFC	48	46.61%	43	41.75%
DMHA	13	12.62%	9	8.74%
OMPP	1	0.97%	1	0.97%
Office of the Secretary	1	0.97%	1	0.97%
DDARS and OMPP	4	3.88%	6	5.83%
DDARS, OMPP, and Office of the Secretary	1	0.97%	1	0.97%
DFC and DDARS	6	5.83%	2	1.94%
DFC, DDARS, and OMPP	5	4.85%	9	8.74%
DFC and OMPP	1	0.97%	0	0.00%
DFC and Office of the Secretary	1	0.97%	1	0.97%
DMHA, DDARS, and OMPP	1	0.97%	1	0.97%
DMHA and DFC	2	1.94%	4	3.88%
DMHA, DFC, and DDARS	1	0.97%	2	1.94%
DMHA, DFC, and OMPP	2	1.94%	3	2.91%
DMHA, DFC, OMPP, and Office of the Secretary	0	0.00	1	0.97%
DMHA and OMPP	1	0.97%	2	1.94%
Other	3	2.91%	7	6.80%
Total	103	100.00%	103	100.00%

Question 3. Where is your most frequent contact with FSSA (choose one)?

County	State	Institution	Nonprofit	Selected Two	Total
30	64	0	4	5	103
29.13%	62.14%	0.00%	3.88%	4.85%	100.00%

Question 4. There is sufficient access to information about programs and services.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	No Answer	Total
32.04%	36.89%	8.74%	13.59%	7.77%	0.97%	100.00%

Comments corresponding to **somewhat agree**:

1. There is sometime confusion about eligibility for programs.
2. Too many ongoing changes.

Comments corresponding to **agree**:

1. Email communication from FSSA is great. Speeds up communications and responses. Very helpful.
2. DMHA makes a lot of effort to communicate regularly.

Question 5. Information provided by FSSA is useful to me in my daily work.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Don't Know	Total
46.60%	33.98%	6.80%	7.77%	3.88%	0.97%	100.0%

Comments corresponding to **agree**:

1. The communication from DDARS, OMPP and the DFC divisions is very good.
2. We are a planning council, so this information is distributed to all organizations and individuals under the umbrella of Step Ahead

Comments corresponding to **somewhat agree**:

1. Too many on going changes
2. Provided I access someone who has an investment in providing accurate information.
3. FSSA is pretty good at getting information out.

4. Recent history is changes are made but information is not distributed in a timely manner or not distributed. An agency does not comply with an unknown change.
5. Some employees are very helpful; others delay their response or give vague answers.
6. Most recently, information is provided in a more open and timely manner.
7. Most of the information comes in the form of emails that [are] forwarded to SA coordinators.
8. Step Ahead office will send out FSSA memos with updates as to what is going on at the state level, this has been helpful.
9. Other than grant applications I do not use a lot of the information from the State. Because our funding has been cut so much we are not able to take advantage of many of the program opportunities which are available even if I receive the information.
10. The local is great to share information we need for referral purposes.

Question 6. Problems with programs and services get resolved.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Don't Know	Total
22.33%	33.01%	12.62%	11.65%	14.56%	5.83%	100.0%

Comments corresponding to **somewhat agree**:

1. DDARS - yes; Medicaid - not as confident that resolution will happen - OMPP deflects a lot of things to EDS related to claims/payments - EDS has no authority of its own and is not helpful to agencies with billing problems.
2. On some issues it takes an inordinate amount of time to get final resolution.
3. Sometimes takes a lot of time to resolve but this is more due to high caseloads then workers not wanting to help.
4. It may take months.
5. Problems are always heard. Not every problem has an answer DMHA can solve.
6. Generally staff are helpful. New director in South Bend has been excellent.

Comments corresponding to **agree**:

1. Sometimes it is slower than we would like, but they get the job done.
2. It just seems that there are no long range plans. Programs change from day to day and are implemented without being thought through.
3. Counties are given the responsibility to implement before guidelines are provided.

Question 7. Questions about programs and services get answered.

Agree	Somewhat Agree	Somewhat Disagree	Disagree	Total
38.83%	39.81%	13.59%	7.77%	100.0%

Comments corresponding to **somewhat agree**:

1. Not always timely.
2. At regional level response is prompt.
3. Depends on the issue.
4. Again, it depends on staffing.
5. I wish I could feel a number of hours but I cannot. Questions are not always answered in a timely way. I think the demands on one's time is so great within the agency.
6. DMHA gets answered more quickly and accurately. Medicaid does not.
7. Same as prior question - agree with regards to DDARS; disagree on Medicaid - OMPP can answer program questions but cannot answer issues re: Payment (or lack of) because EDS handles that - EDS is not helpful to agencies trying to resolve billing issues.
8. Sometimes it can take days.
9. This depends on the individual being contacted. Some are better than others about getting back to you.
10. It depends on the circumstance. If they have the answer - it can be answered immediately - if not usually a few days.
11. The response time depends upon the questions asked. Would prefer more information on the availability of additional resources before information is shared.
12. As a Step Ahead Coordinator, I would like to call Indianapolis one time and find the person I need to speak to without having to wait until later in the day or the next day for an answer. BCD is the worst department about communicating with its counties.
13. Most of my questions are not urgent so this is not too much of a problem.
14. If the State Consultant is in the office, questions get answered quickly, if not, sometimes it can take days to get answers.
15. So, far I have not had a question to be answered.

Comments corresponding to **agree**:

1. This has gotten better the past two years.
2. Depends on the questions asked.
3. FSSA program staff are very knowledgeable and answer many questions on the spot. Larger issues seem to get bogged down in the system.
4. Varies on complexity of questions. More thought going in to answers.
5. E-mail response is usually 24 hours, phone is closer to 72.
6. DMHA personnel respond directly or get back to us as necessary in a timely fashion.
7. We usually receive an answer within one (1) business day.
8. I usually get a call back.
9. The difficulty is talking to the person who has the answer.
10. I can call OFC or e-mail and get an immediate response if needed.
11. It depends on when I leave a message; if it is at the end of the business day, answers to non-emergency questions are usually addressed no later than the next business day.

Question 8. When I have questions about a program that is administered by more than one division (such as a Medicaid question that involves both OMPP and DFC), I have to contact more than one division to receive an answer sufficient to complete my work.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Blank	Total
33.01%	25.24%	8.74%	5.83%	6.80%	20.39%	100.0%

Comments corresponding to **agree**:

1. Over last year have had to deal with both DFC and BDDS over the same funding conversion project, of which it was very evident the two departments did not sync at all. This resulted in a very frustrating and time consuming process for our staff.
2. You said it.
3. FSSA never had the resources to appropriately operate.
4. A fair amount of "buck passing" occurs.
5. Answers are frequently not forthcoming when multiple divisions' inputs are needed.
6. Even then, we are never sure if the auditors will agree with the responses provided.
7. Step Ahead at one time worked with the DFC and I would have to contact the State Step Ahead office and the people at DFC to get an answer to a question.
8. If problem is within FSSA systems, followup contacts are mandatory to ensure action promised by FSSA is actually completed.
9. This is sometimes very frustrating
10. I have been involved in events where one division points to the other division as the problem or the one that must answer the question. It is very frustrating and why management can not get a handle on the problem and get it resolved is unclear to the general public.
11. Medicaid is problematic-the regional consultant has many counties to deal with and it takes a while to get an answer.

Comments corresponding to **somewhat agree**:

1. Not necessarily a bad thing as few people are going to be experts on Medicaid as well as DDARS policies. I don't mind as long as someone will help us solve the problem or get an answer.
2. Cooperation between OMPP and DDARS has been excellent.
3. Interpretation of rules is rather ambiguous, depending upon who you ask.
4. Primary contacts within a division typically address issues, advise on other divisions, but are limited in authority to resolve problems across lines.
5. DMHA is usually very good about intervening with other agencies on our behalf.
6. Definitely! There seems to be no communication between the divisions.

Question 9. Having different regional administrative service areas for FSSA programs makes enrolling clients in various programs...

Easier	Some- what Easier	No Effect	Some- what Difficult	Difficult	Blank	Other	Total
6.80%	16.50%	24.27%	13.59%	26.21%	10.68%	1.94	100.0%

Comments corresponding to **difficult**:

1. For our county, local county enrollment sites are more user friendly and seem to be more accountable to our citizens than the regional system.
2. The geographic or regional areas do not always take into consideration where clients actually go to receive services, i.e. Howard County goes to Indianapolis to receive the majority of out-of-county services, but we were placed in a region that includes St. Joesph County.
3. Regionalization of Child Care Resource/Referral has created many difficulties for clients.
4. Once again, the divisions within the FSSA at the State level not only don't communicate well, they don't care about their own agency efforts. For example when you visit the FSSA home page the regional map is displayed with the purpose of streamlining decision-making. Regional managers from three divisions of the FSSA are authorized to discuss and resolved most issues from their regional area. The DFC decided that they did not like the Eight Region format FSSA designed and DFC continues to use the Six Region format they like. Why the Secretary of the FSSA tolerates this behavior can only be explained that she does not know, understands, or cares. But the message to county level communities is do as we say not as we do. We can do what we want. It is not right.
5. Divisions of FSSA do not use the same regional structures.
6. Have a very difficult time getting clients served by DDARS
7. With phone and email, geographic divisions serve essentially no purpose, beyond creating an additional source of variation and error.
8. The new regions for FSSA are most inappropriate. They create a situation where most providers must be involved in multiple regions if they are to respond to the needs of clients they currently serve.
9. Regionalizing programs makes it nearly impossible for people in most rural areas to access needed services-also makes communication much more difficult
10. For instance, someone living in Roachdale is 14 miles from Crawfordsville or 17 miles from Greencastle, but must travel to Terre Haute or Lafayette to sign up for services. Those living in rural counties are at a disadvantage.
11. The areas do not correspond with other FSSA and related state service areas. The regional areas are too large and not divided logically. Even within local offices it may be easier for a consumer to access a nearby office in another county or region than the one in their home county.
12. Rather than having the same regions, each division seems to have its own region. For example DMHA, DFC, and DDARS each have a different regional map. This is very problematic at a local level.
13. By county would be the best.

Question 10. Outside of funding restrictions, FSSA’s organizational structure enhances the ability of clients to receive all of the services they qualify for.

Enhance	Some- what Enhance	Neutral	Some- what Lessen	Lessen	Blank	Other	Total
12.62%	27.18%	28.16%	20.39%	7.77%	2.91%	0.97%	100.0%

Comments corresponding to **neutral**:

1. Need more staff
2. Don't know enough to answer this
3. Waivers have created many new problems for some consumers.
4. Little participation by local offices
5. May actually lessen as instead of advocating with other divisions on behalf of our clients, there is a tendency to hand off the issue to the division in question. Creation of Mega-agency made the bureaucracy more impenetrable and rigid.
6. Has no effect.
7. The structure does not enhance receipt of services.
8. I don't see that it makes any real difference.
9. I do not enroll clients into programs.
10. The organizational structure between divisions appears more collaborative on a local level than on the state level among various division staff.
11. Efforts have been made at least at the local level.

Comments corresponding to **somewhat enhance**:

1. It should enhance so that personnel are not passing the buck to another agency, however there are no ombudsmen to make sure that the buck is not passed from one division to another.
2. This should be done better but I think this is from a lack of training of the workers.
3. Interdivision cooperation is noticeably improving during the past 12 months.
4. Without FSSA's structure, programs that we are involved in, like supported employment services and systems of care would not be possible.
5. There are problems if a person changes county-*ie.* Childcare voucher does not follow child. They need to start again on waiting list.

Question 11. Outside of funding restrictions, multi-problem or dually diagnosed clients have access to programs and services to address most of their needs.

Yes	No	Yes/No	Blank	Total
32.04%	53.40%	0.97%	13.59%	100.0%

Question 11a. If no, do you think that multi-problem or dually diagnosed clients would have better access to programs and services if the divisions of FSSA had better inter-agency communications?

Yes	No	Yes/No	Blank	Total
54.37%	2.91%	0.97%	41.75%	100.0%

Comments corresponding to a **no/yes** response:

1. Without a doubt.
2. No money, no mission, no services. Circular argument.
3. Communications is not the only barrier. The dually diagnosed (both mentally ill and developmentally disabled) face numerous barriers within the system that need to be addressed.
4. This has been an area of concern for many, many years in respect to DD persons. The Mental Health Division has never appropriately responded to the needs of DD persons in the 30 years I have been in my position. There is a need to develop these services and be under the direct supervision of DDARS.
5. However, for some the problem is federal regulations beyond FSSA's control.
6. People with Mental Illness in addition to Developmental Disabilities have great difficulty [with] services for their Mental Illness
7. Absolutely.
8. Community Mental Health Centers need to be more flexible in working with this population.
9. Local Mental Health Association refuses to serve dually diagnosed. Very few providers in Southern Indiana willing to serve DD clients with mental illness. Better oversight of programs for dually diagnosed needed in Southern Indiana to ensure services provided to those in need.
10. These people in DD programs get nothing from the mental health centers.
11. Bridge the gap between divisions. DMHA and DDARS need to coordinate more effectively. Within BDDS and VR need to coordinate so more effective outcomes for community employment could be made.
12. Same comment as before.
13. It would require not only better communication, but also a willingness to work in a collaborative fashion.
14. Persons with the dual diagnosis of developmental disabilities and mental illness do not have access to mental health services given the current structure. Financial incentives or state mandates to the local mental health centers and psychiatric centers is a better option if we are to correct this situation and truly support people in the community. Inter-agency communication has not worked for 25 years, so I am not confident it will work now. Support, including financial, of

- local model projects is a better approach.
15. The restrictions of Health Insurance Portability Act has made it much more difficult to coordinate not only case management effectively, but to obtain information (Medicaid Select Community Partners can't even get the list of the clients that they are supposed to serve as Community Partners)...what is wrong with this picture...very, very frustrating for those of us who are working in a very complicated system of services.
 16. Any agency receiving state funds should be required to serve dually diagnosed clients.
 17. Inter-agency communications is a very big problem for the areas I have contact with, sometimes, even within offices.

Question 12. Interactions among divisions affect the quality of services and programs...

Positively	Negatively	Blank	Other	Total
52.43%	25.24%	19.42%	2.91%	100.0%

Comments corresponding to **positively**:

1. Except dually diagnosed.
2. IF the divisions communicate effectively & interact. Sometimes they DON'T!
3. Slightly positive.
4. Standard rules would be helpful.
5. Generally.
6. When they interact!
7. The[y] must work together.
8. If done correctly.
9. Just needs to happen more.
10. Particularly helpful has been the good working relationship between OMPP and DMHA.
11. Suzanne Clifford does a terrific job of building collaborations with other FSSA divisions (and other state departments).
12. If individuals are willing to truly work creatively and collaboratively and not simply protect their fiefdoms.
13. It is important for divisions and various programs to interact.

Question 13. The requirements or guidelines for programs and services that I administer, or have contact with are...

Clear	Somewhat Clear	Somewhat Unclear	Unclear	Blank	Total
11.65%	50.49%	23.30%	9.71%	4.85%	100.0%

Comments corresponding to **somewhat clear**:

1. In the First Steps program there are many requirements and guidelines, but when you attend training, all that seems to be given is "philosophy" and not the "nuts and bolts" of the position (Intake and On-going Service Coordination). The guidelines/requirements seem to be made up as questions/problems arise.
2. Depends on the program; also turnover in staff has affected information flow.
3. Only because Step Ahead Council's don't have anything to administer other than our basic operation contract.
4. DMHA is doing a much better job under new leadership.
5. Sometimes we are told things but then can not get them in writing.
6. See comment re: changes in policy and procedures.
7. It has changed drastically during the past 3 years.
8. There can be uncertainty and compliance questions about new services and initiatives
9. DDARS does a well in this; DFC's Bureau of Child Development First Steps is rated a "D".
10. Change[s] continuously. Appears state is reactive and in a panic regarding DOJ and budget programs.

Question 14. FSSA provides information explaining changes in program policies and procedures to clients

Agree	Some-what Agree	Neutral	Some-what Disagree	Disagree	Don't Know	Blank	Total
17.48%	17.48%	10.68%	28.16%	11.65%	13.59%	0.97%	100.0%

Comments corresponding to **somewhat disagree**:

1. They do not always make the changes clear and easy to understand.
2. We have had a poor system of communication for program changes. We get emails but no official communication to valid the consultants information. Many times the consultants are not correct in their interpretation so the official notice is vital.
3. With cost containment, providers were expected to distribute state's memo.
4. It is usually left up to the service providers to explain things to the clients.
5. Rules and policies change too much to allow most consumers to digest multiple changes.
6. The method of providing information through the use of a Internet website is not adequate enough to explain changes in program policies and procedures to all clients.
7. FSSA is good at explaining changes to us or providers and then it is the providers or advocacy

- 8. group that informs and explains to families.
- 8. Individual agencies do some change info very well.
- 9. FSSA doesn't directly communicate with our consumers & there is no real mechanism for that to happen.

Question 15. FSSA provides information explaining changes in program policies and procedures to program providers

Agree	Some-what Agree	Neutral	Some-what Disagree	Disagree	Don't Know	Blank	Total
24.27%	30.10%	11.65%	18.45%	8.74%	5.83%	0.97%	100.0%

Comments corresponding to **somewhat agree**:

- 1. Improving, working with providers to discuss the development of some policies and procedures.
- 2. Local OFC is good about explaining changes to Step Ahead Council.
- 3. Changes are sometimes announced at meetings rather than distributed by mail.
- 4. Timeliness and inquiry responsiveness are areas for improvement in some departments.
- 5. Again, we're informed of changes right before they happen or into the change. Front line staff then suffer due to client complaint. This adds to turnover among employees at social service agencies.
- 6. Except the DFC Bureau of Child Development First Steps rates an "E".
- 7. Usually after the fact without getting enough feedback from Step Ahead Councils.
- 8. Always room to improve but overall do a lot of communication.

Comments corresponding to **agree**:

- 1. DMHA does.
- 2. BDDS has had too many changes.
- 3. Frequently retroactive; does not always follow promulgation procedures.

Question 16. If the State Department of Health and the four divisions of FSSA were part of the same agency, programs and services provided by FSSA would...

Improve	Somewhat Improve	No Change	Somewhat Diminish	Diminish	Blank	Total
13.59%	16.50%	20.39%	10.68%	24.27%	14.56%	100.0%

Comments corresponding to **diminish**:

1. This would be the most catastrophic move ever made. There would be complete destruction of the Social Services delivery system.
2. Large organizations tend to be less effective.
3. Would create more bureaucracy.
4. Quality Improvement and CRF/DD services from ISDH to FSSA may work but moving the entire ISDH would exacerbate the situation.
5. Programs within the FSSA are not coordinated, and communication between agencies is not a priority, so including another agency without first streamlining current programs, would not be in the best interest of clients.

Comments corresponding to **no change**:

1. No existing program that I am aware of.
2. Could be better integration of mental health with primary health care.
3. Nothing improves simply because of the structure. If the Governor sets the expectation of coordination and cooperation and then demands accountability, it will occur independently of structure!

Question 17. Does FSSA have a sufficient system or method to report a serious problem or illegal activity such as theft, skimming, bribery, etc?

Yes	No	Blank	Total
38.83%	34.95%	26.21%	100.0%

Comments corresponding to **yes**:

1. Systems and methods are in place for contractors but must be implemented both internally and externally.
2. Your ethics program is good.
3. Reporting and doing something about it is two different things.
4. There's always room for improvement.
5. With respect to Community Mental Health Centers, there are redundant accountability systems in place.
6. I was involved with the Daybreak mess. Why was the situation not addressed when discovered and why did the rules change after discover?

7. From the perspective of the provider, yes. We are under multiple microscopes. Perhaps not at the state agency level.
8. System must be followed and monitored by supervisors, auditors must be knowledgeable of programs and procedures.
9. No system is perfect need to balance cost versus benefit. Maybe a better published hotline for tips would be of some benefit.
10. But nothing is done about it.

Question 18. Does FSSA have a sufficient system or method to report a minor problem such as duplication, inefficiency, etc?

Yes	No	Blank	Total
28.16%	52.43%	19.42%	100.0%

Comments corresponding to **no**:

1. Not particularly responsive to local concerns.
2. Technological advances (and training on those systems) that could help FSSA are not a priority area of investment.
3. Foe example, the issue of certification/accreditation and the heavy overlap of these mandates and the inability(or better yet, the desire to) to coordinate to make systems more efficient.
4. There is not always a formal process that allows a person to follow the status of a report, too often the problem is sent back down to the person who was responsible for creating the problem.
5. I am unaware of there being any system for the reporting of minor problems.
6. May have a system but duplication of process is rampant
7. When reports are made they are many times ignored for months.
8. I don't know for sure, but doubt it.
9. Unsure - among FSSA staff or provider agencies?
10. I do not think that a complaint of this nature would [get] much, if any attention.
11. Department heads (most) encourage suggestions from contractors but they seem to have decision-making barriers at state level.
12. I am not aware of any system. DMHA does listen to issues and tries to improve.
13. It is difficult to know who to contact for what problem.
14. Used to in the early 1990's.
15. It may be reported, but nothing happens.

Question 19. Federal changes in programs and services are quickly integrated into state-level programs by FSSA.

Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Blank	Total
12.62%	34.95%	24.27%	15.53%	7.77%	4.85%	100.0%

Comments corresponding to **somewhat agree**:

1. to the negative! Changes should be discussed with contractors prior to implementing changes. Some time the best answers are in the field not at FSSA.
2. More coordination and training is often necessary.
3. Habit of notifying providers retroactively.

Comments corresponding to **neutral**:

1. Not sure.
2. Not sure
3. Communication is so poor that one doesn't know if the changes are coming from the Feds or from the State.
4. Sometimes too fast and changes later embarrass state officials.
5. I don't know what changes are federal driven as I said the communication has not been good.

Question 20. Computer systems at FSSA make applying for programs and services...

Easier	More Difficult	No Effect	Blank	Other	Total
36.89%	24.27%	22.33%	15.53%	0.97%	100.0%

Question 20a. If a client transfers from another provider, are computerized records about the client available?

Yes	No	Yes/No	Blank	Total
22.33%	42.72%	0.97%	33.98%	100.0%

Question 20b. If a client transfers from another geographic area, are computerized records about the client available?

Yes	No	Yes/No	Blank	Total
20.39%	44.66%	0.97%	33.98%	100.0%

Comments corresponding to **easier**:

1. Don't know
2. I don't know enough about direct client information
3. Sometimes! Many times transfers are not timely.
4. HIPPA regulations affect transfer of info until client authorizes.
5. Programs should cross county lines ie. childcare voucher.
6. For 20 - better than before they had them. For 20a and b - no experience in this area
7. Not sure
8. Not applicable to me.
9. Computer systems are duplicative and not integrated.
10. This is not an FSSA issue. As a health care provider, records about consumer care are not in the state's hands, and shouldn't be.
11. Living in a border area with Ky...I would have to say no regarding interstate transfers.

Question 21. Programs and services offered by FSSA would improve, if the divisions...

Aligned	Separate	No Change	No Affect	Blank	Other	Total
55.34%	19.42%	6.80%	6.80%	10.68%	0.97%	100.0%

Comments corresponding to **aligned**:

1. Programs and Services would improve if Aging and In-Home Services was a division.
2. Not because of the formation but due to the communication and input aspect.
3. Each division needs strong leadership and better communication between divisions.
4. There needs to be better communication between departments.
5. They need to be more closely aligned and mental health needs to support dually diagnosed in other settings than a mental health center.
6. I am not sure the alignment is the issue. It is based on communication which is sorely lacking at times. In addition, when state employees don't get raises for years at a time, their morale and productivity is lacking. I question why any one would want to work for the state.
7. DDARS is the most difficult to work with, which impacts mental health providers ability to interact with vocational rehabilitation.
8. There does not appear to be fewer funding silos than before FSSA was created.
9. The divisions do not appear to have any significant connectivity to one another.
10. The original concept for FSSA works, but unfortunately there isn't anything in place to act as a watchdog to maintain the integrity of the system. It relies too often on whether or not the new

- leaders are willing to "buy into the process".
11. ...and had consistent leadership.
 12. There needs to be more communication among/between divisions and with Step Ahead Coordinators. BCD, especially, needs to communicate with Step Ahead much better than they have in the last few years. Step Ahead Councils are actively involved in child care issues, but BCD often leaves us out of the loop (i.e. ICCF funding notifications do not go to Step Ahead Coordinators).
 13. Continual collaboration at local and state levels across agencies is important.
 14. Goals of each need to more clearly defined and stuck to.
 15. If the State actually listened to their local office representatives and sought their input.
 16. The divisions need to communicate with each other.
 17. One example, if the income guidelines were the same for all of the State programs, it would make it easier for families to apply and qualify for programs; if you qualify for one, you should qualify for another instead of being \$2.00 over the guideline.
 18. More natural client connections should be fostered within the divisions

Question 22. I think FSSA in its current formation provides programs and services efficiently and effectively.

Agree	Some-what Agree	Neutral	Some-what Disagree	Disagree	Don't Know	None	Other	Total
6.80%	27.18%	16.50%	24.27%	17.48%	2.91%	2.91%	1.94%	100.00%

Comments corresponding to **somewhat agree**:

1. BDDS is the only division that could be more efficient and effective; constant leadership change at the state level is detrimental to stable organization.
2. Better than 5 years ago -- still a ways to go!
3. There is always room for improvement, but change for change sake" is not always the answer to efficiency and productivity on behalf of the ever growing vulnerable client community."
4. Although the changes being made to First Steps will not turn out to be positive ones.

Comments corresponding to **somewhat disagree**:

1. It is very difficult to effect necessary change and to get answers to some questions.
2. Continuing issues efficiency and effectiveness are staffing, training (qualifications) and communications.
3. If one division saves money for a program and another division spends too much, the division saving for a particular program is penalized. Also there is a lot of property owned by the state, around the state hospitals that could be making money but there is no incentive at the state hospital staff to rent or do something with the property. As I understand, any money taken in does not go back to the hospital, it goes to the general fund. Incentives work! Why not try them?
4. Divisions at the state level need to be more closely aligned. Providing services through Area Agencies on Aging & Community Action regions works.
5. quality of staff needs to improve which means higher salaries
6. Once again, the positives are based on the quality of the staff working at a particular time. A well ran department can quickly go down hill when staff changes occur, and in all fairness the opposite has also happened. Too often clients are told to contact a particular person if they want

- the best service.
7. There are too many divisions - too much competition between staff ; the FSSA has taken many things back and in-house or regionalizing. This is not working and seems to be a failure that we'll all have to deal with in the future.
 8. Seen negative changes locally in provision of services to First Steps and Child Care programs

Question 23. Programs and services offered by FSSA would improve, if the Secretary...

More Direct	Less Direct	No Change	No Connection	Blank	Other	Total
17.48%	11.65%	33.01%	14.56%	21.36%	1.94%	100.0%

Comments corresponding to **no change**:

1. The level of involvement seems to change secretary to secretary. The way FSSA was intended -- Having strong division heads with the Secretary acting as the Coordinator to make sure that the Division heads were working well and efficiently seems to be best.
2. Difficulty for me to assess whether the Secretary has the real authority to affect programs and services due to law and regulations.
3. Needs to be aware of what is happening and demand excellence and ethics from all county offices.
4. Depending on the flexibility of the Secretary to respond to locally identified needs...there seems to be nominal ways only to address needs locally identified in a flexible way.
5. Structure is not really the issue. It is of greater importance that those in key management positions reflect the Secretary's goals to further the mission of FSSA to provide the highest level of service to the citizens of Indiana. A system that encourages and rewards state staff that exceed established performance goals is important.

Question 24. How would you organize human service programs and services at the state level?

1. Please understand that rural counties operate differently than urban or metro areas. Transportation, access to services and the coordination of those services are very problematic due to the locale. Coordination of all services should be based on the family unit. A typical family has too many agency people to meet with such as: child protection case worker, food stamp/TANF, IMPACT, in-home case manager, supervised visits, possibly a CASA, Healthy Families or First Steps, probably a therapist for the adults and maybe the children, parenting classes, urine drug screens, IOP, housing personnel, court personnel, school personnel for each child; they may have to complete all these requirements with no car, car or driver's license or insurance; no public transportation, no phone, no baby sitter, and no support network.
2. ?
3. Decentralize FSSA and create smaller agencies.
4. I think the concept of FSSA as an organization is good. Theory is that divisions within one group would communicate. However, I don't see that happening. More communication among divisions would greatly enhance the Step Ahead process, and I would assume, the provision of FSSA services throughout the state.
5. Hire qualified people not temps.

6. I think that integrating the State Department Of Health into FSSA would be a positive change. In our county, we do a lot of work with this agency and collaborate our efforts. It is imperative that we receive update and current grant opportunities and needs assessments to make our programs a success!
7. I would have more county input. It is OK to have regional consultants, but they should tie in to local planning councils such as Step Ahead. Rural counties do not trust regional service providers who are several counties away and hold coordinating meetings out of county. Services are lost to communities that have worked hard to pull things together locally. Several cases of taking things out of our hands to the detriment of the consumers. Good service depends on relationships between state and local provider and provider systems. FSSA has stopped listening and is mandating top down directives. Should set policy and leave it up to local.
8. As suggested above, I think person to person involvement is critical along with managers that understand and can motivate and inspire those under them. Phyllis Kikendall at Healthy Families is one example of positive and involved leadership. I am sure that vast number of programs and employees makes this a challenge. Peg Smith (early days of Step Ahead) and Maureen Greer? (early days of First Steps) also seemed to be effective with this style of leadership.
9. It is not an organizational issue. It is related to manpower and too much turnover at the leadership level.
10. Keep the same structure as is now and get advice from the key architect of the creation of FSSA to relate the how to make the agency function as it was supposed to function. The biggest challenge is to be willing to listen to an expert like this. And, he is available at no charge !!
11. I would first review the ideals of the current system and determine whether or not they still apply. The review would also include information already gathered from clients, providers, local partners, and staff on program quality. 2nd, I would determine whether or not the current system needs to be revitalized or a new system needs to be developed. 3rd, whatever the system structure is, it will have an element added to maintain the integrity of the system.
12. I like what we have. Better internal communication between agencies would improve services. Also, further development of computer programs would also be helpful.
13. I would like to see them truly unified, under a single head, with significant collaboration and a greater capacity to blend funding in order to meet client need.
14. State staff should be held accountable for the quality and quantity of their work.
15. Closely align the needs with the appropriate services.
16. Have separate departments with heads having more control and decision-making ability.
17. I would have separate depts of MH/MR Vocational Rehab and Welfare. I would suggest that the Governor have a staff member to promote cooperation between those departments and the state board of health.
18. I don't know enough about the organization of FSSA at the State level to comment on this. I coordinate both the First Steps and Step Ahead programs in Fayette County. They are both programs for children and family - yet there is no communication between the programs at State level. Changes are made in the programs frequently without prior notice or gathering of information from the counties. It just seems very disorganized.
19. Personal opinion - FSSA is too big as an agency.
20. Have a minimum staff to administer federal/state effort and pass the authority and responsibility for programs and services to the local level, county is the best, but regional if it is the only option. The local level continues to be in the best position knows the needs and to apply various program and service resources to meet those needs.
21. The current structure can work, however, it would be helpful to have a single entry point (person or office) that can assist one with information for problem resolution across Divisions and Functions. Decentralized service delivery through Regional/Area Providers should be maintained.
22. I think the mega agency structure is not working, however, I believe there needs to be better communication among the state agencies. We deal with both FSSA and ISDH. they need to talk more to improve the services needed for clients. I am not sure that the high level employees

- know enough about the services already being offered in the state. Do the secretary and the State Health Commissioner meet along with their deputies and associate directors to work on state issues together????
23. I believe all divisions should work cooperatively to better serve the consumer.
 24. No comment at this time.
 25. Bureau of Aging and In-Home Services should be a division of its own and not under DDARS. The aging population is the largest served yet deleted lower than others. Aging reported directly to the Governor when the network was established and this worked well. The FSSA organization lost respect from elders in the bureaucratic process. Let elders in Indiana know they are valued by establishing a Division on Aging and In-Home Services. I would delegate authority to the regional and local agencies and reduce the number of state staff. 13,000 is too many for efficiency and effective service and program provision.
 26. Separate the divisions into smaller agencies where the programs interests and funding streams are compatible. Currently, the same secretary is over everything from weatherization to Medicaid. It is just too diverse and everyone loses in the end.
 27. Most of the functions of FSSA could be automated. A virtual system could be constructed to facilitate matching services, payment sources and needs of clients who present to assessment centers in the local community. Knowledgeable case managers would be empowered to assist empowered clients to shop for the remedies that would assist them to meet their needs. Profiles would be developed to control the allocation of resources/remedies. Clients are less likely to choose expensive remedies that limit their freedom of movement and choice than are providers who benefit from more expensive remedies. Appropriate safeguards would be developed to allow for overrides when needed. FSSA would be transformed into a system of knowledgeable experts who facilitate the execution and fulfillment of client decision-making.
 28. I would set the standards and computerized entry the state level, but allow the counties to respond in their own way based on local needs and services available.
 29. The separation between FSSA and the Department of Health is essential to the quality of services received by the elderly in Indiana. The agency's greatest failures, from our members' perspective, are the inability to adequately provide prescription drug assistance and the failure to provide home and community based services. These failures are a function of 1) a lack of adequate state funding, and 2) an institutional resistance to creative structural and funding solutions. They are not, in my opinion, a function of the structural organization of FSSA.
 30. Look at efficient operations in other states and propose models for how FSSA could be changed. Also need some stability in administration - turnover is so frequent within BDDS and related areas (DDARS, OMPP, etc) that they are continually unstable, plus ea. new admin. makes massive reorganizational or policy decisions, often at early stage of learning curve, then leaves, and the cycle continues. Serious impact on services at front lines.
 31. I think FSSA is too big and hard too manage. Look at how often turn-over has occurred in the Secretary's office in the last 5 years. I wouldn't want the job.
 32. 1. Have all regional or geographic areas be consistent across all programs. Attempt to have them make sense in terms of communicating patterns, driving times, phone services etc. Ask the local residents for their input and not just look at a map in Indianapolis. 2. Cross departmental communications are vital. One department not knowing what the other is doing is currently the norm, not the exception. Again I reference back to the Indiana Collaboration Project's goals. 3. Require State agency representatives to spend time in the field, observing the programs they oversee and getting to know the local staff. This can only build a better understanding between the State and local program operators and encourage better program coordination. 4. Separate health and mental health related services from social services addressing employment, training, child care, housing and related services.
 33. ?
 34. Although I have worked within the CMHC system for many years, I have only recently become the CEO of a Center and I don't feel as though I can answer this.

35. We do not advocate for a change in structure. Much of today's problems goes back to the training and technology never being implemented like originally intended and set out. FSSA is currently under-staffed in many critical areas and that will fail any service delivery system. There seems to be so many meetings for key folks that there is not time for them to do their real work and that leads to a lot of hours which leads to exhaustion which leads to turnover.
36. Contractors encounter daily need to have timely responses from state program heads to answer program-specific (eligibility) questions. Responsiveness is crucial to deliver quality customer service at local level. Any reorganization needs to consider timely responsiveness to local level in the design. Perhaps each FSSA division needs to authorize its department head (and assistant) to make those timely responses. Hold department heads accountable for those decisions after legal, financial, etc training.
37. DDARS and DMHA need to be combined and integrated into the State Health program. DOE and Juvenile Justice MH and SA programs need to be closely coordinated with DMHA efforts. Some Voc Reh money needs to be placed in the DMHA budget to support the MH/SA clients. FSSA/OMPP needs to remember that we are doing social programs with medical model dollars which creates several issues.
38. The real issue is executive leadership starting with the Governor's office. The various state agency heads really ought to be a form of cabinet meeting frequently with the Governor and/or a chief of staff. Then each agency head needs to be empowered to manage (assuming they have the necessary skills). Most issues transcend a single agency and require a systems approach i.e. collaboration among the agencies-not open hostility and competition. Funding also needs to be less categorical and more blended. FSSA is such a large, unwieldy, slow to act bureaucracy that it should be dismantled.
39. The system is very bureaucratic and data intensive in an apparent attempt to provide the State with coverage from risks. It would much more effective to set up appropriate systems, which, if violated would punish the violators, not the whole system. The weight of the administrative burden seems to outweigh the potential benefit. A much greater focus on customer service and access is needed.
40. Give the various departments the responsibility and authority to carry out their responsibilities and then hold them accountable. Now there is too much buck passing and back-biting. A separate division on aging - accountable directly to the Secretary, would significantly enhance service delivery for Indiana's ever-growing aging population.
41. Take politics out of it.
42. I wouldn't--I'd get an outside, neutral consultant whose recommendations would be considered in spite of whatever politics or egos were involved.
43. Dismantle DOH and put human services into a human service agency. Create a funding entity and locate Medicaid staff directly in each appropriate division. Create a division on aging that would include home and community based services as well as long term care facilities.
44. I think the concept of FSSA is good however they are collocated but not integrated. They are all in one building but that is where the merger ends. I cannot see evidence of how they cooperate in any way.
45. I honestly would desire no part of this question.
46. I would have regional centers. I would establish areas similar to Department of Commerce or IHFA regions. Funding and staff would be regionalized. Regionalization would move staff closer to the consumer and would mean remove the burden on each county having to replicate all the different services entailed with providing a social safety net. Each county would have a front door (or several front doors) to services but not every county would have to have an emergency shelter or overnight facility for youth. Give me a call if you want to talk more.
47. I still believe in local control and input. The shift to make services regional is not meeting the needs of the consumer.
48. ?????????
49. It would take at least a year of study to see how human services programs and services should

- be organized. Perhaps I should have chosen this for my business research project for my bachelor's Excel program.
50. The level of cooperation is established by the person position it is not driven by the system. So it is all dependent on personalities. A more systemic approach to cooperation between divisions needs to occur.
 51. If you can not attract quality, people separate programs. If quality people can be hired, leave as is.
 52. As cabinet level agency positions to achieve gubernatorial access.
 53. The Law of Equifinality suggests there are lots of ways to reach the same goal.
 54. Keep the organization the same but work to coordinate and streamline.
 55. Bigger is not always better! I think we have learned that from FSSA. We need strong leadership (Governor) who will require coordination and cooperation among various divisions/departments and assure accountability
 56. As a benevolent dictatorship that's both compassionate and accountable - by that I mean give them enough authority to make things happen that are caring and helpful
 57. I would make the divisions more independent. I would create a new division and move all children's services into that. This new division would be closely allied to special education, and might include some of what is currently in corrections. It would include Department of Health facilities for children, and would unite funding and decision making for all children, regardless of the source of the issue that brings them to the state's attention.
 58. Might consider placing all health related departments together (DMHA/MRDD/OMPP) and all family and human service together (OFC/Aging)
 59. I would find a way to better integrate FSSA and Health Department. If a breakup of FSSA is inevitable, I would certainly keep Medicaid, DMHA, Voc Rehab together and close to Health Department.
 60. I don't feel I know enough about the various state agencies/program to adequately answer this question, but I do believe that aging should be a more visible program. This is the fastest growing segment of the population and will continue to have a major impact on public policy and funding over the next 20-30 years. For that reason, I believe that aging programs should have a more direct connection to the Governor's office.
 61. Keep it the same
 62. I have worked in the human services arena since the 1960's. Now, more than ever before there is a need for coordination and collaboration among programs and services both on a local level and on a state level. How that is accomplished is certainly outside my area of expertise. I am confident that sometimes less is better...almost every incidence of regionalization of processes or services seems to negatively affect the rural areas
 63. Localize them all. Do away with regions. Make all services county based under a state office. Instead of, for instance, 2,000 people working in downtown Indianapolis every day, those 2,000 people would be working in the 92 counties of Indiana. Each county would have a building of one-stop shopping where all FSSA agencies and services are headquartered. A Family walks through the door, is greeted by a caseworker who does a questionnaire and directs the family to door 1, 2 or 3, depending upon their need. Many families don't know what services or agencies they need, so their first stop is the DFC. One additional comment: By giving instructions on how to fill out the survey, you are slanting results those with social services-related degrees. The FSSA is not serving those people. The FSSA is serving the undereducated with limited economic options due to age, education, mental and physical disabilities or delays. The system should be tailored to those receiving services.
 64. Impossible to answer when sufficient money is not available to operate what is there.
 65. Create a Department of Health and Mental Health that would include Medicaid. Create a Department of Human Services to include DFC and DDARS. The two agencies would be more manageable than FSSA and allow greater focus and coordination where needed.
 66. The head of FSSA must be an knowledgeable administrator, not a politico. I would suggest

- transferring positions out of Indianapolis and granting authority to the regional levels; one FSSA administrator per region, over all departments within FSSA, including county DFC offices and local mental health centers. Regions must first be aligned and reconfigured to make sense based on service delivery areas and local teams used to receipt systemic problems and provide recommendations, with authority by the Regional Directors to act, not just relay information to the state level. Obviously the IT infrastructure must be dramatically improved and processes integrated to allow cross application for services. FSSA is not a bad idea, it has just not realized its full potential given that leadership has not remained constant long enough, nor departments held accountable, to produce the desired positive results.
67. The original Step Ahead process, which involved collaboration at all levels, with a lot of local input, was an idea that could have been effective. If I were organizing a structure, I would revisit this process and try to enhance what is already working in many areas at a local level.
 68. Put more control back into the individual counties. Regionalization has hurt services. Clients need to be able to access all services at the county level. When contracting out services, providers should have to have an access site in the county they serve ie: CCRR, Impact, Mental Health, etc.
 69. Return control to the Counties
 70. Not sure
 71. Give more control back to the local level
 72. Decrease bureaucracy and inefficiency by separating the divisions into units that make sense.
 73. It would be helpful for the clients to be able to access multiple programs with one enrollment form and have local access. Computer systems would be great if you can count on the system working. With the regionalization of services, it becomes more difficult for some clients to access services or even know how to get services. It also becomes more of a challenge for providers to meet the needs of multiple counties and have information available for multiple counties. Both time and travel become an issue.
 74. Can't answer the larger question but I do feel the following would be helpful: Stop regionalizing client services. This simply removes services from the clients and professionals that know best what their needs are. Return some real administrative and/or planning clout to the local Step Ahead Councils. Empower them with some state dollars to devise local services. Stop the wholesale rearrangement of state managers and consultants. This creates confusion as well as the likelihood of non-qualified individuals trying to consult outside their areas of expertise. Don't assume that because something is broken in Marion, Lake or Allen County that we have to overhaul an entire system that may be working well in 80+ other counties. Streamline the the state contracting system such that all contracts can be executed and in the pipeline within 60 days. Quit sending RFP's out with turnaround times of less than 30 days. Separate child welfare/CPS services from the local DFC Offices and move forward on the career development and professionalization of child welfare workers in Indiana. Explore local case management consortiums to foster communication and collaboration for local service development.
 75. If I knew I'd be running for Governor.

APPENDIX IV

Purpose: To understand the interagency connections between the division that administers the **Adult Guardianship Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDARS													
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>AAA's</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>Mental Health Assoc. Of Marion and Allen Counties</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Adult Protective Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Criminal Justice</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Aid to Independent Living, Part B** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	X	X	X	X	X	X	D	X	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Rehab. SUS Commission</u>	C	X	X	D	S	T	A	D	W	M	P	X	N
Local Agencies (name) <u>9 Indep. Living Centers</u>	C	X	X	X	S	X	A	X	W	M	P	I	N
Federal Agencies (name) <u>RSA</u>	C	X	X	X	X	X	A	D	X	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Accessing Technology Through Awareness in Indiana (ATTAIN)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>U.S. Dept. Of Education</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Elderly & Blind Independent Living Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>Dept. Of Education</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Randolph-Sheppard Blind Vending Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Federal facilities</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>City, town, state, local gov't</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>Local Gov't facilities</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>Post offices/fed'l bldgs</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Blind and Visually Impaired Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Vocational Rehab. Services</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Bureau of Quality Improvement Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDARS													
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>Supported living providers</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) <u>CMS</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Community and Home Options to Institutional Care for the Elderly and Disabled Program (CHOICE)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDARS													
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>AAAs</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Deaf and Hard of Hearing Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Developmental Disabilities Residential Facilities Council** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers **Diagnosis and Evaluation** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Vocational Rehabilitation Services: In-Service Training** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	X	A	D	W	M	X	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	X	A	D	W	M	X	I	N
Dept. of Workforce Development	C	P	I	D	S	X	A	D	W	M	X	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>RSA</u>	C	X	X	D	S	X	X	D	W	M	X	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>RCEP</u>	C	P	X	D	S	X	A	D	W	M	X	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Epilepsy Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	X
DFC	C	P	I	D	S	T	A	D	W	M	P	I	X
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	X
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	X
Courts	C	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	X
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	X
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	X
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	X
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	X
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	X

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Purpose: To understand the interagency connections between the division that administers the **Family Subsidy Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Non-profit providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Title III/VII Services - Older Americans Act** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDARS													
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>AAAs</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) <u>AOA, DOL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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- P** = Program Design - another agency assists in the planning and design of this program.
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- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Local Projects** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Long-Term Care Ombudsman Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>AAAs (16)</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>AAA Contractors (8)</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>AOA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Natl. Ombudsman Resource Center</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Natl Assoc of State Ombudsman Prog</u>	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **MR/DD Case Management** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	<input checked="" type="checkbox"/>	I	D	S	T	A	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	<input checked="" type="checkbox"/>	M	P	I	N
DDARS													
DMHA	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	<input checked="" type="checkbox"/>	M	P	I	N
OMPP	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	S	T	A	<input checked="" type="checkbox"/>	W	M	P	I	N
Dept. of Health	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Dept. of Correction	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Dept. of Education	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Dept. of Workforce Development	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Case Mgt. Companies</u>	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	S	T	A	<input checked="" type="checkbox"/>	W	M	P	I	N
Local Agencies (name) <u>Indep. Case Managers</u>	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	S	T	A	<input checked="" type="checkbox"/>	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	P	I	D	<input checked="" type="checkbox"/>	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Nutrition Service Incentive Program (USDA Meals Reimbursement)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>AAAs</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) <u>AOA</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) <u>USDA</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

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- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Olmstead Grants** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **IPAS and OBRA/PASRR** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>AAAs</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>CMHCs</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>EDS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Nursing Facilities</u>	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Residential Care Assistance Program (RCAP)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS													
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>Claims management</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **State Developmental Centers** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	<input checked="" type="checkbox"/>
DFC	C	P	<input checked="" type="checkbox"/>	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
DDARS													
DMHA	C	P	<input checked="" type="checkbox"/>	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
OMPP	C	P	I	D	<input checked="" type="checkbox"/>	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	<input checked="" type="checkbox"/>	D	S	<input checked="" type="checkbox"/>	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>Dept. Of Justice</u>	C	<input checked="" type="checkbox"/>	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Federal Agencies (name) <u>CMS</u>	C	<input checked="" type="checkbox"/>	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Other (name) <u>CMHCs</u>	C	P	<input checked="" type="checkbox"/>	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Other (name) <u>Local Hosp./Clinicians</u>	C	P	<input checked="" type="checkbox"/>	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Security Administration/Vocational Rehabilitation Account (SSA/VR)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	<input checked="" type="checkbox"/>	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
OMPP	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Federal Agencies (name) _____	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Supported Employment Systems Change Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	X	X	X	S	X	A	D	W	M	X	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	X	X	X	S	X	A	D	W	M	P	X	N
Dept. of Education	C	X	X	X	S	X	A	D	W	X	P	I	N
Dept. of Workforce Development	C	X	X	X	S	X	A	D	W	X	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Community Rehab Programs</u>	C	X	X	X	S	X	A	X	W	M	P	I	N
Local Agencies (name) <u>CMHCs</u>	C	X	X	X	S	X	A	D	W	M	X	I	N
Federal Agencies (name) <u>SSA</u>	C	X	X	X	S	X	A	D	W	M	P	X	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>INARF</u>	C	X	X	X	S	X	A	D	W	M	X	I	N
Other (name) <u>IARC</u>	C	X	X	X	S	X	A	D	W	M	X	I	N

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- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Supported Employment** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>RSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Vocational Rehabilitation Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS													
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>RSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Refugee Cash Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) <u>ORR</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Temporary Assistance for Needy Families (TANF)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) <u>ACF</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

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- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Adoption Assistance Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DFC													
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Child Abuse Challenge** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	W	M	P	I	N				
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Courts	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Local Agencies (name) _____	C	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	<input checked="" type="checkbox"/>	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Child Care Development Fund Assistance (CCDF)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Child Care Fund** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **School-Age Child Care Project Fund** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Grantees</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>LSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Child Protection Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Child Welfare Assistance (Title IV-B, Subpart 1)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Kids First Trust Fund** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Courts	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Local Agencies (name) Grantees	C	P	I	D	S	<input checked="" type="checkbox"/>	A	D	<input checked="" type="checkbox"/>	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Community Services Block Grant (CSBG)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	T	<input checked="" type="checkbox"/>	D	W	M	<input checked="" type="checkbox"/>	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Community Action Agencies</u>	C	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A	D	<input checked="" type="checkbox"/>	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>HHS</u>	C	P	I	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	<input checked="" type="checkbox"/>	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Consolidated Outreach** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	X	X	X	X	A	D	W	M	X	I	N
Dept. of Workforce Development	C	P	X	X	X	X	A	D	W	M	X	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Shelter Plus Care - Division of Family and Children** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Mental Health Assoc. (Allen County)</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>HIV Providers (Allen County)</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CANI</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Weatherization Assistance Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IN Community Action Assoc</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IURC, OUCC</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>U.S. Dept. Of Energy</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>US Health & Human Serv.</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>IN Housing Finance Authority</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Domestic Violence Prevention and Treatment Fund** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>ICADY, INCASA</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) <u>ACF</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Emergency Assistance Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Emergency Shelter Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>IHFA</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>ICCHI</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) <u>HUD Indianapolis</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) <u>Dept. Of Commerce</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) <u>CHIP, ICADV</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers **Family Violence Prevention** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>IN CASA, ICADV</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) <u>ACF</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Indiana Fathers & Families Initiative** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	X	X	D	W	M	X	I	N
DFC													
DDARS	C	X	X	D	S	X	X	D	W	M	X	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	X	D	S	X	X	D	W	M	X	I	N
Dept. of Education	C	P	I	X	S	T	A	D	W	M	P	X	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	X	N
Courts	C	P	X	D	S	X	X	D	W	M	P	X	N
Local Agencies (name) <u>Child Support</u>	C	P	I	D	S	X	X	D	W	M	X	I	N
Local Agencies (name) <u>Legal Aid</u>	C	P	I	D	S	X	X	D	W	M	X	I	N
Federal Agencies (name) <u>OCSE</u>	C	P	I	D	S	T	A	D	X	M	P	I	N
Federal Agencies (name) <u>ACF</u>	C	P	I	D	S	T	A	D	W	X	P	I	N
Other (name) <u>LOFC</u>	C	P	I	D	S	T	A	D	W	M	X	I	N
Other (name) <u>Local Social Service Agencies</u>	C	P	X	D	S	X	X	D	W	M	X	I	N

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Purpose: To understand the interagency connections between the division that administers **First Steps** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Food Stamps Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC													
DDARS	C	P	I	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	W	M	<input checked="" type="checkbox"/>	I	N
DMHA	C	P	I	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	W	M	<input checked="" type="checkbox"/>	I	N
OMPP	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Dept. of Health	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T	A	D	W	<input checked="" type="checkbox"/>	P	I	N
Dept. of Correction	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Dept. of Education	C	P	I	D	<input checked="" type="checkbox"/>	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Dept. of Workforce Development	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Local Agencies (name) Local DFC offices	C	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) Food & Nutrition Service	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	<input checked="" type="checkbox"/>	W	M	P	I	N
Federal Agencies (name) Dept. Of Homeland Security	C	P	I	D	S	<input checked="" type="checkbox"/>	A	D	<input checked="" type="checkbox"/>	M	P	I	N
Other (name) Purdue University - Family Nutrition	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T	A	D	W	<input checked="" type="checkbox"/>	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Foster Care Assistance Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Hospital Care for the Indigent (HCI)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Healthy Families Indiana** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IU School of Nursing</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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Purpose: To understand the interagency connections between the division that administers the **Title IV-D: Child Support Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts: UTAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts: <u>Admin. IV-D Courts</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other State Agencies (name) <u>Attorney General</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) <u>BMV</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) <u>IV-D Prosecutors</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) <u>Circuit Court Clerks</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) <u>OCSE Regional</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) <u>OCSE Federal</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other State Agencies (name) <u>State Revenue</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) <u>Social Security Admin.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies <u>Dept. Of Information Technology</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Low-Income Home Energy Assistance Program (LIHEAP)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) 24 Comm. Action Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers **Non-Recurring Adoption Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DFC													
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers **Project Safe Place** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
DFC													
DDARS	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
DMHA	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Health	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Dept. of Correction	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Dept. of Education	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Courts	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers **Refugee Social Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) <u>ORR</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Section 8 Housing Choice Voucher Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) Public Housing Agencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) Comm Action	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) HUD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Section 8 Housing: Family Self-Sufficiency Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Sex Offense Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)						Frequency of Interaction						
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OMPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local Agencies (name) <u>IN CASA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Alcohol Drug Abuse Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA													
OMPP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) <u>IN Criminal Justice Institute</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) <u>SAMHSA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) <u>Tobacco Agency</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) <u>CHMCs and Addiction Providers</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

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- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
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Purpose: To understand the interagency connections between the division that administers **Circle Around Families** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	X	P	I	D	S	T	A	X	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	X	A	D	W	M	P	X	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	X
Dept. of Education	C	P	X	X	S	T	A	D	W	X	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	X
Courts	X	X	I	D	S	T	A	X	W	M	P	I	N
Local Agencies (name) <u>Not-for-profit providers</u>	C	P	X	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>CMHCs</u>	C	P	I	D	S	T	A	D	W	M	P	I	X
Federal Agencies (name) <u>CMHS</u>	C	P	X	X	S	X	A	D	W	M	X	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	X	X	S	X	A	D	W	M	X	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
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Purpose: To understand the interagency connections between the division that administers **Community Mental Health Centers** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMSI</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CMHCs and Addiction Providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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Purpose: To understand the interagency connections between the division that administers the **Community Mental Health Services Block Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>CMHCs</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMHS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **DMHA Disaster Relief Grants** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>FEMA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CDC</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies <u>CMHCs and Addiction Providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **HIV Outreach** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CSAT</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CMHCs and Addiction Providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Safe and Drug-Free Schools and Communities** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>DOE</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>IN Criminal Justice Institute</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Tobacco Agency</u>	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Statewide Treatment Needs Assessment Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IUPUI/IU Bloomington</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IN Criminal Justice Institute</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>Drug Free Indiana</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Tobacco Agency</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CMHCs and Addiction Providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Mental Health Funds Recovery Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS - Medicaid</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CMHCs and Addiction Providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **State Mental Health and Addiction Hospitals** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	I	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	I	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	I	I	N
Dept. of Correction	I	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	I	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	I	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Local Schools</u>	I	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>CMHCs</u>	I	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>Medicare</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Dept. Of Transportation</u>	I	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Protection Advocacy</u>	I	P	I	D	S	T	A	D	W	M	I	I	N

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- I** = Implementation - another agency assists in the conduct of this program.
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Purpose: To understand the interagency connections between the division that administers the **Olmstead Mental Health Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) NAMIKEY MHA	C	P	I	D	S	T	A	D	W	M	P	I	N
State Agencies (name) <u>IHFA, Dept. Of Commerce, IN Institute on Disability and Community</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Projects for Assistance in the Transition from Homelessness (PATH)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>CMHCs</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMHS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Quality Assurance and Research** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Indiana University</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CMHCs and Addiction Providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Seriously Emotionally Disturbed Children (Systems of Care in Indiana Grant)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMHS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CMHCs and Addiction Providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Shelter Plus Care Grant Project** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Tri-city</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Park Center, MIC</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Midtown</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>Community MHC, Inc.</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>HUD</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>IHFA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Substance Abuse Data Infrastructure Grant** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CMHCs and addiction providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Substance Abuse Services / Gambler's Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IN Council on Problem Gambling</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IN Criminal Justice Institute</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>CMHCs & Addiction Providers</u>	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Tobacco Sales to Minors (Synar Amendment)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA													
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>STHTF Excise Police</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>IN Criminal Justice Institute</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>SAMHSA</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>Tobacco Agency</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant (SSBG)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant - DDARS** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant - DMHA** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Service Block Grant - Department of Health** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant - DFC** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Social Services Block Grant - Department of Corrections** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
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- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Youth Service Bureaus** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC													
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>Criminal Justice Institute</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Children’s Health Insurance Program (CHIP-Phase II)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Head Start Programs** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>ACF</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>IDEM</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
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- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Step Ahead Comprehensive Early Childhood Grant Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Agencies (name) <u>Head Start</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Agencies (name) <u>Dept. Of Commerce</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Agencies (name) <u>Gov.'s office</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers **Aged, Blind, and Disabled Exams and Burials** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)						Frequency of Interaction						
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	<input checked="" type="checkbox"/>	A	<input checked="" type="checkbox"/>	W	M	P	I	N				
DFC	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DDARS	C	P	I	D	S	<input checked="" type="checkbox"/>	A	D	W	M	P	<input checked="" type="checkbox"/>	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Courts	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Local Agencies (name) <u>County DFCs</u>	C	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	<input checked="" type="checkbox"/>	I	D	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) <u>AG's office</u>	C	P	I	D	S	<input checked="" type="checkbox"/>	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Other (name) <u>Hearing & Appeals</u>	C	P	I	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	<input checked="" type="checkbox"/>	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Aged** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____ AAAs _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Blind** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
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- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Breast and Cervical Cancer Screening** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Children Under the Age of 19 (CHIP - Phase I)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Children Aged 19 and 20** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Low-Income Children** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u> CMS </u>	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category - Children in Psychiatric Facilities** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Disabled** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Program - General Program Information** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS, HHS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
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Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Employees with Disabilities (M.E.D. Works Program)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u> _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Newborn Children** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OMPP													
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____ CMS _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Pregnant Women (Full Coverage)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	<input checked="" type="checkbox"/>	N
OMPP													
Dept. of Health	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Pregnant Women (Pregnancy-Related Coverage)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	<input checked="" type="checkbox"/>	N
OMPP													
Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	<input checked="" type="checkbox"/>	I	N
Dept. of Correction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
Dept. of Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
Dept. of Workforce Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
Courts	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
Local Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	<input checked="" type="checkbox"/>	I	N
Federal Agencies (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
Other (name) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Qualified Individual-1 (QI-1)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____ AAAs _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Qualified Medicare Beneficiary (QMB)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____ AAAs _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Qualified Disabled and Working Individuals** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____ AAAs _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category - RBA-Related Medical Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Refugee Medical Assistance** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Specified Low-Income Medicare Beneficiary (SLMB)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) <u>AAAs</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) <u>CMS</u>	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category - Individuals Receiving Supplemental Security Income (SSI)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
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- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Category - Low-Income Families** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	<input checked="" type="checkbox"/>	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Category – Children who are Wards** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DFC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	W	M	P	I	N
DDARS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	I	N
DMHA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	W	M	P	<input checked="" type="checkbox"/>	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	<input checked="" type="checkbox"/>	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver - Aged and Disabled (A&D)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS													
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____ CMS _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver - Assisted Living** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____ CMS _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver - Autism** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____ CMS _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver - Developmental Disability (DD)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS													
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____ CMS _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver - Medically Fragile Children** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS													
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____ CMS _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver - Support Services** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

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	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS													
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____ CMS _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Purpose: To understand the interagency connections between the division that administers the **Medicaid Waiver - Traumatic Brain Injury (TBI)** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DFC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDARS													
DMHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OMPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dept. of Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____ CMS _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Agencies (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
- T** = Technical Support - support services (such as assessment, program knowledge-base, clinical expertise, specialized expertise, etc.) are provided for this program by another agency outside of this division.
- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Indiana Chronic Disease Management Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	T	A	D	<input checked="" type="checkbox"/>	M	P	I	N
DFC	C	P	I	<input checked="" type="checkbox"/>	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	<input checked="" type="checkbox"/>	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	<input checked="" type="checkbox"/>	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

- C** = Co-located Program - the staff and other resources of this program are shared with another agency.
- P** = Program Design - another agency assists in the planning and design of this program.
- I** = Implementation - another agency assists in the conduct of this program.
- D** = Data Sharing - information derived from this program is shared with another agency.
- S** = Share Federal Funding - federal funds are received by this program and distributed to another agency.
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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Medicaid - Disproportionate Share Hospital (DSH) Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	P	I	D	S	T	A	D	W	M	P	I	N
DFC	C	P	I	D	S	T	A	D	W	M	P	I	N
DDARS	C	P	I	D	S	T	A	D	W	M	P	I	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	N
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	N
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	N
Courts	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____ CMS _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name) _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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- A** = Administrative Support - another agency provides payroll, accounting, or other support for this program.

Purpose: To understand the interagency connections between the division that administers the **Indiana Long-Term Care Insurance Program** and other state, local, and federal government agencies. In the table below, please circle the one (or more) type(s) of interaction that is most applicable, along with the frequency with which your program staff interacts with the other agencies.

Interacting Agency	Type of Interaction (More than one may be selected)							Frequency of Interaction					
	Co-located	Program Design	Implementation	Data Sharing	Share Federal Funding	Technical Support	Administrative Support	Daily	Weekly	Monthly	Periodically - Fairly Often	Infrequently	No Ongoing Interaction
FSSA Central Office	C	<input checked="" type="checkbox"/>	I	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	W	<input checked="" type="checkbox"/>	P	I	N
DFC	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	S	T	A	D	W	<input checked="" type="checkbox"/>	P	I	N
DDARS	C	P	I	<input checked="" type="checkbox"/>	S	<input checked="" type="checkbox"/>	A	D	W	M	P	<input checked="" type="checkbox"/>	N
DMHA	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
OMPP													
Dept. of Health	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Correction	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Education	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Dept. of Workforce Development	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Courts	C	P	I	D	S	T	A	D	W	M	P	I	<input checked="" type="checkbox"/>
Local Agencies (name)_____	C	P	I	D	S	T	A	D	W	M	P	I	N
Local Agencies (name)_____	C	P	I	D	S	T	A	D	W	M	P	I	N
Federal Agencies (name)_____ CMS _____	C	<input checked="" type="checkbox"/>	I	D	S	T	A	D	W	M	P	<input checked="" type="checkbox"/>	N
Federal Agencies (name)_____	C	P	I	D	S	T	A	D	W	M	P	I	N
Other (name)_____ Dept. Of Insurance _____	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D	S	<input checked="" type="checkbox"/>	A	D	<input checked="" type="checkbox"/>	M	P	I	N
Other__ Partnership Programs in 3 other states _____	C	P	I	D	S	T	A	D	W	M	P	I	N

Please use these for **type of interaction** (multiple codes may be selected):

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Program interaction inventories were not available for the following programs:

Senior Community Services Employment Program (Title V Senior Employment)
Special Projects
Emergency Assistance Services
Indiana Prescription Drug Program (HoosierRX)
Independent Living Program
Special Needs Adoption Program (SNAP)
Temporary Emergency Food Assistance Program (TEFAP)
Family Preservation and Support Services (Title IV-B, Subpart 2)
Health Care Access Planning
Medical Services for Inmates and Patients (590 Program)

APPENDIX V

Program Name	Contractor	2000		2001		2002	
		Amount	No.	Amount	No.	Amount	No.
4-E Foster Care	Archdiocese Of Indianapolis/Catholic Social Svc			\$36,000.00	1		
	Catholic Charities Of The Diocese Of Ft Wayne/So			\$92,834.00	1		
	Foster Care Services, Inc.			\$32,230.00	1		
	Foster Parent Services, Inc.			\$93,553.00	1		
	Foster Parent Training, Inc.			\$290,000.00	2		
	Four County Comprehensive Mental Health Ctr, In			\$24,570.00	1		
	Lutheran Social Services, Inc.			\$212,505.00	1		
	Madison Center, Inc.			\$33,220.00	1		
	Oaklawn Psychiatric Center, Inc.			\$136,485.00	2		
	Pleasant Run, Inc.	\$13,448.00	1	\$249,553.00	1		
	The Children's Bureau Of Indianapolis, Inc.			\$105,647.00	1		
	Youth Opportunity Center, Inc.						
4-E Foster Care Total		\$13,448.00	1	\$1,306,597.00	13		
Administrative Contract	Arthur Andersen LLP			\$47,334.00	1		
	Atlantic Management Center, Inc.	\$22,782.00	1	\$22,782.00	1		
	Blue & Company LLC	\$9,000.00	1				
	Creative Socio-Medics	\$1,336,460.83	1	\$1,384,460.83	1		
	Dmg-Maximus	\$2,902,309.00	1				
	Indiana Black Expo, Inc.			\$98,237.00	1		
	K. Sean Fleck			\$4,500.00	1		
	Maximus, Inc.			\$20,881,410.00	1		
	Northeast Indiana Business Assistance Corp						\$10,000.00
Administrative Contract Total		\$4,270,551.83	4	\$22,438,723.83	6	\$10,000.00	1

Alcohol & Drug Abuse									
	Fairbanks Hospital, Inc.	\$262,707.50	2						
	Key Consumer Corporation, Inc.			\$132,500.00	1				
	KPMG LLP			\$224,000.00	1				
Alcohol & Drug Abuse Total		\$262,707.50	2	\$356,500.00	2				
Blind Vending									
	Adam's Mark Hotel And Suites			\$12,593.95	1				
	Independent Vendors	\$0.00	29	\$0.00	5				
	Indiana Department Of Administration			\$0.00	1				
	Indiana University Sponsored Research Svcs	\$22,000.00	1	\$22,000.00	1				
	Kathy Emata	\$10,000.00	1	\$29,000.00	2				
	Metro Networks, Inc.						\$4,899.00	1	
Blind Vending Total		\$32,000.00	31	\$63,593.95	10		\$4,899.00	1	
Child Care Development Fund (CCDF)									
	Bona Vista Programs, Inc.	\$231,575.00	1						
	Community Action Of Northeast Indiana, Inc.	\$326,456.00	1						
	Family Development Services, Inc.	\$499,527.00	2						
	Hamilton Center, Inc.	\$128,758.00	1						
	Hopewell Center, Inc.	\$62,444.00	1						
	Kankakee-Iroquois Regional Plan. Commission	\$267,180.00	1						
	Lincoln Hills Development Corporation	\$230,947.00	1						
CCDF Total		\$1,746,887.00	8						
CCDF Administration									
	Aging And In-Home Services of NE Ind., Inc.	\$161,712.00	1						
CCDF Administration Total		\$161,712.00	1						
CCDF Child Care									
	Area V Agency On Aging & Community Svcs, Inc.			\$18,388,804.00	4				
	Community Action Program, Inc. of Western Indiana			\$3,998,150.00	4				
	Four County Comprehensive Mental Health Ctr, Inc.			\$1,401,614.00	1				
	Human Services, Inc.			\$8,404,583.00	3				

	Jackson County United Fund, Inc.					\$3,322,564.00	1
	Jasper County Community Services, Inc.	\$718,259.00	1	\$1,689,845.00	1		
	Lieberman Associates Of Lake County, Llc	\$56,550,999.00	1				
	Oaklawn Psychiatric Center, Inc.			\$13,738,327.00	1		
	Orange County Child Care Cooperative, Inc.			\$1,726,556.00	1		
	Phillip Liberman and Associates, Inc.	\$887,801.00	1				
	Putnam County Comprehensive Services, Inc.	\$1,221,729.00	1				
	River Valley Resources, Inc.			\$5,850,963.00	1		
	SE Indiana Economic Opportunity Corp.	\$1,446,295.00	1				
	Workforce Development Services, Inc.	\$6,207,936.00	1				
	CCDF Child Care Total	\$67,033,019.00	6	\$58,521,406.00	17		
	CCDF ICES Total	\$7,000,000.00	1	\$28,865,749.00	1		
	Anthony Wayne Services/Post Master	\$7,000,000.00	1	\$28,865,749.00	1		
	Deloitte Consulting L.P.						
	CCDF ICES Total	\$7,000,000.00	1	\$28,865,749.00	1		
	Ccdf Resource						
	Area IV Agency/Aging & Community Action Program	\$28,205.00	1				
	Blue River Services, Inc.	\$36,153.00	1				
	Blue Rivers Services, Inc.	\$31,121.00	1				
	Child-Adult Resource Services, Inc.	\$46,230.00	1				
	Combined Community Services, Inc.	\$43,947.00	1				
	Community & Family Services, Inc.	\$69,024.00	2				
	Community Care In Union Co., Inc.	\$30,330.00	1				
	Community Coordinated Child Care Of St. Joseph Co.	\$183,691.00	2				
	Day Nursery Association Of Indianapolis, Inc.	\$476,271.00	3				
	Dependent Care Management Inc.	\$165,283.00	5				
	Dubois-Pike-Warrick Economic Opportunity Committee	\$33,900.00	1				
	Four Rivers Resource Services, Inc.	\$31,350.00	1				
	Huffer Memorial Children'S Center, Inc.	\$204,975.00	3				

	Human Services, Inc.	\$81,080.00	2		
	Jackson County United Fund, Inc.	\$34,810.00	1		
	Landmark Services, Inc.	\$33,973.00	1		
	Lincoln Hills Development Corporation	\$70,055.00	2		
	Marshall County Council On Aging, Inc.	\$40,470.00	1		
	Neighbors, Inc./Childhood Alliance	\$36,498.00	1		
	Ohio Valley Opportunities, Inc.	\$66,977.00	2		
	Orange County Child Care Cooperative, Inc.	\$31,010.00	1		
	Pulaski County Human Services, Inc.	\$28,970.00	1		
	River Valley Resources, Inc.	\$80,747.00	2		
	Southeastern Indiana Economic Opportunity Corp.	\$153,515.00	5		
	Tippecanoe County Child Care, Inc.	\$206,794.00	6		
	United Way Of Wells County, Inc.	\$48,580.00	2		
	Wabash Valley Human Services, Inc.	\$71,388.00	4		
	Young Women'S Christian Assoc Of Richmond, Indiana	\$65,067.00	1		
	Youth Action Community Coucill Of Boone Co., Inc.	\$28,715.00	1		
CCDF Resource Total		\$2,459,129.00	56		
CCDF Licensing					
	Elizabeth Coonce			\$74,418.00	1
	Excellent Quality Care, Inc.	\$51,626.00	1		
	Michelle L. Newcomb			\$14,288.00	1
	Roxanne Snodgrass			\$85,136.00	1
CCDF Licensing Total		\$51,626.00	1	\$173,842.00	3
Change Projects					
	Indiana University	\$681,357.00	1		\$426,859.00
Change Projects Total		\$681,357.00	1		\$426,859.00
Child Abuse Challenge					
	Agape Respite Care, Inc.			\$25,000.00	1
	Bona Vista Programs, Inc.			\$40,000.00	2
	Cass Council For Mentally Retarded Citizens			\$10,000.00	1

Child Abuse Prevention Services, Inc.									
Children'S Bureau Of Indianapolis, Inc.	\$74,324.40	1				\$14,700.00	1		
Clark County Youth Shelter & Family Services, Inc.	\$30,346.20	1				\$5,000.00	1		
Community & Family Resource Center, Inc.	\$92,122.00	1				\$34,000.00	1		
Community Centers Of Indianapolis, Inc.						\$34,219.00	2		
Crisis Center, Inc. A Youth Service Bureau	\$23,112.00	1				\$5,000.00	1		
Crossroads Of America Council, Boy Scouts Of America	\$92,432.75	1				\$25,000.00	1		
Decatur County Big Brothers And Big Sisters, Inc.						\$9,750.00	1		
Dubois-Pike-Warrick Economic Opportunity Committee						\$8,300.00	1		
Evansville Coalition For Thehomeless, Inc.						\$16,300.00	1		
Family and Children's Counseling Center, Counseling						\$17,500.00	1		
Family Focused Nurturing Services, Inc.						\$20,000.00	1		
Family Resource Center	\$97,700.00	1				\$128,580.00	2		
Four County Comprehensive Mental Health Centers,In						\$24,900.00	1		
Home Team Advantage, Inc.	\$90,000.00	1				\$226,334.00	3		
Laporte Regional Health System, Inc.						\$50,000.00	2		
Life Choices, Inc.	\$45,000.00	1				\$20,000.00	1		
Lincoln Hills Development Corporation						\$11,100.00	1		
Marshall Stare Development Center, Inc.						\$7,200.00	1		
MDS Of Pike Township	\$20,000.00	1				\$10,000.00	1		
Mental Health Association In Indiana, Inc.	\$58,050.00	1				\$20,000.00	1		
Mental Health Association In Putnam County						\$10,000.00	1		
New Hope Services, Inc.						\$20,000.00	1		
Orange County Child Care Cooperative, Inc.						\$20,000.00	1		
Our Children, Our Future, Inc.						\$23,000.00	1		

	Scan, Inc.				\$10,800.00	1	
	The Child Abuse Prevention Council Of Bartholomew				\$7,080.00	1	
	The Children's Bureau of Indianapolis, Inc.				\$15,000.00	1	
	Vicki Ward				\$14,629.57	1	
	Visiting Nurse Service, Inc.				\$15,000.00	1	
	Wishard Memorial Foundation, Inc.				\$25,000.00	1	
	Y-Med, Inc.		\$31,374.00	1			
	Young Women's Christian Association Of Indianapolis		\$91,953.83	1	\$5,000.00	1	
	Child Abuse Challenge Total		\$746,415.18	12	\$908,392.57	39	
	Child Care Funds						
	Ann Hrivnak		\$35,100.00	1			
	Clifton Gunderson L.L.P.				\$32,780.00	1	
	Crowe, Chizek & Company, LLP				\$50,000.00	1	
	Indiana Consortium on Professional Development		\$400,000.00	1			
	Lisa Kolbus-Hausz		\$45,000.00	1	\$90,000.00	1	
	Myers And Stauffer LC		\$71,170.00	1			
	Neighbors, Inc. Childhood Alliance		\$100,000.00	1			
	Office Of The Fire Marshal		\$1,400,000.00	1			
	S & S Environmental, LLC		\$585,000.00	1			
	Sarah Killion		\$15,000.00	1			
	The Consultants Consortium, Inc.		\$1,891,535.00	1			\$221,140.00 1
	The Indiana Association Of Child Care Resource & R		\$6,099,288.00	2	\$406,690.00	1	
	Westaff (USA), Inc.		\$2,075,085.00	1	\$706,029.00	1	
	Child Care Funds Total		\$12,717,178.00	12	\$1,285,499.00	5	\$221,140.00 1
	Child Support Access & Visitation						
	Archdiocese Of Indianapolis/Catholic Social Services				\$36,000.00	1	
	Child Abuse Prevention Services, Inc.				\$30,000.00	1	

	Children and Family Services, Corporation		\$36,000.00	1	
	Community and Family Resource Center, Inc.		\$45,000.00	1	
	Family Services, Inc.		\$38,000.00	1	
	Giant Steps Alternative Programs, Inc.		\$45,000.00	1	
	Lake County Child Abuse Prevention Council, Inc.		\$35,000.00	1	
	Marion Superior and Circuit Courts Network		\$80,000.00	1	
	Step Ahead Of Kosciusko County, Inc.		\$36,000.00	1	
	The Good Dad Association Incorporated		\$33,000.00	1	
			\$36,000.00	1	
Child Support Access & Visitation Total			\$450,000.00	11	
Child Welfare					\$10,000,000.00
	Anthony Wayne Services/Post Master		\$703,894.00	1	
	Indiana University		\$703,894.00	1	
	Indiana University School Of Social Work		\$140,898.00	1	
Child Welfare Total			\$140,898.00	1	\$703,894.00
Childrens Trust:					
	Adult & Child Mental Health Center, Inc.		\$27,892.00	1	
	Alternatives Incorporated Of Madison County		\$30,163.00	1	
	Area Five Agency On Aging & Community Services, Inc.		\$18,817.00	1	
	Big Brothers/Big Sisters Of Elkhart County, Inc.		\$36,557.00	1	
	Big Sisters Of Central Indiana, Inc.		\$8,712.00	1	
	Blue River Services, Inc.		\$13,070.00	1	
	Brownstown Central Community School Corporation		\$37,716.00	1	
	Campagna Academy, Inc.		\$12,612.00	1	
	Center For Nonviolence, Inc.		\$25,338.00	1	
					\$10,000,000.00
					0
					1

Child Abuse Prevention Services, Inc.	\$55,862.00	1
Child-Adult Resource Services, Inc.	\$38,435.00	1
Children And Family Services Corporation	\$21,780.00	1
Christian Haven, Inc.	\$17,364.00	1
Community Care In Union County, Inc.	\$17,423.00	1
Community Mental Health Center, Inc.	\$12,640.00	1
Decatur County Big Brothers And Big Sisters, Inc.	\$30,490.00	1
Domestic Violence Network Of Greater Indianapolis, Inc.	\$8,712.00	1
Dubois-Pike-Warrick Economic Opportunity Committee	\$18,860.00	1
Education For Conflict Resolution, Inc.	\$64,823.00	1
El Buen Vecino, The Good Neighbor, Inc.	\$5,000.00	1
Evansville-Vanderburgh School Building Corporation	\$27,921.00	1
Exchange Club Family Resource Center, Inc.	\$33,937.00	1
Families United, Inc.	\$15,432.00	1
Family & Children' S Centers Counseling & Development	\$68,525.00	1
Family Focused Nurturing Services, Inc.	\$20,421.00	1
Family Service Association Of Central Indiana, Inc	\$28,138.00	1
Family Service Association Of Howard County, Inc.	\$35,822.00	1
Family Services and Prevention Programs, Inc.	\$39,961.00	1
Family Services Association of Monroe County, Inc.	\$41,468.00	1
Family Services of Bartholomew County, Inc.	\$7,995.00	1

Family Services, Inc.	\$73,879.00	1
Floyd County Circuit Court	\$28,830.00	1
Furthering Youth, Inc.	\$22,847.00	1
Gary Neighborhood Services, Inc.	\$23,901.00	1
Hamilton Center, Inc.	\$20,855.00	1
Healthy Families of Hamilton County	\$48,808.00	1
Helping Our People Excel, Inc.	\$54,373.00	1
Indiana Health Centers, Inc.	\$39,202.00	1
Indiana Perinatal Network, Inc.	\$43,558.00	1
Indiana University	\$30,490.00	1
Interfaith Community Council, Inc.	\$27,683.00	1
La Casa De Amistad, Inc.	\$5,000.00	1
Laporte County Child Abuse Prevention Council, Inc	\$29,667.00	1
Lifeline Youth And Family Services, Inc.	\$75,720.00	1
Lincoln Hills Development Corporation	\$11,925.00	1
Lutheran Child And Family Services of Indiana, Inc.	\$36,960.00	1
Marion Community School Corporation	\$8,712.00	1
Marshall-Starke Development Center, Inc.	\$23,005.00	1
Memorial Hospital of South Bend, Inc.	\$42,658.00	1
Mental Health Association Of Lake County	\$26,814.00	1
New Castle Community School Corporation	\$41,318.00	1
Noah's Ark Day Care Center, Inc.	\$26,135.00	1
Noble, Inc.	\$21,780.00	1
North Adams Community Schools	\$41,554.00	1
Northwest Indiana Health Department of Cooperative	\$44,267.00	1
Open Door Health Center, Inc.	\$23,125.00	1

Orange County Child Care Cooperative	\$17,430.00	1
Peace Learning Center, Inc.	\$53,854.00	1
Prevent Child Abuse Indiana	\$68,385.00	1
PSI Services Iii, Inc.	\$49,550.00	1
Putnam County Family Support Services, Inc.	\$34,355.00	1
Rauch, Inc.	\$35,580.00	1
Ripley County Family Services, Inc.	\$15,173.00	1
Scan, Inc.	\$21,150.00	1
South Central Community Mental Health Centers, Inc	\$13,473.00	1
Stone Belt Arc, Inc.	\$36,298.00	1
The Archdiocese Of Indianapolis/St. Elizabeth's	\$29,110.00	1
The Board Of School Commissioners Of The City Of I	\$21,780.00	1
The Bridgework Theater, Inc.	\$28,304.00	1
The Child Abuse Prevention Council Of Bartholomew	\$26,885.00	1
The Children's Bureau Of Indianapolis, Inc.	\$19,865.00	1
The Stepping Stone Shelter For Women, Inc.	\$30,490.00	1
The Villages Of Indiana, Inc.	\$46,551.00	1
United Health Services Of St. Joseph County, Inc.	\$42,703.00	1
Wabash Valley Human Services, Inc.	\$28,705.00	1
White County Family Young Men's Christian Association	\$14,959.00	1
Young Women's Christian Association Of Greater Lafayette	\$5,028.00	1
Youth First Foundation, Inc.	\$43,558.00	1
Youth Service Bureau Of Huntington County	\$9,891.00	1

	Youth Service Bureau Of Porter County, Inc.			\$33,644.00	1	
	Youth Service Bureau Of St. Joseph County, Inc.			\$54,756.00	1	
	Youth Service Bureau Of Wabash County, Inc.			\$18,014.00	1	
	Youth Service Bureau, Inc.			\$26,815.00	1	
Children's Trust Total				\$2,521,258.00	83	
Children's Trust Personal Service	Indiana Youth Institute, Inc.			\$71,507.00	1	
Children's Trust Personal Service Total				\$71,507.00	1	
CHIPS	KPMG Consulting LLC			\$363,250.00	1	
CHIPS Total				\$363,250.00	1	
CHIPS Administration	Brian Vargus			\$24,950.00	1	
	Daryce Kronenberger					
	Engquist, Peirng & Powell, Inc.			\$493,565.00	1	\$14,692.50
CHIPS Administration Total				\$518,515.00	2	\$14,692.50
Commodities	America's Second Harvest Food Bank Of Northwest In			\$228,512.00	1	
	Area Five Agency On Aging & Community Services, Inc.					\$78,186.00
	Community & Family Services, Inc.			\$51,665.00	1	
	Community Action Of East Central Indiana, Inc.					\$69,221.00
	Community Action Of Northeast Indiana, Inc.			\$150,307.00	1	
	Food Finders Food Bank, Inc.			\$154,419.00	1	\$141,364.00
	Hoosier Uplands Economic Development Corp.					\$59,181.00
	Human Services, Inc.					\$205,962.00

	North Central Community Action Agencies, Inc.			\$55,237.00	1
	Real Services, Inc.			\$169,381.00	1
	Second Harvest Food Bank Of East Central Indiana,	\$204,690.00	1		
	Southeastern Indiana Economic Opportunity Corp.			\$55,390.00	1
	Terre Haute Catholic Charities Foodbank, Inc.	\$140,922.00	1		
	The Gleaners Food Bank Of Indiana, Inc.			\$808,860.00	2
	Tri-State Food Bank, Inc.			\$147,646.00	1
Commodities Total		\$930,515.00	6	\$1,790,428.00	11
Community Food &					
	Purdue University	\$72,460.00	1	\$72,876.00	1
Community Food & Total		\$72,460.00	1	\$72,876.00	1
Community Services					
	Action, Inc. Of Delaware And Grant Counties Area Five Agency On Aging And Community Services,			\$149,410.00	1
	Area IV Agency On Aging And Community Action Program			\$163,939.00	1
	Board Of Madison County/Jobsource			\$222,931.00	1
	Community Action Of East Central Indiana, Inc.			\$96,654.00	1
	Community Action Of Greater Indianapolis, Inc.			\$129,322.00	1
	Community Action Of Northeast Indiana, Inc.			\$361,000.00	1
	Community Action Program Of Evansville & Vanderburgh Co.			\$289,118.00	1
	Community Action Program, Inc. Of Western Indiana			\$125,237.00	1
	Community And Family Services, Inc.	\$243,401.00	1	\$181,303.00	1

Dubois-Pike-Warrick Economic Opportunity Committee		\$92,753.00	1	
Hoosier Uplands Economic Development Corporation		\$258,717.00	1	
Human Services, Inc.		\$184,430.00	1	
Interlocal Community Action Program, Inc.		\$125,493.00	1	
LCEOC, Inc.		\$366,461.00	1	
Lincoln Hills Development Corporation		\$88,428.00	1	
North Central Community Action Agencies, Inc.		\$160,103.00	1	
Ohio Valley Opportunities, Inc.		\$122,005.00	1	
Real Services, Inc.		\$277,754.00	1	
South Central Community Action Program, Inc.		\$160,941.00	1	
Southeastern Indiana Economic Opportunity Corporation		\$159,983.00	1	
Wabash Valley Human Services, Inc.		\$152,354.00	1	
Western Indiana Community Action Agency, Inc.		\$140,693.00	1	
Community Services Total	\$243,401.00	\$4,009,029.00	22	
County Attorney				
Ability Consulting Services, Inc.		\$10,000.00	1	
ABT Associates, Inc.	\$2,700,006.00		1	\$4,070,729.00
Alfred R. Gutstein		\$27,000.00	1	
Allen, Allen & Allen		\$1,000.00	1	
Baker & Bodwell		\$28,000.00	1	
Bambas, Mucker, Bauman & Seeger		\$9,500.00	1	
Barbara Bolling		\$45,000.00	1	
Barbara Smith		\$18,000.00	1	
Barbara Wyly		\$55,000.00	1	

Barry A. Chambers				\$97,500.00	2
Beverly Peters		\$15,000.00	1	\$18,500.00	1
Brown, Linder, & Deprez				\$5,000.00	1
Charles M. Crouse, Jr.				\$5,000.00	1
Christopher M. Tebbe				\$6,500.00	2
Craig Wason				\$19,000.00	1
Cyracom International, Inc.		\$70,000.00	1		
David O. Givens				\$4,000.00	1
Deanna Griswold				\$18,000.00	1
Deborah Burke				\$38,500.00	1
Debra Kaye Smith				\$15,000.00	1
Dede K. Connor		\$50,000.00	1	\$62,500.00	2
Dena Benham Martin				\$24,500.00	2
Dennis Graft				\$24,000.00	1
Don Darnell				\$5,000.00	1
Douglas Hite				\$34,000.00	1
Eckert, Alcorn & Goering				\$2,000.00	1
Elizabeth Aelick				\$18,000.00	1
Elizabeth Filipow		\$119,000.00	1		
Eric Ayer				\$7,000.00	1
Eugene A. Stewart				\$5,000.00	1
Eugene Fife				\$3,000.00	1
Eugene Velazco				\$90,000.00	1
Frank Di Palermo DBA Ability Consulting Services Inc				\$10,506.00	1
Frank J. Cardis		\$65,000.00	1	\$72,500.00	2
Friedman & Associates, P.C.				\$120,000.00	1
Gambis, Mucker & Bauman				\$141,500.00	2

George Loy				\$10,000.00	1
George W. Loy				\$12,500.00	1
Greg Hixenbaugh	\$74,500.00	1		\$100,000.00	1
Greggory W. Hockemeyer				\$15,000.00	1
Hanner, Hanner & Hanner				\$4,000.00	1
Harry A. Siamas				\$13,500.00	1
Harry Falk	\$5,750.00	1		\$31,700.00	2
Haury & Woodward				\$16,500.00	1
Hayes & Dant & Steiner				\$25,000.00	1
Holder & Smith				\$2,000.00	1
Holder Davis & Smith	\$22,500.00	1			
Hostetter & O'Hara				\$17,000.00	1
Indiana University Institute For Family & Social R	\$100,000.00	1			
Jackson Township Trustee	\$3,600.00	1		\$3,600.00	1
Janice E. Smith	\$52,915.00	1		\$124,000.00	1
Jeffrey S. Arnold				\$11,500.00	1
Jennifer Carpenter Hanley	\$65,000.00	1			
Jerry D. Stillwell				\$18,200.00	1
Jerry L. McCullum				\$35,200.00	1
John Dorenbush				\$26,000.00	2
John S. Antalis	\$10,800.00	1		\$1,500.00	1
Jon Orlosky				\$50,000.00	1
Joseph K. Wiley				\$3,000.00	1
Joseph V. Simanski				\$1,000.00	1
Julie Pottenger				\$5,000.00	1
Katharine Vanost Jones				\$28,550.00	1
Keaton & Keaton, P.C.				\$37,000.00	1

Kelly Rota-Autry	\$65,000.00	1	\$50,000.00	1
Kerry Thompson			\$16,000.00	1
Kevin N. Basey			\$6,800.00	1
Kim M. Diotte			\$70,000.00	1
Kris Meltzer			\$37,000.00	1
Laurie J. Robertson	\$15,500.00	1	\$24,000.00	1
Lawson, Pushor, Mote & Gamso			\$50,000.00	1
Lewis & Miller & Robert D. Lewis			\$96,100.00	2
Loren D. Reuter			\$25,500.00	1
Louis D. Evans			\$12,125.00	1
Luckett, Burgher & Pennington			\$11,000.00	1
M. Bruce Scott			\$32,400.00	1
Margaret A. Berry			\$15,000.00	1
Mark C. Stamper	\$53,790.00	1	\$37,500.00	1
Mark D. Clark			\$6,000.00	1
Mary B. Goss			\$7,000.00	1
Matthew D. Bailey	\$9,500.00	1	\$9,000.00	1
Maurice E. Doll & Associates, LLC			\$2,500.00	1
Mefford And Carpenter, Professional Corporation			\$92,000.00	1
Merritt K. Alcorn			\$5,000.00	1
Michael A. Douglass			\$9,000.00	1
Michael Gotsch	\$64,500.00	1	\$78,000.00	1
Michael Riley			\$15,000.00	1
Michele Baber	\$18,000.00	1		
Michelle A. Cox			\$29,500.00	2
Miranda Chamberlin	\$18,000.00	1		
Ned R. Carnall & Andrew J. Carnall, P.C.			\$21,000.00	1

Nelle Simbol			\$45,000.00	1
Nichols, Wallsmith & Weaver			\$25,000.00	2
Peter S. Raventos			\$23,000.00	1
Peterson & Waggoneri			\$27,000.00	1
Petry & Fitzgerald			\$65,000.00	1
Phillips & Phillips Attornies At Law A Profession			\$19,000.00	1
Pritzke & Davis			\$36,025.00	1
Randy G. Hainlen			\$31,000.00	1
Rebecca L. Lockard			\$60,000.00	1
Rebecca R. Vent			\$35,000.00	1
Reed & Earhart			\$25,000.00	1
Reed And Springer			\$20,000.00	1
Richard B. Porter			\$16,500.00	1
Riester & Strueh			\$60,000.00	1
Robert A. Clamme			\$1,000.00	1
Robert A. Spahr			\$32,000.00	1
Rogers & Dove			\$30,000.00	1
Ronald E. Drury			\$50,000.00	1
S. Frank Mattox			\$23,000.00	1
Salvador Vasquez		\$50,000.00	\$60,000.00	1
Sarah Houston Dicks		\$5,978.50	\$8,000.00	1
Sheryl Pherson		\$12,600.00	\$20,000.00	1
Stanley A. Gamso			\$19,000.00	1
Stephen L. Hunyadi			\$35,000.00	1
Stephen Ross Galvin			\$62,000.00	1
Susan M. Presley			\$51,156.00	1
Suzan Dillon Myers		\$50,000.00	\$14,000.00	1

	Tammi M. Forster	\$50,000.00	1	\$50,000.00	1
	Teresa L. Kline	\$106,000.00	1	\$3,000.00	1
	Theresa Holland			\$25,000.00	1
	Thomas L. Hulse			\$15,000.00	1
	Thomas M. Hakes			\$5,000.00	1
	Thomas P. O'Connor			\$20,000.00	1
	Tiede Metz Downs Lynn & Schlitt, P.C.				
	Toby Gill	\$91,666.00	1		
	Traci Katterheinnich	\$18,000.00	1	\$18,000.00	1
	Umpleby & Umpleby			\$8,000.00	1
	Vangilder & Trzynka			\$140,000.00	1
	Waldschmidt & Werner			\$24,500.00	1
	Whiteman, Shappell & Burkett			\$15,000.00	1
	William W. Deems			\$22,500.00	1
County Attorney Total		\$3,982,605.50	29	\$3,627,862.00	132
CSBG	Cheryl Uhbelhor	\$23,050.00	1		
CSBG Total		\$23,050.00	1		
CSBG Discretionary	Community Acton Of Greater Indianapolis, Incorpor	\$30,000.00	1		
	Hoosier Uplands Economic Development Corporation	\$20,000.00	1		
CSBG Discretionary Total		\$50,000.00	2		
DD	Developmental And Behavioral Evaluation Services Inc.			\$69,952.00	1
	Developmental Diagnostics, Inc			\$40,150.50	1
	Indiana Evaluation Services, Inc.			\$121,259.00	1
	Interdisciplinary Diagnostic And Evaluation Center			\$103,888.00	1
	Professional Assessment Of Indiana, Inc.			\$145,293.00	1

	Raymond R. Bucur, Ph.D., PC, DBA Psychological And					\$61,512.50	1
DD Total						\$542,055.00	6
DDARS - Administration							
	Dilworth Paxson, LLP		\$20,000.00	1			
	Joe Skiba		\$11,525.00	1			
	John Oliver, Consultation Services		\$59,000.00	1			
	Memorial Health System, Inc.		\$46,500.00	1			
DDARS - Administration Total			\$137,025.00	4			
DDARS Transition							
	Cfa, Inc., Dba Cella S. Feinstein & Associates, In					\$65,945.00	1
	National Association Of State Directors Of Develop		\$16,000.00	1			
	The Center For Outcome Analysis		\$1,065,600.00	1			
	Indiana University		\$178,050.00	1			
DDARS Transition Total			\$1,259,650.00	3		\$65,945.00	1
Deaf Services							
	Anthony Wayne Rehabilitation Center For The Handicapped					\$35,000.00	2
	Crossroads Rehabilitation Center, Inc.		\$15,450.00	1		\$80,000.00	1
	Deaf Services, Inc.		\$6,000.00	1		\$19,500.00	1
	Evansville Goodwill Industries, Inc.					\$19,500.00	1
	Janet Lancaster/South Central Indiana Interpreting					\$12,000.00	1
	Joanne Erfurth/Professional Interpreters For The D		\$3,000.00	1		\$10,500.00	1
	Rauch, Inc.					\$9,000.00	1
	Robert E Frew/Central Indiana Interpreting Service					\$16,500.00	1
	United Health Services Of St. Joseph County, Inc.					\$13,500.00	1

Deaf Services Total		\$24,450.00	3	\$215,500.00	10	
Disability Determination						
	Bruce H. Whitley, M.D.			\$198,000.00	1	
	Carol Pautsch, MS/ CCC-SLP			\$25,000.00	1	
	Debra Casey, CCC-SP	\$65,000.00	1			
	Diamond Detective Agency, Inc.			\$275,000.00	1	
	Ferrando R. Montoya, M.D.			\$340,000.00	1	
	Frank J. Lavallo, M.D.			\$184,600.00	1	
	Indiana Disability Determination Consultants, LLC			\$5,400,000.00	1	
	Integra Management & Business Services			\$750,000.00	1	
	J. Valentine Corcoran, M.D.			\$549,120.00	1	
	Jennifer Knotts, CCC-SLP	\$65,000.00	1	\$150,000.00	1	
	Jonathan Bader Sands, M.D.	\$360,000.00	1			\$760,000.00
	Juan F. Maya, M.D.			\$90,000.00	1	
	L & M Med Tech, Inc.			\$106,720.00	1	
	Madeleine D. Thomas, M.Ed., CCC-SLP			\$90,000.00	1	
	Richard Wenzler, M.D.			\$998,400.00	1	
	XLC Services	\$418,763.00	1	\$453,763.00	1	
Disability Determination Total		\$908,763.00	4	\$9,610,603.00	14	\$760,000.00
Discretionary						
	Community Action Of Greater Indianapolis, Inc.	\$250,000.00	1			
	Family Services Association Of Central Indiana, In	\$22,500.00	1			
	Hoosier Uplands Economic Development Corporation	\$50,000.00	1			
	Indiana Black Expo, Inc.	\$15,000.00	1			
	Purdue University	\$924,445.00	1			
Discretionary Total		\$1,261,945.00	5			

DMH	Division Of Mental Health State Of Indiana			\$5,882,645.00	1	
DMH Total				\$5,882,645.00	1	
DMH Administration	C. Kramer & Company	\$25,000.00	1			
	Crowe, Chizek And Company, Llp	\$25,000.00	1			
	Indiana University	\$68,820.00	1			
	Indiana University Psychiatric Associates, Inc.			\$150,000.00	1	
	James G. Wolf	\$25,000.00	1			
	Mental Health Association In Indiana, Inc.	\$7,500.00	1		\$7,500.00	1
	SLC Indianapolis LLC DBA Sheraton Indianapolis Hot	\$40,000.00	1			
DMH Administration Total		\$191,320.00	6	\$157,500.00	2	
DMH MCP	Aaron Alan Bennett	\$10,950.00	1		\$0.00	1
	Adult And Child Mental Health Center, Inc.			\$0.00	1	
	Behaviorcorp, Inc.			\$0.00	1	
	Calvin Reginald Dubose	\$8,000.00	1			
	Center For Mental Health, Inc.			\$0.00	1	
	Community Hospitals Of Indiana, Inc./Gallahue Ment			\$0.00	1	
	Community Mental Health Center, Inc.			\$0.00	1	
	Comprehensive Mental Health Services, Inc.			\$0.00	1	
	Crowe, Chizek And Company, LLP	\$911,553.00	1		\$74,000.00	2
	Cummins Mental Health Center, Inc.			\$0.00	1	
	David Nicholas Goodrich			\$6,000.00	1	
	Dunn Mental Health Center, Inc.			\$0.00	1	
	Edgewater Systems For Balanced Living, Inc.			\$0.00	1	
	Family And Social Services Administration			\$300,000.00	1	
	Four County Comprehensive Mental Health Center, Inc.			\$0.00	1	
	Frank Armond Loop			\$6,000.00	1	

Grant-Blackford Mental Health, Inc.									
Hamilton Center, Inc.						\$0.00	1		
Health & Hospital Corporation/Midtown Comm Mental						\$0.00	1		
Health Care Excel, Incorporated						\$50,000.00	1		
Howard Community Hospital/Howard Psychiatric						\$0.00	1		
Indiana Behavioral Health Choices, Inc.						\$32,600.00	1		
Indiana Criminal Justice Institute						\$1,132,046.00	3		
Indiana State Department Of Corrections									\$40,000.00
Indiana State Department Of Health					\$1,000.00		1		
Indiana University					\$146,179.45		1		
Intecare, Inc.						\$1,338,600.00	2		
James G. Wolf						\$1,885,427.00	7		
James R. Stoll					\$12,500.00		1		
Jess Eugene Neal					\$8,000.00		1		
Joseph Jacob Guzik						\$185,916.00	1		
Julie Dijkstra					\$12,500.00		1		
Kevin Wayne Gibson						\$6,000.00	1		
Knox County Hospital/Samaritan Center						\$0.00	1		
Laporte County Comprehensive/Swanson Center						\$0.00	1		
Madison Center, Inc.						\$0.00	1		
Marion County Mental Health Association						\$187,847.00	1		
Matt Allen Campbell						\$6,000.00	1		
Maximus, Inc.						\$493,340.00	1		
Mental Health Association In Indiana, Inc.						\$7,500.00	1		
Michael G. Bates						\$6,000.00	1		
Michael Lee Mueller					\$6,000.00		1		

Michael Thomas Riley									
Midtown Community Mental Health Center									
NISYS, Inc.	\$3,531,726.00	1							
Northeastern Center, Inc.						\$614,600.00	1		
Oaklawn Psychiatric Center, Inc.						\$0.00	1		
Park Center, Inc.						\$0.00	1		
Porter-Starke Services, Inc.						\$0.00	1		
Quinco Consulting Center, Inc/Quinco Behavioral He						\$0.00	1		
Robert Edwin Frantz	\$6,000.00	1							
Robert James Gambill						\$6,000.00	1		
Rosemary Carney						\$60,000.00	1		
Sharon Steadman						\$24,500.00	1		
South Central Community Mental Health/Center For						\$0.00	1		
Southern Indiana Mental Health/Lifespring Mental Health									\$0.00 1
Southlake Community Mental Health/Southlake						\$0.00	1		
Southlake/Tri-City Management Corp./Geminus Corp	\$1,186,811.00	1				\$1,858,459.00	1		
Southwestern Indiana Mental Health Center, Inc.						\$0.00	1		
St. Margaret Mercy Healthcare Centers, Inc.						\$0.00	1		
St. Vincent Hospital And Health Care Center, Inc.						\$0.00	1		
The Board Of Trustees Of The Univ. of Illinois						\$200,000.00	1		
The Children's Bureau Of Indianapolis, Inc.						\$0.00	1		
The Otis R. Bowen Center For Human Services, Inc.						\$0.00	1		

	The Salvation Army/Harbor Light Center		\$0.00	1	
	The Southern Hills Counseling Center Incorporated		\$0.00	1	
	The Villages Of Indiana, Inc.		\$0.00	1	
	Thomas A. Smith, Ph.D.		\$84,000.00	1	
	Tri-City Comprehensive Community Mental Health Cen		\$0.00	1	
	Trimeridian, Inc.				\$378,628.00 1
	Universal Behavioral Services Community Mental Health		\$0.00	2	
	Volunteers Of America Of Indiana, Inc.		\$0.00	1	
	Wabash Valley Hospital, Inc.		\$0.00	1	
	William M. Mercer, Incorporated		\$191,200.00	1	
DMH MCP Total		\$5,841,219.45	12	\$8,768,035.00	74
DOE Leaveraging Citizens Gas	Dubois-Pike-Warrick Economic Opportunity Corporation		\$18,715.84	1	
DOE Leaveraging Citizens Gas Total			\$18,715.84	1	
DOE Weatherization	Action, Inc. Of Delaware And Grant Counties		\$351,220.00	1	
	Area Five Agency On Aging And Community Services,		\$325,528.00	1	
	Area IV Agency On Aging And Community Action Program		\$343,390.00	1	
	Board Of Madison County By And Through/Jobsource		\$241,790.00	1	
	Community Action Of East Central Indiana, Inc.		\$242,942.00	1	
	Community Action Of Greater Indianapolis, Inc.		\$1,037,462.00	1	
	Community Action Of Northeast Indiana, Inc.		\$513,694.00	1	

	Community Action Program Of Evansville And Vanderburgh		\$355,556.00	1
	Community Action Program, Inc. Of Western Indiana		\$249,404.00	1
	Community And Family Services		\$306,944.00	1
	Dubois-Pike-Warrick Economic Opportunity Committee		\$179,498.00	1
	Hoosier Uplands Economic Development Corporation		\$522,012.00	1
	Human Services, Inc.		\$331,638.00	1
	Interlocal Community Action Program, Inc.		\$217,632.00	1
	LCEOC, Inc.		\$791,970.00	1
	Lincoln Hills Development Corporation		\$166,696.00	1
	National Association Of State Community Services P		\$8,000.00	1
	North Central Community Action Agencies, Inc.		\$269,000.00	1
	Ohio Valley Opportunities, Inc.		\$212,240.00	1
	Real Services, Inc.		\$567,144.00	1
	South Central Community Action Program, Inc.		\$334,204.00	1
	Southeastern Indiana Economic Opportunity Corp.		\$228,112.00	1
	Wabash Valley Human Services, Inc.		\$274,358.00	1
	Western Indiana Community Action Program, Inc.		\$296,474.00	1
	DOE Weatherization Total		\$8,366,908.00	24
	DOE/Oil Overcharge			
	Indiana Community Action Association, Incorporated		\$374,811.00	1
	DOE/Oil Overcharge Total		\$374,811.00	1

Dts Total	Happy Software					\$25,699.25	1
DTS Total						\$25,699.25	1
Early Childhood Conference	Riverside Hospital Corporation					\$74,590.00	1
Early Childhood Conference Total						\$74,590.00	1
EBT	Citicorp Electronic Financial Services, Inc.					\$300,000.00	1
	Maximus, Inc.						
	Robert K. Eskew						
	TKV Consulting, Inc.					\$166,825.00	1
Ebt Total						\$166,825.00	1
Evansville Psych. Child	3X Corporation					\$60,000.00	1
	Community Action Program Of Evansville And Vanderburgh					\$0.00	1
	Ireland & Luzio Behavioral Services, Inc.					\$39,312.00	1
	Monica Hochgesang, Rd					\$20,664.00	1
	National Association Of State Mental/Nasmhph/					\$4,867.00	1
	Southwestern Indiana Mental Health Center					\$519,173.00	1
Evansville Psych. Child Total						\$60,000.00	1
Evansville St. Hospital	Francis A. Britt, Jr. R.Ph.					\$59,904.00	1
	Jeffrey D. Hunter, M.D.					\$31,000.00	1
	Pharmacy System, Inc.					\$237,000.00	1
Evansville St. Hospital Total						\$31,000.00	1
Family Violence	Albion Fellows Bacon Center, Inc.					\$76,700.00	2
	Alternatives Incorporated Of Madison County					\$43,416.00	1
	Breaking Free, Inc.					\$54,025.00	1
	Center For Nonviolence, Inc.					\$17,743.00	1

City Of Gary	\$60,348.00	1
Columbus Regional Shelter For Victims Of Domestic Violence	\$50,000.00	1
Community Centers Of Indianapolis, Inc.	\$25,000.00	1
Council On Domestic Abuse, Inc.	\$45,573.00	1
Crisis Connection, Inc.	\$30,760.00	1
Family Crisis Shelter of Montgomery Co., Inc	\$49,296.00	1
Family Service Assn of Central Indiana, Inc	\$25,417.00	1
Family Service Society, Inc.	\$18,000.00	1
Family Svcs of Delaware Co. Indiana, Inc.	\$37,500.00	1
Family Services of Elkhart Co., Inc.	\$52,308.00	1
Haven House, Inc.	\$63,658.00	1
Indiana Coalition Against Sexual Assault, Inc.	\$22,920.00	1
Indiana Women's Prison	\$81,157.00	1
Knox County Task Force Against Domestic Violence	\$57,853.00	1
Kosciusko County Shelter For Abuse, Inc.	\$46,025.00	1
Marion County Family Advocacy Center, Inc.	\$36,800.00	1
Middle Way House, Incorporated	\$48,000.00	1
North Central Rural Crisis Center, Inc.	\$24,000.00	1
Prevail Inc. Of Hamilton County	\$10,600.00	1
Safe Passages Inc.	\$20,000.00	1
St Jude House, Inc.	\$20,000.00	1
The Caring Place, Inc.	\$25,000.00	1
The Center For Women And Families	\$35,000.00	1
The Julian Center, Inc.	\$40,062.00	1
The Salvation Army: An Illinois Corporation	\$41,667.00	1
The Stepping Stone Shelter For Women, Inc.	\$49,622.00	1

Young Women's Christian Assn of Kokomo, Indiana	\$50,249.00	1	
Young Women's Christian Assn of St. Joseph	\$52,781.00	1	
Young Women's Christian Assn of Evansville	\$50,000.00	1	
Young Women's Christian Assn of Ft Wayne	\$52,000.00	1	
Young Women's Christian Assn of Greater Lafayette	\$40,208.00	1	
Young Women's Christian Assn of Richmond In	\$7,500.00	1	
Family Violence Total	\$1,513,969.00	38	
Federal IV-E Independent			
Children And Family Services Corporation	\$60,244.00	1	
Christian Haven, Incorporated	\$88,989.00	1	
Clark Co. Youth Shelter & Family Svcs, Inc.	\$70,141.00	1	
Family Connection, Inc.	\$43,930.12	1	
Gibault School For Boys	\$36,987.15	1	
Hamilton Centers Youth Service Bureau, Inc.	\$31,289.00	1	
Hoosier Boys' Town, Inc.	\$65,753.75	1	
Ind: United Methodist Children's Home, Inc.	\$30,979.85	1	
N.O.A.H., Neighbors Organized To Assist Humanity,	\$32,048.00	1	
Pyramids, Inc.	\$94,048.00	1	
The Archdiocese Of Indianapolis Dba St. Elizabeth's	\$41,096.46	1	
The Cambridge House Center For Advancement of Behavior	\$5,337.00	1	
The Children's Bureau Of Indianapolis, Inc.	\$92,311.96	1	
The Children's Campus, Inc.	\$52,933.81	1	
The Villages Of Indiana	\$243,437.84	1	
United Methodist Youth Home, Inc.	\$111,656.18	1	

Wernle Children's Home Inc.	\$42,048.00	1		
White's Residential And Family Services, Inc.	\$97,944.89	1		
Whittington Homes & Services For Children And Families	\$53,092.63	1		
Youth Opportunity Center, Inc.	\$95,845.02	1		

Federal IV-E Independent Total

	\$1,390,113.66	20		
First Steps				
Abilities Unlimited, Inc. Disability Services	\$48,000.00	1	\$74,790.00	1
CG Consulting, L.L.C.				
Dmg-Maximus, Inc.	\$573,280.00	1		
First Steps Of Allen County, Inc.	\$48,000.00	1		
Indiana University			\$1,337,587.00	1
Lirville Services Corporation	\$75,464.00	1		
Marion County First Steps Council, Inc.	\$78,000.00	1		
Pda Software Services, Inc.	\$680,000.00	1	\$2,466,409.00	2
The Asher Agency, Inc.	\$457,000.00	1	\$907,000.00	1
The Lake County First Steps Council, Inc.	\$78,704.00	1		
Wabash Center, Inc.	\$80,864.00	1		
First Steps Total	\$2,119,312.00	9	\$4,785,786.00	5

First Steps/Part-H

Adec, Inc.	\$35,290.00	1		
Aging & Community Services Of South Central Ind, I	\$31,607.00	1		
Area Five Agency On Aging & Community Services, In	\$15,400.00	1		
Area Iv Agency On Aging & Community Action Program	\$16,048.00	1		
Blackford County Step Ahead Council, Inc.	\$15,400.00	1		
Blue River Services, Inc.	\$46,200.00	1		
Boone County Arc, Inc.	\$18,024.00	1		

Bridgepointe Goodwill Industries & Easter Seal Society	\$34,650.00	1
Cardinal Center, Inc.	\$28,875.00	1
Carey Services, Inc.	\$27,653.00	1
Cass Council For Mentally Retarded Citizens, Inc.	\$30,800.00	1
Cdc Resources, Inc.	\$15,400.00	1
Child-Adult Resources Services, Inc.	\$40,090.00	1
Christole, Inc.	\$15,400.00	1
Clay County First Steps/Step Ahead Council	\$15,400.00	1
Community Action Program, Inc. Of Western Indiana	\$94,777.00	1
Community & Family Resource Center, Inc.	\$32,728.00	1
Community & Family Services, Inc.	\$15,400.00	1
Community Care In Union County, Inc.	\$15,400.00	1
Council On Aging Of Starke County, Inc.	\$15,400.00	1
Decatur County Community Schools	\$15,400.00	1
Dekalb Co Parent Group For Handicapped Children, Inc.	\$58,503.00	1
Dunn Memorial Hospital	\$19,878.00	1
Fayette County School Corporation	\$21,342.00	1
First Steps Of Allen County, Inc.	\$64,272.00	1
Four County Comprehensive Mental Health Center Inc	\$30,800.00	2
Four Rivers Resource Services, Inc.	\$61,600.00	1
Gibson Co. Area Rehabilitation Centers, Inc.	\$15,400.00	1
Hamilton Center, Inc.	\$35,989.00	1
Henry County Step Ahead Council, Inc.	\$17,036.00	1
Hillcroft Services, Inc.	\$35,290.00	1

Human Services, Inc.	\$20,246.00	1
Indiana Resource Center For Families With Special	\$63,471.00	1
Jasper County Community Services, Inc.	\$15,400.00	1
Jay-Randolph Developmental Services, Inc.	\$30,800.00	1
Jennings County Step Ahead Council, Inc.	\$15,400.00	1
Lakeland School Corporation	\$15,400.00	1
Laporte County First Steps Council, Inc.	\$32,014.00	1
Lincoln Hills Development Corporation	\$30,800.00	1
Madison County Step Ahead Council, Inc.	\$39,293.00	1
Marion Co. First Steps Council, Inc.	\$28,405.00	1
Marion County First Steps Council, Inc.	\$145,837.00	2
Monroe County Step Ahead Council, Inc.	\$35,130.00	1
New Hope Services, Inc.	\$17,367.00	1
New Horizons Rehabilitation, Inc.	\$61,600.00	1
Newton County Council On Aging & Community Service	\$15,400.00	1
Ohio Valley Opportunities, Inc.	\$15,400.00	1
Opportunity Enterprises, Inc.	\$35,450.00	1
Orange County Rehabilitative & Developmental Services	\$15,400.00	1
Passages, Inc.	\$15,400.00	1
Pathfinder Services, Inc.	\$19,250.00	1
Phillip Lieberman & Associates, Inc.	\$40,734.00	1
Pike County Caring For Children Council, Inc.	\$15,400.00	1
Putnam County Comprehensive Svcs, Inc.	\$16,948.00	1
Rauch, Inc.	\$34,009.00	1
Shares, Inc.	\$56,518.00	1
Southern Indiana Resource Solutions, Inc.	\$38,089.00	1

	Summit Radiology, PC					\$60,000.00	1	
	Sunburst Chemicals					\$105,292.50	1	
	The Arc Of Northeast Indiana, Inc.					\$0.00	1	
Fort Wayne Sdc Total					\$20,000.00	\$541,669.50	9	\$1,455,019.50
Foster Care								
	Dmg-Maximus, Inc.				\$72,345.00		1	
Foster Care Total					\$72,345.00		1	
Ess - Housing								
	Area IV Agency On Aging And Community Action Program				\$2,237.00		1	
	Community Action Of East Cent. Indiana Inc.				\$745.00		1	
	Community Action Inc. Of Western Indiana				\$1,489.00		1	
	Community Action of Greater Indpls, Inc.				\$8,572.00		1	
	Community Action Program Of Evansville And Denderb				\$1,866.00		1	
	Human Services, Inc.				\$12,669.00		1	
	Interlocal Community Action Program, Inc.				\$2,237.00		1	
	Ohio Valley Opportunities, Inc.				\$745.00		1	
	South Cent. Community Action Program, Inc.				\$16,395.00		1	
	SE Ind. Economic Opportunity Corp.				\$745.00		1	
Ess - Housing Total					\$47,700.00		10	
Essa Administration								
	Giga Information Group, Inc.					\$40,190.00	1	
	Myers And Stauffer, Lc					\$96,660.00	1	
	The Law Firm of Sommers & Barnard					\$15,000.00	1	
Essa Administration Total						\$151,850.00	3	
Gambling Hotline								
	Indiana Criminal Justice Institute					\$1,936,544.00	1	
Gambling Hotline Total						\$1,936,544.00	1	
HCI/DEC								
	Ability Consulting Services, Inc.							\$5,000.00
	Joan Caudell, Rn					\$44,616.00	1	
	Joanne Rutledge, Rn					\$44,616.00	1	

	Susan Butz				\$60,000.00	1		\$237,101.00	1
	Westaff (Usa), Inc.								
HCI/DFC Total					\$149,232.00	3		\$242,101.00	2
Headstart									
	Ball State University			\$31,440.00		1			
	Barents Group, Llc			\$970,352.00		1			
	Community Action Program, Inc. Of Western Indiana			\$4,542.14		1			
	Floyd County Community Action Agency			\$4,542.14		1			
	Indiana Child Care Fund, Inc.						\$49,500.00		1
	Indiana Consortium On Professional Development For						\$49,450.00		1
	Indiana Consortium On Professionals Development			\$6,500.00		1			
	Indiana Head Start Association, Inc.						\$16,500.00		1
	Shana Ritter			\$8,962.00		1			
	T/Tas Inc.			\$24,500.00		1			
	The Indiana Parent Information Network Inc.						\$6,797.00		1
Headstart Total				\$1,050,838.28		7	\$130,619.00		5
Healthy Families Indiana									
	Adult & Child Mental Health Center						\$520,880.00		1
	Area Five Agency On Aging & Community Services						\$5,325,863.00		1
	Association For Retarded Citizens Of Northeast Ind						\$9,551,703.00		1
	Birth To Five, Inc.						\$328,737.00		1
	Blue River Services						\$1,298,729.00		1
	Cardinal Center, Inc.						\$589,136.00		1
	Child Abuse Prevention Services, Inc.			\$2,250.00		1	\$1,220,885.00		1
	Child-Adult Resource Services, Inc.						\$2,555,284.00		1

Dekalb County Parent Group For Handicapped Childre		\$1,743,903.00	1
Doulos, Inc.		\$1,649,631.00	1
Dubois-Pike-Warrick Economic Opportunity Committee		\$1,274,278.00	1
Families United, Inc.		\$2,205,483.00	1
Family And Children's Center Counseling & Development		\$1,481,183.00	1
Family Centered Services, Inc.		\$1,325,999.00	1
Family Service Association Of Central Indiana		\$383,942.00	1
Family Service Of Bartholomew County, Inc.		\$951,163.00	1
Family Service Society Inc		\$1,931,953.00	1
Family Services & Prevention Program, Inc.		\$1,744,925.00	1
Family Services Association Of Howard County		\$2,260,020.00	1
Family Services, Inc.		\$1,393,881.00	1
Four Rivers Resource Services, Inc.		\$447,753.00	1
Greene County General Hospital Home Health Care		\$864,438.00	1
Hamilton Center, Inc.		\$1,515,357.00	1
Health & Hospital Corporation Of Marion County		\$1,996,057.00	1
Health & Hospital Corporation/Wishard Health Services		\$1,874,151.00	1
Healthnet, Incorporated		\$2,622,516.00	1
Healthy Families Of Hamilton County, Inc		\$1,385,815.00	1
Hendricks County Health Department		\$343,083.00	1
Indiana University		\$5,462,689.00	2
Indiana University Research & Sponsored Programs	\$1,150,025.00		1

Kara W. Gallup	\$13,000.00	1	
Landmark Services, Inc.			\$909,033.00
Laporte County Child Abuse Prevention Council, Inc			\$952,403.00
Lincoln Hills Development Corporation (Lhdc)			\$487,695.00
Marshall Starke Development Center, Inc.			\$293,839.00
Mental Health Association In Lake County			\$4,216,517.00
Montgomery County Youth Service Bureau, Inc.			\$734,163.00
New Castle Area Vocational School			\$579,350.00
New Hope Services, Inc.			\$1,563,316.00
North Adams Community Schools			\$542,277.00
Orange County Child Care Cooperative, Inc.			\$713,264.00
Passages, Inc.			\$760,421.00
Preservation Partners, Inc.			\$1,122,728.00
Principal Knox, Llc Dba Starke Memorial Hospital			\$991,935.00
Pulaski Memorial Hospital			\$413,864.00
Putnam County Family Support Services, Inc.			\$1,404,946.00
Rauch, Inc.			\$563,513.00
Ripley County Family Services			\$3,004,466.00
St. John'S Health System Corporation			\$910,730.00
Stone Belt Arc, Inc.			\$1,022,587.00
The Villages Of Indiana, Inc.			\$4,129,504.00
Vistula Park Pre-School, Inc.			\$527,097.00
Vna Homecare, Hospice & Family Support Services			\$1,328,306.00
Wabash Valley Human Services, Inc.			\$479,253.00
Youth Services Bureau Of Jay County, Inc.			\$935,493.00

	Youth Services Bureau Of Porter County, Inc.				\$1,135,123.00	1
	Youth Services Bureau, Inc.				\$1,095,615.00	1
Healthy Families Indiana Total			\$1,165,275.00	3	\$87,066,875.00	56
Housing Program	Sullivan Housing Authority				\$2,000.00	1
Housing Program Total					\$2,000.00	1
HUD	Happy Software, Inc.				\$46,144.00	1
	The Asher Agency, Inc.		\$51,106.00	1		
HUD Total			\$51,106.00	1	\$46,144.00	1
ICWIS-Child	Bachofner Consulting, Inc.		\$2,196,162.80	1	\$133,088.94	1
	Cognos Corporation				\$1,262,217.58	2
	Haverstick Consulting, Inc.				\$1,656,880.00	2
	Pomeroy Computer Resources					
	Unisys Corporation		\$23,486,171.00	1		
ICWIS-Child Total			\$25,682,333.80	2	\$3,052,186.52	5
Impact	Abilities Services, Inc.		\$61,565.00	1	\$123,640.00	2
	Adec, Inc.		\$137,478.00	2	\$557,285.00	4
	Assessment Professionals, Inc.		\$14,800.00	1	\$20,500.00	2
	Associated Patient Services, Inc.		\$18,200.00	1		
	Associated Patient Services, Inc.				\$22,700.00	1
	Associates Of Triangle Inc.		\$51,000.00	2		
	Back To God Movement 2000, Inc.		\$22,020.00	1		
	Behaviorcorp, Inc.		\$360,000.00	1	\$225,000.00	1
	Blue River Services, Inc.		\$280,255.00	6	\$515,665.00	8
	Board Of Madison County Commission/Jobsource		\$482,250.00	1		
	Board Of Madison County Commissioners/Jobsource		\$224,160.00	1	\$868,069.00	2

Bona Vista Programs, Inc.	\$211,898.00	2	\$127,250.00	2
Bridgepointe Goodwill Industries And Easter Seal Society	\$270,800.00	1	\$179,000.00	1
Brown, Inc. Of Indiana			\$29,300.00	2
Campbell Chapel A.M.E. Zion Church Of America Inc.	\$24,925.00	1		
Campbell Chapel A.M.E. Zion Church Of America, Inc	\$127,500.00	1		
Campbell Chapel Ame Zion Church			\$60,000.00	1
Campion, Barrow, And Associates			\$20,000.00	1
Campion, Barrow, And Association	\$47,383.00	1		
Career Choices, Incorporated			\$244,591.00	1
Career & Academic Transition Specialists, Inc.			\$165,000.00	1
Career & Academic Transition Specialists, Inc.	\$123,500.00	1		
Career Choices Incorporated	\$21,250.00	1	\$33,134.00	1
Career Choices, Incorporated	\$361,565.00	2		
Career Choices, Incorporated.	\$9,000.00	1		
Career Resource Center, Inc.	\$559,500.00	1		
Career Resource Centers, Inc.	\$22,000.00	1	\$200,000.00	1
Carey Services, Inc.	\$327,149.00	3	\$324,922.00	3
Carol Marlene Tryon			\$12,500.00	1
Cass Council For Mentally Retarded Citizens, Inc.			\$25,000.00	1
Catch The Fire Christian Fellowship, Inc.	\$715,500.00	2	\$281,550.00	1
Cdc Resources, Inc.	\$59,500.00	2	\$97,250.00	2
Changes Life Services			\$16,055.00	1
Christole, Inc.			\$35,000.00	1
Citizens Multi-Service Center, Inc.	\$22,500.00	1		

Combined Community Services, Inc.	\$46,599.00	1	\$64,130.00	1
Community & Family Resource Center, Inc.	\$32,200.00	1		
Community Action Program Inc Of Western Indiana			\$25,590.00	1
Community Action Program, Inc. Of Western Indiana			\$44,975.00	1
Community Action Program, Inc. Of Western Indiana			\$296,410.00	5
Community Action Program, Of Western Indiana	\$59,880.00	1		
Community And Family Resource Center, Inc.			\$40,000.00	1
Community Schools Of Frankfort	\$17,000.00	1	\$17,000.00	1
Corinthian Christian Center, Inc.	\$299,400.00	1		
Community Action Program, Inc. Of Western Indiana			\$67,445.00	1
Crawfordsville Community School Corporation	\$20,000.00	1	\$13,000.00	1
Crossroads Rehabilitation Center, Inc.	\$262,000.00	1	\$153,000.00	1
Crowe, Chizek And Company LLP	\$10,956.00	1		
Curtis & Associates, Inc.	\$128,300.00	1		
D. Curtis & Associates	\$74,525.00	1	\$528,960.00	4
D. Curtis & Associates, Inc.	\$380,174.00	3	\$99,795.00	1
Delaware County Family Support	\$24,700.00	1	\$24,700.00	1
Dldon Solomon Dba Winds Of Change Counseling N	\$5,665.00	1		
East Central Opportunities, Inc.	\$1,057,600.00	5	\$485,425.00	4
Edinburgh Community School Corporation	\$18,946.00	1	\$18,946.00	1
Embassies Of Christ Kingdom Ministries (E.O.C.) In	\$20,640.00	1		
Evansville Association For The Blind	\$6,600.00	1	\$3,500.00	1
Evansville Goodwill Industries, Inc.	\$150,895.00	1	\$164,150.00	1

Faith Teaching Church Of Deliverance, Inc.	\$24,100.00	1		
Faith Temple Community And Human Services Corp.	\$211,000.00	1		
Family Services Of Delaware Co., Indiana, Inc.	\$4,950.00	1		
Family Services Of Delaware County, Indiana, Inc.	\$4,950.00	1	\$40,000.00	2
Family Services, Inc.	\$131,906.00	2		
Family Works, Inc.	\$21,148.00	2	\$4,080.00	1
Forest Manor Multi-Service Center, Inc.	\$20,018.00	1		
Four County Comprehensive Mental Health Center			\$58,000.00	1
Four County Comprehensive Mental Health Center, Inc.	\$70,360.00	2		
Four River Resource Services, Inc.	\$91,850.00	1		
Four Rivers Resource Services, Inc.			\$90,300.00	1
Four Rivers Resource Services, Inc.			\$99,200.00	1
Four Rivers Resource Services, Inc.	\$462,591.00	4	\$582,874.00	6
Four Rivers Resources Services, Inc.	\$116,700.00	1		
Garrett-Keyser -Butler C.S.D. For Four County Area	\$53,661.00	1		
Garrett-Keyser-Butler C.S.D. For Four County Area			\$56,000.00	1
Gary Community School Corporation	\$299,040.00	1	\$183,075.00	1
Gayla Kaibel, Ph.D., P.C.			\$2,500.00	1
George Consulting Services, Inc.			\$81,500.00	1
Gethsemane Missionary Baptist Church, Inc.	\$22,020.00	1		
Gibson County Area Rehabilitation Centers, Inc.	\$25,050.00	1	\$57,000.00	1
Gillooly Psychological Services, Llc	\$14,985.00	1		

Goodwill Industries Of Michiana, Inc.\	\$266,875.00	1		
Goodwill Industries Of Michiana, Inc.			\$77,975.00	1
Goodwill Industries Of Central Indiana, Inc.	\$808,600.00	2	\$1,359,542.00	2
Goodwill Industries Of Michiana, Inc.	\$2,172,180.00	4	\$1,691,125.00	5
Grandville Cooperative, Inc.	\$24,960.00	1		
Greater St. Stephen Missionary Baptist Church, Inc	\$22,890.00	1		
Green Acres, Inc.			\$169,315.00	2
Hamilton Center	\$8,460.00	1		
Haven House Services, Inc.	\$30,000.00	1	\$25,000.00	1
Helping Our People Excel, Inc.	\$104,620.00	1		
Hepzibah Ministries, Inc.	\$22,000.00	1		
Housing Authority Of The City Of Terre Haute	\$448,615.00	1	\$270,227.00	1
Huntington County Community Schools	\$31,000.00	1		
Huntington Coynty Community School Corporation\			\$33,000.00	1
Indiana Athletic Teen Basketball Association	\$24,999.00	1		
Indiana State Council On Opportunities Industrialization	\$712,500.00	1		
Indiana State Council Opportunities Industrialization			\$462,000.00	1
Indianapolis Housing Agency	\$503,750.00	1		
Indianapolis Private Industries Council, Inc.	\$749,700.00	1		
Indianapolis Urban League	\$61,800.00	1	\$23,800.00	1
Indianapolis Urban League, Inc.			\$23,800.00	1
Interlocal Association	\$408,165.00	5	\$740,554.00	5
Ivy Tech State College	\$2,192,196.00	3	\$49,600.00	1
Joanne Joyce/Futures Network	\$138,405.00	1	\$226,255.00	1
Jobworks, Inc			\$53,995.00	1

Jobworks, Inc.				\$1,087,129.00	4
Johnson County Association For Retarded Citizens,	\$143,975.00	2			
Kankakee Valley Job Training Program, Inc.	\$72,235.00	1			
Kankakee Valley Job Training Program, Inc.	\$100,975.00	2			
Kankakee Valley Jobs Training Program, Inc.	\$749,030.00	2	\$200,381.00		4
Keys To Work, Inc.	\$776,000.00	1	\$504,000.00		1
Kraig Smith And Associates Inc.	\$325,375.00	1			
Lifeline Youth And Family Services, Inc.	\$267,250.00	3	\$366,540.00		2
Logansport School Corporation	\$15,910.00	1	\$16,670.00		1
M.E.C.A. Rites Of Passage, Inc.			\$196,950.00		1
M.Z. Kussmaul & Associates	\$15,000.00	1			
Manpower Of Indiana Limited Partnership	\$30,280.00	1			
Marion County Family Advocacy Center, Inc.	\$75,000.00	1	\$50,000.00		1
Marshall Plan For Gary			\$140,000.00		1
Marshall Plan For Gary, Inc.	\$105,840.00	1			
Mary Rigg Neighborhood Center			\$300,000.00		1
Mary Rigg Neighborhood Center, Inc.	\$413,000.00	1			
Meridian Health Group, Inc.			\$6,000.00		1
Metropolitan Oasis Community Development Corp.	\$22,000.00	1			
Metropolitan Oasis Community Development Corporation	\$219,000.00	1	\$228,900.00		1
Metropolitan School District Of Martinsville			\$42,940.00		1
Metropolitan School District Of Martinsville			\$38,800.00		1
Miami County Young Men's Christian Association			\$56,000.00		2
Middle Way House, Inc.			\$10,000.00		1

Monroe County Community School Corporation	\$34,325.00	2	\$39,500.00	2
Muncie Boys And Girls Club, Inc.	\$27,000.00	1	\$39,900.00	1
Muncie Community Schools	\$64,960.00	1	\$57,100.00	2
New Castle Community School Corporation	\$54,950.00	1		
New Castle Community Schools	\$12,000.00	1		
New Castle Community Schools Education Foundation			\$72,000.00	1
New Horizons Rehabilitation, Inc.	\$84,700.00	2	\$70,350.00	1
Northeast Indiana Workforce Investment Board, Inco	\$715,804.00	1		
Northern Indiana Workforce Investment Board, Inc.	\$850,962.00	1		
O.W. McInnis Hope Foundation, Community Development	\$22,020.00	1		
Open Door Community Services, Inc.	\$39,948.00	2		
Open Door/Bmh Health Center, Incorporated	\$17,500.00	1		
Opportunity Enterprises, Inc.	\$56,450.00	1		
Opportunity Enterprises, Inc. / Jobsource			\$60,775.00	1
Orange County Rehabilitative & Development Service	\$63,808.00	1		
Orange County Rehabilitative And Developmental Ser			\$67,278.00	1
Othello Bach-Grant			\$44,000.00	1
Parc Chateau East Cooperative, Inc.	\$24,540.00	1		
Park Center Inc.			\$50,000.00	1
Pathfinder Services, Inc.	\$55,965.00	2	\$64,000.00	1
Patrick H. Day Dba Lmi Great Lakes	\$10,000.00	1		

Patty Cody, Ma				\$2,500.00	1
Paul F. Spanopoulos			\$3,000.00		1
Paul Spanoulos	\$5,880.00	1			
Peter'S Rock Missionary Baptist Church, Inc.	\$22,020.00	1			
Pilgrim Missionary Baptist Church, Inc.	\$12,996.00	1			
Posey County Rehabilitation Services, Inc.	\$32,850.00	1			
Posey County Rehabilitation Services, Incorporated			\$67,275.00		1
Program Development And Placement Services, Inc.			\$55,000.00		1
Program Development Placement Services, Inc.	\$131,544.00	2	\$234,304.00		3
Progressive Missionary Baptist Church Of Gary	\$22,020.00	1	\$188,000.00		1
Pyramid Consulting Services, Inc.			\$202,000.00		1
Pyramids, Inc					
Pyramids, Inc.	\$926,320.00	1			
Quinco Consulting Center, Inc.	\$200,000.00	1	\$47,000.00		1
Quinco Consulting, Inc.	\$156,635.00	1			
R.O.A.R. Community Development Center, Inc.	\$217,200.00	1			
Rauch, Inc.	\$235,767.00	1	\$164,015.00		1
Refuge House Ministries, Inc.	\$22,000.00	1			
Rise, Inc.	\$119,097.00	3	\$127,870.00		3
River Valley Resources, Inc.			\$61,707.00		1
River Valley Resources, Inc.	\$1,219,336.00	6	\$1,375,868.00		6
River Valley Resources, Inc.	\$71,655.00	1			
Roar Community Development Center			\$240,000.00		1
Rodriguez Employment Services, Inc.	\$50,020.00	1	\$50,040.00		1

School City Of Hammond	\$300,000.00	1	\$101,400.00	1
Scott County Economic Development Corporation	\$176,200.00	1		
Second Baptist Church Of Indianapolis, Inc.	\$24,704.00	1		
Shelter, Inc.	\$77,400.00	1	\$53,125.00	1
Shiloh Missionary Baptist Church, Inc.	\$24,994.00	1		
South Bend Community School Corporation			\$130,000.00	1
South Bend Community School Corporation, Inc	\$150,000.00	1		
South Madison Community Center, Inc.	\$27,000.00	1	\$30,000.00	1
Stop The Madness, Inc.			\$66,000.00	1
Sycamore Rehabilitation Services/Hendricks County	\$39,900.00	1		
Sycamore Rehabilitation Services/Hendricks Arc			\$41,445.00	1
Tecumseh Area Partnership, Inc.	\$569,606.00	2		
The Fort Wayne Area Training & Development Corp	\$29,515.00	1		
The Fort Wayne Area Training & Development Corpora	\$498,895.00	2		
The Fort Wayne Area Training And Development Corp	\$1,049,325.00	1		
The Fort Wayne Clubhouse, Inc.	\$60,000.00	1		
The Old Path Church Of Holiness, Inc.	\$22,020.00	1		
The Otis R. Bowen Center For Human Services, Inc.	\$3,900.00	1		
The Scott County Partnership, Inc.			\$155,579.00	1
Thomas E. Everitt			\$25,000.00	1
Tippecanoe County Child Care, Inc.	\$10,999.86	1		
Tradewinds Rehabilitation Center, Inc.	\$345,749.00	1	\$193,900.00	1

Training, Inc.									
Tree Of Life Community Development Corporation	\$317,000.00	1	\$170,000.00	1					
Tree Of Life Missionary Baptist Church, Inc.	\$22,000.00	1							
Truth Consultants Of Indiana, Inc.	\$89,600.00	1	\$50,000.00	1					
TTI America, Inc.			\$284,800.00	1					
TTI Of Indiana, Inc.	\$750,465.00	2							
Urban Suburban Alliances	\$4,998.00	1							
Urban Suburban Alliances, Inc.									
Vanderburgh County Prosecutor			\$70,000.00	1					
Vanderburgh County Prosecutors	\$59,275.00	1							
Vigo County Prosecutor'S Child Support Division			\$126,000.00	2					
Vincennes University Scwds	\$40,834.00	1							
Vincennes University Workforce Development Services	\$419,546.00	1							
Vincennes University Workforce Development Service	\$438,196.00	1							
Vincennes University/Scwds	\$186,288.00	1							
Wabash Center, Inc.	\$300,771.00	2	\$367,395.00	4					
Wabash Valley Godwill Industries, Inc.	\$179,005.00	1							
Wabash Valley Goodwill Industries, Inc.			\$143,435.00	2					
Warrick County Local Development Corporation			\$48,500.00	1					
Watt Family Co, LLC			\$29,000.00	1					
Wayne County Council For Retarded Citizens, Inc.	\$152,400.00	1							
Western Indiana Employment & Training Services, Inc	\$50,173.00	1							
									\$12,000.00 1

Adec, Inc./Northern Indiana Independent Living Services				\$234,053.00	2
Assistive Technology, Training And Information Center			\$14,140.00	1	
Attic, Inc.	\$117,504.00	1	\$0.00	1	
Crossroads Rehabilitation Center, Inc.			\$31,530.00	1	
Evansville Association For The Blind, Inc.			\$31,530.00	1	
Everybody Counts, Inc.	\$104,269.00	1			
Family Service Association Of Central Indiana, Inc			\$100,000.00	1	
Future Choices, Inc.			\$105,208.00	3	
Independent Living Center Of Eastern Indiana, Inc.	\$150,000.00	1	\$128,350.00	3	
Indiana Society To Prevent Blindness, Inc.			\$11,140.00	1	
Indianapolis Resource Center For Independent Living	\$104,269.00	1	\$135,831.00	3	
League for the Blind and Disabled, Inc.	\$104,269.00	1			
League for the Blind and Disabled, Inc.	\$0.00	1	\$42,361.00	2	
Southern Indiana Center For Independent Living, Inc.	\$205,237.00	1	\$14,030.00	2	
The Wabash Independent Living & Learning/Will Center			\$50,000.00	1	
The Wabash Independent Living And Learning Center, Inc.	\$174,527.00	1	\$0.00	1	
Independent Living Total	\$1,162,598.00	9	\$898,173.00	23	
Indpls Township Assoc.					
Daryce Kronenberger	\$24,000.00	1	\$14,692.50	1	
EP&P Consulting, Inc.					
Health Management Associates	\$167,443.00	1			\$568,565.00 1
Indiana Township Association, Inc.			\$600,000.00	1	

The Commissioner Of The Social Security Administration			\$0.00	1	
Indpls Township Assoc. Total		\$191,443.00	\$614,692.50	3	\$568,565.00
ISETS					
Complete Business Solutions, Inc.		\$13,139,208.00		2	
Covansys Corporation		\$22,896,034.25		1	
ISETS Total		\$36,035,242.25		3	
IVB-Part II - Family (Safe Stable)					
Abilities Services, Inc.		\$1,483.00		1	
Alternative Counseling Associates		\$8,064.00		1	
Angela Ray		\$8,250.00		1	
Area Five Agency On Aging And Community Services, Inc.		\$11,049.00		1	
Area Five Agency On Aging And Community Services, Inc.		\$6,044.00		1	
Area Iv Agency On Aging And Community Services, Inc.		\$33,643.00		2	
Area V Agency In Aging And Community Services, Inc.		\$19,065.00		1	
Bethany Christian Services Of Central Indiana		\$39,709.00		1	
Ball State University		\$32,500.00		1	
Birth-To-Five, Inc.		\$11,105.10		1	
Bluffton Health System Llc		\$1,799.00		1	
Boys & Girls Club Of Kosciusko County, Inc.		\$1,050.00		1	
Bridgepointe, Goodwill And Easter Seals C.A.P., Inc.		\$13,250.00		1	
C.A.P., Inc.		\$4,540.00		1	
Cardinal Center, Inc.		\$8,632.00		1	
Cassandra Mcconn, Inc.		\$45,140.00		1	
Catholic Charities Of The Diocese Of Fort Wayne, S		\$71,344.00		1	

Catholic Family Service, A Division Of Catholic Of	\$49,371.00	1
Child Abuse Prevention Services, Inc.	\$19,000.00	1
Children First Center	\$85,400.00	1
Children's Bureau Of Indianapolis, Inc.	\$38,228.00	1
Christian Haven Teendowment Fund, Inc.	\$4,535.00	1
Community Action Program, Inc. Of Western Indiana	\$17,136.00	3
Community And Family Resource Center, Inc.	\$26,316.00	2
Community And Family Services, Inc.	\$13,391.00	1
Community Care In Union County, Inc.	\$10,115.60	1
Community Centers Of Indianapolis, Inc./Stopover	\$15,000.00	1
Community Mental Health Center, Inc.	\$31,565.70	1
Crisis Center, Inc. A Youth Service Bureau	\$49,371.00	1
Debra Corn N.P., Inc.	\$14,821.00	1
Decatur County Auditor	\$2,377.00	1
Decatur County Community Schools	\$3,871.00	1
Decatur County Family Ymca, Inc.	\$2,376.00	1
Delores Hearn	\$5,265.00	1
Dodson, Shilely And Associates, Inc.	\$7,221.00	1
Dodson, Shively And Associates, Inc.	\$20,371.00	1
Dodson, Shively And Association, Inc.	\$50,284.00	2
Dubois-Pike-Warrick Economic Opportunity Committee	\$18,936.00	1
Dunn Memorial Hospital	\$1,628.00	1
Dunn Mental Health Center, Inc.	\$18,698.00	1
Families United, Inc.	\$63,800.25	5

Family And Children'S Counseling Center, Inc.	\$37,792.00	1
Family And Children's Services, Inc.	\$1,299.00	1
Family Center Service, Inc.	\$9,360.00	1
Family Crisis Shelter Of Montgomery County, Inc.	\$3,747.00	1
Family Service Society, Inc.	\$40,753.00	1
Family Service Association Of Central Indiana, Inc	\$46,613.00	1
Family Service Association Of Howard Co.	\$17,821.30	1
Family Service Association Of Monroe County, Inc.	\$3,600.00	1
Family Services Of Delaware County, Inc.	\$60,596.00	1
Family Solutions, Inc.	\$23,731.00	2
Family Works, Inc.	\$53,578.85	3
Fathers And Families Resource/Research Center, Inc	\$15,000.00	1
Foster Care Services, Inc.	\$29,931.00	1
Foundation For Youth Of Bartholomew County, Inc.	\$42,325.00	1
Four County Comprehensive Mental Health Center, In	\$56,548.50	3
Four Rivers Resource Services, Inc.	\$9,548.50	2
Friends Of Families, Inc.	\$11,791.00	1
Gary Neighborhood Services, Inc.	\$24,684.00	1
Gayla Kalbel, Ph.D, Pc	\$1,087.00	1
Gibson County Step Ahead Council, Inc.	\$24,090.00	1
Grant-Blackford Mental Health, Inc.	\$12,313.00	1
Hamilton Center Inc.	\$21,168.00	1
Hamilton Center, Inc.	\$125,280.50	6

Harcourt Mental Health Services	\$4,096.40	1
Hendricks County Substance Abuse Task Force, Inc.	\$35,048.00	1
Henrico, Inc.	\$6,624.00	1
Henry County Probation Department	\$6,624.00	1
Henry County Step Ahead Council, Inc.	\$5,961.60	1
Home Team Advantage, Incorporated	\$10,500.00	1
Hoosier Hills Pact	\$3,394.00	1
Indiana Juvenile Justice Task Force, Inc.	\$8,653.00	1
Indiana Youth Advocate Program, Inc.	\$104,726.90	4
Jasper County Community Services, Inc.	\$8,390.12	1
Jefferson Brethren Church	\$5,250.00	1
Jennings County Step Ahead Council, Inc.	\$2,267.00	1
Kankakee Valley Jobs Training Program, Inc.	\$2,268.00	1
Kenneth R. Rice, Csw/Lsw	\$5,876.00	1
Kidspace National Centers For Kids In Crisis Of N	\$8,923.00	1
Knox County Hospital/Samaritan Center	\$3,759.00	1
Knox County Hospital/Samaritan Center, Inc.	\$5,970.00	1
Lake County Step Ahead Council, Inc.	\$24,685.00	1
Landmark Services, Inc.	\$12,896.80	2
Laporte County Child Abuse Prevention Council, Inc	\$14,466.00	1
Laporte Regional Health System Inc.	\$20,900.00	1
Laporte Regional Health System, Inc.	\$43,398.00	1
Laporte Regional Health Systems, Inc.	\$17,009.00	1
Lifeline Youth Family Services, Inc.	\$21,452.00	1
Lifeworks Counseling, L.L.C.	\$13,914.00	1
Lincoln Hills Development Corp	\$18,714.70	1

Lincoln Hills Development Corporation	\$37,571.28	3
Linda Ronald, Phd. Hssp	\$11,105.10	1
Lutheran Child And Family Services	\$45,161.00	1
M.S. D. Of Martinsville	\$25,768.00	1
M.S. D. Of Warren County	\$3,895.00	1
Madison County Step Ahead Council, Inc.	\$50,181.30	1
Marshall County Step Ahead	\$22,816.00	1
Martin Luther King Multi-Service Center Indianapol	\$20,000.00	1
Mental Health Association In Lake County	\$24,685.00	1
Monroe County Step Ahead Council, Inc.	\$11,274.00	1
Montgomery County Youth Service Bureau	\$3,500.00	1
New Castle Area Vocational School	\$6,624.00	1
New Directions Of Decatur County, Inc.	\$5,114.00	1
New Hope Services, Inc.	\$77,779.00	2
New Horizons Rehabilitation, Inc.	\$6,692.80	2
Newton County Step Ahead Council	\$17,266.00	1
Noble County Community Foundation, Inc.	\$7,969.00	1
Noble, Inc.	\$111,877.00	1
North White School Corporation	\$5,782.00	1
Oaklawn Psychiatric Center, Inc	\$55,193.00	1
Ohio Valley Opportunities, Inc.	\$32,083.00	1
Orange County Child Care Cooperative, Inc.	\$9,300.00	1
Owen County Step Ahead Council	\$15,902.00	1
Peru Community School Corporation	\$3,865.00	1
Phillip Lieberman & Associates, Inc.	\$79,246.00	1
Planned Parenthood Of Greater Indiana, Inc.	\$500.00	1
Pleasant Run, Inc.	\$55,685.20	3

Preservation Partners, Inc.	\$22,913.10	1
Preventative Aftercare, Inc.	\$74,076.30	3
Pulaski Memorial Hospital/Healthy Families	\$6,446.00	1
Purdue Cooperative Extension Services	\$500.00	1
Putnam County Auditor D/B/A Putnam County Circuit	\$19,324.00	1
Quinco Consulting Center, Inc.	\$49,771.50	2
Real Services, Inc.	\$107,398.00	1
Rush County Schools	\$3,059.00	1
Samaritan Center On The Ridge, Inc.	\$24,686.00	1
Scan, Inc.	\$99,783.00	1
Shelby County Youth Center, Inc.	\$27,755.15	1
Shelter , Inc.	\$16,827.66	1
South Central Community Mental Health Center, Inc	\$5,010.67	1
Southeastern Indiana Ymca, Inc.	\$1,344.00	1
Southern Indiana Mental Health & Guidance Center	\$3,440.00	1
Southern Indiana Mental Health & Guidance/Lifespring	\$16,746.00	1
St. Joseph Children's Home	\$29,587.00	1
Step Ahead Of Hamilton County, Inc.	\$61,545.00	1
Step Ahead Of Wabash County, Inc.	\$12,033.00	1
Stone Belt Arc, Inc.	\$5,010.67	1
The Caring Place, Inc.	\$3,401.00	1
The Otis R. Bowen Center For Human Services, Inc.	\$17,846.00	1
The United Way Of Elkhart County	\$8,827.00	1
The Villages Of Indiana, Inc.	\$204,306.00	8

Tri-County School Corporation	\$770.00	1	
United Way Of Johnson County, Inc.	\$62,171.00	1	
Wabash County Council On Aged And Aging, Inc.	\$2,000.00	1	
Wabash Valley Human Services, Inc.	\$36,048.00	1	
Watt Family Co., L. L. C.	\$15,031.20	1	
Wayne County Step Ahead	\$2,467.80	1	
Wernle Children's Home, Inc.	\$3,721.40	1	
White County Probation Dept.	\$6,052.00	1	
Workforce Investment Board Of Southwest Indiana, Inc.	\$17,378.00	1	
Young Women's Christian Association Of Ft Wayne, Inc.	\$1,500.00	1	
Youth Action Community Council Of Boone County, Inc.	\$18,991.00	1	
Youth Service Bureau Of Jay County	\$13,154.26	1	
Youth Service Bureau Of Porter County, Inc.	\$67,141.00	1	
Youth Services Bureau Of Huntington County, Inc.	\$21,743.00	1	
Youth Services Bureau Of Jay County, Inc.	\$22,939.00	1	

IVB-Part II - Family (Safe Stable) Total

\$3,833,747.21 196

Larue Carter

Indiana University	\$2,482,401.00	3	
Indiana University Psychiatric Associates, Inc.	\$1,562,377.15	1	
Marian College	\$0.00	1	
National Association Of State Mental Health Program	\$4,867.00	1	
University Of Indianapolis	\$0.00	1	
University Of Indianapolis Graduate Programs Occup	\$0.00	1	

Larue Carter Total		\$4,049,645.15	8
Larue Carter SOF	Xavier University	\$0.00	1
Larue Carter SOF Total		\$0.00	1
Leveraging Incentive	A.C.T.I.O.N. Inc. Of Delaware County	\$1,960,150.00	1
	Area Five Agency On Aging And Community Services	\$1,498,758.00	1
	Area Iv Agency On Aging And Community Action Program	\$1,190,746.00	1
	Board Of Madison County Commissioners/Jobsource	\$1,010,436.00	1
	Community Action Of East Central Indiana, Inc.	\$1,010,652.00	1
	Community Action Of Greater Indianapolis, Inc.	\$6,766,994.00	1
	Community Action Of Northeast Indiana, Inc.	\$2,936,135.00	1
	Community Action Of Southern Indiana, Inc.	\$1,220,205.00	1
	Community Action Program Inc. Of Western Indiana	\$912,218.00	1
	Community Action Program Of Evansville And Vanderburgh	\$1,634,336.00	1
	Community And Family Services	\$1,177,073.00	1
	Dubois-Pike-Warrick Economic Opportunity Committee	\$535,907.00	1
	Hoosier Uplands Economic Development Corporation	\$996,195.00	1
	Human Services, Inc.	\$1,469,162.00	1
	Interlocal Community Action Program, Inc.	\$715,626.00	1
	Lceoc, Inc.	\$5,430,846.00	1
	Lincoln Hills Development Corporation	\$489,669.00	1

North Central Community Action Agencies, Inc.	\$1,176,516.00	1	
Ohio Valley Opportunities, Inc.	\$974,973.00	1	
Real Services, Inc.	\$2,935,343.00	1	
South Central Community Action Programs, Inc.	\$1,657,262.00	1	
Southeastern Indiana Economic Opportunity Corp.	\$676,712.00	1	
Wabash Valley Human Services, Inc.	\$1,270,111.00	1	
Western Indiana Community Action Agency	\$1,369,728.00	1	
Leveraging Incentive Total	\$41,015,753.00	24	
LITHEAP			
Action, Inc. Of Delaware And Grant Counties	\$168,043.00	1	
Area Five Agency On Aging And Community Action Pro	\$153,471.00	1	
Area Iv Agency On Aging And Community Action Program	\$142,011.00	1	
Board Of Madison County Commissioners By And Through	\$121,140.00	1	
Community Action Of East Central Indiana, Inc.	\$114,605.00	1	
Community Action Of Greater Indianapolis, Inc.	\$456,123.00	1	
Community Action Of Northeast Indiana, Inc.	\$216,865.00	1	
Community Action Program Of Evansville And Vanderburgh	\$152,890.00	1	
Community Action Program Of Western Indiana, Inc.	\$106,841.00	1	
Community And Family Services, Inc.	\$127,897.00	1	
Dubois-Pike-Warrick Economic Opportunity Corporation	\$85,736.00	1	

	Hoosier Uplands Economic Development Corporation	\$239,673.00	1	
	Human Services, Inc.	\$39,922.00	1	
	Indiana Community Action Association Incorporated	\$73,205.00	1	
	Interlocal Community Action Programs, Inc.	\$103,715.00	1	
	Lecoc, Inc.	\$278,659.00	1	
	Lincoln Hills Development Corporation	\$80,226.00	1	
	North Central Community Action Agencies, Inc.	\$127,388.00	1	
	Ohio Valley Opportunities, Inc.	\$101,394.00	1	
	Real Services, Inc.	\$245,138.00	1	
	South Central Community Action Programs, Inc.	\$150,362.00	1	
	Southeastern Indiana Economic Opportunity Corp.	\$101,194.00	1	
	Wabash Valley Human Services, Inc.	\$124,609.00	1	
	Western Indiana Community Action Agency, Inc.	\$137,642.00	1	
	LIHEAP Total	\$3,648,749.00	24	
	LIHEAP/Training			
	Indiana Community Action Association Incorporated	\$208,395.00	1	
	LIHEAP/Training Total	\$208,395.00	1	
	Local Projects			
	Assistive Technology Through Action In Indiana, Inc.	\$20,343.00	1	\$137,714.00 2
	Greater Lafayette Area Special Services Harrison County Special Education Cooperative	\$114,745.00	1	\$57,372.00 1
	Indiana Chapter Of The Registry For Interpreters F	\$126,997.00	1	\$123,779.00 1
	Interpreters F	\$26,500.00	1	

	League For The Blind And Disabled, Inc.		\$6,380.00	1		
	New Albany-Floyd County Consolidated School Corp		\$37,526.00	1		
	New Albany-Floyd County Consolidated School Corp.	\$75,052.00		1		
	Oaklawn Psychiatric Center, Inc.	\$132,293.00		1		
	Orange Co Rehabilitation & Developmental Services, Inc.	\$74,438.00		1		
	Park Center, Inc.	\$150,000.00		1		
	Rauch, Inc.	\$40,758.00		1		
	Richmond Community Schools	\$138,512.00	\$69,256.00	1		
	South Central Area Special Education Cooperative	\$118,050.00	\$59,025.00	1		
	Southern Indiana Resource Solutions, Inc.	\$120,066.00		1		
	Southwestern Indiana Mental Health Center, Inc.	\$95,587.00		1		
	The Center For Mental Health, Inc.	\$777,538.00		1		\$622,032.00
	The Rehabilitation Center, Inc.	\$94,444.00		1		
	Ymca Of Vincennes	\$40,205.00		1		
Local Projects Total		\$2,145,528.00	\$491,052.00	16	8	\$622,032.00
Logansport St Hospital	Cass County Council For Mentally Retarded Citizens	\$24,750.00	\$49,500.00	1	1	
	Edwards Electrical & Mechanical, Inc.	\$1,220,902.40		1		\$0.00
	Ivy-Tech State College, Kokomo, In	\$24,570.00		1		
	Leticia K. Jones	\$6,075,978.00		1		\$8,354,469.75
	Liberty Healthcare Corporation		\$74,250.00	1	1	
	Thomas R. Anderson, M.D.					
Logansport St Hospital Total		\$7,346,200.40	\$123,750.00	4	2	\$8,354,469.75
Madison St Hospital	Belinda Phillipps					\$33,250.00

City Of Madison									
David Austin, Ph. D.									
Desna Ratcliff									
Edwards Electrical & Mechanical, Inc.	\$183,317,680.00	1							
Eugene S. Pawlak, D.P.M.						\$120,000.00	1		
Genesis Physician Group, Llc.						\$22,000.00	1		
Gerald Dupre						\$133,120.00	1		
Irvin B. Ginsburg						\$49,920.00	1		
Jane Bennett, R.D.						\$129,360.00	1		
Jon Browning	\$14,160.00	1				\$28,320.00	1		
Larry M. Shultes, Ph.D.						\$4,500.00	1		
Lee G. Dunker, D.D.S.						\$6,000.00	1		
Let'S Write About It, Inc. / Brian O'Neill						\$20,000.00	1		
Liberty Healthcare Corporation						\$3,289,212.50	2		
Lykins Nutrition By Design, Inc.						\$84,000.00	1		
M.J. Skiles, M.D.						\$21,600.00	1		
Millet & Whitaker, Inc.	\$24,155.00	1				\$62,803.00	1		
Millet & Whitaker, Inc.						\$36,560.00	1		
Myra Laughlin						\$400,160.00	1		
Ohio Valley Internal Specialists, P.C.						\$4,800.00	1		
Planned Parenthood Of Grater Indiana, Inc.						\$8,320.00	1		
Rev. John A. Meyer						\$15,560.00	1		
Richard W. Mcleod						\$12,000.00	1		
Robert W. Kirkpatrick, O.D.						\$124,800.00	1		
Roy Clark						\$91,900.00	1		
Sharon Vandewater						\$2,198,240.00	1		
The Columbus Organization, Llc						\$44,000.00	1		
William Calvert									

	William W. Skiles, M.D					\$15,000.00	1	
Madison St Hospital Total		\$183,355,995.00	3	\$7,096,175.50	28	\$33,250.00	1	
Medicaid	Electric Data Systems					\$10,921,284.04	1	
	Electronic Data Systems, Inc.					\$13,589,010.04	1	
	Health Care Excel, Inc.					\$32,222,734.77	1	
Medicaid Total						\$56,733,028.8	5	3
Mental Health Transition	Hamilton Center, Inc.					\$1,641,706.80	1	
Mental Health Transition Total						\$1,641,706.80	1	
MR/DD Case Mgmt	Health Care Excel, Incorporated					\$28,890.00	1	
	John Oliver /John Oliver Consultation Services					\$46,800.00	1	
	John Oliver/John Oliver Consulting Services					\$60,000.00	1	
MR/DD Case Mgmt Total						\$135,690.00	3	
Muscatatuck SDC	Berkshire Advisors, Inc.					\$15,000.00	1	
	Berkshires Advisors, Inc.	\$116,000.00	1			\$12,000.00	1	
	Charles Hutton, D.D.S.					\$4,258,947.00	1	
	Columbus Medical Service, Llc							
	Columbus Medical Services, Llc	\$3,851,300.00	1					\$3,784,976.00
	Electric Data Systems							\$10,921,284.04
	Electronic Data Systems, Inc.							\$13,589,010.04
	George Brueggemann							\$7,500.00
	Hamilton Center, Inc.	\$75,000.00	1					\$64,449,272.77
	Health Care Excel, Inc.							\$216,320.00
	I. U. Psychiatric Associates, Inc.	\$108,160.00	1					
	Indiana University On Behalf Of The Indiana Institute	\$75,605.00	1					
	Jennings County School Corporation					\$0.00	1	

	Debra McGovern, R.N.	\$35,594.00	1				
	Donna Stolz Sembroski	\$25,000.00	1				
	Health Management Associates						\$137,606.00 1
	Jayne Parsons, R.N.	\$24,980.40	1				
	Kimbra Rangel, R.N.	\$12,490.20	1				
	Kristi Mccloud, R.N.					\$25,064.00	1
	Leagre Chandler & Millard Llp	\$140,000.00	1				
	Lifemark Corporation						\$17,966,310.00 1
	Mary Barret, R.N.	\$24,980.40	1				
	Medstat Group, Inc.					\$2,500,000.00	1
	Milliman & Robertson, Inc.	\$600,000.00	1				
	Milliman And Robertson, Inc.	\$600,000.00	1				
	Pat Car, R.N.	\$24,980.40	1				
	Ronald B. Rice, M.D.	\$63,990.00	1			\$110,812.00	1
	Rose S. Fife, M.D.	\$63,990.00	1			\$110,812.00	1
	Sarah Kercheval, Ms, Rn	\$36,545.40	1				
	Sarah Kercheval, R.N.					\$50,128.00	1
	The Medstat Group, Inc.	\$2,487,301.00	2				
	The Wishard Health Services/Hispanic Health Projec	\$160,000.00	1				
OMPP Administration Total		\$4,547,529.20	21		\$3,047,072.00	9	\$18,103,916.00 2
Prevention	Moses W. Gray	\$55,000.00	1				
	Sandra L. Priestino, Phd./Ramsan	\$37,494.00	1				
Prevention Total		\$92,494.00	2				
Prevention Needs	Indiana University	\$72,612.39	1				
Prevention Needs Total		\$72,612.39	1				
Project Safe Place Fund	Indiana Youth Services Association, Inc.				\$250,000.00	1	

Project Safe Place Fund							
Total							
Total						\$250,000.00	
RAPR (Relations)							
	Boys And Girls Club Of Bloomington Endowment Fund,		\$1,000.00	1			
	Brownstown Central Community School Corporation		\$1,000.00	1			
	Lincoln Hills Development Corporation Regenerations, Inc.		\$1,000.00	1		\$1,000.00	1
RAPR (Relations) Total		\$3,000.00		3		\$1,000.00	
RBA							
	Grand Lodge Free & Accepted Masons/Indiana Masonic		\$0.00	1			
	Hart Medical Investors Limited Partnership/Rensselaer					\$0.00	1
	Indianapolis Retirement Home		\$0.00	1			
	Metro Foundation/Midwest, Inc. /Michigan City Health		\$0.00	1			
	Parkview Residential Care Center		\$0.00	1			
	Trilogy Health Services Llc, Dba Woodmont Health Corp.		\$0.00	1			
RBA Total		\$0.00		5		\$0.00	
Reach							
	Quantec, L.L.C.					\$138,471.00	1
Reach Total						\$138,471.00	
Regional Independent							
	Apostolic Youth & Family Services, Inc.		\$40,000.00	1			
	Cassandra Mcconn, Inc.		\$13,232.00	1			
	Debra Corn N.P., Inc.		\$7,582.00	1			
	Dekalb Co. Parent Group For Handicapped Children,		\$60,834.00	1			
	Family Solutions Inc.		\$18,162.00	1			
	Four County Comprehensive Mental Health Center, Inc.		\$35,848.00	1			

Hamilton Center, Inc.	\$23,171.00	1		
Home Team Advantage, Incorporated	\$58,104.00	1		
Indiana Youth Advocate Program, Inc.	\$98,519.38	1		
Ireland & Luzio Behavioral Services, Inc.	\$68,134.00	1		
Lifeline Youth & Family Services, Inc.	\$9,076.00	1		
Lutheran Child And Family Services Of Indiana/Kent	\$15,320.00	1		
Moore, Inc.	\$14,240.00	1		
New Castle Community School System	\$19,638.40	1		
On Target, Inc.	\$8,387.20	1		
Psi Services, Iii, Inc.	\$16,000.00	1		
The Otis R. Bowen Center For Human Services, Inc.	\$13,298.00	1		
Tree Of Life Community Development Corporation	\$24,000.00	1		
Woodlawn East Community & Neighbors, Inc.	\$40,000.00	1		
Youth Service Bureau Of Jay County, Inc.	\$6,880.00	1		
Youth Service Bureau Of Porter County, Inc.	\$10,383.00	1		
Regional Independent Total	\$600,808.98	21		
Rehab Services				
Abilities Services, Inc.	\$0.00	1		
Adec, Inc.	\$0.00	1		
Adult And Chld Mental Health Center, Inc.	\$0.00	1		
Anthony Wayne Rehabilitation Center For Handicapped	\$1,700,000.00	1		
Anthony Wayne Rehabilitation Center, For Handicapped	\$1,400,000.00	1		
Anthony Wayne Rehabilitation Center For Handicapped	\$0.00	1		
Arc Of Vigo County, Inc.	\$0.00	1		

Arc Opportunities, Inc.			\$0.00	1
Assist, Inc.			\$0.00	1
Associated Patient Services, Inc.			\$0.00	1
Behaviorcorp, Inc.			\$0.00	2
Bi-County Services, Inc.			\$0.00	1
Blue River Services, Inc.		\$150,000.00	\$0.00	1
Bona Vista Programs, Inc.			\$0.00	1
Boone County Arc, Inc.			\$0.00	1
Bosma Industries For The Blind, Inc.			\$0.00	1
Bridgepointe Goodwill Industries And Easter Seal Society			\$0.00	1
Cardinal Center, Inc.			\$0.00	1
Carey Services, Inc.			\$0.00	1
Cass Council For Mentally Retarded Citizens, Inc.			\$0.00	1
CDC Resources, Inc.			\$0.00	1
Child-Adult Resource Services, Inc.			\$0.00	1
Community Hospitals Of Indiana, Inc.			\$0.00	1
Community Mental Health Center , Inc.			\$0.00	1
Comprehensive Mental Health Services, Inc.			\$0.00	1
Crossroads Rehabilitation Center, Inc.			\$0.00	1
Cummins Mental Health Center, Inc.			\$0.00	1
Developmental Services, Inc.			\$0.00	1
Evansville Arc, Inc.			\$0.00	1
Evansville Goodwill Industries, Inc.			\$0.00	1
Evansville Association For The Blind, Inc.			\$0.00	1
Four County Comprehensive Mental Health Center, Inc.			\$0.00	1
Four Rivers Resource Services, Inc.			\$0.00	1

Gibson County Area Rehabilitation Centers, Inc.			\$0.00	1
Goodwill Industries Of Central Indiana, Inc.			\$0.00	1
Goodwill Industries Of Michiana, Inc.			\$0.00	1
Goodwill Industries Of Northeast Indiana, Inc.			\$0.00	1
Green Acres, Inc.			\$0.00	1
Hamilton Center , Inc.			\$0.00	1
Health And Hospital Corporation Of Marion County,			\$0.00	1
Hillcroft Center, Inc.	\$500,000.00	1	\$0.00	1
Hillcroft Services, Inc.			\$0.00	1
Hopewell Center, Inc.			\$0.00	1
Independent Residential Living Of Central Indiana,			\$0.00	1
Indianapolis Resource Center For Independent Livin			\$0.00	1
In-Pact, Inc.			\$0.00	1
Janus Developmental Services, Inc.			\$0.00	1
Jay-Randolph Developmental Services, Inc.			\$0.00	1
Johnson County Association For Retarded Citizens, Inc.			\$0.00	1
Knox County Association For Retarded Citizens, Inc			\$0.00	1
Lake County Association For The Retarded, Inc.	\$460,000.00	1	\$0.00	1
Landmark Services, Inc.			\$0.00	1
Laporte County Comprehensive Mental Health Council			\$0.00	1
Logan Community Resources, Inc.			\$0.00	1

Madison Center, Inc.			\$0.00	1
Marshall-Starke Development Center, Inc.		\$160,000.00		1
Marshall-Starke Development Center, Inc.		\$0.00		1
Michiana Resources, Inc.	\$255,000.00	\$275,000.00		2
New Hope Services, Inc.		\$0.00		1
New Horizons Rehabilitation, Inc.		\$0.00		1
Noble County Association For Retarded Citizens, Inc.		\$0.00		1
Noble, Inc.		\$0.00		1
Northeastern Center, Inc.		\$0.00		1
Oaklawn Psychiatric Center, Inc.		\$50,000.00		2
Opportunity Enterprises, Inc.		\$700,000.00		3
Options For Better Living, Inc.	\$50,000.00	\$0.00		1
Orange County Rehabilitative & Developmental Services		\$0.00		1
Park Center, Inc.	\$100,000.00	\$0.00		1
Passages, Inc.		\$0.00		1
Pathfinder Services, Inc.		\$0.00		1
Porter-Starke Services, Inc.		\$0.00		1
Putnam County Comprehensive Services, Inc.		\$0.00		1
Quinco Consulting Center, Inc.		\$0.00		1
Raintree Programs, Inc.		\$0.00		1
Rauch, Inc.		\$0.00		1
Rehabilitation Hospital Of Indiana, Inc.		\$0.00		1
Rise, Inc.		\$0.00		1
Shares, Inc.		\$0.00		1
South Central Community Mental Health Centers, Inc		\$0.00		1
Southern Indiana Resource Solutions, Inc.		\$0.00		1

	Southlake Community Mental Health Center, Inc.		\$0.00	1
	Southwestern Indiana Mental Health Center, Inc.		\$50,000.00	2
	Stone Belt Arc, Inc.		\$0.00	1
	Sycamore Rehabilitation Services/Hendrick County A		\$0.00	1
	The Arc Of Northeast Indiana, Inc.		\$0.00	1
	The Association For Retarded Citizens Of Wabash Co		\$0.00	1
	The Center For Mental Health, Inc.		\$0.00	1
	The Rehabilitation Center, Inc.		\$0.00	1
	The Southern Hills Counseling Center, Incorporated		\$0.00	1
	Tradewinds Rehabilitation Center, Inc.		\$0.00	1
	Tri-City Comprehensive Community Mental Health		\$0.00	1
	Wabash Center, Inc.		\$0.00	1
	Wabash Valley Hospital, Inc.		\$0.00	1
	Work Able, Inc.		\$0.00	1
Rehab Services Total		\$2,915,000.00	\$2,935,000.00	98
Rehab. Engineering	Maximus, Inc.		\$72,000.00	1
Rehab. Engineering Total			\$72,000.00	1
Residential Services Dd	Arc Of Indiana	\$13,700.00		1
Residential Services Dd Total		\$13,700.00		1
Restoring	Abilities Services, Inc.		\$45,000.00	1
	Bartholomew Area Legal Aid, Inc.		\$35,000.00	1
	Catholic Charities Of The Diocese Of Gary/Catholic		\$50,000.00	1

Child-Adult Resources Services, Inc.		\$27,000.00	1
Christian Haven Incorporated		\$40,000.00	1
Clark County Youth Shelter And Family Services, In		\$25,150.00	1
Clay County Board Of Commissioners		\$36,000.00	1
Family & Children's Center Counseling And Development		\$30,000.00	1
Family Service Association Of The Wabash Valley, Inc.		\$26,000.00	1
Family Services Society, Inc.		\$25,000.00	1
Fathers And Families Resource/Research Center, Inc		\$40,000.00	1
Helping Our People Excel, Inc.		\$50,000.00	1
Hoosier Uplands Economic Development Corporation		\$43,750.00	1
Housing Authority Of The City Of Hammond		\$40,000.00	1
Housing Authority Of The City Of Terre Haute		\$26,000.00	1
Indiana University Research Sponsored Programs	\$23,338.00		1
Jefferson County Board Of Commissioners		\$26,100.00	1
Lincoln Hills Development Corporation		\$40,000.00	1
Living Work Of God Ministries, Inc.		\$25,000.00	1
Madison Center, Inc.		\$35,000.00	1
Preservation Partners, Inc.		\$45,000.00	1
Purdue University		\$35,000.00	1
Refuge House Ministries, Inc.		\$35,000.00	1
River Valley Resources, Inc.		\$55,000.00	1
Saint Margaret Mercy Helath Care Center, Inc.		\$25,000.00	1

	Southwestern Indiana Economic Opportunity Corp.					\$35,000.00	1	
	St. Paul Human Services, Inc.					\$37,000.00	1	
	Stop The Madness, Inc.					\$40,000.00	1	
	Youth Services Bureau Of Huntington County					\$28,000.00	1	
Restoring Total					1	\$1,000,000.00	28	
								\$25,699.25
Richmond St Hospital								
	Carolyn Hanna					\$42,555.00	1	
	Constance Severson Clodfelter					\$62,400.00	1	
	Dunn Mental Health Center, Inc.					\$144,000.00	1	
	Eldon Platt					\$36,000.00	1	
	Glenn Plaster					\$41,600.00	1	
	Green Acres, Inc.					\$60,000.00	1	
	Gregory R. Karch, Ph.D.					\$49,920.00	1	
	Happy Software					\$49,920.00	1	
	Harriet V. Grubb					\$1,200.00	1	
	L.M. Shultes, Ph.D.					\$15,600.00	1	
	Larry Setser					\$18,120.00	1	
	Marjorie Black					\$36,000.00	1	
	Mary Schwendener-Holt, Ph.D.					\$48,000.00	1	
	Michelle Sherer					\$4,867.00	1	
	National Association Of State Mental/Nasmhph/					\$99,840.00	1	
	Pamela Schutte-Williams					\$74,880.00	1	
	Pedro C. Rodriguez					\$12,864.00	1	
	Richard Garnet, M.D.					\$15,840.00	1	
	Richmond Podiatry P.C.							
Richmond St Hospital Total					18	\$813,606.00	18	\$25,699.25
Sex Offense Services								
	Albion Fellows Bacon Center, Inc.					\$7,500.00	1	

	Breaking Free, Inc.	\$7,500.00	1		
	Columbus Regional Shelter For Victims Of Domestic	\$7,500.00	1		
	Community And Family Resource Center, Inc.	\$7,500.00	1		
	Crisis Connection, Inc.	\$7,500.00	1		
	Family Services Of Delaware County, Inc.	\$7,500.00	1		
	Fort Wayne Women's Bureau, Inc.	\$7,500.00	1		
	Indiana Coalition Against Sexual Assault, Inc.	\$7,500.00	1		
	Indiana University	\$6,357.00	1		
	Madison Center, Inc.	\$7,500.00	1		
	Middle Way House, Incorporated	\$7,500.00	1		
	North Central Rural Crisis Center, Inc.	\$7,500.00	1		
	Prevail, Inc. Of Hamilton County	\$7,500.00	1		
	Southside Youth Council Inc.-A Youth Service Burea	\$12,000.00	1		
	St. Jude House	\$7,500.00	1		
	The Children's Bureau Of Indianapolis, Inc.	\$12,000.00	1		
	Wishard Memorial Foundation, Inc.	\$12,000.00	1		
	Young Women's Christian Association Of Richmond In	\$7,500.00	1		
	Sex Offense Services Total	\$147,357.00	18		
	Shelter Plus				
	Community Mental Health Center, Inc.	\$76,308.25	1		
	Health & Hospital Corp Of Marion County	\$1,400,220.00	1		
	Tri-City Comprehensive Mental Health Center, Inc.			\$108,983.50	1
	Shelter Plus Total	\$1,476,528.25	2	\$108,983.50	1
	SNAP				
	The Children's Bureau Of Indianapolis, Inc.			\$1,073,151.00	1
	SNAP Total			\$1,073,151.00	1
	SNAP/Special Needs				
	Children Are The Future	\$219,900.00	1		

Children Are The Future, Inc.				\$157,050.00	1
Family Works, Inc.				\$66,400.00	1
Indiana Youth Advocate Program, Inc.				\$85,800.00	1
Judy Kendrick/Family Works, Inc.					
Lutheran Child And Family Services Of Indiana/Ky				\$75,200.00	1
Martha Robertson/Children Are The Future, Inc.					
Mary Rose Nevitt				\$157,050.00	1
Moses W. Gray/Concept II Realty, Inc.				\$5,000.00	1
Ron Carpenter/Children'S Bureau, Inc.				\$360,000.00	1
Sharon Pierce/The Villages Of Indiana, Inc.				\$157,050.00	1
Specialized Alternatives For Families And Youth Of				\$162,800.00	1
The Children's Bureau Of Indianapolis, Inc.				\$162,050.00	1
The Villages Of Indiana, Inc.				\$157,050.00	1
				\$162,800.00	1

SNAP/Special Needs Total **\$1,451,250.00** **10** **\$704,300.00** **6**

SPOE/Part-H					
Abilities Services, Inc.				\$51,444.00	1
Abilities Unlimited, Inc. Disability Services				\$112,506.00	1
Adec, Inc.				\$99,584.00	1
Arc Opportunities, Inc.				\$12,017.00	1
Area V Agency On Aging & Community Services, Inc.				\$33,694.00	1
Blue River Services, Inc.				\$47,660.00	1
Boone County Arc, Inc.				\$31,462.00	1
Bridgepointe Goodwill Industries & Easter Seal Society				\$73,149.00	1
Cardinal Center, Inc.				\$47,773.00	1
Carey Services, Inc.				\$66,907.00	1

Cass Council For Retarded Citizens, Inc.	\$18,315.00	1
Cdc Resources, Inc.	\$20,094.00	1
Child-Adult Resources Services, Inc.	\$68,474.00	1
Community Action Program, Inc. Of Western Indiana	\$4,476.00	1
Council On Aging Of Starke County, Inc.	\$7,993.00	1
Decatur County Community Schools	\$16,127.00	1
Dunn Memorial Hospital	\$28,158.00	1
First Steps Of Allen County, Inc.	\$215,196.00	1
Four Rivers Resource Services, Inc.	\$56,203.00	1
Gibson County Area Rehabilitation Centers, Inc.	\$44,652.00	1
Greenfield-Central Community School Corporation	\$74,914.00	1
Hamilton Center, Inc.	\$59,620.00	1
Henry County Step Ahead Council, Inc.	\$24,599.00	1
Hillcroft Services, Inc.	\$66,498.00	1
Indiana University On Behalf Of Area 9 & Community	\$88,202.00	1
Indiana University/Research And Sponsored Programs	\$104,073.00	1
Jay-Randolph Developmental Services, Inc.	\$40,345.00	1
Jennings County Step Ahead Council, Inc.	\$15,364.00	1
Madison County Step Ahead Council, Inc.	\$80,986.00	1
Marion County First Steps Council, Inc.	\$58,787.00	1
Marion County First Steps Council, Incorporated	\$716,166.00	1
Monroe County Step Ahead Council Corp.	\$74,250.00	1
New Hope Services, Inc.	\$27,861.00	1
New Horizons Rehabilitation, Inc.	\$48,082.00	1

	Newton County Council On Aging & Community Service	\$4,476.00	1	
	Noble County Community Foundation, Inc.	\$98,483.00	1	
	Opportunity Enterprises, Inc.	\$69,209.00	1	
	Orange County Rehabilitative & Developmental Services	\$10,789.00	1	
	Parents Council For Handicapped & Retarded Children	\$40,910.00	1	
	Pathfinder Services, Inc.	\$26,506.00	1	
	Rauch, Inc.	\$60,482.00	1	
	Southern Indiana Resource Solutions, Inc.	\$75,691.00	1	
	Stone Belt Arc, Inc.	\$31,363.00	1	
	Sycamore Rehabilitation Services/Hendricks County	\$50,357.00	1	
	The Association For Retarded Citizens Of Wabash County	\$17,016.00	1	
	The Lake County First Steps Council, Inc.	\$224,134.00	1	
	The Rehabilitation Center, Inc.	\$99,372.00	1	
	United Health Services Of St. Joseph County, Inc.	\$211,666.00	1	
	United Way Of Wells County, Inc.	\$26,746.00	1	
	Wabash Center, Inc.	\$66,144.00	1	
	Wabash Valley Human Services, Inc.	\$22,651.00	1	
	Young Women's Christian Association Of Kokomo, Inc	\$56,542.00	1	
SPOE/Part-H Total		\$3,728,168.00	52	
SSA/VR	Saga Software, Inc.	\$2,273,564.00	1	
SSA/VR Total		\$2,273,564.00	1	
SSBG	Dubois-Pike-Warrick Economic Opp/Tri-Cap E.O.C.Inc			\$124,584.00 1

Health And Hospital Corporation Of Marion County D				\$535,394.00	1
Howard Community Hospital/ Healthy Children/Teen				\$50,000.00	1
Indianapolis Public Transportation Corporation				\$250,000.00	1
Johnson Nichols Health Clinic, Inc.				\$28,800.00	1
Madison Center, Inc.				\$22,500.00	1
Mediation Services Of Tippecanoe County, Inc.				\$10,955.00	1
Neighborhood Health Clinics, Inc.				\$66,982.00	1
Open Door/Bmh Health Center, Incorporated				\$59,882.00	1
Planned Parenthood Of Greater Indiana, Inc.				\$3,000,000.00	1
Planned Parenthood Of North Central Indiana, Inc.				\$205,024.00	1
The Ncaa Foundation, Inc.				\$30,000.00	1
Visiting Nurse Service, Inc.				\$20,102.00	1
Wabash Valley Human Services, Inc.				\$183,544.00	1
Youth On Line Incorporated				\$20,000.00	1
SSBG Total				\$4,607,767.00	15
SSBG DDARS					
Anthony Wayne Rehabilitation Center For The Handicapped				\$22,200.00	1
Crossroads Rehabilitation Center, Inc.				\$65,000.00	1
Deaf Services, Inc.	\$10,946.00	1		\$29,169.00	1
Division Of Disability, Aging & Rehabilitative Services				\$27,876,812.00	1
Evansville Goodwill Industires, Inc.				\$30,240.00	1
Evansville Goodwill Industries, Inc.	\$13,690.16	1			
Janet Lancaster/South-Central Indiana Interpreting				\$7,500.00	1

	Rauch, Inc.		\$9,000.00	1
	United Health Services Of St. Joseph County, Inc.		\$8,272.50	1
SSBG DDARS Total		\$24,636.16	2	\$28,048,193.50
State Weatherization				8
	A.C.T.I.O.N. Inc. Of Delaware County, Inc.		\$85,404.00	1
	Area Five Agency On Aging And Community Services, Inc.		\$40,189.00	1
	Area Iv Agency On Aging And Community Action Program		\$80,801.00	1
	Board Of Madison County Commissioners/Jobsource		\$70,687.00	1
	Community Action Of East Central Indiana, Inc.		\$69,741.00	1
	Community Action Of Greater Indianapolis, Inc.		\$176,751.00	1
	Community Action Of Northeast Indiana, Inc.		\$103,996.00	1
	Community Action Program Inc. Of Western Indiana		\$68,960.00	1
	Community Action Program Of Evansville And Vanderburgh		\$81,976.00	1
	Community And Family Services, Inc.		\$76,135.00	1
	Dubois-Pike-Warrick Economic Opportunity Committee		\$60,946.00	1
	Hoosier Uplands Economic Development Corporation		\$143,554.00	1
	Human Services		\$80,593.00	1
	Indiana Community Action Association Incorporated	\$14,210.00		1
	Interlocal Community Action Programs, Inc.		\$66,330.00	1
	Lceoc, Inc.		\$129,675.00	1
	Lincoln Hills Development Corporation		\$59,222.00	1

	North Central Community Action Agencies, Inc.			\$73,498.00	1
	Ohio Valley Opportunities, Inc.			\$65,604.00	1
	Real Services, Inc.	\$55,555.00	1		
	South Central Community Action Program, Inc.			\$81,489.00	1
	Southeastern Indiana Economic Opportunity Corporation			\$66,641.00	1
	Wabash Valley Human Services, Inc.			\$73,424.00	1
	Western Indiana Community Action Program			\$76,955.00	1
State Weatherization Total		\$69,765.00	2	\$1,832,571.00	22
Step Ahead	Sarah Killion			\$10,750.00	1
	Teri White			\$34,600.00	1
	The Indiana Association Of United Way, Incorporation			\$57,445.00	1
Step Ahead Total				\$102,795.00	3
Step Ahead Combined	Community & Family Services, Inc.			\$8,950.50	1
	Housing Authority Of The City Of Marion	\$27,382.00	1		
	United Way Of Allen County, Inc.	\$32,465.00	1		
Step Ahead Combined Total		\$59,847.00	2	\$8,950.50	1
Step Ahead Parent	Elkhart Community Schools			\$59,258.00	1
	Evansville-Vandeburgh School Corporation			\$49,968.00	1
	Fayette County School Coporation			\$100,910.00	1
	Gary Community School Corporation			\$88,286.00	1
	Jay School Corporation			\$35,618.00	1
	Kokomo-Center Township Consolidated School Corp			\$83,108.00	1
	Michigan Ciy Area Schools			\$84,141.00	1

New Albany-Floyd County Consolidated School Corp	\$76,563.00	1
North Adams Community Schools	\$64,152.00	1
Paoli Community School Corporation	\$45,926.00	1
Perry Central Community School Corporation	\$37,535.00	1
Renselaer Central Schools Corporation	\$79,581.00	1
Richmond Community Schools	\$103,428.00	1
School City Of East Chicago	\$59,090.00	1
Smith-Green Community Schools	\$25,152.00	1
South Bend Community School Corporation	\$76,088.00	1
Vigo County School Corporation	\$61,055.00	1
Whitko Community School Corporation	\$33,146.00	1

Step Ahead Parent Total

\$1,163,005.00 18

Substance Abuse

Addiction Resource Network Of Indiana, Inc.	\$0.00	1
Affiliated Service Providers Of Indiana, Inc.	\$0.00	1
Aids Ministries/Aids Assist Of North Indiana, Inc.	\$106,570.00	1
Boys & Girls Club, Inc. Of Ft. Wayne	\$449,000.00	1
Carmel Clay School Corp.	\$132,812.50	1
Christian Community Youth Center Board, Inc.	\$132,812.50	1
Community Action Of Southern Indiana, Inc.	\$132,812.50	1
Community And Family Resource Center, Inc.	\$132,812.50	1
Community Initiatives, Inc.	\$132,812.50	1
Decatur Circuit Court	\$132,812.50	1
Drug-Free Marion County, Inc.	\$40,000.00	1
Elkhart Youth Services Bureau, Inc.	\$679,012.50	1
Evansville Black Coalition, Inc.	\$85,000.00	1

Family Services Of Delaware County Indiana, Inc.		\$865,612.50	1
Health & Hospital Corporation Of Marion County		\$252,000.00	1
Hoosier Uplands Economic Development Corporation		\$132,812.50	1
Indiana Alcoholic Beverage Commission		\$72,000.00	1
Indiana Communities For Drug-Free Youth, Inc.		\$848,012.50	1
Indiana Criminal Justice Institute		\$42,000.00	1
Indiana University		\$1,145,930.00	1
Marion County Cooperative Extension		\$265,625.00	2
Monroe County Commissioners		\$132,812.50	1
Montgomery County Board Of Commissioners		\$132,812.50	1
Our Place Drug And Alcohol Education Services, Inc		\$435,500.00	1
Partnership For A Drug Free Lake County, Inc.		\$132,812.50	1
Purdue University		\$1,086,000.00	1
Southlake/Tri-City Management Corp./Geminus Corpor		\$0.00	1
St. Joseph Hospital And Health Center, Inc.		\$0.00	1
Substance Abuse Council Of Vanderburgh County		\$132,812.50	1
Tara Treatment Center, Inc.		\$0.00	1
Young Men's Christian Association Of Greater Indpl		\$778,500.00	1
Youth Service Bureau, Inc.		\$381,200.00	1
Substance Abuse Total		\$8,992,900.00	33
TANF	Crowe, Chizek And Company Llp	\$822,530.00	1

	Indiana University On Behalf Of The School Of Publ	\$15,000.00	1		
TANF Total		\$15,000.00	1	\$822,530.00	1
TANF Funds	Indiana Coalition Against Domestic Violence, Inc.			\$200,000.00	1
	Institute Of Human Services	\$2,000,000.00	1		
TANF Funds Total		\$2,000,000.00	1	\$200,000.00	1
TANF-MOE (Family Planning)	Area IV Agency On Aging & Community Action Program	\$79,650.00	1		
	Board Of Madison Co. Job Source	\$79,650.00	1		
	Community Action Of Northeast Indiana, Inc.	\$159,300.00	1		
	Community Action Program Inc, Of Western Indiana	\$79,650.00	1		
	Hoosier Uplands Economic Development Corporation	\$79,650.00	1		
	Human Services, Inc.	\$199,125.00	1		
	South Central Community Action Programs, Inc.	\$79,650.00	1		
	Wabash Valley Human Services, Inc.	\$79,650.00	1		
TANF-MOE (Family Planning) Total		\$836,325.00	8		
Technology/VR	Accessing Technology Through Action In Indiana, Inc.	\$692,208.46	1		
	Assistive Technology Through Action In Indiana, Inc.			\$2,353,853.05	2
Technology/VR Total		\$692,208.46	1	\$2,353,853.05	2
Teen Pregnancy Prevention	Health And Hospital Corporation Of Marion County			\$799,824.00	1
Teen Pregnancy Prevention Total				\$799,824.00	1

TEFAP	The Gleanors Food Bank Of Indiana, Inc.	\$300,000.00	1	
TEFAP Total		\$300,000.00	1	
Title III A&B	Aging & Community Services Of South Central Indiana	\$4,874,752.00	1	
	Area 10 Council On Aging Of Monroe & Owen Counties	\$2,702,163.00	1	
	Area Five Agency On Aging & Community Services, Inc.	\$6,086,325.00	1	
	Indiana Association Of Area Agencies On Aging	\$392,799.00	1	
	Real Services, Inc.	\$16,045,315.00	1	
Title III A&B Total		\$30,101,354.00	5	
Title IV-B Part I / RC	Adult & Child Mental Health Center, Inc.	\$27,947.76	1	
	Adult And Child Mental Health Center, Inc.	\$7,587.50	1	
	Alternative Counseling Associates Incorporated	\$25,000.00	1	
	Apostolic Youth And Family Services, Incorporated	\$20,000.00	1	
	Ball State University	\$55,000.00	1	
	Barbara A. Osborn	\$17,127.83	1	
	Barbara Osborn, Ascw/Lcsw	\$13,020.00	1	
	Betty U. Watson, Ph.D. Hspp	\$2,200.00	1	
	Big Brothers/Big Sisters Of Wayne And Union Counties	\$5,000.00	1	
	Bonhomie Counseling Corp.	\$6,000.00	1	
	Brighter Tomorrows, Inc.	\$24,506.00	2	
	Carol Marlene Tryon	\$14,151.00	1	
	Carolyn A. Kern, Mpa	\$65,000.00	1	
	Caruthers & Associates	\$20,000.00	1	
	Cass County Council On Aging, Inc.	\$1,500.00	1	

Cassandra Mcconn, Inc.	\$174,307.18	2
Catholic Charities Of The Diocese Of Ft. Wayne South	\$277,390.62	1
Catholic Charities Of The Diocese Of Gary, Inc.	\$8,001.00	1
Child Abuse Prevention Services, Inc.	\$48,215.30	1
Children And Family Services Corporation	\$24,280.50	1
Christian Haven Teendowment Fund Inc.	\$8,000.00	1
Christopher Scruton, Ph.D. Hspp	\$6,500.00	1
Community And Family Resource Center, Inc.	\$9,000.00	1
Community Mental Health Center, Inc.	\$16,015.98	1
Comprehensive Mental Health Services, Inc.	\$36,367.25	1
David L. Winsch, Ph.D.	\$17,927.50	1
Debra Corn Agency, Inc.	\$23,859.22	1
Dekalb Co. Parent Group For Handicapped Children,	\$81,181.89	1
Delores M. Hearn	\$5,000.00	1
Dodson Shively And Associates	\$54,641.57	1
Dodson Shively And Associates Inc	\$53,985.41	1
Dodson Shively And Associates Inc.	\$115,549.70	2
Dunn Mental Health Center, Inc.	\$27,489.00	1
Edgewater Systems For Balanced Living, Inc.	\$22,500.00	1
Eldon Solomon, M.S.L.M.H.C.	\$1,587.00	1
Elkhart Youth Services Bureau, Inc.	\$16,040.00	1
Families United, Inc.	\$136,969.80	2
Family & Children's Service, Inc.	\$55,217.20	1
Family And Children's Cente Counseling & Developme	\$33,000.00	1
Family Centered Services, Inc.	\$55,606.25	1

Family Learning Center, Inc.	\$59,363.00	2
Family Life Development, Inc.	\$80,650.00	1
Family Service Association Of Central Indiana, Inc.	\$97,850.00	1
Family Service Association Of Howard County, Inc.	\$43,564.16	1
Family Service Society, Inc.	\$30,000.00	1
Family Services And Prevention Programs, Inc.	\$5,000.00	1
Family Services Of Delaware County Indiana, Inc.	\$31,947.00	1
Family Solutions, Inc.	\$54,066.73	1
Family Works, Inc.	\$447,416.00	3
Fort Wayne Women'S Bureau, Inc.	\$39,995.50	1
Foster Care Services, Inc.	\$19,045.00	1
Foster Parent Training, Inc.	\$15,000.00	1
Foster Parents Services, Inc.	\$19,000.00	1
Four County Comprehensive Mental Health Center, Inc.	\$39,422.82	2
Friends Of Families, Inc.	\$67,108.17	1
Gayla Kaibel, Phd, P. C.	\$4,871.00	1
Grant-Blackford Mental Health, Inc.	\$18,064.48	1
Greater First Baptist Church Of East Chicago, Indi	\$19,995.72	1
Hamilton Center, Inc.	\$62,717.16	1
He Southern Hills Counseling Center Incorporated	\$38,997.71	1
Hillcroft Services, Inc.	\$83,500.00	1
Holy Cross Community Services, Inc.	\$26,000.00	1
Home Team Advantage, Incorporated	\$58,873.40	1

Human Beginnings, Inc.	\$27,945.00	1
Indiana Youth Advocate Program, Inc.	\$108,561.65	3
Ireland & Luzio Behavioral Services, Inc.	\$144,076.77	1
Irene Spindler, Ccsw	\$13,035.00	1
Janet Rhodes-Carlson	\$14,300.81	1
Kenneth Rice, Csw	\$19,735.00	1
Kidspace National Centers Of North America	\$42,212.50	1
Kidspace National Centers Of North America, Inc.	\$5,674.00	1
Kurt H. Gregory D/B/A/ Family Support Services Of	\$44,258.97	1
Lake County Child Abuse Prevention Council, Inc.	\$25,000.00	1
Lakeview Life Center, Inc. / Life Center Counselin	\$30,000.00	1
Laporte Regional Health System, Inc.	\$511,452.78	1
Lifeline Youth & Family Services, Inc.	\$35,000.00	1
Lincoln Hills Development Corporation	\$112,659.88	2
Madison Center, Inc.	\$40,992.00	2
Metropolitan Oasis Community Development Corporation	\$9,000.00	1
Midtown Community Mental Health Center	\$52,680.00	1
Moore, Inc.	\$11,000.00	1
New Horizons Rehabilitation, Inc.	\$47,096.02	1
Nhi Corp	\$40,000.00	1
North Adams Community School	\$5,107.00	1
Oaklawn Psychiatric Center, Inc.	\$59,739.40	2
Our Children, Our Future, Inc.	\$28,000.00	1
Paralegal On Call, Inc.	\$210,244.31	4

Personal Counseling Service, Inc.	\$2,500.00	1
Peru Community School Orporation	\$8,422.00	1
Pilgrim Missionary Baptist Church, Inc.	\$20,000.00	1
Pleasant Run, Inc.	\$158,080.75	2
Pokagon Band Of Potawatome Indians	\$2,000.00	1
Porter-Starke Services, Inc.	\$69,625.33	1
Preservation Partners, Inc.	\$7,005,254.00	1
Preventative Aftercare, Inc.	\$363,115.37	4
Railroad Young Men'S Christian Association Of Peru	\$4,200.00	1
Robert J. Kurzhals, Ph.D.	\$7,800.00	1
Scan Inc	\$183,792.71	1
Southern Indiana Mental Health & Guidance Center	\$22,553.28	1
Southlake Community Mental Health Center, In.	\$33,242.00	1
St. Joseph Catholic Orphan Society, Inc.	\$25,996.10	1
Tatumand Co.	\$50,007.50	1
Terrance Tanner	\$3,500.00	1
The Children's Bureau Of Indianapolis, Inc.	\$379,848.28	1
The Otis R Bowen Center For Human Services, Inc.	\$5,600.00	1
The Otis R. Bowen Center Forhuman Services, Inc.	\$50,667.00	1
The Southern Hills Counseling Center, Incorporated	\$16,163.74	1
Thomas A. Smith, M.S., L.M.H.C.	\$21,070.75	1
Tina Hageman	\$20,098.21	1
Tree Of Life Community Development Corporation	\$26,006.00	1

V. Thomas Mawhinney, Ph.D., Inc. Behavioral Psycho	\$46,500.00	1
V. Thomas Mawhinney, Phd, Inc. Behavioral Psychology	\$24,000.00	1
Wabash Valley Hospital, Inc.	\$10,000.00	1
Watt Family Company, Llc	\$58,933.00	1
Wernle Children's Home Inc	\$29,290.65	1
White'S Residential And Family Services, Inc.	\$20,000.00	1
Young Women's Christian Association Of Gary Ind.	\$20,003.00	1
Youth Opportunity Center, Inc.	\$8,936.00	1
Youth Service Bureau Of Huntington County, Inc.	\$31,635.00	1
Youth Service Bureau Of Jay County, Inc.	\$11,000.00	1
Youth Service Bureau Of Porter County, Inc.	\$36,538.00	1

Title IV-B Part I / RC Total \$13,389,270.07 141

Title XX Board Of Health Indiana Department Of Health \$604,830.00 1

Title XX Board Of Health Total \$604,830.00 1

Title XX Dept Of Department Of Correction \$3,840,818.00 1

Title XX Dept Of Total \$3,840,818.00 1

Transition Community Centers Of Indianapolis, Inc. \$168,528.00 1

Fssa/Division Of Disability, Aging & Rehabilitative	\$0.00	1
Indiana University	\$332,578.85	2

Kathryn Vanderwater-Piercy/Professional Development	\$266,880.00	1
Marion County Office Of Family And Children	\$300,000.00	1

Midwest Psychological Center, Inc.	\$16,500.00	1
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Nami Indiana, Inc.	\$110,000.00	1
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Transition Total		\$126,500.00	2	\$1,211,486.85	7
Unknown					
Ana Sieber, The Spanish Connection				\$8,000.00	1
Ball State University		\$495,480.00	1	\$495,480.00	1
Emmis Indiana Broadcasting, Lp Db Network Indiana				\$10,200.00	1
Greater Indianapolis Literacy League, Inc.				\$10,000.00	1
Haverstick Consulting, Inc.				\$248,600.00	1
Indiana University		\$70,568.00	1		
Indiana University School Of Social Work		\$355,639.00	1		
Leita Hart + Associates				\$7,790.00	1
Quantec, L.L.C.				\$6,000.00	1
Training Solutions Group, Llc				\$565,226.00	2
William J. Elliott		\$23,000.00	1	\$23,000.00	1
Unknown Total		\$944,687.00	4	\$1,374,296.00	10
Vocational Rehab					
Balance Centers Of America, Inc.		\$0.00	1		
Christopher Kerry Jones		\$0.00	1		
Columbus Regional Hospital		\$0.00	1		
Constance Brown				\$39,000.00	2
Crossroads Rehabilitation Services, Inc.		\$0.00	1		
Crystal Sears				\$25,000.00	1
Driver Rehabilitation Services, Inc.		\$0.00	1		
George W. Hicks, P.E.		\$0.00	1		
Jane Ann Noblitt		\$17,500.00	1	\$47,500.00	2
Memorial Hospital Of South Bend		\$0.00	1		
Nita Starkey-Warren Interpreter Network Reaching				\$46,800.00	1
Nita Starkey-Warren/Interpreter Network Reaching				\$35,200.00	1
Parkview Hospital, Inc.		\$0.00	1		

Issues Relating to the Organizational
Structure of the Office of the Secretary of
Family and Social Services

- FSSA Program Inventory -

August 2004

FSSA Evaluation Committee

Indiana Legislative Services Agency

Legislative Evaluation and Oversight

The Office of Fiscal and Management Analysis is a Division within the Legislative Services Agency that performs fiscal, budgetary, and management analysis. Within this office, teams of program analysts evaluate state agency programs and activities as set forth in IC 2-5-21.

The goal of Legislative Evaluation and Oversight is to improve the legislative decision-making process and, ultimately, state government operations by providing information about the performance of state agencies and programs through evaluation.

The evaluation teams prepare reports for the Legislative Council in accordance with P.L. 197 of 2003. The published reports describe state programs, analyze management problems, evaluate outcomes, and include other items as directed by the Legislative Evaluation and Oversight Policy Subcommittee of the Legislative Council. The report is used by an evaluation committee to determine the need for legislative action.

Diane Powers, Director
Alan Gossard, Deputy Director

Christopher Baker
Bernadette Bartlett
Sarah Brooks
Karen Firestone, Audit Leader
Mark Goodpaster
Jim Landers
Charles W. Mayfield
Phyllis McCormack
Kathy Norris
Valerie Ruda
Robert J. Sigalow
James P. Sperlik
Mike Squires

Preface

This publication is a companion volume to the program evaluation report entitled “Issues Related to the Organizational Structure of the Office of the Secretary of Family and Social Services” and published by the Indiana Legislative Services Agency in August 2004.

The divisions and offices of the Family and Social Services Administration (FSSA) are often referred in this document by their acronyms: Office of Medicaid Policy and Planning (OMPP); Division of Family and Children (DFC); Division of Mental Health and Addictions (DMHA); and Division of Disability, Aging, and Rehabilitative Services (DDARS).

Programs are organized generally according to the division having primary administrative responsibilities, with the exception of Medicaid home- and community-based waivers. The waiver program is jointly administered by the Waiver Unit in DDARS through a memorandum of understanding with OMPP. However, because waivers are special provisions within the Medicaid Program, they are described along with the program summaries in the OMPP section.

While the Medicaid Program may be considered a single program, the various categorical designations are described since these apply to different populations and involve different eligibility criteria. Also, while Medicaid waivers represent merely additional services provided to certain individuals within Medicaid categories, the various waivers are described separately because of their importance.

The category entitled “Advisory Board/Commission” is intended to represent the advisory board, commission, council, or committee with the most direct oversight of a particular program. In many cases, this will be the advisory council for the division, rather than for the individual program.

Expenditure data was obtained from FSSA and is reported on a cash basis. Consequently, the reported information may not be consistent with data maintained on the Auditor’s system.

The federal poverty level (FPL) is referenced in some of the program descriptions and refers to the federal poverty guidelines published each year in the *Federal Register* by the U.S. Department of Health and Human Services. The 2004 guidelines are presented in the table, below.

We very much appreciate the cooperation and efforts of FSSA staff in providing information for this project, including program descriptions, explanations, and in their review of these summaries. While we have intended to provide summaries for all programs administered by FSSA, we apologize for any omissions that may exist. To report any errors or omissions, please send an email to agossard@iga.state.in.us.

Copies of this document may be obtained from:

Legislative Information Center
Indiana Legislative Services Agency
200 W. Washington St., Ste. 230
Indianapolis, IN 46204
(317) 232-9856

This document is also available on-line at <http://www.in.gov/legislative/publications/>

2004 Federal Poverty Level Guidelines (Family Income per Year) *				
Family Size	100% FPL	150% FPL	200% FPL	250% FPL
1	\$9,310	\$13,965	\$18,620	\$23,275
2	12,490	18,735	24,980	31,225
3	15,670	23,505	31,340	39,175
4	18,850	28,275	37,700	47,125
5	22,030	33,045	44,060	55,075
6	25,210	37,815	50,420	63,025
7	28,390	42,585	56,780	70,975
8	31,570	47,355	63,140	78,925
Each Add'l	\$3,180	\$4,770	\$6,360	\$7,950
<p>Source: Federal Register, Vol. 69, No. 30, Feb 13, 2004, pp. 7336-7338.</p> <p>Median Household Income (Indiana - 1999): \$41,567. Median Family Income (Indiana - 1999): \$50,261. Families Below Poverty Level (Indiana - 1999): 6.7%. Individuals Below Poverty Level (Indiana - 1999): 9.5%.</p>				

Table of Contents

Family and Social Services Administration	1
Head Start Programs	3
Health Care Access Planning	5
Step Ahead Comprehensive Early Childhood Grant Program	7
Office of Medicaid Policy and Planning	9
General Program Information	11
Medicaid Categories	15
Aged	15
Blind	17
Disabled	19
Breast and Cervical Cancer Screening	21
Children Under the Age of 19 (CHIP - Phase I)	23
Children Aged 19 and 20	25
Low-Income Children	27
Children in Psychiatric Facilities	29
Employees with Disabilities (M.E.D. Works Program)	31
Newborn Children	33
Pregnant Women (Full Coverage)	35
Pregnant Women (Pregnancy-Related Coverage)	37
Qualified Individual-1 (QI-1)	39
Qualified Medicare Beneficiary (QMB)	41
Qualified Disabled and Working Individuals	43
Room and Board Assistance-Related Medical Assistance	45
Refugee Medical Assistance	47
Specified Low-Income Medicare Beneficiary (SLMB)	49
Individuals Receiving Supplemental Security Income (SSI)	51
Low-Income Families	53
Children who are Wards	55
Medicaid Waivers	
Aged and Disabled (A&D)	57
Assisted Living Waiver	59
Autism	61
Children with Serious Emotional Disturbance (SED)	63
Developmental Disability (DD)	65
Medically Fragile Children	67
Support Services	69
Traumatic Brain Injury (TBI)	71
Other Medicaid Programs	
Indiana Chronic Disease Management Program	73
Disproportionate Share Hospital (DSH) Program	75
Indiana Long-Term Care Insurance Program	77
Medical Services for Inmates and Patients (590 Program)	79
Children's Health Insurance Program (CHIP-Phase II)	81
Indiana Prescription Drug Program (HoosierRx)	85

Division of Disability, Aging, and Rehabilitative Services	87
Accessing Technology Through Awareness in Indiana (ATTAIN)	89
Adult Guardianship Program	91
Adult Protective Services	93
Aid to Independent Living, Part B	95
Blind and Visually Impaired Services	97
Bureau of Quality Improvement Services	99
Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE)	101
Community Residential Facilities Council	103
Deaf and Hard of Hearing Services	105
Diagnosis and Evaluation	107
Elderly & Blind Independent Living Program	109
Epilepsy Program	111
Family Subsidy Program	113
Local Projects	115
Long-Term Care Ombudsman Program	117
MR/DD Case Management	119
Nutrition Service Incentive Program (USDA Meals Reimbursement)	121
Older Hoosiers Act	123
Olmstead Grants	125
Pre-Admission Screening for Nursing Facility Admissions (IPAS and OBRA/PASRR)	127
Randolph-Sheppard Blind Vending Program	131
Residential Care Assistance Program (RCAP)	133
Senior Community Service Employment Program (Title V Senior Employment) ...	137
Social Security Administration/Vocational Rehabilitation Account (SSA/VR)	139
Special Projects	141
State Developmental Centers	143
Supported Employment Systems Change Grant	145
Supported Employment	147
Title III/VII Services - Older Americans Act	149
Vocational Rehabilitation Services	151
Vocational Rehabilitation Services: In-Service Training	153
 Division of Family and Children	 155
Adoption Assistance Program	157
Child Care Development Fund Assistance (CCDF)	159
Child Care Fund	161
Child Protection Services	163
Child Welfare Assistance (Title IV-B, Subpart 1)	165
Community Services Block Grant (CSBG)	167
Consolidated Outreach	169
Domestic Violence Prevention and Treatment Fund	171
Emergency Assistance Services	173
Emergency Shelter Grant	175
Family Preservation and Support Services (Title IV-B, Subpart 2)	177
Family Violence Prevention	179
First Steps	181

Food Stamps Program	185
Foster Care Assistance Program	187
Healthy Families Indiana	189
Hospital Care for the Indigent (HCI)	191
Independent Living Program	193
Indiana Community-Based Child Abuse Prevention Program	195
Indiana Fathers & Families Initiative	197
Kids First Trust Fund	199
Low-Income Home Energy Assistance Program (LIHEAP)	201
Nonrecurring Adoption Assistance	203
Project Safe Place	205
Refugee Cash Assistance	207
Refugee Social Services	209
School-Age Child Care Project Fund	211
Section 8 Housing Choice Voucher Program	213
Section 8 Housing: Family Self-Sufficiency Program	215
Sex Offense Services	217
Shelter Plus Care - Division of Family and Children	219
Special Needs Adoption Program (SNAP)	221
Social Services Block Grant (SSBG)	223
Social Services Block Grant - DDARS	225
Social Services Block Grant - Department of Health	227
Social Services Block Grant - Division of Mental Health and Addiction	229
Social Services Block Grant - Division Of Family and Children	231
Social Services Block Grant - Department of Corrections	233
Temporary Assistance for Needy Families (TANF)	235
Temporary Emergency Food Assistance Program (TEFAP)	239
Title IV-D: Child Support Program	241
Weatherization Assistance Program	243
Youth Service Bureau	245

Division of Mental Health and Addictions	247
Alcohol and Drug Addiction Treatment Program	249
Circle Around Families	251
Community Mental Health Centers	253
Community Mental Health Services Block Grant	255
DMHA - Disaster Relief Grants	257
HIV Outreach	259
Indiana Statewide Treatment Needs Assessment Program	261
Indiana Mental Health Funds Recovery Program	263
Olmstead Mental Health Grant	265
Projects for Assistance in the Transition from Homelessness (PATH)	267
Quality Assurance and Research	269
Reduction of Tobacco Sales to Minors (Synar Amendment)	271
Regulatory DMHA Programs - Licensure and Certification	273
Safe and Drug-Free Schools and Communities	275
Seriously Emotionally Disturbed Children (Systems of Care in Indiana Grant)	277
Shelter Plus Care Grant Project	279
State Mental Health and Addiction Hospitals	281

Substance Abuse State Data Infrastructure Grant (SDI)	285
Substance Abuse Services / Gambler's Assistance	287

Family and Social Services Administration

Program Name: Head Start Programs

Indiana Code Cite:

Administrative Code Cite:

Account Number: 3630/150800

Administrative Division: Family and Social Services Administration

Advisory Board/Commission: Indiana Head Start Multi-Agency Advisory Council

Program Description -

Purpose: To help children become socially competent and successful in their interactions with school and the community.

Federal History/Requirements: This program has three separate components: (1) Head Start; (2) Early Head Start; and (3) Head Start Migrant and Farm Laborer Program. The federal Head Start Program began in the 1960s as a part of the “War on Poverty” and is administered at the federal level by the Administration of Children and Families of the Department of Health and Human Services. In 1994 federal legislation was passed to establish Early Head Start services for pregnant women and infants and toddlers (ages birth to three).

State History/Requirements: This program is regulated and implemented by the federal government; the state has limited involvement. Generally, state involvement is a result of attempts to build partnerships between state agencies and Head Start Programs via the Indiana Head Start Partnership Office. The Indiana Head Start program relationships with state agencies have been normally confined to licensing through the Bureau of Child Development, the Child Care Food Program through the Department of Education, the Commercial Driver’s Licensing for bus drivers through the Bureau of Motor Vehicles, and as needed, bus inspection by the State Police. Programs also provide immunization statistics to the Indiana Department of Health.

Program Services: All programs provide early childhood educational, social, medical, dental, nutritional, and mental health services to the enrolled children. In addition, the programs provide social services assistance, parental education, and assistance with parental decision-making to enrolled families.

Service Providers/Agencies: The Head Start grantees are categorized as follows: 16 community action agencies, 5 school systems, one governmental entity, and the remaining 14 grantees are private/public nonprofit/for-profit agencies.

The Early Head Start grantees are affiliated with the following entities: 4 non-Head Start grantees are private/public nonprofit organizations, while the breakdown of the Head Start-affiliated programs includes one school system, 3 community action agencies, and 4 private/public nonprofit/for-profit agencies.

The Migrant and Farm Laborer Head Start Program is provided during the months of May through October. The headquarters of the program are located in Texas. During the summer months, the Texas program comes to Indiana and administers the program from Kokomo.

Client Intake: Head Start grantees.

Program Clients -

Target Population: Low-income children and their families.

Eligibility Requirements: Head Start programs serve children ages three through five. Early Head Start provides services for pregnant women and infants and toddlers (ages birth to three). The Migrant and Farm Laborer Head Start provides services to children from birth to age five. Family incomes generally must be less than 100% of the federal poverty level; however, 10% of the enrollment may have incomes over the federal poverty level.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 17,036 children and pregnant women served by Early Head Start and Head Start programs. (This does not include the number of children served by the Migrant and Farm Laborer Head Start Program.)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	134,213	99,669		34,544	
2002	348,955	242,195		106,760	
2003	250,492	187,869		62,623	
2004 ^	231,512	173,632		57,880	
2005 ^	231,512	173,632		57,880	

^ Appropriation.
 * (Source of Federal funds) Head Start
 ** (Name of Dedicated fund) Step Ahead
 *** (Name of Local fund)

Funding Details: Direct services are 100% federally funded. State administrators are funded through a federal grant which funds approximately 75%, with the remaining 25% being a state match.

Program Name: Health Care Access Planning

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/166900

Administrative Division: Family and Social Services Administration

Advisory Board/Commission: Family and Social Services Committee (IC 12-8-3)

Program Description -

Purpose: To assess the problem of the uninsured population and to propose ways for states to provide health care access for uninsured individuals and families with little or no additional cost.

Federal History/Requirements: The Health Care Access Planning Grant is a one-time federal grant from the U.S. Health Resources and Services Administration. The project period started in June 2002. The final report is due September 30, 2004. Eleven other states also received planning grants.

State History/Requirements: The Health Insurance for Indiana Families Task Force was formed by FSSA. Members are key stakeholders in Indiana business and healthcare concerns. The task force commissioned a telephone survey of Hoosiers to assess the level of the uninsured and to understand key characteristics of the uninsured population, and an economic analysis of health care cost drivers is underway.

Program Services:

Service Providers/Agencies:

Client Intake:

Program Clients -

Target Population:

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002					
2003	514,957	514,957			
2004 ^	693,931	693,931			
2005 ^	800,000	800,000			
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: 100 % federally funded.

Program Name: Step Ahead Comprehensive Early Childhood Grant Program

Indiana Code Cite: IC 20-1-1.8

Administrative Code Cite: 405 IAC 3

Account Number: 1000/121790

Administrative Division: Family and Social Services Administration

Advisory Board/Commission: Step Ahead Statewide Panel (IC 20-1-1.8-13)

Program Description -

Purpose: Step Ahead is a process for Indiana counties to network available resources for children and families to improve quality, accessibility, and availability of services.

Federal History/Requirements: NA

State History/Requirements: Initially established by P.L. 34-1991, the Step Ahead initiative provides for planning grants to help counties develop local Step Ahead systems. These grants, along with a plan for distributing state and federal financial resources through local fiscal agents, are to act as incentives for local leadership forums to implement county-level systems. Currently, there are local Step Ahead Councils operating in each of Indiana's 92 counties.

Program Services: Step Ahead develops and/or uses incentives and resources to support collaborative service networks intended to increase efficiency, diminish redundancy, and eliminate gaps in service.

Service Providers/Agencies: Local Step Ahead Councils.

Client Intake: NA

Program Clients -

Target Population: Step Ahead serves the general citizenry of Indiana.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,819,135		3,819,135		
2002	3,166,580		3,166,580		
2003	2,429,133		2,129,133		
2004 ^	1,784,493		1,784,493		
2005 ^	1,784,493		1,784,493		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Office of Medicaid Policy and Planning

Program Name: Medicaid Program - General Program Information

Indiana Code Cite: IC 12-15

Administrative Code Cite: 405 IAC

Account Number: 3530/185600 (Medicaid Assistance); 3550/170000 (Medicaid Administration)

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: The Medicaid Program is broadly composed of programs providing health care and related services, including long-term care services, to three major populations: (1) children, pregnant women, and adults in families with dependent children; (2) individuals with disabilities; and (3) elderly individuals.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. The Medicaid Program is administered at the federal level by the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA), within the U.S. Department of Health and Human Services.

Federal law specifies certain requirements regarding services, such as the following: (1) “Amount, duration, and scope” (Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose); (2) “Comparability” (Services provided to an individual in a category must be equal in amount, duration, and scope for all individuals within the category); (3) “Statewideness” (A state’s Medicaid plan must be in effect throughout the entire state so that all recipients have access to similar types and levels of care); and (4) “Freedom of Choice” (Programs must allow recipients to obtain services from any institution, agency, person, pharmacy, or organization that qualifies as a Medicaid provider). Federal regulations sometimes permit states to seek a “waiver” or exception from one or more of these requirements (e.g., home- and community-based services, managed care programs, etc.).

State History/Requirements: Medicaid was implemented in Indiana on January 1, 1970.

The Medicaid categories of children, pregnant women, and adults in families with dependent children, along with children provided services through the Children’s Health Insurance Program (CHIP), are administered through the *Hoosier Healthwise* program. Hoosier Healthwise is composed of four benefit packages: (1) Package A (Standard Plan) providing comprehensive care to adults and children; (2) Package B (Pregnancy Coverage) is limited to coverage for pre-natal care, treatment of conditions which might complicate the pregnancy, delivery and 60 days of postpartum care; (3) Package C (Children’s Health Insurance Program) is similar to Package A with some cost sharing and reduced service coverage; and (D) Package E (Emergency Services), which provides coverage for serious medical emergencies to undocumented immigrants and certain visitors to the U.S. who meet all other categorical and financial requirements.

Program Services: Services provided in Indiana include those that are required by the federal government in order to receive federal financial participation (FFP) and those that are deemed optional for states to provide and which will be eligible for FFP. (This set of services, both mandatory and optional, will be referred to as “regular Medicaid services” in later sections.)

Mandatory services include (1) early and periodic screening, diagnosis, and treatment for those under the age

of 21 (EPSDT); (2) family planning services and supplies; (3) inpatient hospital services; (4) laboratory and x-ray services; (5) nurse midwife services; (6) nurse practitioners' services; (7) nursing facility and home health services for those age 21 and over; (8) outpatient hospital services; (9) physicians' services and medical and surgical services of a dentist; and (10) rural health clinic and federally qualified health center (FQHC) services.

Optional services that the Indiana Medicaid Program provides include (1) case management services; (2) chiropractic services; (3) Christian Science nurses; (4) Christian Science sanitariums; (5) clinical services; (6) dental services, including dentures and partials for adults; (7) diagnosis services; (8) emergency hospital services; (9) eyeglasses; (10) hospice care; (11) inpatient hospital services for those above the age of 65 in institutions for mental diseases; (12) inpatient psychiatric services for those under the age of 21; (13) intermediate care for the mentally retarded; (14) medical social worker services; (15) nurse anesthetists services; (16) nursing facility services for those under the age of 21; (17) occupational therapy; (18) optometry services; (19) physical therapy; (20) podiatry services; (21) prescribed drugs; (22) preventive services; (23) private-duty nursing services; (24) prosthetic devices; (25) psychological services; (26) rehabilitative services; (27) respiratory care services; (28) screening services; (29) smoking cessation; (30) speech, hearing, and language disorders; and (31) transportation services.

Prior to 1981, the only long-term care benefits available through Medicaid was care provided in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Since then, states can request authority, or seek a waiver of certain provisions of Section 1915(c) of the Social Security Act, to provide home- and community-based services in addition to regular Medicaid services to elderly or disabled individuals who are at risk of institutionalization. These services may include, but are not limited to, homemaker and home health aide services, adult day health services, habilitation services, personal care services, home modifications, nonmedical transportation, nutrition counseling, home-delivered meals, and respite care. In order to receive a waiver, states must demonstrate that the aggregate cost of services provided under the waiver will be no higher than the costs would be for the same individuals without the waiver. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Service Providers/Agencies: Varied. States contract with providers to deliver Medicaid services and reimburse for those services at state-determined rates. Reimbursement systems and methodologies differ by provider group and service.

Client Intake: See individual programs.

Program Clients -

Target Population: Certain low-income children, pregnant women, adults, elderly, and disabled individuals.

Eligibility Requirements: Medicaid is a means-tested program containing both financial and nonfinancial eligibility criteria. Generally, eligibility is dependent on an individual being a member of a specific category (e.g., children, pregnant women, etc.). In addition, associated with each category are specific income and resource requirements.

Similar to services, eligibility categories include both those mandated by the federal government for coverage

by the state programs, as well as those permitted to be covered at state option. Financial criteria are also state-determined within federal maximums and minimums.

The program descriptions in the following sections are largely organized around categorical populations, with additional descriptions for the various waiver programs.

No. of Clients Served (Snapshot: June 30, 2003): 762,630

No. of Clients Served in FY 2003 (Unduplicated for year): 956,500

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Transfers **	
2001	3,317,916,450	2,047,154,450	1,078,322,846	182,485,405	9,953,749
2002	3,799,516,560	2,351,900,751	1,105,659,318	227,970,994	113,985,497
2003	4,000,414,326	2,433,913,759	1,347,489,110	144,760,534	74,250,923
2004 ^	4,045,327,000	2,513,127,000	1,209,600,000	267,400,000	55,200,000
2005 ^	4,196,683,000	2,622,483,000	1,209,600,000	307,700,000	56,900,000
^ Appropriation. For "Medicaid - Current Obligations" * (Source of Federal funds) Title XIX funds ** (Name of Transferred funds) CHOICE, Seriously MI, Day Services DD, Bonus revenue L. Carter Hospital, CMIA refunds *** (Name of Local fund) Transfers of Health Care for the Indigent; Medical Assistance for Wards					

Funding Details: Medicaid Program expenditures are shared with the federal government. The federal reimbursement rate, or federal medical assistance percentage (FMAP), is annually determined by a statutory formula that is based on a three-year average of each state's personal income compared to national per capita income. A state's FMAP may vary between 50% and 83%, with states with higher per capita incomes receiving lower FMAPs. For the last several years, Indiana's FMAP for direct services has been approximately 62%. Administrative services typically are reimbursed at 50%, but may be as high as 90% for some administrative systems.

The state share of Medicaid expenditures generally comes from general revenues. However, federal regulations also permit state funds to come from local contributions, intergovernmental transfers (IGTs), and certain provider-specific taxes.

Program Name: Medicaid Categories – Aged

Indiana Code Cite: IC 12-15-2-10

Administrative Code Cite: IAC 405

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to individuals who are aged 65 and older.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services, except for undocumented aliens who are eligible for emergency services only.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Certain aged individuals.

Eligibility Requirements: Individuals must be aged 65 or older. For CY 2003, the minimum income eligibility requirement was a monthly income of \$552 for an individual or \$829 for a couple. Income standards are increased annually. A resource limit of \$1,500 for an individual or \$2,250 for a couple is also imposed.

Individuals whose income exceeds the income standard can qualify for Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

For individuals in Medicaid-certified facilities, after initial eligibility is established, a post-eligibility determination is made in order to establish the amount of the recipient's income that must be applied to the cost of care. Individuals are permitted to retain \$52 each month as a personal needs allowance. The amount is exempt from income eligibility consideration and is exclusively for the use of the recipient for personal needs.

For veterans, the maximum amount of the reduced VA benefit payable to a single veteran or veteran's widow in a nursing facility is \$90 per month. The amount of this reduced VA benefit is the personal needs allowance for the individual.

Spouses who continue to live in the community while the Medicaid recipient resides in a nursing home are permitted an allocation of the institutionalized spouse's income for the purpose of preventing impoverishment of the community spouse. The monthly spousal income standard is \$1,493 with a \$448

monthly shelter standard. The maximum maintenance standard is \$2,267.

No. of Clients Served (Snapshot: June 30, 2003): 56,402

No. of Clients Served in FY 2003 (Unduplicated for year): 70,693

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	993,810,000	616,162,000	377,648,000		
2002	1,034,399,000	641,327,000	393,071,000		
2003	994,223,000	616,418,000	377,805,000		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Blind

Indiana Code Cite: IC 12-15-2-3

Administrative Code Cite: IAC 405

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to individuals who are blind.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services, except for undocumented aliens who are eligible for emergency services only.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children

Program Clients -

Target Population: Certain blind individuals.

Eligibility Requirements: Individuals who are blind under the definition used by the federal Social Security Administration (vision of 20/200 or less in the better eye with the use of correcting lenses, or with tunnel vision of 20 degrees or less, or who met the October 1972 state definition of blindness and received payments under the state's program of Aid to the Blind in December 1973, or persons aged 65 or older who receive Supplemental Security Income (SSI) because they are blind and are classified as blind rather than aged).

For CY 2003, the minimum income eligibility requirement was a monthly income of \$552 for an individual or \$829 for a couple. Income standards are increased annually. A resource limit of \$1,500 for an individual or \$2,250 for a couple is also imposed.

Individuals whose income exceeds the income standard can qualify for Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

For individuals in Medicaid-certified facilities, after initial eligibility is established, a post-eligibility determination is made in order to establish the amount of the recipient's income that must be applied to the cost of care. Individuals are permitted to retain \$52 each month as a personal needs allowance. The amount is exempt from income eligibility consideration and is exclusively for the use of the recipient for personal needs.

For veterans, the maximum amount of the reduced VA benefit payable to a single veteran or veteran's widow in a nursing facility is \$90 per month. The amount of this reduced VA benefit is the personal needs allowance for the individual.

Spouses who continue to live in the community while the Medicaid recipient resides in a nursing home are permitted an allocation of the institutionalized spouse's income for the purpose of preventing impoverishment of the community spouse. The monthly spousal income standard is \$1,493 with a \$448 monthly shelter standard. The maximum maintenance standard is \$2,267.

No. of Clients Served (Snapshot: June 30, 2003): 1,486

No. of Clients Served in FY 2003 (Unduplicated for year): 1,770

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	12,882,000	7,987,000	4,895,000		
2002	13,900,000	8,618,000	5,282,000		
2003	14,618,000	9,063,000	5,555,000		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Disabled

Indiana Code Cite: IC 12-15-2-5

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to individuals who are disabled.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services, except for undocumented aliens who are eligible for emergency services only.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Certain disabled individuals.

Eligibility Requirements: Individuals who are disabled, as defined by a physical or mental impairment, disease, or loss that is verifiable by a physician, that appears reasonably certain to result in death or to last for a continuous period of at least 12 months without significant improvement, and that substantially impairs the individual's ability to perform labor or services or to engage in a useful occupation.

For CY 2003, the minimum income eligibility requirement was a monthly income of \$552 for an individual or \$829 for a couple. Income standards are increased annually. A resource limit of \$1,500 for an individual or \$2,250 for a couple is also imposed.

Individuals whose income exceeds the income standard can qualify for Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

For individuals in Medicaid-certified facilities, after initial eligibility is established, a post-eligibility determination is made in order to establish the amount of the recipient's income that must be applied to the cost of care. Individuals are permitted to retain \$52 each month as a personal needs allowance. The amount is exempt from income eligibility consideration and is exclusively for the use of the recipient for personal needs.

For veterans, the maximum amount of the reduced VA benefit payable to a single veteran or veteran's widow in a nursing facility is \$90 per month. The amount of this reduced VA benefit is the personal needs allowance

for the individual.

Spouses who continue to live in the community while the Medicaid recipient resides in a nursing home are permitted an allocation of the institutionalized spouse's income for the purpose of preventing impoverishment of the community spouse. The monthly spousal income standard is \$1,493 with a \$448 monthly shelter standard. The maximum maintenance standard is \$2,267.

No. of Clients Served (Snapshot: June 30, 2003): 86,025

No. of Clients Served in FY 2003 (Unduplicated for year): 104,815

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,210,255,000	750,358,000	459,897,000		
2002	1,382,766,000	857,315,000	525,451,000		
2003	1,480,732,000	918,053,000	562,678,000		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Breast and Cervical Cancer Screening

Indiana Code Cite: IC 12-15-2-13.5

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide cancer treatment services to certain women with breast or cervical cancer.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965 and the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. This category is an optional category.

State History/Requirements: Established by P.L. 152-2001.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: State Department of Health (for breast and cervical cancer screening); Local Office of Family and Children (for Medicaid enrollment).

Program Clients -

Target Population: Low-income women, age 40 and older, with breast or cervical cancer.

Eligibility Requirements: A woman who is less than 65 years of age and who has been (1) screened for breast or cervical cancer through the breast and cervical cancer screening program under the federal Breast and Cervical Cancer Mortality Prevention Act of 1990 and administered by the State Department of Health; (2) determined to need treatment for breast or cervical cancer; and (3) who is not otherwise covered under credible coverage. Services are limited to the duration of treatment required for the breast or cervical cancer. There are no additional income or resource standards applied to this group for Medicaid purposes beyond those required for the screening through the State Department of Health (i.e., 200% of FPL).

No. of Clients Served (Snapshot: June 30, 2003): 223

No. of Clients Served in FY 2003 (Unduplicated for year): 322

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	--	--	--		
2002	763,440	557,311	206,129		
2003	1,810,000	1,321,300	488,700		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Unlike other expenditures for direct services in the Medicaid Program, the federal share of expenditures for this category is provided at an annually determined enhanced FMAP rate (currently about 73% for Indiana).

Program Name: Medicaid Category – Children Under the Age of 19 (CHIP - Phase I)

Indiana Code Cite: IC 12-15-2-14

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: OMPP/Office of Children’s Health Insurance Program

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to children from low-income families.

Federal History/Requirements: Title XXI of the federal Social Security Act (Children’s Health Insurance Program) was enacted in 1997. The minimum requirement of the federal government for Medicaid coverage of children under the age of 6 is to cover children from families with incomes of 133% of the federal poverty level and children between the ages of 6 and 19 from families with incomes of 100% of the FPL. Title XXI permits states to make eligible for Medicaid children from families with incomes above the federal minimums. States may also use resource standards under certain conditions.

State History/Requirements: Prior to the passage of P.L. 273-1999, income eligibility requirements for children varied by age of the child: children under the age of 1 year (150% of FPL); children over the age of 1 year, but less than 6 (133% of FPL); children born after September 30, 1983 (100% of FPL); and children born before September 30, 1983 and under the age of 19 (originally not eligible under this category). The eligibility expansion provided by P.L. 273-1999 established a single Medicaid income threshold of 150% of FPL for all children under the age of 19.

(Note: This eligibility expansion is referred to as Phase I of the Children’s Health Insurance Program (CHIP). CHIP I thus covers children through the age of 5 from families with incomes between 133% and 150% of FPL, as well as children from the age of 6 through age 18 from families with incomes between 100% and 150% of FPL. Phase II of the CHIP program provides services to children from families between 150% and 200% of FPL and is discussed in the section, *Children’s Health Insurance Program*.)

Program Services: Regular Medicaid services. [Note: This category is known as Phase I of the CHIP Program. The medical assistance services provided to all children with incomes below 150% of FPL, both Medicaid and CHIP-Phase I, are identical. Only the sources of funding are different.] This category is administered as part of the Indiana Hoosier Healthwise Program.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers; Mail-in applications.

Program Clients -

Target Population: Low-income children.

Eligibility Requirements: (1) Children over the age of 1 year, but less than 6 years (with incomes between 133% and 150% of FPL); and (2) Children between the ages of 6 and 19 (with incomes between 100% and 150% of FPL). There is no limit on resources.

No. of Clients Served (Snapshot: June 30, 2003): 46,244

No. of Clients Served in FY 2003 (Unduplicated for year): 94,922

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	69,987,000	51,090,000		18,896,000	
2002	69,167,000	50,492,000		18,675,000	
2003	60,900,000	44,457,000		16,443,000	
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3) *** (Name of Local fund)					

Funding Details: The state share of expenditures for this expansion group of children made eligible by P.L. 273-1999 are paid through the Children’s Health Insurance Program Fund from revenue received from the Tobacco Master Settlement Agreement.

The federal share of expenditures comes from capped allotments from the Children’s Health Insurance Program. Federal reimbursement for CHIP-Phase I expenditures is provided at an annually determined enhanced FMAP rate (currently about 73% for Indiana).

Program Name: Medicaid Category – Children Aged 19 and 20

Indiana Code Cite: IC 12-15-2-12

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to children from low-income families.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. Providing Medicaid coverage to children of age 19 and 20 is an optional category permitted by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services. This category is administered as part of the Indiana Hoosier Healthwise Program.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers.

Program Clients -

Target Population: Low-income children.

Eligibility Requirements: Children of age 19 or 20 who meet the same income and resource requirements as the TANF Program, except for the dependent child age limit.

Financial criteria for TANF include both income and resource requirements. A family's gross income must be less than 185% of the total standard of need according to family size as established in state statute. At the time of initial application, after certain exemptions and disregards are deducted, the net, or countable, income must be less than 90% of the standard of need (approximately 25% of the federal poverty level). Subsequent to application, income is limited to 100% of the federal poverty level in order to retain eligibility. [The determination of countable income begins with a family's gross income. An amount equal to \$90 of earnings per participating member is disregarded each month, with an additional \$30 disregarded for a period of 12 months following the onset of earnings and an additional 1/3 of the remainder disregarded for the first 4 months after the onset of earnings.]

At the time of initial application, total resources must be less than \$1,000. Certain resources are exempt from consideration, such as the family's residence. Subsequent to application, total countable resources are limited to \$1,500 in order to retain eligibility.

No. of Clients Served (Snapshot: June 30, 2003): 3,838

No. of Clients Served in FY 2003 (Unduplicated for year): 8,553

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,942,384	3,064,278	1,878,106		
2002	5,852,341	3,628,451	2,223,890		
2003	7,461,517	4,626,141	2,835,376		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%. The state share of expenditures for these children are paid from the Medicaid Account in the state General Fund.

Program Name: Medicaid Category – Low-Income Children

Indiana Code Cite: IC 12-15-2-14

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to children from low-income families.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program. The minimum requirement of the federal government is for coverage of children under the age of 6 from families with incomes of 133% of the federal poverty level (FPL) and children between the ages of 6 and 19 from families with incomes of 100% of the FPL. States are permitted to make eligible for Medicaid children from families with incomes above the federal minimums. States may also use resource standards under certain conditions.

State History/Requirements: This categorical description actually includes three different categories: (1) Children under the age of 1 year (up to 150% of FPL); (2) Children over the age of 1 year, but less than 6 years (up to 133% of FPL); and (3) Children under the age of 19 (up to 100% of FPL).

(Note: The eligibility expansion provided by P.L. 273-1999 established a single income threshold of 150% of FPL for all children under the age of 19. This eligibility expansion is sometimes referred to as CHIP-Phase I and is described in the category, *Children Under the Age of 19*. Phase II of the CHIP program provides services to children from families between 150% and 200% of FPL and is discussed in the section, *Children's Health Insurance Program*.)

Program Services: Regular Medicaid services. This category is administered as part of the Indiana Hoosier Healthwise Program.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers.

Program Clients -

Target Population: Low-income children.

Eligibility Requirements: (1) Children under the age of 1 year (up to 150% of FPL); (2) Children over the age of 1 year, but less than 6 years (up to 133% of FPL); and (3) Children under the age of 19 (up to 100% of FPL). There is no limit on resources.

No. of Clients Served (Snapshot: June 30, 2003): 179,444

No. of Clients Served in FY 2003 (Unduplicated for year): 316,280

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	235,851,000	146,228,000	89,623,000		
2002	279,694,000	173,410,000	106,284,000		
2003	273,695,000	169,691,000	104,004,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program for those eligible age groups and income levels that existed prior to passage of P.L. 273-1999 are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%. The state share of expenditures for these children are paid from the Medicaid Account in the state General Fund.

Program Name: Medicaid Category - Children in Psychiatric Facilities

Indiana Code Cite: IC 12-15-2-9

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical services to low-income children in psychiatric facilities.

Federal History/Requirements:

State History/Requirements:

Program Services: All regular Medicaid services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Low-income children under the age of 21 in psychiatric facilities.

Eligibility Requirements: A child must be under age 21, an inpatient of a Medicaid-certified psychiatric facility, and meet TANF financial and nonfinancial eligibility requirements, except for the age 18 limitation, as if he were living at home. A recipient who is approved for Medicaid under this category prior to his 21st birthday remains eligible until age 22 so long as he remains in the psychiatric facility.

No. of Clients Served (Snapshot: June 30, 2003): 36

No. of Clients Served in FY 2003 (Unduplicated for year): 81

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	2,349,000	1,456,380	892,620		
2002	2,442,000	1,514,040	927,960		
2003	2,304,000	1,428,480	875,520		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate is annually determined and currently is approximately 62% with the state share being approximately 38%. The state share of expenditures for these children are paid from the Medicaid Account in the state General Fund.

Program Name: Medicaid Category – Employees with Disabilities (M.E.D. Works Program)

Indiana Code Cite: IC 12-15-41

Administrative Code Cite: 405 IAC 2-9

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Work Incentives Council (IC 12-15-42-1)

Program Description -

Purpose: The M.E.D. Works program permits disabled, working individuals who would otherwise be ineligible for Medicaid due to employment earnings or resources to purchase medical coverage under the Medicaid Program.

Federal History/Requirements: Medicaid buy-in programs were originally established in the federal Balanced Budget Act of 1997 and later broadened by the federal Ticket to Work and Work Incentives Improvement Act of 1999. This coverage category is an optional category.

State History/Requirements: Established by P.L 287-2001 and effective July 1, 2002.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Employed individuals who have disabilities. This group actually consists of two categories: (1) a basic category for individuals who meet the Medicaid definition of disability without regard to the person's employment and (2) persons who lose eligibility in the basic category because of an improvement in their medical condition which, although may not be a medical recovery, is improved to the extent that the disability definition for the basic category is no longer met.

Eligibility Requirements: Individuals aged 16 through 64 with countable incomes less than 350% of the federal poverty level. For CY 2003, this amount was \$2,620 (\$2,716, effective April 4, 2004). Recipients are also subject to a resource limit of \$2,000 for an individual or \$3,000 for a couple. Parental resources are exempt. The disability requirement is the same as required under the traditional Medicaid disability program, without regard to a person's employment status.

In addition, a second category provides for medically improved individuals. This is for persons who lose eligibility in the basic category because of an improvement in their medical condition which, although not a medical recovery, is improved to the extent that the disability definition for the basic category is no longer met. This category is not currently being used due to questions surrounding implementation.

Individuals with incomes greater than 150% of the federal poverty level are charged a premium on a sliding-fee scale based on income. Recipients are also responsible for the same co-payments charged in the regular Medicaid Program.

No. of Clients Served (Snapshot: June 30, 2003): 5,035

No. of Clients Served in FY 2003 (Unduplicated for year): 6,503

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	--	--	--		
2002	--	--	--		
2003	83,625,320	51,847,698	31,777,622		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

The program is partially funded with client premiums and co-payments.

Program Name: Medicaid Category – Newborn Children

Indiana Code Cite: IC 12-15-2-12

Administrative Code Cite: IAC 405

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to newborn children from low-income families.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program. The minimum requirement of the federal government is for coverage of newborns from families with incomes of 133% of the federal poverty level.

State History/Requirements: At state option, the income threshold is 150% of FPL.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: N/A. The newborn's mother would already be receiving Medicaid assistance.

Program Clients -

Target Population: Low-income children.

Eligibility Requirements: A child born to a woman who was receiving (and eligible for) traditional Indiana Medicaid or any Hoosier Healthwise benefit package except Package C, at the time of the child's birth, is deemed automatically eligible for Medicaid in the Newborn category. Coverage in this category continues for one year as long as the child continues to live with his mother in Indiana. There is no limit on resources.

No. of Clients Served (Snapshot: June 30, 2003): 35,918

No. of Clients Served in FY 2003 (Unduplicated for year): 68,541

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	118,120,000	73,234,000	44,886,000		
2002	132,228,000	80,981,000	50,247,000		
2003	146,091,000	90,576,000	55,515,000		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Pregnant Women (Full Coverage)

Indiana Code Cite: IC 12-15-2-11

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to low-income pregnant women.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services. Services terminate 60 days after delivery.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers.

Program Clients -

Target Population: Low-income pregnant women.

Eligibility Requirements: Women with medically verified pregnancies who have a monthly countable income of less than \$229 and countable resources under \$1,000. The income and resource standards are equivalent to those under the TANF Program.

If the woman receives an increase in income which causes her countable income to exceed the standard, she remains eligible for pregnancy-related coverage through the end of the 60-day postpartum period without an imposition of or increases in spenddown requirement. However, during the 60-day period, Medicaid coverage is limited to payment of pregnancy-related and postpartum medical care.

No. of Clients Served (Snapshot: June 30, 2003): 5,846

No. of Clients Served in FY 2003 (Unduplicated for year): 14,987

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	30,347,000	18,815,000	11,532,000		
2002	32,628,000	20,229,000	12,399,000		
2003	33,488,000	20,763,000	12,725,000		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Pregnant Women (Pregnancy-Related Coverage)

Indiana Code Cite: IC 12-15-2-13

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to low-income pregnant women.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program. The minimum income standard of the federal government is for coverage of pregnant women from families with incomes of 133% of the federal poverty level and with income standards no higher than 185% of FPL.

State History/Requirements: At state option, the income threshold has been established at 150% of FPL.

Program Services: Services are limited to medical assistance related to pregnancy that are necessary for the health of the pregnant woman and fetus. This includes prenatal care, delivery, postpartum care, family planning services, and conditions that may complicate pregnancy. Services terminate 60 days after delivery.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers.

Program Clients -

Target Population: Low-income pregnant women.

Eligibility Requirements: Women with a medically verified pregnancy and who have a monthly income of less than 150% of the federal poverty level. There is no resource limit.

If the woman receives an increase in income which causes her countable income to exceed the standard, she remains eligible for pregnancy-related coverage through the end of the 60-day postpartum period without an imposition of or increase in spenddown requirement. However, during the 60-day period, Medicaid coverage is still limited to payment of pregnancy-related and postpartum medical care.

No. of Clients Served (Snapshot: June 30, 2003): 13,736

No. of Clients Served in FY 2003 (Unduplicated for year): 31,931

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	55,139,000	34,186,000	20,952,000		
2002	56,964,000	35,318,000	21,646,000		
2003	61,081,000	37,870,000	23,210,000		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Qualified Individual-1 (QI-1)

Indiana Code Cite: IC 12-15

Administrative Code Cite: IAC 405

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide additional assistance to individuals who are eligible for Medicare, Part A.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Payment of Medicare, Part B, premium.

Service Providers/Agencies:

Client Intake: Local Offices of Family and Children; Area Agencies on Aging.

Program Clients -

Target Population: Individuals eligible for Medicare, Part A (principally elderly individuals, with some disabled under the age of 65, and those with End-Stage Renal Disease).

Eligibility Requirements: The individual must be eligible for Medicare, Part A. The minimum income eligibility requirement is 135% of the federal poverty level. For 2003, this represents a monthly income of \$1,011 for an individual or \$1,364 for a couple. Income standards are increased annually. A resource limit of \$4,000 for an individual or \$6,000 for a couple is also imposed.

An individual is not eligible under this category if eligible under any other Medicaid category.

No. of Clients Served (Snapshot: June 30, 2003): 3,224

No. of Clients Served in FY 2003 (Unduplicated for year): 4,730

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	18,208	11,289	6,919		
2002	123,000	76,260	46,740		
2003	133,000	82,460	50,540		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%. This expenditure is also subject to federal allotment.

Program Name: Medicaid Category – Qualified Medicare Beneficiary (QMB)

Indiana Code Cite: IC 12-15

Administrative Code Cite: IAC 405

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide additional assistance to individuals who are eligible for Medicare, Part A.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Services include: (1) payment of the monthly premium for Medicare, Part B; (2) payment of the monthly premium for Premium Hospital Insurance under Medicare, Part A, for individuals not entitled to free Part A; and (3) payment of Medicare Part A and B deductibles and co-insurance.

Service Providers/Agencies:

Client Intake: Local Offices of Family and Children; Area Agencies on Aging.

Program Clients -

Target Population: Individuals eligible for Medicare, Part A (principally elderly individuals, with some disabled under the age of 65, and those with End-Stage Renal Disease).

Eligibility Requirements: Eligibility for Medicare, Part A. The minimum income eligibility requirement is 100% of the federal poverty level. For 2003, this represents a monthly income of \$749 for an individual or \$1,010 for a couple. Income standards are increased annually. A resource limit of \$4,000 for an individual or \$6,000 for a couple is also imposed.

An individual can be simultaneously eligible for QMB and any other full coverage medical assistance.

No. of Clients Served (Snapshot: June 30, 2003): 7,632

No. of Clients Served in FY 2003 (Unduplicated for year): 10,911

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,700,000	2,914,000	1,786,000		
2002	4,920,000	3,050,400	1,869,600		
2003	3,435,000	2,129,700	1,305,300		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Qualified Disabled and Working Individuals

Indiana Code Cite: IC 12-15

Administrative Code Cite: IAC 405

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide assistance to individuals who have lost eligibility for Medicare, Part A.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965; Omnibus Budget Reconciliation Act of 1989. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Medicaid coverage under this category is limited to payment of the monthly premium for Medicare, Part A.

Service Providers/Agencies:

Client Intake: Local Offices of Family and Children; Area Agencies on Aging.

Program Clients -

Target Population: Individuals previously eligible for Medicare, Part A.

Eligibility Requirements: An individual must have lost or will lose premium-free Medicare, Part A, coverage due to the individual's employment status. The minimum income eligibility requirement is 200% of the federal poverty level. For 2003, this represents a monthly income of \$1,497 for an individual or \$2,020 for a couple. Income standards are increased annually. A resource limit of \$4,000 for an individual or \$6,000 for a couple is also imposed.

An individual is not eligible under this category if eligible under any other Medicaid category.

No. of Clients Served (Snapshot: June 30, 2003): None

No. of Clients Served in FY 2003 (Unduplicated for year): None

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0				
2002	0				
2003	0				
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%. This expenditure is also subject to federal allotment.

Program Name: Medicaid Category - Room and Board Assistance-Related Medical Assistance

Indiana Code Cite: IC 12-15-2-5

Administrative Code Cite: 405 IAC

Account Number: 1000/105120

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to individuals who are approved for the Room and Board Assistance (RBA) Program.

Federal History/Requirements: RBA-related coverage is a mandatory category.

State History/Requirements:

Program Services: All regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Nongovernmental residential care facilities.

Program Clients -

Target Population: Individuals who are receiving Room and Board Assistance.

Eligibility Requirements: Individuals must be approved for the RBA Program and be aged, blind, or disabled. RBA recipients must be incapable of residing in their own home and eligible for Medicaid or the federal Supplemental Security Income (SSI) program. Persons with developmental disabilities may not participate in the RBA program.

The aged and blind requirements for RBA-related medical coverage are the same as those for the RBA Program. However, if an individual is disabled according to RBA requirements (the SSI disability definition), the individual must also meet the same, more restrictive requirement as under the Medicaid Program in order to receive RBA-related medical assistance as a disabled individual.

Disability under Medicaid is defined as a physical or mental impairment, disease, or loss that is verifiable by a physician, that appears reasonably certain to result in death or to last for a continuous period of at least 12 months without significant improvement, and that substantially impairs the individual's ability to perform labor or services or to engage in a useful occupation.

No. of Clients Served (Snapshot: June 30, 2003): 1,027

No. of Clients Served in FY 2003 (Unduplicated for year): 1,343

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	15,480,132	9,597,682	5,882,450		
2002	18,887,230	11,710,083	7,177,147		
2003	16,667,190	10,333,658	6,333,532		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Refugee Medical Assistance

Indiana Code Cite: IC 12-15-2.5-1

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to refugees.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Immigrants who have entered the country legally and who are eligible under this category qualify for all regular Medicaid services. Immigrants who have entered illegally may qualify for emergency Medicaid services, only, as long as other financial and nonfinancial requirements are met.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Refugees who are legal permanent residents.

Eligibility Requirements: Individuals receiving Refugee Cash Assistance (lawful permanent residents who meet immigration status and identification requirements as a refugee and who are not eligible for cash assistance under the TANF Program) are eligible for Medicaid assistance for a period of one year plus one year of transitional benefits. Eligibility requirements differ for aliens who enter the country before or after August 22, 1996.

No. of Clients Served (Snapshot: June 30, 2003): 59

No. of Clients Served in FY 2003 (Unduplicated for year): 145

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	310,250	192,355	117,895		
2002	335,400	207,948	127,452		
2003	118,320	73,358	44,961		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Specified Low-Income Medicare Beneficiary (SLMB)

Indiana Code Cite: IC 12-15

Administrative Code Cite: IAC 405

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide additional assistance to individuals who are eligible for Medicare, Part A.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Limited to payment of Medicare, Part B, premiums.

Service Providers/Agencies:

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Individuals eligible for Medicare, Part A (principally elderly individuals, with some disabled under the age of 65, and those with End-Stage Renal Disease).

Eligibility Requirements: Eligibility for Medicare, Part A. There is no blindness or disability requirement.

The income eligibility requirement is 120% of the federal poverty level. For 2003, this represents a monthly income of \$898 for an individual or \$1,212 for a couple. Income standards are increased annually. A resource limit of \$4,000 for an individual or \$6,000 for a couple is also imposed.

An individual can be simultaneously eligible for SLMB and any other full-coverage medical assistance.

No. of Clients Served (Snapshot: June 30, 2003): 5,792

No. of Clients Served in FY 2003 (Unduplicated for year): 9,036

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	97,000	60,140	36,860		
2002	207,300	128,526	78,774		
2003	429,000	265,980	163,020		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category - Individuals Receiving Supplemental Security Income (SSI)

Indiana Code Cite: IC 12-15-2-6

Administrative Code Cite: 405 IAC 2-6

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to individuals who receive Supplemental Security Income (SSI) benefits.

Federal History/Requirements: Individuals who are eligible and receiving benefits under the SSI Program is a mandatory eligibility category that states must provide under their Medicaid programs. SSI is a federal cash assistance program for needy aged, blind, and disabled individuals who have little or no income or resources. SSI was established as a program in 1972 by combining three programs serving the three populations. However, states were given the option of defining different, more restrictive financial and nonfinancial requirements than exist for the SSI Program, as long as those standards were being used when SSI was created in 1972. Indiana is one of 11 states (referred to as “209(b)” states) that have chosen to do so.

State History/Requirements: Indiana historically, as a 209(b) state, has maintained more restrictive financial and nonfinancial criteria than required under the SSI Program. Prior to 2001, Indiana’s definition of disability was that the individual must have a physical or mental impairment or disease that appeared reasonably certain to continue throughout the individual’s lifetime. (The SSI definition was that the impairment would last at least one year.) P.L. 287-2001 made the definition less restrictive by requiring the disability to be reasonably certain to last for a continuous period of at least four years. P.L. 218-2003 made the disability definition 12 months prospectively, however, Indiana’s more restrictive financial criteria still apply.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Individuals receiving SSI benefits.

Eligibility Requirements: Eligibility criteria under this category include the: (1) receipt of SSI benefits; (2) same financial requirements as exist for the Low-Income Families category.

Financial criteria include both income and resource requirements. A family’s gross income must be less than 185% of the total standard of need according to family size as established in state statute. At the time of initial application, after certain exemptions and disregards are deducted, the net, or countable, income must be less than 90% of the standard of need (approximately 25% of the federal poverty level). [The determination of countable income begins with a family’s gross income. An amount equal to \$90 of earnings

per participating member is disregarded each month, with an additional \$30 disregarded for a period of 12 months following the onset of earnings and an additional 1/3 of the remainder disregarded for the first 4 months after the onset of earnings.]

At the time of initial application, total resources must be less than \$1,000. Certain resources are exempt from consideration, such as the family's residence.

Individuals must be permitted to gain eligibility with a spend-down.

No. of Clients Served (Snapshot: June 30, 2003): 14,563

No. of Clients Served in FY 2003 (Unduplicated for year): 21,027

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	80,321,000	49,799,000	30,522,000		
2002	85,989,000	53,313,000	32,676,000		
2003	71,111,000	44,089,000	27,022,000		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category - Low-Income Families

Indiana Code Cite: IC 12-15-2-3

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to members of certain low-income families who are eligible for the Temporary Assistance for Needy Families (TANF) program.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965; Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

Prior to passage of PRWORA, eligibility for the Aid to Families with Dependent Children (AFDC) Program automatically resulted in eligibility for the Medicaid Program. With the replacement of AFDC by the TANF Program, eligibility for the Medicaid Program has been partially de-linked from TANF eligibility. For purposes of Medicaid eligibility, PRWORA requires that individuals meeting a state's income, resource, and other eligibility criteria that existed for the AFDC Program on July 16, 1996, would be automatically eligible for Medicaid, regardless of an individual's participation in a state's TANF program.

This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements: Eligibility requirements for the TANF Program are determined by the states. However, Indiana's requirements have not changed since 1996. Consequently, individuals meeting the requirements for TANF are also eligible for Medicaid coverage.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: TANF recipients are low-income families, generally a single-parent household.

Eligibility Requirements: Same as for TANF Program. In addition, up to 12 months of Transitional Medicaid Assistance is available to families discontinued from or denied TANF because of the increased earnings of a caretaker relative who was eligible for and received Medicaid in three of the preceding six months.

No. of Clients Served (Snapshot: June 30, 2003): 221,142

No. of Clients Served in FY 2003 (Unduplicated for year): 350,032

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	282,348,000	175,055,000	107,292,000		
2002	363,143,000	225,149,000	137,994,000		
2003	413,651,000	256,464,000	157,187,000		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Children who are Wards

Indiana Code Cite: IC 12-15-2-16

Administrative Code Cite: 405 IAC

Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide medical assistance to children who are wards of the state.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is an optional coverage group.

State History/Requirements:

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Children who are wards of the state.

Eligibility Requirements: Children under the age of 18 who are (1) adjudicated to be a child in need of services (CHINS); (2) placed in the custody of the Division of Family and Children and for whom parental rights have been terminated; or (3) in the custody of or under the supervision of the Division of Family and Children by an order of the court, including delinquent children and children being detained under protective custody pending a CHINS adjudication.

Income and resource eligibility requirements are the same as those for the TANF program. The monthly countable income limit for one child is \$139.50, \$198.00 for two children, and an additional \$58.50 for each additional child.

No. of Clients Served (Snapshot: June 30, 2003): 4

No. of Clients Served in FY 2003 (Unduplicated for year): 44

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	149,192	92,500			56,693
2002	63,392	39,303			24,089
2003	57,166	35,443			21,723
2004 ^					
2005 ^					

^ Appropriation.

* (Source of Federal funds) Title XIX funds

** (Name of Dedicated fund)

*** (Name of Local fund) County Medical Assistance to Wards funds.

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%. The state share is paid from local property tax levies through the county Medical Assistance to Wards Funds.

Program Name: Medicaid Waiver - Aged and Disabled (A&D)

Indiana Code Cite: Noncode provision.

Administrative Code Cite:

Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: The Aged and Disabled Medicaid Waiver is to provide home- and community-based services to Medicaid-eligible aged and disabled individuals who are at risk of losing their independence.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 1990, the A&D waiver was authorized for 2003 to have 12,500 slots, 4,178 of which were funded. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; adult day services; attendant care; case management; home-delivered meals; home modifications; homemaker services; respite care; assistive technology; assistive living; pest control; transportation; congregate care; community transition services; personal emergency response system; and vehicle modifications.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -

Target Population: Aged and disabled individuals.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the nursing facility level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Low-income

families (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was \$19,620.

No. of Clients Served (Snapshot: June 30, 2003): 3,721

No. of Clients Served in FY 2003 (Unduplicated for year): 4,543

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	17,222,175	10,677,748	6,544,426		
2002	20,774,023	12,879,894	7,894,128		
2003	27,973,987	17,343,871	10,630,116		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund, as well as General Fund appropriations through DDARS.

Program Name: Medicaid Waiver - Assisted Living Waiver

Indiana Code Cite: P.L. 100-2000 (Noncode)

Administrative Code Cite:

Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide services to individuals who are 18 years of age or older who meet nursing home level of care, but who choose to receive care in an assisted living facility.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 2001, the Assisted Living waiver was authorized for 2003 to have 350 slots, all of which were funded. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; case management; and assisted living services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -

Target Population: Aged and disabled individuals.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the nursing facility level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D. Works, Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was \$19,620.

No. of Clients Served (Snapshot: June 30, 2003): 27

No. of Clients Served in FY 2003 (Unduplicated for year): 40

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	--	--	--		
2002	--	--	--		
2003	71,582	44,380	27,201		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid entirely from the Medicaid Account in the state General Fund.

Program Name: Medicaid Waiver - Autism

Indiana Code Cite: Noncode provision.

Administrative Code Cite:

Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: The Autism Waiver provides home- and community-based services to individuals diagnosed as having autism.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 1990, the autism waiver was authorized for 2003 to have 400 slots, with all slots funded. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; residential habilitation and support; independence assistance services (IAS); community habilitation and participation; respite care; adult day services; prevocational services; supported employment follow-along; health care coordination; family and caregiver training; physical therapy; occupational therapy; speech/language therapy; recreational therapy; music therapy; psychological therapy; nutritional counseling; behavioral support services/crisis intervention; applied behavioral analysis; environmental modifications; specialized medical equipment and supplies; personal emergency response system; transportation; rent and food unrelated live-in caregiver; adult foster care; person-centered planning facilitation; community transition; case management; vehicle modifications; and day habilitation.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -

Target Population: Individuals with autism.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the ICF/MR level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D. Works, Low-income family (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was \$19,620.

An individual whose income exceeds the income eligibility threshold can still be eligible for Medicaid under the "spend-down provision". An individual's spend-down is the amount of income that is over the threshold for the individual's family size. Medical expenses in excess of the spend-down amount can be paid by Medicaid.

No. of Clients Served (Snapshot: June 30, 2003): 312

No. of Clients Served in FY 2003 (Unduplicated for year): 331

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	5,404,510	3,350,796	2,053,714		
2002	7,199,134	4,463,463	2,735,671		
2003	9,799,230	6,075,522	3,723,708		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund, as well as General Fund appropriations from DDARS.

Program Name: Medicaid Waiver - Children with Serious Emotional Disturbance (SED)

Indiana Code Cite: Noncode provision.

Administrative Code Cite:

Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DMHA, DFC.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: The Children with Serious Emotional Disturbance (SED) Waiver provides home- and community-based services to individuals diagnosed as having a serious emotional disturbance.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established February 1, 2004, as a pilot program, the SED waiver was authorized to have 50 slots for 2004 with expansion to 200 slots planned for 2005. The waiver is currently limited to children in ten counties: Daviess, Elkhart, Knox, Lake, Marion, Martin, Pike, Randolph, St. Joseph, and Vigo. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; case management (wrap-around facilitation); independent living skills; family support and training; and respite care.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; local community mental health centers.

Program Clients -

Target Population: Children with a serious emotional disturbance.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the ICF/MR level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for Medicaid under the Disabled category. The child must also be at least age 4 through age 21 and be eligible for a state psychiatric hospital placement due to a primary diagnosis of serious emotional disturbance. The child must also be a resident of one of the ten pilot counties.

The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was \$19,620.

An individual whose income exceeds the income eligibility threshold can still be eligible for Medicaid under the "spend-down provision". An individual's spend-down is the amount of income that is over the threshold for the individual's family size. Medical expenses in excess of the spend-down amount can be paid by Medicaid.

No. of Clients Served (Snapshot: June 30, 2003): 0

No. of Clients Served in FY 2003 (Unduplicated for year): 0

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002					
2003					
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund, as well as General Fund appropriations from DDARS.

Program Name: Medicaid Waiver - Developmental Disability (DD)

Indiana Code Cite: Noncode provision.

Administrative Code Cite:

Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide support to individuals with developmental disabilities who choose to receive care in community-based settings.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 2001, the DD waiver was authorized for 2003 to have 5,649 slots, 4,476 of which were funded. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; residential habilitation and support; community habilitation and participation; respite care; adult day services (previously adult day care); pre-vocational services; supported employment; health care coordination; family and caregiver training; physical therapy; occupational therapy; speech/language therapy; recreational therapy; music therapy; therapy services; nutritional counseling; behavioral support services/crisis intervention; environmental modifications; specialized medical equipment and supplies; personal emergency response systems; transportation; rent and food expenses of an unrelated live-in caregiver; adult foster care; case management; person-centered planning facilitation, independence assistance services, day habilitation, vehicle modifications, and community transition services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -

Target Population: Individuals with developmental disabilities.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the ICF/MR level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D. Works, Low-income family (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was \$19,620.

Individuals with developmental disabilities may be eligible for services. A developmental disability is defined as a mental and/or a physical impairment (other than a sole diagnosis of mental illness) that begins before the age of 22 and is expected to continue indefinitely. An individual must have substantial limitation in at least three of the following areas: self care; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency.

No. of Clients Served (Snapshot: June 30, 2003): 4,653

No. of Clients Served in FY 2003 (Unduplicated for year): 4,786

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	107,381,580	66,576,580	40,805,000		
2002	134,833,896	83,597,015	51,236,880		
2003	232,890,436	144,392,070	88,498,366		
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) Title XIX funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund., as well as General Fund appropriations through DDARS.

Program Name: Medicaid Waiver - Medically Fragile Children

Indiana Code Cite: Noncode provision.

Administrative Code Cite:

Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide home- and community-based services to children under the age of 18 who are in need of significant medical services, including those who are technologically dependent.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 1992, the Medically Fragile Children's waiver was authorized for 2003 to have 150 slots, all of which were funded. This waiver is a "model waiver" and is thereby limited by federal regulation to a maximum of 200 authorized slots. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; attendant care; case management; environmental modifications; respite care; and vehicle modifications.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -

Target Population: Medically fragile children.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the skilled nursing facility or hospital level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D. Works, Blind, or Disabled.

The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was \$19,620.

No. of Clients Served (Snapshot: June 30, 2003): 131

No. of Clients Served in FY 2003 (Unduplicated for year): 147

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,249,555	774,724	474,831		
2002	1,570,943	973,984	596,958		
2003	1,579,529	979,308	600,221		
2004 ^					
2005 ^					

^ Appropriation.

* (Source of Federal funds) Title XIX funds

** (Name of Dedicated fund)

*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid entirely from the Medicaid Account in the state General Fund.

Program Name: Medicaid Waiver - Support Services

Indiana Code Cite: Noncode provision.

Administrative Code Cite:

Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide support to individuals with developmental disabilities who are in need of ICF/MR level of services, but who choose to remain in the community. This waiver differs from the Developmental Disabilities waiver by offering an annual “allowance” of home- and community-based services needed primarily by individuals who are living at home with their families or other informal caregiver.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 2002, the Support Services waiver was authorized for 2003 to have 2,258 slots. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; community habilitation and participation; respite care; adult day services (previously adult day care); pre-vocational services; supported employment; health care coordination; family and caregiver training; physical therapy; occupational therapy; speech/language therapy; recreational therapy; music therapy; other therapy services; nutritional counseling; behavioral support services/crisis intervention; specialized medical equipment and supplies; personal emergency response systems; transportation; rent and food expenses of an unrelated live-in caregiver; vehicle modifications; case management; person-centered planning facilitation; and day habilitation services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -

Target Population: Individuals with developmental disabilities.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the ICF/MR level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Low-income families (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was \$19,620. Spend-down is permitted.

No. of Clients Served (Snapshot: June 30, 2003): 2,975

No. of Clients Served in FY 2003 (Unduplicated for year): 3,103

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	--	--	--		
2002	44,898	27,836	17,061		
2003	10,718,826	6,645,672	4,073,153		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund, as well as General Fund appropriations through DDARS.

Program Name: Medicaid Waiver - Traumatic Brain Injury (TBI)

Indiana Code Cite: P.L. 74-1999 (Noncode)

Administrative Code Cite: 405 IAC

Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide home- and community-based services to individuals who have suffered injuries to the brain, including closed or open head injuries.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 2000, the TBI waiver was authorized for 2003 to have 200 slots, 150 of which were funded. The TBI waiver is a “model waiver” and is thereby limited by federal regulation to a maximum of 200 authorized slots. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; case management; environmental modifications; homemaker; prevocational services; supported employment; personal care; personal emergency response system; respite care; specialized medical equipment and supplies; speech therapy; language therapy; behavioral support services; occupational therapy; physical therapy; residential habilitation and support; attendant care; therapy services; adult day services; transportation; health care coordination; structured day programs; and vehicle modifications.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -

Target Population: Individuals with a traumatic brain injury.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the nursing facility level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Low-income families (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was \$19,620.

No. of Clients Served (Snapshot: June 30, 2003): 137

No. of Clients Served in FY 2003 (Unduplicated for year): 157

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,127,005	698,743	428,262		
2002	2,480,228	1,537,741	942,487		
2003	3,414,732	2,117,134	1,297,598		
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid entirely from the Medicaid Account in the state General Fund.

Program Name: - Indiana Chronic Disease Management Program

Indiana Code Cite: IC 12-15-12-19

Administrative Code Cite: 405 IAC

Account Number: 3550/170000

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To build a sustainable, comprehensive, locally based infrastructure; strengthen the existing public health infrastructure; and help improve quality of health care for patients with chronic diseases.

Federal History/Requirements:

State History/Requirements: P.L. 291-2001. The Indiana Chronic Disease Management Program (ICDMP) was developed through a joint effort between OMPP and the Indiana State Department of Health and was implemented in June 2003. The ICDMP focuses on developing linkages between care management and primary care by providing health care providers with tools to better manage chronic care and patients with self-management tools to be more active participants in their health care. The ICDMP is a statewide program and includes Medicaid recipients in both primary care case management and risk-based managed care.

Program Services: Services include the following: (1) Care management, provided through a centralized telephone call center for lower severity recipients focusing on health assessments and the provision of educational materials; (2) Assignment to a nurse care management network for higher severity recipients, where the nurse care manager works with the member's primary medical provider in the provision of assessments and education; (3) Use of a chronic disease management system, an internet-based chronic disease registry and information system to enhance communication about the patient among those involved in the member's care as well as the member's physician; and (4) Collaborative training for primary care practices. The system will contain clinical as well as claims information on individual members, and will also be used to track health assessments, schedule patient contacts, and contain the individualized care plans.

Service Providers/Agencies:

Client Intake: Through the Medicaid Program.

Program Clients -

Target Population: Persons with diabetes, asthma, congestive heart failure, hypertension, HIV/AIDS, and persons who are at high risk of chronic disease.

Eligibility Requirements: Eligibility is through the Medicaid Program.

No. of Clients Served (Snapshot: June 30, 2003): 4,000

No. of Clients Served in FY 2003 (Unduplicated for year): 4,493

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	****				
2002	****				
2003	****				
2004 ^	****				
2005 ^	****				

^ Appropriation.
 * (Source of Federal funds)
 ** (Name of Dedicated fund)
 *** (Name of Local fund)
 **** Expenditure totals are included in other aid categories.

Funding Details: Expenditures in this program are considered as administrative expenditures and receive federal reimbursement at a rate of 50%.

Program Name: Medicaid - Disproportionate Share Hospital (DSH) Program

Indiana Code Cite: IC 12-15

Administrative Code Cite: 405 IAC 1-13

Account Number: 6000/157100

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -

Purpose: To provide additional payments to those hospitals that serve a disproportionate percentage of Medicaid and low-income patients.

Federal History: Federal Medicaid law requires that payment rates for inpatient hospital services take into account the situation of hospitals which serve a disproportionate number of low-income patients with special needs. Unlike other federal Medicaid matching payments, the federal contribution toward DSH payments is not open-ended and, instead, is subject to an allocation procedure. The allocations are subject to state-specific caps, an aggregate state cap on payments to institutions for mental diseases, and hospital-specific caps for individual hospitals.

State History: States have significant discretion in determining the definitions of hospitals eligible for payments, as well as the payment distribution methodology. State funding is permitted to come from general revenues, intergovernmental transfers (IGTs), or provider taxes (as long as the taxes are broad-based and have no “hold harmless” provisions).

Program Services: Program services consist of additional Medicaid payments to certain municipal and acute care hospitals, state mental health institutions, private psychiatric institutions, and community mental health centers.

Service Providers/Agencies:

Client Intake:

Program Clients -

Target Population: Hospital providers of inpatient hospital services who serve a disproportionate number of low-income patients.

Eligibility Requirements: Each hospital’s eligibility is based on utilization and revenue data from the most recent year for which an audited cost report is on file. General criteria include either (1) Medicaid utilization of at least one standard deviation above the statewide mean or (2) Medicaid revenue as a percentage of total hospital revenue of at least 25%. Qualifying hospitals must have Medicaid utilization of at least 1% by federal statute.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	332,556,669	206,271,693	55,255,313		71,029,663
2002	305,502,770	189,521,995	96,965,456		19,015,319
2003	346,568,937	215,231,269	62,514,558		68,823,110
2004 ^	203,937,846	127,094,066	31,715,408		45,128,372
2005 ^					

^ Appropriation.
 * (Source of Federal funds) Title XIX funds
 ** (Name of Dedicated fund)
 *** (Name of Local fund) Intergovernmental transfers through the Medicaid Indigent Care Trust Fund.

Funding Details: The expenditures for DSH payments are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

The state share of DSH payments is provided through the Medicaid account of the state General Fund for private psychiatric facilities, state mental health institutions, and the first \$26 M for acute care hospitals. For all other DSH payments, the state share is provided by the hospitals through intergovernmental transfers through the Medicaid Indigent Care Trust Fund.

Total DSH payments for FY 2000 were approximately \$315.5 M, of which, state mental health institutions received \$112.5 M (35.7%), private psychiatric facilities received \$2.0 M (0.6%), municipal hospitals received \$29.6 M (9.4%), community mental health centers received \$6.0 M (1.9%), and acute care hospitals received \$165.4 M (52.4%).

Program Name: Indiana Long-Term Care Insurance Program

Indiana Code Cite: IC 12-15-39.6

Administrative Code Cite: 760 IAC 2-20

Account Number: 1000/105160

Administrative Division: Office of Medicaid Policy and Planning; Department of Insurance.

Advisory Board/Commission (Name/Code Cite):

Program Description -

Purpose: To encourage the sale and purchase of private long-term care insurance by providing Medicaid asset protection to purchasers of qualifying policies.

Federal History/Requirements: Federal approval for Indiana's program was received in December 1991.

State History/Requirements: Established in 1993 in P.L. 24-1997, Indiana is one of only four states with this type of program. The program is established to do the following: (1) Provide incentives for individuals to insure against the costs of providing for their long-term care needs; (2) Provide a mechanism for individuals to qualify for coverage of the costs of their long-term care needs under the Medicaid program without first being required to substantially exhaust all their resources; (3) Provide counseling services to individuals in planning for their long-term care needs; and (4) Alleviate the financial burden on the Medicaid Program by encouraging the purchase of long-term care insurance.

Program Services: The state works with private insurance carriers to provide private long-term care insurance policies that meet minimum state-established standards. Approved policies, called "partnership" or "qualified" policies (1) provide for guaranteed asset protection in the Medicaid Program; (2) have benefits that increase at the rate of 5% compounded annually; (3) if covering home and community care, include specific services; (4) use the same criteria for when benefits are paid, based on the policyholder's physical condition; (5) require insurance agents to receive 15 hours of training prior to selling partnership policies; (6) require an adequate minimum daily benefit; and (7) incorporate more consumer protection and disclosure features than nonqualified policies.

The maximum amount of assets permitted to be held by a Medicaid recipient is \$1,500. Purchase of a qualified policy for less than the state-established minimum benefit level (\$187,613 for 2004) can result in a dollar-for-dollar protection of the policyholder's assets above the \$1,500 resource limit. A qualified policy with benefits above the state-established minimum will protect all of the policyholder's assets. Asset protection also applies with regard to Medicaid estate recovery. Nonqualified policies do not provide asset protection from the Medicaid eligibility requirements nor from Medicaid estate recovery.

Premiums paid for qualified policies may be deducted for state income tax purposes.

Service Providers/Agencies: As of October 2003, 12 insurance companies offered partnership policies.

Client Intake: Partnership policies are sold by private insurance agents.

Program Clients: -

Target Population: Individuals (Indiana residents) with assets who are between the ages of 35 and 80.

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003): Policies purchased through FY 2003 since 1993- 27,604

No. of Clients Served in FY 2003 (Unduplicated for year): Policies purchased in FY 2003 - 5,665

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	****				
2002	****				
2003	****				
2004 ^	****				
2005 ^	****				
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund) **** Expenditures for this program are included as part of the OMPP administration account and are not accounted for separately.					

Funding Details: Funding for the program prior to 1998 was primarily from grants received from the Robert Wood Johnson Foundation. Currently, the Indiana Long-Term Care Insurance Program receives a 50% federal match for the administrative expenses of the program. No federal match is received for outreach expenses related to promoting the sale of policies to non-Medicaid recipients.

Program Name: Medical Services for Inmates and Patients (590 Program)

Indiana Code Cite: IC 12-16-1

Administrative Code Cite:

Account Number: 1000/655000 Budget Agency

Administrative Division: Office of Medicaid Policy and Planning; State Budget Agency.

Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33)

Program Description -

Purpose: To provide medical care for committed individuals, patients, and students of certain state institutions.

Federal History/Requirements: Federal Medicaid rules generally prohibit residents of government-owned residential facilities from receiving Medicaid eligibility and reimbursement for services.

State History/Requirements: Institutionalized individuals in state-run facilities are considered wards of the state. As such, the state is responsible for providing necessary medical care for institutionalized persons. The 590 Program covers all medical services deemed covered under the Indiana Medicaid Program except transportation and only reimburses claims of more than \$150. Claims for less than \$150 are paid by the individual institution with budgeted operating funds. The 590 Program serves as a “payor of last resort”; private insurance and Medicare are billed first.

Program Services: This account provides the funding for out-of-institution medical care for committed individuals, patients, and students of institutions under the jurisdiction of the Department of Corrections, the State Department of Health, the Division of Mental Health and Addiction, the School for the Blind, the School for the Deaf, or the Division of Disability, Aging, and Rehabilitative Services. Claims for services must be in excess of \$150 and for medical services that cannot be provided on-site and thus must be obtained out of the institution. The Medicaid claims processing system processes the 590 claims to comply with the statutory requirement that payment must be in conformance with Medicaid reimbursement rates as much as possible.

Service Providers/Agencies: Hospitals located in the vicinity of state-run institutions or that are under contract to provide specialized services to correctional institutions.

Client Intake:

Program Clients -

Target Population: Institutionalized, committed individuals, patients, and students of state-operated facilities.

Eligibility Requirements: Individuals must be institutionalized in a state-operated facility. Services must be unavailable on site and billed in excess of \$150.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	15,000,000		15,000,000		
2002	15,000,000		15,000,000		
2003	15,000,000		15,000,000		
2004 ^	23,497,570		23,497,570		
2005 ^	25,000,000		25,000,000		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The 590 Program funding is 100% state dollars and appropriated to the State Budget Agency. The appropriation is open-ended; if the funds appropriated are not sufficient to reimburse providers for services appropriately provided and properly billed, additional funds are appropriated to meet the purpose of the program. (Expenditure information for this account was not available from FSSA at the time of publication. The expenditures reported for FY 2001 through FY 2003, above, reflect the appropriations, all of which were expended.)

Program Name: Children's Health Insurance Program (CHIP-Phase II)

Indiana Code Cite: IC 12-17.6

Administrative Code Cite: 407 IAC

Account Number: 3530/124400 (CHIP Assistance); 3550/120000 (CHIP Administration).

Administrative Division: Office of the Children's Health Insurance Program

Advisory Board/Commission: Children's Health Policy Board (IC 4-23-27)

Program Description -

Purpose: To provide health benefits coverage to uninsured children from low-income families.

Federal History/Requirements: Enacted in 1997 as Title XXI of the federal Social Security Act.

State History/Requirements: Established in P.L. 273-1999. CHIP-Phase II is administered as part of the Indiana Hoosier Healthwise Program.

Program Services: The services provided are similar to those provided through the Medicaid Program with certain limitations.

The following services are covered using the same coverage criteria, limitations, and procedures, including prior authorization, as Medicaid: (1) physician services; (2) inpatient hospital, except that inpatient rehabilitation services are limited to 50 days per calendar year; (3) outpatient hospital; (4) laboratory and radiology; (5) certified nurse practitioner; (6) family planning services and supplies; (7) certified nurse-midwife; (8) vision; (9) home health and clinic services; (10) dental; (11) hospice; (12) diabetes self-management training; (13) food supplements, nutritional supplements, and infant formulas; (14) restricted utilization; (15) consultations and second opinions; (16) anesthesia; (17) age-appropriate immunizations and periodic screening and diagnosis services.

The following services are covered with more restrictive coverage criteria, limitations, and procedures than in the Medicaid Program: (1) early intervention services; (2) evaluation and management services; (3) medical supplies and equipment; (4) mental health and substance abuse services; (5) therapy services; (6) transportation; (7) pharmacy services; (8) podiatry services; and (9) chiropractic services.

The following services are not covered by CHIP: (1) services that are not covered by the Medicaid Program; (2) services provided in a nursing facility; (3) services provided in an intermediate care facility for the mentally retarded (ICF/MR); (4) private duty nursing; (5) case management services for persons with HIV/AIDS, pregnant women, or mentally ill or emotionally disturbed individuals; (6) nonambulance transportation; (7) services provided by Christian Science nurses; (8) services provided in Christian Science sanatoriums; (9) Organ transplants; (10) over-the-counter drugs (except insulin); (11) reserved beds in psychiatric hospitals; and (12) services provided in inpatient mental health facilities (other than acute care hospitals) with more than 16 beds.

Service Providers/Agencies: Same providers as under the regular Medicaid Program.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers; Mail-in applications.

Program Clients -

Target Population: Certain low-income children without health benefit coverage.

Eligibility Requirements: Children under the age of 19 from families with incomes between 150% and 200% of the federal poverty level and who are not eligible for Medicaid (unless subject to a spenddown) and who do not have other health benefit coverage.

No. of Clients Served (Snapshot: June 30, 2003): 13,949

No. of Clients Served in FY 2003 (Unduplicated for year): 27,353

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	7,267,000	5,304,000		1,962,000	
2002	11,313,000	8,258,000		3,055,000	
2003	15,426,000	11,260,000		4,165,000	
2004 ^					
2005 ^					

^ Appropriation.
 * (Source of Federal funds)
 ** (Name of Dedicated fund) Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)
 *** (Name of Local fund)

Funding Details: Participation in the CHIP program is subject to cost-sharing requirements, which include monthly premium payments based on family income, as well as copayments for ambulance transportation and pharmaceuticals. The annual aggregate cost-sharing obligation for a family is limited to 5% of the family's annual income.

The state share of expenditures is funded through the Children's Health Insurance Program Fund from revenue received from the Tobacco Master Settlement Agreement.

The federal share of expenditures is provided at an annually determined enhanced FMAP rate (currently about 73% for Indiana). However, unlike the Medicaid Program, aggregate federal reimbursement is provided through and subject to an annual block grant allocation. Annual federal allotments have totaled about \$70 M (FFY 1998 and FFY 1999); \$63 M (FFY 2000); \$60 M (FFY 2001); \$47 M (FFY2002); \$53.7 M (FFY 2003); and \$54 M (FFY 2004). Projected federal allotments (used for both CHIP I and CHIP II) total \$61 M for each of FFY 2005 through FFY 2007. The federal allotments are generally available for three years. Additional allotments to Indiana which were redistributed from other states totaled about \$45 M for FFY

1998 and \$105 M for FFY 1999.

Program Name: Indiana Prescription Drug Program (HoosierRx)

Indiana Code Cite: IC 12-10-16

Administrative Code Cite: 405 IAC 6

Account Number: 6000/144300; 6330/100400 (State Budget Agency)

Administrative Division: Office of Medicaid Policy and Planning

Advisory Board/Commission: Indiana Prescription Drug Advisory Committee (Noncode Provision)

Program Description -

Purpose: To provide state-funded assistance with the expense of prescription drugs for low-income senior citizens who have no other alternative coverage.

Federal History/Requirements:

State History/Requirements: The program was initiated in October 2000 using Tobacco Master Settlement Agreement funds. When implemented, the benefit was distributed to eligible low-income senior citizens as a refund of expenditures reimbursed on a quarterly basis. The first refunds were distributed in March 2001. The program revised the distribution of benefits to the point of service in July 2002, providing beneficiaries with benefits at the time of purchase. In addition, participating providers agreed to accept payment at Indiana Medicaid levels of reimbursement, thereby providing for an additional reduction in the total cost of drugs for participants.

The HoosierRx program was initially intended to provide assistance to low-income individuals on Medicare with no other prescription drug coverage, since Medicare historically has not covered prescription drugs. Program expenditures were prohibited if the federal Medicare program were to provide prescription drug benefits. With the enactment of a phased Medicare prescription drug benefit, the prohibition on the expenditure of HoosierRx funds has been removed and revised. The Indiana Prescription Drug Advisory Committee has subsequently been charged with recommending a complimentary benefit structure that allows these funds to continue to be spent to assist senior Hoosiers to gain access to needed prescription drugs in concert with the new Medicare benefit.

Program Services: The program provides a 50% discount from the Medicaid cost of prescription drugs up to an annual cap. The annual cap is based on a sliding income scale. Using the Medicaid cost of drugs provides a small discount to the initial cost of the drugs, stretching the HoosierRx benefit further. This discount continues to be available after the annual cap has been met.

Service Providers/Agencies: Participating pharmacies.

Client Intake: Applications are available on-line, at participating pharmacies, and from local DFC offices.

Program Clients -

Target Population: Low-income elderly.

Eligibility Requirements: Participants must be age 65 years or older; an Indiana resident, living in the state at least 90 days out of the last 12 months; and have no prescription drug coverage through an insurance plan

or Medicaid, including Medicaid spend-down recipients.

Maximum monthly income criteria include the following:

- \$749 (single) and \$1,010 (married) for a \$1,000 annual cap;
- \$898 (single) and \$1,212 (married) for a \$750 annual cap; and
- \$1,011 (single) and \$1,364 (married) for a \$500 annual cap.

No. of Clients Served (Snapshot: June 30, 2003): 18,000

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,563,252			1,563,252	
2002	6,669,687			6,669,687	
2003	21,832,864			21,832,864	
2004 ^	8,000,000			8,000,000	
2005 ^	9,200,000			9,200,000	
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3) *** (Name of Local fund)					

Funding Details: Funding is appropriated from the Indiana Tobacco Master Settlement Agreement proceeds.

Division of Disability, Aging, and Rehabilitative Services

Program Name: Accessing Technology Through Awareness in Indiana (ATTAIN)

Indiana Code Cite: IC 12-9-5-1

Administrative Code Cite:

Account Number: 6000/112300

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: ATTAIN Advisory Board (federal 29 U.S.C. 2212)

Program Description -

Purpose: The purpose of the Accessing Technology Through Awareness in Indiana (ATTAIN) project is to work with individuals with disabilities and their families to create systems change by developing a comprehensive, customer-responsive, statewide program of access to assistive technology.

Federal History/Requirements: The federal Technology-Related Assistance for Individuals with Disabilities Act of 1988 (Tech Act) provides funding to the Protection and Advocacy System, which in Indiana is represented by Indiana Protection and Advocacy Services (IPAS). IPAS advocates for persons with disabilities seeking technology or related services. The Tech Act of 1988 provides federal funds to states to encourage the delivery of technology to persons with disabilities.

State History/Requirements: In Indiana, the Assistive Technology through Action in Indiana, Inc., (Attain, Inc.) is the designated Tech Act agency and is funded by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education.

Program Services: The project promotes community-based, technology-related services through training and outreach activities; empowerment and advocacy activities; individual case advocacy on funding issues; policy review; and position statements. The program provides funding for two centers in the state that provide assistance in matching technology to persons and assistance in obtaining services. The program leads a statewide effort to promote coordination and cooperation among various state agencies and funding sources to provide consumer responsive technology services.

Service Providers/Agencies: Attain, Inc.

Client Intake: Attain, Inc.

Program Clients -

Target Population: Individuals with disabilities.

Eligibility Requirements: ATTAIN serves all disabilities and age groups.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): VRS customers served is 30; Total persons served is 3,118, not including individuals receiving newsletters.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	510,340	436,727	73,613		
2002	545,103	189,603	355,500		
2003	423,035	38,937	384,098		
2004 ^	710,938	355,438	355,500		
2005 ^	710,935	355,438	355,500		
^ Appropriation. * (Source of Federal funds) State grants for technology-related assistance (DOE) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: No state match is required.

Program Name: Adult Guardianship Program

Indiana Code Cite: IC 12-10-7

Administrative Code Cite: 460 IAC 1-5-1

Account Number: 1000/122930

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: Adult Guardianship Services Program Advisory Board (IC 12-10-8)

Program Description -

Purpose: To provide guardianship and less restrictive alternative services to indigent, incapacitated adults who are unable to care for themselves and/or manage their own affairs without assistance, who have no one to care for them and are unable to obtain private guardianship, or who have a developmental disability.

Federal History: NA

State History: The General Assembly established the Adult Guardianship Program in 1988. Historically, these grants have only provided services for residents or former residents of state-owned facilities. In the fall of 1990, services were provided to residents of Madison State Hospital and Fort 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.

Program Services: Full guardianship, temporary guardianship, guardianship of the person, guardianship of the estate (when the estate is sufficiently small that a bank or private attorney will not serve as a guardian), and representative payee services are provided by the Adult Guardianship Program. In addition, identification and evaluation of adults who may need adult guardianship services are provided. The grants generally help provide funds for a local staff person and expenses of the guardianship, such as filing fees. The majority of the legal work required for the program is performed on a volunteer basis by local attorneys.

Service Providers/Agencies: Four Area Agencies on Aging; Two county mental health offices.

Client Intake: Four Area Agencies on Aging; Two county mental health offices.

Program Clients -

Target Population: Indigent, incapacitated adults.

Eligibility Requirements: Clients may be current or former residents of a state-operated, long-term care facility. Clients must be incapacitated and unable to handle their own affairs and must have no other appropriate person to serve as a guardian.

No. of Clients Served (Snapshot: June 30, 2003): 250

No. of Clients Served in FY 2003 (Unduplicated for year): 250

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	383,633		383,633		
2002	385,313		385,313		
2003	363,534		363,534		
2004 ^	484,936		484,936		
2005 ^	484,936		484,936		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Entirely state-funded.

Program Name: Adult Protective Services

Indiana Code Cite: IC 12-10-3

Administrative Code Cite: 460 IAC 1-2-1

Account Number: 1000/122740

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide a legal basis for intervention to protect endangered adults.

Federal History/Requirements: NA

State History/Requirements: Legislation addressing the protection of endangered adults from abuse, neglect, and exploitation was passed in 1985. The legislation created the Adult Protective Services Program.

Program Services: The Adult Protective Services Program (1) investigates complaints, or causes the complaints to be investigated by a law enforcement or other agency, and makes a determination as to whether the individual reported is an endangered adult and (2) upon a determination that an individual is an endangered adult, does the following: (A) initiates procedures that the Adult Protective Services Unit determines are necessary, based on an evaluation of the needs of the endangered adult, to protect the endangered adult; (B) coordinates and cooperates with the division or other appropriate persons to obtain protective services for the endangered adult, including the development of a plan in cooperation with the endangered adult, whereby the least restrictive protective services necessary to protect the endangered adult will be made available to the endangered adult; and (C) monitors the protective services provided the endangered adult to determine the effectiveness of the services. The program provides funding to county prosecuting attorneys to investigate reports of suspected adult endangerment and facilitates processes if reports are found to be substantiated.

Service Providers/Agencies: Prosecuting Attorneys.

Client Intake: Reports are made to the Adult Protective Services hotline.

Program Clients -

Target Population: Adults who are victims of abuse, neglect, or exploitation.

Eligibility Requirements: Endangered adults are individuals who are (1) at least 18 years old; (2) incapable by reason of mental illness, mental retardation, dementia, habitual drunkenness, excessive use of drugs, or other physical or mental incapacity of managing or directing the management of the individual's property or providing or directing the provision of self-care; and (3) harmed or threatened with harm as a result of neglect, battery, or exploitation of the individual's personal services or property.

No. of Clients Served (Snapshot: June 30, 2003): 88

No. of Clients Served in FY 2003 (Unduplicated for year): 12,940

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	758,000		896,036		
2002	1,561,258		1,669,520		
2003	1,992,225		2,012,602		
2004 ^	2,021,540		2,021,540		
2005 ^	2,021,540		2,021,540		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Entirely state-funded.

Program Name: Aid to Independent Living, Part B

Indiana Code Cite: IC 12-12-8

Administrative Code Cite:

Account Number: 3720/172400

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: Indiana Council on Independent Living (Sec. 705 of federal Rehabilitation Act of 1973)

Program Description -

Purpose: The purpose of this program is to promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy.

Federal History/Requirements: Rehabilitation Act of 1973, Title VII, as amended.

State History/Requirements: Since 1985, Indiana has established nine Centers for Independent Living. The Title VII-B dollars support and fund services provided by the Centers and additionally provide funding for the Indiana Council on Independent Living.

Program Services: The program allows for the implementation of the State Plan for Independent Living, which includes supporting Centers for Independent Living which are consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies that are designed and operated within a local community by individuals with disabilities and provide an array of independent living services to individuals with significant disabilities. Funds are also utilized to support the Indiana Council on Independent Living, a federally mandated council whose members are appointed by the Governor.

Centers for Independent Living work to empower people with disabilities (and their families) to take charge of their own lives and lifestyles. Centers provide services which promote leadership, empowerment, independence, and productivity of persons with disabilities. Individuals with significant disabilities who are served by the Centers set their own independent living goals and work to achieve those goals with the help of Center staff. The independent living “four core services” include information and referral, peer counseling and cross-disability counseling, independent living skill training, and individual and systems advocacy.

Service Providers/Agencies: Centers for Independent Living. There are currently nine in the state.

Client Intake: Centers for Independent Living.

Program Clients -

Target Population: Individuals with significant disabilities and their family members.

Eligibility Requirements: Individuals with significant disabilities.

No. of Clients Served (Snapshot: June 30, 2003): 1,050

No. of Clients Served in FY 2003 (Unduplicated for year): Not available.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	967,353	942,465	25,188		
2002	1,152,275	1,093,822	58,452		
2003	1,282,608	1,237,090	45,517		
2004 ^	1,164,999	1,142,777	22,222		
2005 ^	1,164,999	1,142,777	22,222		
^ Appropriation. * (Source of Federal funds) Rehabilitation Act of 1973, Title VII-B and SSA/VR federal finder's fees. ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Funding is provided through a federal match ratio of 90% and a state match of 10%. Additional federal funds are transferred from SSA/VR, which represent finder's fees from post-1992 dollars. FSSA reports that these fees are available to the state and are not required by federal rules to remain in the SSA/VR program.

Program Name: Blind and Visually Impaired Services

Indiana Code Cite: IC 12-12-1-2

Administrative Code Cite:

Account Number: 3730/155700

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: Blind and Visually Impaired Services Advisory Board (nonstatutory)

Program Description -

Purpose: To enable blind or visually impaired individuals to learn skills that will enhance full participation in work, community, and home.

Federal History/Requirements: Rehabilitation Act of 1973.

State History/Requirements: Divisions of the Office of Blind and Visually Impaired Services include the Charles E. Bosma Rehabilitation Center, the Adaptive Technology Lab, and the Itinerant Rehabilitation Teaching Program. The Office also administers the Randolph Sheppard Business Enterprise Program, which is described in a separate section (see *Blind Vending Program*).

Program Services: Services at the Charles E. Bosma Rehabilitation Center in Indianapolis include training in personal and household management, orientation and mobility, counseling services, communications, adaptive technology, employment services,; and diabetes maintenance management.

The Adaptive Technology Lab is a computer lab designed to provide training to blind and visually impaired individuals in the use of adaptive equipment. Services include computer and closed circuit television (CCTV) assessments, worksite and home assessments, employer consultation, and vocational interest assessments.

The Itinerant Rehabilitation Teaching Program provides one-on-one instruction to individuals who are blind or visually impaired, usually in the home environment. Teachers are located statewide and serve all 92 counties. Training consists of three major categories: personal management skills, communication skills, and low-vision follow-up consultation.

Service Providers/Agencies: The Charles E. Bosma Rehabilitation Center is located in Indianapolis and is owned and operated by the state. The DDARS Office of Blind and Visually Impaired Services provides staffing and instructors for these programs.

Client Intake: Charles E. Bosma Rehabilitation Center; Vocational Rehabilitation offices; Office of Blind and Visually Impaired Services.

Program Clients: -

Target Population: Blind or visually impaired individuals.

Eligibility Requirements: Individuals must be blind or visually impaired. There are no age or income requirements.

No. of Clients Served (Snapshot: June 30, 2003): 4,000

No. of Clients Served in FY 2003 (Unduplicated for year): 4,000

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,258,292	970,440	287,851		
2002	1,588,696	961,298	627,397		
2003	1,195,706	892,640	303,366		
2004 ^	1,276,199	996,425	279,774		
2005 ^	1,279,199	996,425	279,774		

^ Appropriation.
* (Source of Federal funds) Vocational Rehabilitation Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Vocational Rehabilitation expenditures are 78.7% federal and 21.3% state funds.

Program Name: Bureau of Quality Improvement Services

Indiana Code Cite: IC 12-12.5.1

Administrative Code Cite:

Account Number: 6000/119500

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To coordinate the quality assurance and quality improvement efforts within DDARS for individuals with developmental disabilities, physical disabilities, and the elderly.

Federal History/Requirements: See *Medicaid-General Program Information*.

State History/Requirements: The Bureau of Quality Improvement Services (BQIS) was established in January of 2001 to develop and implement quality assurance and quality improvement systems to assure the health and safety of individuals receiving supported living services through DDARS.

Program Services: The Bureau develops, implements, and monitors standards and guidelines for providers and case managers, develops performance measures, completes quality of life surveys, monitors the activities of the state developmental centers, and collects and analyzes data to evaluate the quality of services and improve services to meet the needs of individuals. The BQIS is responsible for the following: (1) monitoring services provided by (a) an entity that provides services to an individual with funds provided by the division or under the authority of the division and (b) an entity that has entered into a provider agreement to provide Medicaid in-home waiver services; (2) assist other bureaus in the division with quality assurance or quality improvement activities; and (3) establish and administer a complaint process for (a) an individual that receives services from an entity with funds provided through the division or under the authority of the division; (b) an entity that has entered into a provider agreement to provide Medicaid in-home waiver services; and (c) an individual or entity certified, licensed, or otherwise approved by the division.

Examples of activities of the Bureau are as follows: (1) develop, revise, and monitor Provider and Case Management Standards for Supported Living Services; (2) complete Provider and Case Management Standard Surveys of service provider agencies and monitor the resolution of concerns found during the surveys; and (3) manage the DDARS incident reporting process and expand the process to include all services under DDARS.

Service Providers/Agencies:

Client Intake:

Program Clients -

Target Population: Ultimately, individuals with developmental disabilities, physical disabilities, and the elderly.

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	115,803	17,370	98,433		
2002	164,291	24,643	139,648		
2003	324,070	48,610	275,460		
2004 ^	501,874	75,281	426,593		
2005 ^	501,874	75,281	426,593		

^ Appropriation.
* (Source of Federal funds) Title XIX Medicaid program
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Specific activities performed within the Bureau qualify for federal financial participation under the Medicaid program. The match rate of 50% is applied to the time spent on qualified activities.

Program Name: Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE)

Indiana Code Cite: IC 12-10

Administrative Code: 460 IAC 1-4-1

Account Number: 1000/121490

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: CHOICE Board (IC 12-10-11)

Program Description -

Purpose: The CHOICE Program is for the purpose of providing community- and home-based services to aged or disabled individuals who are at risk of institutionalization.

Federal History/Requirements: NA

State History/Requirements: The CHOICE Program was established by HEA 1094 (1987) and implemented in 1988 as a pilot program in three counties with subsequent expansion to 9 counties. The program was taken to 20 counties in 1990 followed by statewide implementation in 1992.

Program Services: Adult day care services, attendant care services, case management, home-delivered meals, home health services and supplies, homemaker services, minor home modifications, adaptive aids and devices, respite care services, and transportation.

Service Providers/Agencies: Local service providers contracted by Area Agencies on Aging.

Client Intake: Area Agencies on Aging.

Program Clients -

Target Population: Aged individuals or individuals with a disability due to a mental or physical impairment that is expected to last indefinitely and who are at risk of losing their independence.

Eligibility Requirements: Individuals must be residents of Indiana, either 60 years of age or older or disabled of any age, and unable to perform two or more activities of daily living (ADLs) as determined using the Long-Term Care Services Eligibility Screen. Cost-sharing on a sliding scale is required of individuals with incomes between 150% and 350% of the federal poverty level. No cost-sharing is required for individuals below 150%, and all costs are to be paid by individuals with incomes greater than 350% of FPL.

No. of Clients Served (Snapshot: June 30, 2003): 11,272

No. of Clients Served in FY 2003 (Unduplicated for year): 11,272

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	40,635,641		40,635,641		
2002	45,971,600		45,971,600		
2003	43,612,277		43,612,277		
2004 ^	48,673,544		48,673,544		
2005 ^	46,673,544		46,673,544		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Funding is 100% state dollars and subject to state General Fund appropriation.

Program Name: Community Residential Facilities Council

Indiana Code Cite: IC 12-28-5

Administrative Code Cite: 431 IAC 1.1; 431 IAC 3.1; 431 IAC 4.1; 431 IAC 7

Account Number: 1000/124050

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: Community Residential Facilities Council (IC 12-28-5)

Program Description -

Purpose: Regulation and licensing of group living homes and supported living providers for individuals with developmental disabilities.

Federal History/Requirements: NA

State History/Requirements:

Program Services: Program certification, group home licensure, and regulatory activities.

The Community Residential Facilities Council (CRFC) licenses supervised group living homes and supported living providers for individuals with developmental disabilities. Both the State Department of Health (physical structure) and the Bureau of Developmental Disabilities Services (services provided) initially inspect the facilities under the standards established by the Bureau of Quality Improvement Services. This information is then submitted to the CRFC who then reviews the information and either approves or disapproves a license for the facility.

By statute, the CRFC, in conjunction with DDARS, does the following: (1) determines the current and projected needs of each geographic area of Indiana for residential services for developmentally disabled individuals; (2) determines how the provision of developmental or vocational services for residents in these geographic areas affects the availability of developmental or vocational services to developmentally disabled individuals living in their own homes; (3) develops standards for licensure of supervised group living facilities regarding the following: (A) a sanitary and safe environment for residents and employees, (B) classification of supervised group living facilities, and (C) any other matters that ensure that the residents receive a residential environment; (4) develops standards for the approval of entities providing supported living services; (5) recommends social and habilitation programs to the Indiana Health Facilities Council for developmentally disabled individuals who reside in licensed health facilities; and (6) develops and updates semiannually a report that identifies the numbers of developmentally disabled individuals who live in licensed health facilities.

Service Providers/Agencies: Regulatory activities are performed by the Indiana State Department of Health, as well as DDARS (i.e., the Bureau of Developmental Disabilities Services, the Bureau of Quality Improvement Services, and the Community Residential Facilities Council). The CRFC also operates in conjunction with OMPP where the license is required for Medicaid reimbursement.

Client Intake: NA

Program Clients -

Target Population: Ultimately, individuals with developmental disabilities.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): 3,502 facilities

No. of Clients Served in FY 2003 (Unduplicated for year): 3,502 facilities

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,850		3,850		
2002	7,000		7,000		
2003	7,966		7,966		
2004 ^	16,200		16,200		
2005 ^	16,200		16,200		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Deaf and Hard of Hearing Services

Indiana Code Cite: IC 12-12-7

Administrative Code Cite: 460 IAC 2-2-1

Account Number: 1000/122870

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: Board of Interpreter Standards (12-12-7-5); Deaf and Hard of Hearing Services Advisory Committee (No statutory requirement).

Program Description -

Purpose: To (1) refer deaf individuals and individuals who are hard of hearing to the appropriate agencies and (2) coordinate state, local, and private efforts to serve deaf and hard of hearing individuals.

Federal History/Requirements: The 1990 Americans with Disabilities Act requires all state and local governments to provide communication access for individuals who are deaf or hard of hearing.

State History/Requirements: Legislation was passed by the state in 1989 to create the program. At that time, the program was not federally mandated.

Program Services: Program services include (1) provision of sign language interpreters for most consumers of FSSA services, for the Governor's office, for the Legislature, and for the Bureau of Motor Vehicles and other state agencies when possible. Direct services are provided by eight contracted agencies throughout the state and one centrally located staff interpreter position; (2) standards and a certification system for sign language interpreters; (3) linkage with other programs to ensure services are accessible for deaf and hard of hearing Hoosiers; (4) accessibility advocacy services; (5) coordination of information and referral services; (6) support for statewide efforts to preserve deaf heritage; and (7) monitor statewide telecommunications relay services and equipment distribution programs as a member of the board of directors of InTRAC (Indiana Telecommunications Relay Access Corporation).

Service Providers/Agencies: Community Agencies for the Deaf (there are currently eight in the state); state Office of Deaf and Hard of Hearing Services.

Client Intake: Community Agencies for the Deaf.

Program Clients -

Target Population: Deaf and hard of hearing individuals.

Eligibility Requirements: Individuals must be deaf or hard of hearing.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 3,145

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	420,630		420,630		
2002	398,609		398,609		
2003	376,481		378,481		
2004 ^	497,721		497,721		
2005 ^	497,721		497,721		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Entirely state-funded.

Program Name: Diagnosis and Evaluation

Indiana Code Cite:

Administrative Code Cite:

Account Number: 1000/104140

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide diagnostic and evaluation services to individuals with developmental disabilities in order to determine eligibility for services and to identify specific health, safety, and training needs.

Federal History/Requirements:

State History/Requirements: The same group of providers and the same methodology are used for these assessments as for the Pre-Admission Screening Annual Resident Review (PASARR) for nursing home admissions of the developmentally disabled.

Program Services: The diagnostic and evaluation (D&E) teams are contracted to provide recommendations regarding an individual's developmental disability status and needed services. The recommendations are provided to the state-employed service coordinators who are responsible for the final eligibility determinations for individuals who are not eligible for Medicaid. Services outside of the evaluation and assessment are not provided through this program.

Service Providers/Agencies: There are six contracted D&E providers statewide. Professional services utilized within the D&E process may include psychologists, social workers, nurses, developmental assessors, occupational therapists, physical therapists, and speech therapists.

Client Intake: Generally, individuals enter the system when they request services for the developmentally disabled. This action triggers the diagnosis and evaluation process that is conducted by one of the 8 district offices of the Bureau of Developmental Disabilities Services (BDDS).

Program Clients: -

Target Population: Individuals who are developmentally disabled.

Eligibility Requirements: Applicants for services for the developmentally disabled and the diagnosed developmentally disabled who may have experienced a substantial change in condition. Diagnosis and evaluation may be for children as well as adults. Individuals must meet the requirements in the Bureau's assessment recommendations in order for the Services Coordinator to make a developmentally disabled eligibility determination.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 950

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,056,339		1,056,339		
2002	727,854		727,854		
2003	815,655		815,655		
2004 ^	930,788		930,788		
2005 ^	930,788		930,788		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: 100% state funding for individuals that are determined to not meet the assessment thresholds or who do not qualify for Medicaid.

Program Name: Elderly & Blind Independent Living Program

Indiana Code Cite: IC 12-12

Administrative Code Cite:

Account Number: 6000/143200

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: The purpose of the program is to provide independent living services to consumers who are 55 years of age or older and blind or visually impaired.

Federal History/Requirements: Statutory authority for this program can be found in Title VII, Chapter 2, of the federal Rehabilitation Act.

State History/Requirements:

Program Services: Consumers receive services to assist them in adjusting to their visual impairments and to learn to live more independently or maintain independence in their employment, homes, and communities. These may include training in skills of routine daily living, travel, communication, provision of adaptive devices, low-vision services, family and peer counseling, peer support groups, outreach programs, and information and referral. Transportation is provided in some cases.

Service Providers/Agencies: Independent living centers (there are currently nine independent living centers in the state with a tenth in the process of being established).

Client Intake: Independent living centers.

Program Clients -

Target Population: Certain blind or visually impaired individuals.

Eligibility Requirements: Individuals must be blind or visually impaired and 55 years of age or older.

No. of Clients Served (Snapshot: June 30, 2003): 450

No. of Clients Served in FY 2003 (Unduplicated for year): 450

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	201,207	201,142	65		
2002	308,206	306,704	1,502		
2003	659,045	555,392	103,653		
2004 ^	511,708	460,537	51,171		
2005 ^	511,708	460,537	51,171		
^ Appropriation. * (Source of Federal funds) Independent Living - Older Blind (DOE) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Funding for the program is 90% federal with a 10% state match.

Program Name: Epilepsy Program

Indiana Code Cite: IC 12-9-5-3

Administrative Code Cite:

Account Number: 1000/124110

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide services for individuals with epilepsy and to create a venue through which interested individuals can obtain information about epilepsy.

Federal History/Requirements: NA

State History/Requirements: The program began receiving state funding in the early 1980s.

Program Services: The program provides information, training, referral, and advocacy services to persons with epilepsy and other seizure disorders, and to families, advocates and friends, caregivers, and public agencies through (1) support groups, (2) in-service training sessions, (3) telephone referrals and resource management, (4) individual resource referrals, (5) advocacy referrals for employment, school, and other problems, (6) newsletter communication on a monthly basis from each district, and (7) toll-free telephone services within each district. The program also provides resources to the Indiana University Department of Neurology Epilepsy Clinic for partial funding of two epilepsy fellows, a social worker, and a nurse. Services include case management and medical services.

Service Providers/Agencies: Indiana University Department of Neurology Epilepsy Clinic; Eight part-time employees are located in various venues (for example, hospitals) across the state.

Client Intake: University of Indiana Department of Neurology Epilepsy Clinic.

Program Clients -

Target Population: Individuals with epilepsy.

Eligibility Requirements: Individuals must have epilepsy.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	438,277		438,227		
2002	448,618		448,618		
2003	523,315		523,315		
2004 ^	460,954		460,954		
2005 ^	460,954		460,954		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Program Name: Family Subsidy Program

Indiana Code Cite:

Administrative Code Cite:

Account Number: 1000/124190

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide assistance to families to maintain a family member with a developmental disability at home.

Federal History/Requirements: NA

State History/Requirements: The Family Subsidy Program was established in 1980. The program previously provided multiple services. Currently, it is limited to respite care.

Program Services: The program provides time-limited support, consisting of respite care, to individuals and/or their families to fill gaps in services in order to support individuals outside of institutional settings. Families are eligible for up to \$2000 of respite services per child annually.

Service Providers/Agencies: Respite care service providers that have contracted with DDARS. There are currently 21 in the state.

Client Intake: Bureau of Developmental Disabilities Services (BDDS) Service Coordinators.

Program Clients -

Target Population: The program serves the families of individuals with mental retardation, epilepsy, cerebral palsy, autism, and other developmental disabilities, as well as mental illness.

Eligibility Requirements: Individuals must reside with a family member who is deemed eligible for developmental disability services. There are no financial criteria.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	476,122		476,122		
2002	896,782		896,782		
2003	690,242		690,242		
2004 ^	1,004,700		1,004,700		
2005 ^	1,004,700		1,004,700		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Entirely state-funded.

Program Name: Local Projects

Indiana Code Cite: IC 12-9-5-1

Administrative Code Cite:

Account Number: 6000/172400

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To create integrated community, competitive employment for persons with disabilities.

Federal History/Requirements: Congress first enacted federal legislation to provide vocational rehabilitation services to persons with disabilities in 1920. The current federal statute is the Rehabilitation Act of 1973. Under the authority of the 1992 amendments of the Rehabilitation Act, states may use available federal Section 110 funding for establishment and/or expansion grants. The grant projects may include job development, job placement, and transition services.

State History/Requirements: In the past, DDARS has administered up to 60 local project grants each year. Currently, only two grants are being administered. This is a result of funding being redirected from grant money to providing direct services for clients.

Program Services: The grant projects are awarded to private, nonprofit community rehabilitation programs that are interested in establishing or expanding programs to meet the needs of vocational rehabilitation clients.

Service Providers/Agencies: Private, nonprofit community rehabilitation programs.

Client Intake: NA

Program Clients -

Target Population: Individuals with disabilities.

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,928,624	1,619,135	190,914		118,575
2002	1,300,837	1,115,202	135,388		50,247
2003	1,037,570	838,820	129,380		69,340
2004 ^	1,256,799	989,100	132,492		135,207
2005 ^	1,256,799	989,100	132,492		135,207

^ Appropriation.
 * (Source of Federal funds)
 ** (Name of Dedicated fund)
 *** (Name of Local fund) Private, nonprofit programs; schools; mental health centers.

Funding Details: Funding is provided through a federal match ratio of 78.7% and a state or local match of 21.3%. State General Funds are transferred from DMHA (Seriously Mentally Ill Fund/Center 3280/141000). The local match is supplied by participating schools and mental health centers.

Program Name: Long-Term Care Ombudsman Program

Indiana Code Cite: IC 12-10-13

Administrative Code Cite: 460 IAC 1-7

Account Number: 6000/182000

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide advocacy services to consumers of long-term care services.

Federal History/Requirements: Increasing and widespread public concern about the quality of care in nursing homes and a Presidential initiative prompted the Department of Health, Education, and Welfare to award five contracts for ombudsman demonstration programs in 1972. By 1978 the federal Older Americans Act required all states to establish such a program. Currently, the Administration on Aging, U.S. Department of Health and Human Services, is responsible for the national program.

State History/Requirements: Each state has a Long-Term Care Ombudsman Program operated through, or by, the state's agency on aging. Thus, there are some differences in the program between the states. Currently, all 50 states, the District of Columbia, Puerto Rico, and Guam have an office of the Long-Term Care Ombudsman.

Program Services: The ombudsman (1) receives, investigates, and attempts to resolve problems or complaints affecting residents of long-term care facilities; (2) answers questions and provides information and referral about long-term care and related services; (3) promotes resident, family, and community involvement in long-term care; (4) promotes community education and awareness of the needs of residents; (5) coordinates efforts with other agencies and organizations concerned with long-term care; and (6) identifies issues and problem areas in long-term care and recommends needed changes. Nursing homes, assisted living facilities, and board and care homes are visited by long-term care ombudsmen.

Service Providers/Agencies: In addition to the state ombudsman office, there are 16 local area ombudsman offices located throughout the state.

Client Intake: State and local ombudsman offices.

Program Clients -

Target Population: Individuals who reside in long-term care facilities and those seeking information regarding long-term care facilities.

Eligibility Requirements: Individuals must reside in an Indiana long-term care facility.

No. of Clients Served (Snapshot: June 30, 2003): Approximately 143* (complaint/individual consultations only)

* The precise number of clients who are served indirectly through consultation with facilities and outreach/educational activities, etc., is unknown. Normally, the federal Older Americans Act, through which

this program is funded, serves only persons 60 years of age and older. The federal overseers, however, allow any individual in a nursing home, regardless of age, to be served by the Ombudsman Program. When a problem is resolved for one person in the facility, it is often resolved for any other resident with that problem in that facility.

No. of Clients Served in FY 2003 (Unduplicated for year): 724 complaints investigated; 51 volunteers trained; 74 sessions of group community education (churches, schools/universities, conferences, etc.); 143 sessions of nursing home staff in-service training; 4,760 consultation (information/technical assistance to facility staff regarding resident issues, usually by phone); 3,228 information and consultations to individuals, usually by phone; 473 outreach visits to facilities, not associated with complaints; 110 participated in or provided information to Indiana State Department of Health surveys; 71 assisted family and resident councils.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	148,580	126,293	22,287		
2002	169,549	13,866	30,880		
2003	622,197	13,241	489,783		
2004 ^	661,105	374,607	306,498		
2005 ^	661,105	374,607	306,498		
^ Appropriation. * (Source of Federal funds) Title III and Title VII federal grants ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Program Name: MR/DD Case Management

Indiana Code Cite: IC 12-11-2.1

Administrative Code Cite:

Account Number: 3720/172700

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To assure that individuals with developmental disabilities are identified, placed in an appropriate, least restrictive environment, and receive services that are appropriate to their individual needs and choices.

Federal History/Requirements: NA

State History/Requirements: The program was created and put into statute in 1999.

Program Services: Intake, assessment, service planning and coordination, placement, follow-along, technical assistance, and crisis intervention.

Service Providers/Agencies: Bureau of Developmental Disabilities Services field offices.

Client Intake: Bureau of Developmental Disabilities Services field offices.

Program Clients -

Target Population: Individuals with developmental disabilities.

Eligibility Requirements: Individual must be deemed developmentally disabled.

No. of Clients Served (Snapshot: June 30, 2003): 6,979

No. of Clients Served in FY 2003 (Unduplicated for year): 9,202

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,795,989	1,268,698	3,527,291	0	
2002	6,339,294	544,337	3,794,957	2,000,000	
2003	6,402,690	1,152,694	3,249,996	2,000,000	
2004 ^	6,292,610	1,026,454	3,266,156	2,000,000	
2005 ^	6,292,610	1,026,454	3,266,156	2,000,000	
^ Appropriation. * (Source of Federal funds) Title XIX ** (Name of Dedicated fund) Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3) *** (Name of Local fund)					

Funding Details: Eligible program services are billed to the Medicaid Program. Matching rates are determined by the classification of the service provided: administrative services are reimbursed at 50%, while for direct services, the federal share is approximately 62% and the state share is approximately 38%.

Program Name: Nutrition Service Incentive Program (USDA Meals Reimbursement)

Indiana Code Cite: IC 12-10-1-3

Administrative Code Cite:

Account Number: 6000/149300

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide meals for elderly persons to assure a nutritionally balanced diet and to provide an opportunity for socialization.

Federal History/Requirements: The Older Americans Act Nutrition Program began in 1968 as a 3-year demonstration project and was officially established in 1972 when Congress enacted the National Nutrition Program for the Elderly as Title VII of the Older Americans Act. In 1978, it was consolidated under Title III to include Congregate Nutrition Services and Home-Delivered Nutrition Services.

State History/Requirements:

Program Services: The Nutrition Services Incentive Program provides congregate and home-delivered meals, nutrition screening, education and counseling, and an array of other supportive and health services.

The program provides hot, nutritionally balanced lunches five days a week at congregate meal sites throughout Indiana. Older citizens come to community centers, senior centers, and churches where there is an opportunity for socialization and personal interaction as well as a hot meal. For those older individuals who are confined to their homes and unable to attend congregate meal sites, a service is provided for home-delivered meals, frequently called “meals on wheels.” A cash subsidy is provided to providers based on the number of congregate and home-delivered meals served.

Service Providers/Agencies: Area Agencies on Aging

Client Intake: Area Agencies on Aging

Program Clients -

Target Population: Elderly individuals.

Eligibility Requirements: Individuals must be age 60 or above with a targeted emphasis on those in greatest economic and social need. Specific attention is directed to low-income minority and rural individuals. There is no income eligibility requirement. To receive home-delivered meals, an individual must be determined as being homebound or otherwise isolated. Because the Older Americans Act services are not means-tested, the nutrition program is a primary source of support for many older adults who may be slightly over the poverty line and would not receive services under other income-based programs. Participants are asked to contribute what they are able towards the cost of meals provided.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,583,171	1,583,171			
2002	1,726,351	1,726,351			
2003	1,866,442	1,866,442			
2004 ^	2,067,862	2,067,862			
2005 ^	2,067,862	2,067,862			
^ Appropriation. * (Source of Federal funds) Title III of Older Americans Act ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The program is 100% federally funded. The federal funds subsidize the cost of the meals. local providers and volunteer contributions as well as donations collected for meals provide a substantial portion of the total cost of the program.

Program Name: Older Hoosiers Act

Indiana Code Cite: IC 12-9-5-1

Administrative Code Cite:

Account Number: 1000/104950

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: Commission on Aging (IC 12-10-2)

Program Description -

Purpose: To provide state matching funds for the Area Agencies on Aging (AAA) programs conducted under the federal Older Americans Act (OAA).

Federal History/Requirements: The Older Americans Act was enacted in 1965 to promote the well-being of older persons and help them remain independent in their communities. As amended in 2000, the OAA distributes federal funds to states, which in turn establish centers for information about services available to older persons. Title III of the OAA provides funds to help states organize and pay for nutrition services and a broad range of social services. All persons age 60 and older are eligible to receive services, but states are required to target assistance to persons with the “greatest social or economic need.” Federal funds are distributed to the states using a formula based on the state’s share of the U.S. population age 60 and over.

State History/Requirements: The Older Hoosiers Account provides matching state funds for the administration of federal programs under the Older Americans Act.

Program Services: The Bureau of Aging Services within DDARS contracts with 16 Area Agencies on Aging for the provision of aging services. AAAs are required to determine the needs and resources available to the aged in the locality; coordinate in cooperation with other providers all programs and activities providing health, recreational, educational, or social services to the aged; develop an area plan for the service areas; and advocate on behalf of the elderly in their planning and service areas. AAAs provide services based on local priorities so no two agencies provide the same number or level of services. The AAAs do administer major programs, including the CHOICE program, congregate and home-delivered meals, the Caregiver’s Support Program, transportation programs, the Indiana Pre-Admission Screening program and the federal PASRR program, and Title V Senior Employment, as well as other activities.

Service Providers/Agencies: Area Agencies on Aging and various subcontracted service providers depending upon the local circumstances and individual programs administered.

Client Intake: 16 Area Agencies on Aging located throughout the state.

Program Clients -

Target Population: All persons age 60 and older. The Title V Senior Employment Program is the exception, requiring that participants be age 55 and older.

Eligibility Requirements: Eligibility requirements vary based on the federal or state program-specific rules.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 122,366 (Titles III/V)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,744,849		1,744,849		
2002	1,774,995		1,774,995		
2003	1,981,511		1,981,511		
2004 ^	1,899,147		1,899,147		
2005 ^	1,899,147		1,899,147		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Funding for Area Agencies on Aging comes from the federal and state governments. Approximately 25% of the budget is federally funded. Additionally, the AAAs receive local dollars, which may be represented by the provision of in-kind services. Only the state contribution is provided in the table, above.

Program Name: Olmstead Grants

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/163800

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: The purpose of this account is to oversee four different federal grants.

Federal History/Requirements: The federal grants are the (1) Real Systems Change Grant; (2) Community-Integrated Personal Assistance Service Grant; (3) Nursing Facility Transition State Program Grant; and (4) Quality Assurance and Quality Improvement in Home- and Community-Based Services Grant.

State History/Requirements:

Program Services: Real Systems Change Grant: The purpose of this grant is to establish a commission that will provide a constant forum for interaction with consumers of long-term care services and their advocates; identify best practices and barriers to community integration and consumer control; provide oversight and monitoring; assist in the implementation of a series of mini-grants to local communities; and make further recommendations for policy and funding actions.

Community-Integrated Personal Assistance Service Grant: The purpose of this grant is to provide outreach and information about consumer-directed care services; develop a consumer-directed personal assistance services model and the supporting infrastructure; establish a fiscal intermediary structure for the attendant care workers; provide enhanced training; develop quality assurance; conflict resolution; emergency assistance protocols; and develop a system for outcomes-based reporting.

Nursing Facility Transition State Program Grant: The purpose of this grant is to develop models for diversion from and transition of nursing home residents back into the community; provide training, education, and outreach; collaborate with nursing home associations, housing partners, assisted living facilities, and community stakeholders; develop a team to design and facilitate the transition process; identify and select candidates to be transitioned or diverted; and evaluate and prepare reports.

The Bureau of Aging and In-Home Services (BAIHS) is responsible for overseeing the implementation of these three grants.

Quality Assurance and Quality Improvement in Home- and Community-Based Services Grant: With this grant Indiana is developing and implementing quality assurance and quality improvement systems for the waivers administered by the Bureau of Aging and In-Home Services. This includes (1) the full promulgation of standards for providers of services; (2) establishment of a complaint process; (3) establishment of a process for the reporting and follow-up of any significant issues associated with the health and safety of individuals receiving waiver services; and (4) development of a process to conduct surveys of agencies for their compliance relating to the standards developed under the rule.

The Bureau of Quality Improvement Services is responsible for the implementation of these initiatives.

Service Providers/Agencies: NA

Client Intake: NA

Program Clients -

Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	25,500	25,500			
2003	502,354	502,354			
2004 ^	484,753	484,753			
2005 ^	500,000	500,000			

^ Appropriation.
 * (Source of Federal funds) Quality Assurance, Real Choice, CPASS, Nursing Facility
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: Entirely federally funded.

Program Name: Pre-Admission Screening for Nursing Facility Admissions (IPAS and OBRA/PASRR)
Indiana Pre-Admission Screening (IPAS) and Pre-Admission Screening Resident Review (OBRA/PASRR)

Indiana Code Cite: IC 12-10-12

Administrative Code Cite: 460 IAC 1-1

Account Number: 6000/155500 et.al.

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (12-9-4)

Program Description -

Purpose: The purpose of the pre-admission screening programs is to ensure that applicants to, and residents of, nursing facilities are properly placed so that their physical and mental health needs are met appropriately, either within a nursing facility or in a community-based setting.

Federal History/Requirements: During the 1960s and 1970s, states dramatically reduced the inpatient populations of state-operated psychiatric institutions. Many older residents were moved from state facilities and placed in nursing homes, primarily for fiscal reasons since Medicaid would cover the cost of the nursing facility. In response, Congress enacted the Pre-Admission Screening Annual Resident Review program (PASARR) within the Omnibus Budget Reconciliation Act of 1987, Title 19. PASARR was designed to prevent the inappropriate placement of people with psychiatric and developmental disabilities in nursing facilities where they would not receive necessary active treatment services. Additionally, the Act encouraged placement of certain individuals in less restrictive settings as appropriate. The PASARR screening is a mandatory component of the Medicaid program. Subsequent amendments to federal statutes removed the required annual assessment, allowing for a more flexible standard of assessments upon substantial changes in the resident's condition.

State History/Requirements: Indiana's Pre-Admission Screening program was enacted in P.L. 21-1982. The pre-admission screening process in Indiana operates in two stages. The Indiana PreAdmission Screening (IPAS) is the state's initial screening program intended to prevent premature or unnecessary placement in nursing facilities of all individuals whose long-term care needs do not require a nursing facility level of care or whose needs could be appropriately met with in-home and community-based services. If the applicant is found to not require the nursing facility level of care, or refuses the screening process and chooses to be admitted to a facility, Indiana Medicaid per diem reimbursement may be withheld for up to one year.

PASARR is the federally required second-stage component that assesses the more complex needs of persons who have been identified as having a major mental illness or developmental disability with or without accompanying medical conditions. Under the PASARR level of assessment (the Resident Review), patient needs are required to be assessed upon application to a facility and upon subsequent substantial changes in a resident's condition to ensure the patient is receiving appropriate active treatment and nursing care.

Program Services: A multi-disciplinary screening team consisting of not less than three and no more than five members is appointed within the area in which the applicant lives. The team includes the following: the individual's physician; an individual familiar with personal care assessment who represents the local Area Agency on Aging; and an individual familiar with the needs of persons seeking admission to a health care facility, such as public health nurses, mental health professionals, persons knowledgeable about home health services, or hospital discharge planners. For cases involving developmentally disabled or mentally ill clients, a representative of DDARS or DMHA who is familiar with the assessment needs of the developmentally

disabled or mentally ill is also appointed to the screening team.

The screening team conducts an assessment of the individual to determine the person's medical needs, active treatment needs, the availability of home- and community-based services that are appropriate for the individual's needs, and the cost effectiveness of home- and community-based services necessary to prevent the institutionalization of the individual. Individuals who are institutionalized due to assessed needs are required to have a plan of treatment. This plan is subject to review and subsequent revision any time the patient experiences substantial changes in condition.

Service Providers/Agencies: Area Agencies on Aging (AAAs) provide the administrative structure for the screening process and provide the case manager for the screening process. The mental health and developmental disability assessment expertise is provided by the respective divisions, DMHA and DDARS, under contract.

Client Intake: Clients enter the system when they apply for admission to a nursing facility. Hospital discharge planners are a frequent source of referrals. Patients may be assessed after admission in the case of urgent admissions, or upon the request of family members.

Program Clients -

Target Population: Individuals at risk of nursing facility admission or placement; Individuals who are developmentally disabled or with a mental illness who may also have medical conditions requiring a nursing facility level of care.

Eligibility Requirements: All individuals, either upon application to a nursing facility or after a significant change in condition subsequent to entrance into a nursing facility.

No. of Clients Served (Snapshot: June 30, 2003): 231

No. of Clients Served in FY 2003 (Unduplicated for year): 40,227

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	265,610	199,208	66,402		
2002	500,804	435,421	65,383		
2003	226,466	171,121	55,345		
2004 ^	183,989	126,953	57,036		
2005 ^	183,989	126,953	57,036		
^ Appropriation. * (Source of Federal funds) Title XIX Medicaid program ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Contractual payments to the Area Agencies on Aging are based on the intake applications and the level of assessment that may be required for the individual. Persons subsequently found to be eligible for Medicaid may have these services reimbursed through the Medicaid Program. Due to the mix of payments, federal reimbursement for the intake and assessments for pre-admission screening vary by the patient's eligibility status. The Medicaid matching rate for pre-admission screening activities is 75% federal and 25% state.

Program Name: Randolph-Sheppard Blind Vending Program

Indiana Code Cite: IC 12-12-5

Administrative Code Cite: 460 IAC 2-1

Account Number: 6140/182500

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: Elected Committee of Blind Vendors (20 U.S.C. 107)

Program Description -

Purpose: To provide employment opportunities through the Business Enterprise Program on federal, state, municipal, and private property for individuals who are legally blind.

Federal History/Requirements: Congress enacted the Randolph-Sheppard Vending Stand Act in 1936 to provide employment opportunities on federal properties for individuals who are legally blind. Currently, the federal mandate for this program can be found in the federal Surface Transportation Assistance Act of 1982. The Act expanded the opportunities to state, municipal, and private properties.

State History/Requirements: The Indiana General Assembly enacted IC 12-12-5-1 and revised the law in 1992. The state promulgated administrative rules in 1987. The in-state Vending Training Program, in conjunction with IVY Tech, began in 1990.

Program Services: Business counselors and vocational rehabilitation counselors work together to provide support services for individuals interested in opening and maintaining blind vending sights. Business counselors provide guidance and technical assistance for the individual in preparing for opening of and maintenance of the vending sites, while vocational rehabilitation counselors provide guidance and financial support for needed items. Blind vendors receive initial training at Ivy Tech State College in Indianapolis.

Service Providers/Agencies: Business Enterprise Program; Vocational Rehabilitation offices.

Client Intake: Local Vocational Rehabilitation offices.

Program Clients -

Target Population: Individuals who are blind.

Eligibility Requirements: The Blind Vending Program serves individuals who are (1) legally blind, (2) at least 18 years old, (3) United States citizens, (4) clients of Vocational Rehabilitation Services, (5) recommended for the Vending Program by Vocational Rehabilitation Services, (6) able to adequately move around a facility, (7) able to communicate adequately with the public and potential employees, (8) able to maintain required records and reports, (9) keep required records and make change, and (10) able to meet personal care and facility housekeeping needs.

No. of Clients Served (Snapshot: June 30, 2003): 85

No. of Clients Served in FY 2003 (Unduplicated for year): 85

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	2,766,048	683,043	75,946	2,007,059	
2002	2,015,835	701,213	100,526	1,214,096	
2003	3,085,476	746,406	217,646	2,121,423	
2004 ^	1,289,849	1,014,934	130,137	144,778	
2005 ^	1,289,849	1,014,934	130,137	144,778	
^ Appropriation. * (Source of Federal funds) Vocational Rehabilitation grant ** (Name of Dedicated fund) Program income *** (Name of Local fund)					

Funding Details: Vocational Rehabilitation expenditures are 78.7% federal and 21.3% state funds. Some expenses are paid from program income.

Program Name: Residential Care Assistance Program (RCAP)

Indiana Code Cite: IC 12-10-6

Administrative Code Cite: 460 IAC 5-1-13

Account Number: 1000/105120

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide financial assistance for low-income individuals who are living in approved, licensed residential care facilities or in county homes.

Federal History/Requirements: Federal Medicaid rules generally prohibit residents of government-owned residential facilities from receiving Medicaid eligibility and services. Therefore, ARCH participants are not eligible for medical services paid by the shared federal/state Medicaid Program. These individuals are provided medical services equivalent to those provided through the Medicaid Program, however, the services are paid with 100% state funding. Although there is no statutory authority for the state medical assistance, it has been provided from the time the federal rules were interpreted to exclude this group. RBA participants, on the other hand, are eligible for the Medicaid Program.

State History/Requirements: The RCAP program is divided into two funding streams that reflect the ownership and, generally, the licensure status of the two types of facilities: (1) county homes (Assistance to Residents of County Homes - ARCH) and (2) licensed room and board facilities (Room and Board Assistance - RBA). The ARCH and RBA programs were historically administered as separate appropriations and programs due to traditional welfare functions of the counties, federal distinctions regarding ownership, and state licensure requirements. The programs also had a separate statutory history prior to the appropriations being combined into the Aging Services line item appropriation in FY 2000.

Program Services: Both ARCH and RBA provide low-income individuals who do not qualify for nursing home level of assistance but are in need of subsidies with nonmedical services such as room, board, laundry, and some minimal administrative assistance. In addition, both programs allow for or provide a small personal needs allowance of \$52 per month, as well as medical assistance.

Service Providers/Agencies: County homes and licensed, approved residential facilities.

Client Intake: Applications for the RCAP program may be filled out by the participating facilities and submitted to the local Office of Family and Children. Financial eligibility is determined by the local Offices of Family and Children.

Program Clients -

Target Population: The program serves aged, blind, or disabled persons who are not developmentally delayed, who live in county homes or approved room and board assistance facilities, and do not have sufficient income to pay the facilities' average monthly room and board fee.

Eligibility Requirements: ARCH recipients must be 65 years of age or older, blind, or disabled, a resident of a county home, and otherwise eligible for the federal Supplemental Security Income (SSI) program.

Should more eligible individuals apply than there are approved slots, the Division would establish a waiting list for entry to the program. ARCH recipients in unlicensed facilities have an income eligibility threshold of \$821.25 per month.

RBA recipients must be incapable of residing in their own home and must be eligible for Medicaid or the federal Supplemental Security Income (SSI) program. Persons with developmental disabilities may not participate in this program. Should more eligible individuals apply than there are approved slots, the Division would establish a waiting list for assistance under the program. RBA facilities may accept persons who are not capable of living in their own homes due to dementia, physical disability, or mental illness. Residents of licensed facilities have an income eligibility threshold of \$1,196.90 per month.

RCAP residents may have cash assets that do not exceed \$1,500 excepting irrevocable funeral trusts. The amount of the state subsidy is dependent upon the resident's applicable income and the facility's approved average monthly rate.

No. of Clients Served (Snapshot: June 30, 2003): 2,055

No. of Clients Served in FY 2003 (Unduplicated for year): 2,084

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	12,005,412		12,005,412		
2002	11,991,200		11,991,200		
2003	10,893,719		10,893,719		
2004 ^	11,426,460		11,426,460		
2005 ^	11,426,460		11,426,460		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The RCAP program state funding is included in the Aging Services line item appropriation within the budget of DDARS.

ARCH - There were 19 county homes operating 421 approved program slots reported in 2003. One of these facilities is licensed. The state pays \$27 per day for unlicensed facilities and \$39.35 per day for the single licensed facility in the ARCH program. Medical services provided by the state for ARCH residents are funded with 100% state dollars and are included in the Medicaid line item appropriation.

RBA - In October 2003, DDARS reported that there were 42 licensed RBA facilities with 1,145 approved

residential care slots. RBA facilities receive a rate of \$39.35 per day. RBA facilities are all required to be licensed. RBA residents are eligible for the Medicaid Program.

Program Name: Senior Community Service Employment Program (Title V Senior Employment)

Indiana Code Cite: IC 12-10-1-3

Administrative Code Cite:

Account Number: 6000/105600

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: The Senior Community Service Employment Program is a part-time employment and training program for low-income persons 55 years of age or older who have poor employment prospects.

Federal History/Requirements: Administered by the U.S. Department of Labor's Employment and Training Administration, the Senior Community Service Employment Program is authorized and funded under Title V of the Older Americans Act of 1965. The Older Americans Act was re-authorized and amended in 2000.

State History/Requirements:

Program Services: The program offers, fosters, and promotes useful part-time employment opportunities in governmental and not-for-profit agencies. Program participants are placed in community and government agencies for training and are paid the federal or state minimum wage, whichever is higher. They may also receive specialized training and are encouraged to use their participation in the program as a bridge to unsubsidized employment.

Service Providers/Agencies: Area Agencies on Aging; Experience Works; AARP; USDA Forest Services; Senior Services of America, Inc.

Client Intake: Area Agencies on Aging

Program Clients -

Target Population: Low-income individuals 55 years of age or older who have poor employment prospects.

Eligibility Requirements: Individuals must have an income below 125% of the federal poverty level and be 55 years of age or older.

No. of Clients Served (Snapshot: June 30, 2003): 575

No. of Clients Served in FY 2003 (Unduplicated for year): 575

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	2,173,218	2,166,320	6,897		
2002	2,143,312	2,134,064	9,248		
2003	2,182,576	2,175,508	7,068		
2004 ^	2,136,417	2,130,006	6,411		
2005 ^	2,136,417	2,130,006	6,411		
^ Appropriation. * (Source of Federal funds) Title V of the Older Americans Act ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The program is funded with 90% federal funding and a 10% state match. The state match is transferred from the appropriation for the Bureau of Aging Services.

Program Name: Social Security Administration/Vocational Rehabilitation Account (SSA/VR)

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/165400

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To rehabilitate individuals receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

Federal History/Requirements: The Social Security Administration implemented the current Social Security Administration/Vocational Rehabilitation (SSA/VR) reimbursement process in FFY 1982. The program is authorized under 29 U.S.C. 740.

State History/Requirements:

Program Services: The Social Security Administration reimburses DDARS a portion of the costs incurred in successfully rehabilitating an individual receiving SSI or SSDI. This account is used to track incoming revenues as well as expenditures for Vocational Rehabilitation Service program costs.

Service Providers/Agencies: Division of Disability, Aging, and Rehabilitative Services.

Client Intake: NA

Program Clients -

Target Population: Individuals who receive SSI or SSDI and who are employed because of Vocational Rehabilitation Services.

Eligibility Requirements: SSI or SSDI eligibility.

No. of Clients Served (Snapshot: June 30, 2003): 6,789

No. of Clients Served in FY 2003 (Unduplicated for year): 10,869

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	2,515,768	2,515,768			
2002	3,392,805	3,392,805			
2003	3,825,955	3,825,955			
2004 ^	3,213,436	3,213,436			
2005 ^	3,213,436	3,213,436			
^ Appropriation. * (Source of Federal funds) 29 U.S.C. 740 ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: This program is funded with 100% federal funds.

Program Name: Special Projects

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/110100

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide resources, training, and respite care for those serving Alzheimer's patients.

Federal History/Requirements: The U.S. Administration on Aging awarded Indiana a three-year Alzheimer's disease demonstration grant.

State History/Requirements: The Bureau of Aging and In-Home Services within DDARS manages the grant with some contracts in force until December 31, 2004.

Program Services: The grant focuses services on hard-to-reach and underserved people with Alzheimer's disease or related dementia disorders. The grant assists those served through adult day centers, as well as respite assistance for caregivers of people with Alzheimer's disease. The program has also launched an electronic in-home video monitoring system for persons with Alzheimer's disease. The system allows direct caregivers to take a respite break. The grant focuses on the education of rural, low-income and/or minority populations on the diagnosis and care of Alzheimer's disease patients, and develops partnerships with faith-based coalitions, congregate meal sites, and other groups in assisting in the education and training of volunteer respite caregivers.

The grant has funded (a) two direct services projects (Adult Day Service Attendance - 10 clients served; Video Respite - 19 clients served); (b) three education projects (Education of Day Care Staff - 200 persons educated; Statewide Outreach/Education of Social Service Professionals - 12,000 individuals educated; Collaborative Statewide Education Project - number of individuals affected not reported); and (c) one research and evaluation project.

Service Providers/Agencies: Certain Area Agencies on Aging; contracted nonprofit agencies.

Client Intake: Area Agencies on Aging

Program Clients -

Target Population: Ultimately, individuals with Alzheimer's disease.

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): See *Program Services*, above.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	182,945	143,619		39,326	
2002	189,059	189,059			
2003	439,906	439,907			
2004 ^	458,160	409,186		48,974	
2005 ^	400,000	400,000			

^ Appropriation.
 * (Source of Federal funds) Alzheimer, Special Project, Family Support, Vocational Rehab. For Family Support Grants
 ** (Name of Dedicated fund) Family Support (25% dedicated)
 *** (Name of Local fund)

Funding Details:

Program Name: State Developmental Centers

Indiana Code Cite: IC 12-24-1-1

Administrative Code Cite:

Account Number: Fort Wayne SDC (1000/104650); Muscatatuck SDC (1000/104700).

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide support services to individuals with developmental disabilities, severe physical limitations, or whose behaviors are a serious threat to themselves or others and who may need an intensive level of care for an extended period of time.

Federal History/Requirements: The state developmental centers are affected by the 1999 *Olmstead* decision, a U.S. Supreme Court decision that held that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The court ruled that the Americans with Disabilities Act may require states to provide community-based services rather than institutional placements for individuals with disabilities if treatment professionals determine that community-based services are appropriate, the affected individuals do not object to such placement, and the state has the available resources to provide community-based services.

State History/Requirements: In 1989, four state developmental centers had a patient population of 1,521. With the closure of New Castle SDC and Northern Indiana SDC (South Bend) in 1998 and the downsizing of the other facilities, patient census in May 2004 was about 363 (266 in Ft. Wayne SDC and 97 in Muscatatuck SDC).

Program Services: The residents are typically severely or profoundly mentally retarded with limited physical abilities or have severe anti-social behavior that is considered to be dangerous to themselves or others. The residents also typically have secondary disabilities such as mental illness, cerebral palsy, epilepsy, visual impairments, and hearing impairments.

Service Providers/Agencies: The state provides inpatient care at two state-operated developmental centers. Fort Wayne State Developmental Center has 450 certified beds, with current capacity given staff and bed space being 265. Muscatatuck SDC is scheduled to close by January 2005.

Client Intake: In order to reside at a state developmental center, an individual must be committed by court order and approved by the Bureau of Developmental Disabilities Services.

Program Clients -

Target Population: Individuals with developmental disabilities who meet ICF/MR level of care.

Eligibility Requirements: The individual must meet ICF/MR level of care and meet the state's definition of developmentally disabled. A developmental disability is a physical or mental impairment (other than a sole diagnosis of mental illness) that originates before age 22, is expected to continue indefinitely, requires an intensive interdisciplinary plan of habilitative services leading to greater functional independence, and includes substantial limitations in at least three of the following areas requiring intervention: self-care,

language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency.

No. of Clients Served (Snapshot: June 30, 2003): FWSDC: 285
MSDC: 148

No. of Clients Served in FY 2003 (Unduplicated for year): FWSDC: 297
MSDC: 197

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	98,489,670	36,441,178	59,093,802	2,954,690	
2002	100,095,325	37,035,270	60,057,195	3,002,860	
2003	100,710,100	37,262,737	60,426,060	3,021,303	
2004 ^	103,403,368	38,600,321	62,299,900	2,503,147	
2005 ^	103,403,368	38,600,321	62,299,900	2,503,147	

^ Appropriation.
 * (Source of Federal funds) Medicaid patient payment receipts
 ** (Name of Dedicated fund) Individual support sources include Social Security payments, commercial insurance, patient payments, and payments from families.
 *** (Name of Local fund)

Funding Details: Funding consists of state appropriations, reimbursements from the Medicaid Program, payments through Medicare, and payments made for and by individual patients.

Program Name: Supported Employment Systems Change Grant

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/113700

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To effect broad changes in the supported employment system, to improve the quality and availability of supported employment services to individuals with the most severe disabilities, and to undertake the needed changes in state and local systems to support those improvements.

Federal History/Requirements: See *State History*.

State History/Requirements: In 1991, the federal Rehabilitation Services Administration awarded the state Bureau of Vocational Rehabilitation a systems change grant. This grant began on October 1, 1991, and was to end on September 30, 1995. The initiative was continued through a grant with Indiana University beginning January 1, 1996.

Program Services: The funds are used primarily to support staff at Indiana University for the following purposes: (1) to increase employment outcomes and organizational change efforts by focusing on program management, (2) to support the Bureau of Vocational Rehabilitation in implementing a results-based outcome funding system, (3) to address systems change and policy issues, and (4) to develop and implement the day and employment services outcomes systems.

Service Providers/Agencies:

Client Intake:

Program Clients -

Target Population: Ultimately, individuals with disabilities.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	605,384	473,815			131,569
2002	612,017	460,932			151,085
2003	496,144	381,074			115,070
2004 ^	542,387	426,858			115,528
2005 ^	542,387	426,858			115,528
^ Appropriation. * (Source of Federal funds) Section 110 Basic Support (Dept. Of Education). ** (Name of Dedicated fund) *** (Name of Local fund) Indiana University.					

Funding Details: Funding is split 78.7% from a federal grant and 21.3% from Indiana University.

Program Name: Supported Employment

Indiana Code Cite: IC 12-12-1-5

Administrative Code Cite: 460 IAC 6-5-29

Account Number: 6000/155800

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide job coaching, on-the-job training, support services, and time-limited case management to persons with the most significant disabilities so that they may achieve competitive employment in integrated environments.

Federal History/Requirements: Congress enacted federal legislation to provide vocational rehabilitation services to persons with disabilities in 1920. The current federal statute is the Rehabilitation Act of 1973. Title IV-C of this act provides funding for supported employment services.

State History/Requirements:

Program Services: The program serves vocational rehabilitation clients with the most severe disabilities for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent. Examples of supported employment services include vocational assessment and planning, job development, job placement, job support, and career counseling.

Service Providers/Agencies: Local Vocational Rehabilitation offices.

Client Intake: Local Vocational Rehabilitation offices.

Program Clients -

Target Population: Individuals with disabilities.

Eligibility Requirements: Individuals are eligible for services if (1) they have a physical or mental impairment; (2) the impairment creates or causes a substantial impediment to employment; and (3) they require vocational rehabilitation services to prepare for, obtain, or retain employment.

No. of Clients Served (Snapshot: June 30, 2003): 3,865

No. of Clients Served in FY 2003 (Unduplicated for year): 6,170

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	756,928	756,928			
2002	746,083	746,083			
2003	1,470,964	1,470,964			
2004 ^	747,208	747,208			
2005 ^	747,208	747,208			
^ Appropriation. * (Source of Federal funds) Rehabilitation Act of 1973, Title IV-C ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Entirely federally funded.

Program Name: Title III/VII Services - Older Americans Act

Indiana Code Cite: IC 12-9-5

Administrative Code Cite:

Account Number: 6000/149800

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: To provide funding under the Older Americans Act, as amended, to provide programs to persons age 60 and over and individuals with disabilities.

Federal History/Requirements: The Older Americans Act was enacted in 1965 and amended in 2000.

State History/Requirements: In 1992, Indiana implemented its statewide IN-Home Services Program. The program brought together funding from nine funding streams, including the Older Americans Act, to provide comprehensive coordinated services. The Bureau of Aging and IN-Home Services administers the program through contracts with Indiana's 16 Area Agencies on Aging (AAAs). Title III/VII services have been utilized since 1965.

Program Services: Access services (transportation, information, and referral), in-home services, nutrition services (congregate and home-delivered meals), protection and advocacy services, family caregiver support, disease prevention and health promotion, senior centers, and legal services.

Service Providers/Agencies: Area Agencies on Aging and subcontractors.

Client Intake: Area Agencies on Aging.

Program Clients -

Target Population: Individuals age 60 and over.

Eligibility Requirements: Individuals must be age 60 and older. There are no income eligibility criteria.

No. of Clients Served (Snapshot: June 30, 2003): 36,636

No. of Clients Served in FY 2003 (Unduplicated for year): 36,636

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	17,387,409	17,249,373			
2002	17,387,239	17,678,977			
2003	20,217,675	20,197,297			
2004 ^	17,296,512	17,296,512			
2005 ^	17,296,512	17,296,512			

^ Appropriation.
 * (Source of Federal funds) Title III and Title VII of the Older Americans Act
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The funding consists of 85% federal and 15% state/local. The source of the required state/local matching funds is the grant recipients, the AAAs. The not-for-profit AAAs supply in-kind donations or cash contributions necessary to secure the federal funds.

Program Name: Vocational Rehabilitation Services

Indiana Code Cite: IC 12-12-1

Administrative Code Cite:

Account Number: 3720/172300

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: Commission on Rehabilitation Services (IC 12-12-2)

Program Description -

Purpose: To assist eligible individuals with disabilities in making informed career choices and utilizing support services to prepare for, obtain, or retain employment.

Federal History/Requirements: Congress enacted federal legislation to provide vocational rehabilitation services to persons with disabilities in 1920. The current federal statute is the Rehabilitation Act of 1973, which has been amended five times, most recently in 1998.

State History/Requirements: The state and federal government partnership which created this program was established in 1920.

Program Services: Clients identify a vocational goal based upon their interests and abilities and identify the services which will be needed to achieve the goal. Services vary by client.

Service Providers/Agencies: Local Vocational Rehabilitation Services offices.

Client Intake: Local Vocational Rehabilitation Services offices.

Program Clients -

Target Population: Individuals with disabilities.

Eligibility Requirements: Individuals eligible for vocational rehabilitation services include (1) persons who have a physical or mental impairment, (2) persons whose impairment constitutes or results in a substantial impediment to employment, (3) persons who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services, and (4) persons who require services to help prepare for gainful employment .

No. of Clients Served (Snapshot: June 30, 2003): 21,747

No. of Clients Served in FY 2003 (Unduplicated for year): 36,516

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	67,400,814	53,044,441	14,356,373		
2002	68,504,532	53,885,182	14,619,350		
2003	76,196,135	59,912,151	16,283,984		
2004 ^	71,466,406	56,244,112	15,222,296		
2005 ^	71,466,406	56,244,112	15,222,296		
^ Appropriation. * (Source of Federal funds) Section 110 Basic Support (Dept. Of Education). ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Program Name: Vocational Rehabilitation Services: In-Service Training

Indiana Code Cite:

Administrative Code Cite:

Account Number: 3760/172500

Administrative Division: Division of Disability, Aging, and Rehabilitative Services

Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -

Purpose: The program's purpose is to (1) assist vocational rehabilitation staff in obtaining master's degrees in rehabilitation, (2) assist with professional certification, and (3) offer ongoing training for the maintenance of certification.

Federal History/Requirements: Federal Vocational Rehabilitation Services program legislation mandates that state agencies provide ongoing training to vocational rehabilitation staff at all levels. In addition to using program operating funds, states compete for in-service training grants. Federal grants are awarded according to staff size and the quality of the grant proposal.

State History/Requirements:

Program Services: Training and certification of vocational rehabilitation staff.

Service Providers/Agencies: Division of Disability, Aging, and Rehabilitative Services.

Client Intake: NA

Program Clients -

Target Population: Ultimately, clients of vocational rehabilitation services.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): 331

No. of Clients Served in FY 2003 (Unduplicated for year): 331

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	77,446	69,719	7,746		
2002	59,938	53,944	5,993		
2003	66,847	60,162	6,684		
2004 ^	62,999	56,699	6,300		
2005 ^	62,999	56,699	6,300		

^ Appropriation.
 * (Source of Federal funds) Vocational Rehabilitation grant.
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: Funding is 90% federal and 10% state.

Division of Family and Children

Program Name: Adoption Assistance Program

Indiana Code Cite: IC 31-19-26

Administrative Code Cite: 470 IAC 3-5.3-3; 470 IAC 3-9

Account Number: 3500/185900

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: The Title IV-E Adoption Assistance program is designed to assist states in finding adoptive homes for eligible children with special needs.

Federal History/Requirements: Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272).

State History/Requirements: The Indiana General Assembly passed legislation to implement the federal “Adoption Assistance and Child Welfare Act” in Indiana, and the Governor signed it into law on June 17, 1980. Statewide implementation of the Adoption Assistance Program occurred in October 1982.

Program Services: This program provides funds to states to assist in providing ongoing financial and medical assistance for adopted children with special needs. Funds also support staff training and administrative costs. Support includes monthly subsidies, medical assistance, social services, and nonrecurring adoption expenses.

Service Providers/Agencies: Local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -

Target Population: Families who adopt special needs children.

Eligibility Requirements: In order for children to receive federally matched adoption assistance, they must have been eligible for AFDC-Foster Care (according to June 1996 eligibility standards) at the time of removal and in the month the adoption petition is filed or Supplemental Security Income (SSI) in the month the adoption petition is filed. A child may also be eligible for the program if they were determined to be eligible for adoption assistance in a previous adoption, or if they are the child of a minor mother who was eligible for Title IV-E or AFDC at the time of child’s removal and at the time of the adoption petition. Termination of parental rights must occur prior to the adoption petition, and a judge must determine that it is in the child’s best interest to not return the child to the parent. The AFDC program was replaced with TANF in 1996, however, the guidelines from the program continue to be used as eligibility criteria for youth in foster care. Children receiving federally matched adoption assistance are considered to be TANF or SSI recipients and, therefore, remain eligible for Title XIX Medicaid and Title XX Social Services after adoption.

The program serves families who adopt special needs children. To be eligible for reimbursement, the child must be a special needs child who (1) is age two years or older or (2) is a member of a sibling group placed together in the same home and at least one child of the sibling group is at least age two years, or (3) has a medical condition or physical, mental, or emotional disability or is at high risk of developing such a condition or disability as diagnosed by a licensed physician that would make the child difficult to place.

No. of Clients Served (Snapshot: June 30, 2003): 6,260.

No. of Clients Served in FY 2003 (Unduplicated for year): Unknown. No unduplicated count is maintained; the average monthly number of children receiving adoption assistance for the year was 6,197.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	25,675,763	18,734,834	6,940,929		
2002	29,721,612	21,698,667	8,022,944		
2003	33,294,085	24,338,140	8,955,944		
2004 ^	31,487,301	25,594,936	5,892,365		
2005 ^	31,487,301	25,594,936	5,892,365		
^ Appropriation. * (Source of Federal funds) Title IV-E ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The federal financial participation for adoption assistance is the same as for the Medicaid Program. Indiana's Medicaid reimbursement is currently about 62% federal and 38% state. The state share is funded through local property tax levies through a county's Family and Children Fund.

Program Name: Child Care Development Fund Assistance (CCDF)

Indiana Code Cite: IC 12-17.2-3.5

Administrative Code Cite:

Account Number: 3500/186200 (CCDF Assistance); 3500/186500 (CCDF Administration).

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To increase the availability, affordability, and quality of child care by (1) providing for the care and supervision of eligible children from low-income families whose parents are working or in education and training programs, (2) supporting before- and after-school care for school-age children, and (3) supporting state and local initiatives to increase quality child care.

Federal History/Requirements: The CCDF was created as a part of the 1996 federal welfare reform law. It combined all previous federally funded programs for child care into one funding source.

State History/Requirements: See *Federal History*.

Program Services: Child care vouchers.

Service Providers/Agencies: The state contracts with a local entity in each county to administer the CCDF voucher program. Parents can choose from any child care provider that meets the eligibility requirements of IC 12-17.2-3.5.

Client Intake: Local entities contracting with the state; varies by county.

Program Clients -

Target Population: Low-income families.

Eligibility Requirements: The following families may be enrolled in the CCDF program according to the following order: (1) families receiving TANF and participating in the IMPACT Program; (2) families receiving TANF, but who are not enrolled in an IMPACT-approved activity; (3) families with children who receive or need to receive protective services as verified by the local Office of Family and Children can be eligible for CCDF child care services provided the Child Protection Service (CPS) caseworker indicates the family needs child care out of the child's home (a child who has been placed into another home is not eligible for this exception); (4) children with special needs who meet income and service eligibility guidelines; (5) families that are transitioning off of the TANF program; and (5) families with the lowest income who are not receiving TANF or transitioning off of TANF, but who are at risk of becoming dependent on such assistance.

No. of Clients Served (Snapshot: June 30, 2003): Families: 19,503 Children: 38,086

No. of Clients Served in FY 2003 (Unduplicated for year): Families: 38,973 Children: 71,592

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	223,441,416	191,811,493	31,629,923		
2002	205,146,907	170,551,756	34,595,151		
2003	172,757,683	137,130,902	35,626,781		
2004 ^	188,919,677	155,798,921	33,120,756		
2005 ^	186,984,233	153,863,477	33,120,756		
^ Appropriation. * (Source of Federal funds) CCDF & TANF Block Grant, SSBG. ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The CCDF is funded by the federal government, however, a state match is required. In addition, states may transfer up to 30% of TANF funds to the CCDF. State match requirements vary by the amount of total funding a state chooses to allocate to the program. There is a required state maintenance-of-effort level of funding, a required match for the block grant, and a percentage match for spending above that required for the base block grant. Additional state SSBG funds are also transferred into the program in order to allow child care centers to qualify for hot lunch subsidies.

Program Name: Child Care Fund

Indiana Code Cite: IC 12-17.2-2; IC 12-17.2.6

Administrative Code Cite: 470 IAC 3-4.7

Account Number: 2700/150000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: Training and enforcement of licensing and registration provisions.

Federal History/Requirements: NA

State History/Requirements: Indiana charged a licensing fee from 1993 until 1996 when then-Governor Bayh issued an executive order discontinuing the collection of fees for various programs. The Office of the Fire Marshal participates in licensing and registration of providers. A \$50 fee is paid to the Office of the Fire Marshal for its services, however, those funds are deposited into an account separate from the Child Care Fund.

Program Services: Money deposited into the fund is used to provide training and facilitate compliance with and enforcement of child care licensing and child care ministry registration provisions set forth in statute.

Service Providers/Agencies: Division of Family and Children.

Client Intake: NA

Program Clients -

Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): NA

No. of Clients Served in FY 2003 (Unduplicated for year): NA

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	24,548			24,548	
2002	1,100			1,100	
2003	34,278			34,278	
2004 ^	100,000			100,000	
2005 ^	100,000			100,000	
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) Child Care Fees and Penalties *** (Name of Local fund)					

Funding Details: Money in the Child Care Fund is deposited from several venues: (1) registration fees from registered child care ministries in the amount of \$50 and (2) civil penalties which have been collected as a result of child care licensing and child care ministry registration violations. In the past, money has also been deposited from fees required for child care provider licensing. However, currently under executive order, no fees are being charged.

Program Name: Child Protection Services

Indiana Code Cite: IC 31-33-7

Administrative Code Cite:

Account Number: 2100/170000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide state intervention for children from abuse and neglect in their normal environment.

Federal History/Requirements:

State History/Requirements:

Program Services: The Child Protection Services provides around-the-clock services for intake, investigations of reported abuse or neglect, assessment of the family situation of the child, and case management services, either informally or by court orders. Assessment, case management, and supervision services involve determination of service needs and arranging for the various services provided to children and their families.

Service Providers/Agencies: Local child welfare caseworkers; law enforcement officers; and courts.

Client Intake: State statutes mandate numerous professionals having routine contact with children to report suspected abuse or neglect. Reports may be made to local law enforcement, to a child abuse and neglect hotline operated in each county, or directly to the local child welfare agency (Office of Family and Children). Allegations of abuse and neglect must be investigated within a defined time period.

Program Clients -

Target Population: Children reported or suspected of being abused or neglected.

Eligibility Requirements: Generally, children are 18 years of age or younger, but may possibly be up to 21 years of age if developmentally disabled.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 61,492 children (reports of abuse and neglect)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	184,711,456	66,041,997	71,569,134	47,100,325	
2002	191,012,536	74,528,606	98,512,508	17,971,423	
2003	185,873,779	80,540,376	98,600,257	6,733,147	
2004 ^	190,445,817	77,500,000	98,281,302	14,664,515	
2005 ^	190,445,817	77,500,000	98,281,302	14,664,515	
^ Appropriation. * (Source of Federal funds) Federal match for administrative expenditures. ** (Name of Dedicated fund) Transferred funds (see below) *** (Name of Local fund)					

Funding Details: Funding for the Child Protective Services case workers is predominately funded from the state General Fund. Some private grant funds and federal grants are used to provide for training and some administrative functions such as computer systems.

Source of Transferred Funds:

- Excise Tax (3500-186300)
- Food Stamp Over-Issuance (6000-114400)
- Medicaid State Appropriation (1000-109240)
- Children With Special Health Care Needs (2070-140000)
- Cash Balance (2100-170000)
- SSBG (3520-150000)
- State Earned (3570-170200)
- Y2K (3630-150200)
- Financial Institutions Tax (3500-186300)
- Property Tax Replacement (9000-199000)

Program Name: Child Welfare Assistance (Title IV-B, Subpart 1)

Indiana Code Cite: IC 12-17-3

Administrative Code Cite: 470 IAC 3-1

Account Number: 3630/150600 (Child Welfare Assistance); 3630/150100 (Child Welfare Administration).

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: The purpose of the program is to provide services to abused and neglected children and their families in order to maintain the child in his or her own home with a reduced risk of abuse or neglect. The program also seeks to prevent placement out of the child's home and to reunify children with their families when possible.

Federal History/Requirements: The statutory authority for this program can be found in Title IV-B of the Social Security Act since its inception in 1935. The Adoption Assistance and Child Welfare Act of 1980 amended Title IV-B child welfare services to institute financial incentives for states to provide certain protections for children in foster care. The 1993 Omnibus Budget Reconciliation Act amended IV-B to change the name of the title from Child Welfare Service to Child and Family Services. It also created a second subpart called Family Preservation and Support Services (now Safe and Stable Families). Additional amendments were made to Title IV-B of the Social Security Act in 1994.

State History/Requirements: Indiana implemented its Title IV-B program during the 1930s. In order to track reports and investigations for abused and neglected children across the state, Indiana created the Indiana Child Welfare Information System (ICWIS), a computer system that links with all child welfare services in the state, including the Indiana Client Eligibility System (ICES), the Indiana Support Enforcement Tracking System (ISETS), courts, and police and law enforcement agencies. Once a child is known to the system, any activity or services provided to that child and family are recorded. The system was created with a 75% federal match. In June 1996, ICWIS was implemented in three pilot counties. In November and December of that year, six more counties were added, and by March 1, 1997, the system was statewide.

Program Services: Program services focus on (1) establishing, extending, and strengthening child welfare services and (2) assuring safety for all family members by assisting in resolving crises to enhance parents' ability to create safe, stable, and nurturing home environments that provide healthy child development.

Service Providers/Agencies: Local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -

Target Population: Children in Need of Services (CHINS) and their families, children who have had abuse or neglect investigations, and children who are in adoptive placements or in finalized adoptions who need services to maintain their adoptive placement.

Eligibility Requirements: Title IV-B is available on the basis of the need for services and may not be denied on the basis of income or length of residence in the state. The federal government allows Indiana to target populations and geographic areas to which family preservation and family support services will be targeted. The program serves children ages 0 to 21.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 5,608 (families)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	7,979,943	7,462,576	517,367		
2002	8,238,760	6,159,549	2,037,395		41,816
2003	14,327,776	8,015,091	6,161,543		151,142
2004 ^	11,299,134	8,159,456	2,945,481		194,197
2005 ^	9,919,834	6,705,874	3,013,960		200,000
^ Appropriation. * (Source of Federal funds) Title IV-B ** (Name of Dedicated fund) *** (Name of Local fund) Welfare Tax Levy					

Funding Details: Indiana’s federal allotment of funds for child welfare services (Title IV-B, Part 1) is based on the state’s population under the age of 21 as compared to other states and the “allotment percentage of the state” (primarily the state’s per capita income). A 25% state match is required. The state share is funded from state General Fund appropriations and local property tax levies through each county’s Family and Children Fund.

Expenditures for the ICWIS program are charged to the Foster Care and TANF Emergency Assistance programs.

Program Name: Community Services Block Grant (CSBG)

Indiana Code Cite: IC 12-13-5-2; IC 12-13-7-1

Administrative Code Cite:

Account Number: 6000/102700

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide funds for various services and activities which have a measurable and major impact on the causes of poverty.

Federal History/Requirements: In 1964, Congress passed the Economic Opportunity Act establishing the Economic Opportunity Commission (EOC). The Act contained three components: (1) nonprofit, community-based organizations known as Community Action Programs (CAPs) were established; (2) CAP boards were to include membership from those persons they served and the delivery systems of the programs serving those persons; and (3) funds were not earmarked for any specific programs (i.e., local CAP boards could use the funds for programs that they determined would most benefit their local area).

State History/Requirements: See *Federal History*.

Program Services: Community Action Agencies use these funds to initiate, supplement, and implement many local community action efforts. These projects include, but are not limited to, drug treatment, information and referral networks, nutritional assistance, education assistance, housing assistance, counseling, employment and training, and emergency assistance.

Service Providers/Agencies: Indiana provides CSBG funds to Community Action Agencies throughout the state to provide many programs within their service areas.

Client Intake: Community Action Agencies.

Program Clients -

Target Population: Low-income individuals and families are the primary target population. Specific programs may target other more specific populations, such as the elderly, families with children, or homeless persons.

Eligibility Requirements: Households with income at or below 125% of the federal poverty guidelines are eligible to receive benefits from programs funded by this grant.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	8,067,841	8,067,841			
2002	8,585,581	8,585,581			
2003	9,401,957	9,401,957			
2004 ^	9,511,477	9,511,477			
2005 ^	9,511,477	9,511,477			

^ Appropriation.
 * (Source of Federal funds) Community Services Block Grant (CSBG)
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details:

Program Name: Consolidated Outreach

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/115700

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Committee (IC 12-13-4)

Program Description -

Purpose: To provide case management and service coordination for migrant and seasonal farm workers.

Federal History/Requirements:

State History/Requirements:

Program Services: Bilingual case managers complete needs assessments, direct referrals to local service providers, and conduct follow-up reviews for migrant and seasonal farm worker households. Statistical data is also collected on each person assisted. Staff from the Consolidated Outreach Project also work nights and weekends at food pantries in order to allow agricultural workers access through expanded hours and to assure that Spanish-speaking staff are available during the pantries' hours of operation.

Service Providers/Agencies: Indiana Health Centers, Inc. (Nonprofit organization)

Client Intake: Case workers visit migrant camps.

Program Clients -

Target Population: Migrant and seasonal farm workers.

Eligibility Requirements: Individuals and families whose primary income is derived from employment in agriculture and who may or may not occupy temporary housing for the purpose of this employment.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 9,000

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	212,277	212,277			
2002	185,516	185,516			
2003	164,117	164,117			
2004 ^	230,000	230,000			
2005 ^	230,000	230,000			
^ Appropriation. * (Source of Federal funds) SSBG, CSBG, DOE, DWD ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Funding is mainly through a federal grant. The Indiana Department of Education identifies \$30,000 in qualifying expenditures within the DOE that meet the match requirements for this federal grant. Matching funds are not expended in this fund/center..

Program Name: Domestic Violence Prevention and Treatment Fund

Indiana Code Cite: IC 12-18-4

Administrative Code Cite:

Account Number: 3320/102000

Administrative Division: Division of Family and Children

Advisory Board/Commission: Domestic Violence Prevention and Treatment Council (IC 12-18-3)

Program Description -

Purpose: To provide funding to agencies that (1) provide comprehensive shelter care for victims of domestic violence and their dependents and (2) provide outreach programs for persons who do not need a shelter.

Federal History/Requirements: NA

State History/Requirements: In 1980, SEA 185 established the Domestic Violence Prevention & Treatment Fund. The act also established the Domestic Violence Prevention and Treatment Council.

Program Services: The Division of Family and Children uses the following criteria when awarding grants or entering into contracts. Programs must do the following: (1) establish or maintain a domestic violence prevention and treatment center offering certain services required by statute; (2) develop and establish a training program for professional, paraprofessional, and volunteer personnel who are engaged in areas related to the problems of domestic violence; (3) conduct research necessary to develop and implement programs for the prevention and treatment of domestic violence; or (4) develop and implement other means for the prevention and treatment of domestic violence.

Agencies applying for grant or contract money may not receive money unless the agency furnishes, agrees to furnish, or arranges with a third party to furnish all of the following services: (1) emergency shelter, provided either at the center or by arrangement at temporary residential facilities available in the community, that is available to a person who fears imminent serious bodily injury from the person's spouse or former spouse and that is also available to the dependent children of the person; (2) a 24-hour telephone system to provide crisis assistance to a spouse or former spouse threatened by domestic violence; (3) emergency transportation services if necessary to aid spouses or former spouses who are victims of domestic violence; and (4) information, referral, and victim advocacy services in the areas of health care assistance, social and mental health services, family counseling, job training and employment opportunities, legal assistance, and counseling for dependent children.

Service Providers/Agencies: Contracted organizations.

Client Intake: Contracted organizations.

Program Clients -

Target Population: Individuals and families who are victims of domestic violence.

Eligibility Requirements: Must be a victim of domestic violence.

No. of Clients Served (Snapshot: June 30, 2003): 31,695

No. of Clients Served in FY 2003 (Unduplicated for year): 31,695

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,118,802		559,401	559,401	
2002	1,728,980		864,490	864,490	
2003	1,895,036		947,518	947,518	
2004 ^	2,000,000		100,000	1,000,000	
2005 ^	2,000,000		1,000,000	1,000,000	
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) Family Violence Victims Assistance Fund (IC 12-18-5) *** (Name of Local fund)					

Funding Details: The sources of monies for the Family Violence and Victim Assistance Fund are court fees under IC 33-19-7-5 and the State User Fee Fund under IC 33-19-9-4.

Program Name: Emergency Assistance Services

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/185700

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide various crisis intervention services to eligible low-income families with dependent children who have a substantiated case of child abuse or neglect.

Federal History/Requirements: NA

State History/Requirements:

Program Services: Counseling; assistance, support, and education in homemaking skills; assistance for the out-of-home emergency care necessary to protect a child when the care is provided in a fully licensed or approved setting such as a group home, foster family home, relative home, shelter facility, or residential or inpatient psychiatric care; and payment for clothing.

Service Providers/Agencies: Local service providers under the direction of local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -

Target Population: Low-income families with dependent children who have been adjudicated victims of abuse or neglect.

Eligibility Requirements: Emergency assistance services are provided for dependent children under age 18 and whose family income is less than 250% of the federal poverty guidelines.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	8,840,622	8,840,622			
2002	9,855,016	9,855,016			
2003	8,864,906	8,864,906			
2004 ^	7,119,500	7,119,500			
2005 ^	7,119,500	7,119,500			
^ Appropriation. * (Source of Federal funds) TANF Block Grant ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: This program is funded through the TANF block grant. (See *TANF Program*.)

Program Name: Emergency Shelter Grant

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/114100

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide funds for basic operating expenses and homeless prevention expenses incurred by shelters, missions, and homeless service organizations.

Federal History/Requirements: The Emergency Shelter Grant was created in 1986. It is a part of the federal Stewart B. McKinney Act.

State History/Requirements: See *Federal History*.

Program Services: These funds are used to improve existing agencies which serve the homeless population by funding shelter operations and maintenance of the facility, essential supportive services (i.e., case management, physical and mental health treatment, substance abuse counseling, childcare, etc.), homeless prevention, and grant administration.

Service Providers/Agencies: Shelters, missions, and homeless service organizations throughout Indiana.

Client Intake: Shelters, missions, and homeless service organizations.

Program Clients -

Target Population: Homeless persons or families and those who are in immediate danger of becoming homeless.

Eligibility Requirements: Individuals or families must be homeless or at risk of becoming homeless.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 33,396

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,770,176	1,770,176			
2002	1,737,169	1,737,169			
2003	1,748,949	1,748,949			
2004 ^	1,794,092	1,794,092			
2005 ^	1,794,092	1,794,092			
^ Appropriation. * (Source of Federal funds) Community Services Block Grant ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Grantees, except for state governments, must match federal Emergency Shelter Grant funds dollar for dollar with their own locally generated amounts. These local amounts can come from the grantee or recipient agency or organization; other federal, state and local grants; and from "in-kind" contributions, such as the value of a donated building, supplies and equipment, new staff services, and volunteer time.

Program Name: Family Preservation and Support Services (Title IV-B, Subpart 2)

Indiana Code Cite: IC 12-14-25.5

Administrative Code Cite:

Account Number: 6000/127100

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: The purpose of this program is to provide services which achieve the following: (a) assure the safety of all family members; (b) avoid unnecessary out-of-home placements of children and help children already in out-of-home care to be returned to and maintained with their families, or in another planned, permanent living arrangement; (c) enhance parents' ability to create safe, stable, and nurturing home environments which promote healthy child development; and (d) assist families and children to resolve crises, connect with necessary and appropriate services, and remain safely together in their homes whenever possible.

Federal History/Requirements: Enactment of the Omnibus Budget Reconciliation Act of 1993 restructured and retitled Title IV-B of the Social Security Act. In addition to the Title IV-B, Subpart 1, Child and Family Services, Congress created a new Title IV-B, Subpart 2, Family Preservation and Support Services. The Family Preservation and Support Services Program authorizes capped entitlement funding to states for the provision of community-based family support and family preservation services. The Adoption and Safe Families Act of 1997 added the categories of time-limited reunification and adoption promotion and support services. These changes in federal law changed the direction of this funding to require the focus to be more toward families who have problems (adding the categories of time-limited reunification and adoption promotion and support) and less on prevention.

State History/Requirements:

Program Services: The program serves both families and children from the general "at-risk" community (those eligible for family support services) and those who have had abuse or neglect investigations and/or are at greater risk of removal of the children from the home (those eligible for family preservation services).

Family support services include respite care for parents and other caregivers; early developmental screening of children to assess their needs; mentoring, tutoring, and health education for youth; and home-based and crisis-oriented services. Family preservation services include intensive pre-placement preventative services; respite care for parents and other caregivers; and services to improve parenting skills and support child development. Time-limited reunification services are services to a child, and their family, who has been removed from his/her home to facilitate reunification during the first five-month period that the child is in foster care. Adoption promotion and support services are activities designed to encourage more adoptions out of the foster care system.

Service Providers/Agencies: Local Division of Family and Children Offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -

Target Population: Families and children who have been or who are at risk of being abused or neglected.

Eligibility Requirements: Title IV-B is available on the basis of the need for services and may not be denied on the basis of income or length of residence in the state. The federal government allows Indiana to target populations and geographic areas to which family preservation and family support services will be targeted. The program serves children ages 0 to 21.

No. of Clients Served (Snapshot: June 30, 2003): Not Available

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,547,127	3,410,345			1,136,782
2002	3,565,603	2,674,202			891,401
2003	7,843,245	5,882,434			1,960,811
2004 ^	6,834,112	5,125,584			1,708,528
2005 ^	6,834,112	5,125,584			1,708,528
^ Appropriation. * (Source of Federal funds) Title IV-B, Part II funds ** (Name of Dedicated fund) *** (Name of Local fund) Family and Children's Fund					

Funding Details: Federal funding for this program is a capped entitlement. Indiana's allotment is based on the average monthly number of children receiving Food Stamp benefits for the most recent three federal fiscal years. A 25% state match is required. The state share is funded through local property tax levies through each county's Family and Children fund.

Program Name: Family Violence Prevention

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/108700

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide resource information, training, and technical assistance to the federal, state, and Native-American agencies, local domestic violence prevention programs, and other professionals who provide services to victims of domestic violence.

Federal History/Requirements: Congress implemented the federal Family Violence Prevention and Services Act in 1986. It was reauthorized and amended in 1992 by Public Law 102-295, in 1994 by Public Law 103-122, the Violent Crime Control and Law Enforcement Act, in 1996 by Public Law 104-235, the Child Abuse Prevention and Treatment Act (CAPTA) of 1996, and the Victims of Trafficking and Violence Protection Act, Public Law 106-386, in 2000. The Act was most recently amended by the Keeping Children and Families Safe Act of 2003, Public Law 108-36.

State History/Requirements: Indiana implemented the federal Family Violence Prevention Program in 1985.

Program Services: Resource information, training, and technical assistance to agencies providing services to victims of domestic violence.

Service Providers/Agencies: Local domestic violence shelters.

Client Intake: Local domestic violence shelters.

Program Clients -

Target Population: Victims of domestic violence and their dependents.

Eligibility Requirements: Individuals must be victims of domestic violence and over the age of 18.

No. of Clients Served (Snapshot: June 30, 2003): 31,695

No. of Clients Served in FY 2003 (Unduplicated for year): 31,695

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,225,015	1,225,015			
2002	1,555,722	1,555,722			
2003	1,488,896	1,488,896			
2004 ^	1,781,430	1,781,430			
2005 ^	1,781,430	1,781,430			
^ Appropriation. * (Source of Federal funds) FAM VI ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Federal grant.

Program Name: First Steps

Indiana Code Cite: IC 12-17-15

Administrative Code Cite: 470 IAC 3.1

Account Number: 6000/118400

Administrative Division: Division of Family and Children

Advisory Board/Commission: Interagency Coordinating Council on Infants and Toddlers (IC 12-17-15-7)

Program Description -

Purpose: First Steps is Indiana's early intervention system for infants and toddlers who have developmental disabilities or are at risk for developmental delays.

Federal History/Requirements: In 1986 Congress passed P.L. 99-457 establishing the Part H Early Intervention Program within the Individuals with Disabilities Education Act, or IDEA. IDEA was reauthorized in 1997; the Early Intervention Program is now known as Part C.

The program for infants and toddlers with disabilities is a capped federal grant program that assists states in operating a comprehensive statewide program of early intervention services for eligible children and their families. In order for a state to participate in the grant program, the state must assure that early intervention services will be available to every eligible child and its family. The federal statute and regulations specify numerous requirements that must be met including the minimum components of a comprehensive statewide system which include the following:

1. Definition of developmental delay;
2. Timetable for ensuring appropriate services to all eligible children;
3. Timely and comprehensive multi-disciplinary evaluation of needs of children and family-directed identification of the needs of each family;
4. Individualized family service plan and service coordination;
5. Comprehensive child find and referral system;
6. Public awareness program;
7. Central directory of services, resources, and research and demonstration projects;
8. Comprehensive system of personnel development;
9. Policies and procedures for personnel standards; and
10. Single line of authority in a lead agency.

States have some discretion in setting the criteria for child eligibility, including whether or not to serve at-risk children. (The Indiana program includes at-risk children.)

State History/Requirements: Indiana's First Steps is a family-centered, coordinated system to serve children from birth to age three who have disabilities and/or who are developmentally vulnerable. The goal of the program is to provide high quality, early intervention services in order to reduce the incidence and severity of developmental delays and maximize the potential of children so that as adults they can function as contributing members of society. The program also facilitates the coordination of payment for early intervention services from federal, state, local, and private sources.

The Interagency Coordinating Council on Infants and Toddlers was established in 1987. The program also maintains local planning and coordinating councils that identify local concerns, issues, and strengths, which

help to develop the local service delivery system to meet identified needs of children and families in the community.

Program Services: Services are individually tailored to the children's and family's needs and developmental stages. Services include the following:

Special instruction	Health Services
Vision Services	Diagnostic Services
Assistive Technology	Nursing Services
Psychological Services	Audiology
Transportation	Nutrition Services
Physical Therapy	Occupational Therapy
Social Work Services	Speech Pathology
Family Support	Service Coordination

Service Providers/Agencies: First Steps providers are a multi-disciplinary and diverse group. In order to facilitate access to appropriate service providers who accept First Steps reimbursement, providers present credentials and enroll with FSSA. Provider selection is made by the families within the Individual Family Service Plan with the assistance of the service coordinator assigned to the family. First Steps also maintains an on-line service which allows parents, service coordinators, or other interested parties to search for enrolled providers based on specified search criteria.

Client Intake: Families may be self-referred or referred by hospitals, local physicians, well-baby clinics, or others. Families are referred to a single-point-of-entry intake coordinator. If the family desires, the coordinator will arrange for an eligibility determination evaluation of the child by appropriate therapists. If the child is determined to meet the eligibility criteria, then an Individual Family Service Plan is developed that helps guide the family's intervention program for a year.

Program Clients: -

Target Population: Families with children, ages birth to three years, who have developmental disabilities or are at risk for developmental delays.

Eligibility Requirements: Children under the age of three years of age who are experiencing developmental delays; have a diagnosed condition that has a high probability of resulting in a developmental delay; or are at risk of having substantial developmental delays as a result of biological risk factors if early intervention is not provided. There is no financial means test for participation, although the state has enacted a sliding copayment requirement for families with incomes over 351% of the federal poverty level.

No. of Clients Served (Snapshot: June 30, 2003): 9,234

No. of Clients Served in FY 2003 (Unduplicated for year): 18,934

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	7,078,239	7,078,239			
2002	7,866,344	7,866,344			
2003	7,550,697	7,550,697			
2004 ^	8,666,617	8,666,617			
2005 ^	8,666,617	8,666,617			
^ Appropriation. * (Source of Federal funds) Individuals with Disabilities Education Act, Part C, grant funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The First Steps system facilitates and coordinates federal, state, local, and private resources for the payment of early intervention services. Indiana First Steps directly manages federal IDEA, Part C, grant funds, Social Services Block Grant Early Intervention grant funds, state appropriations for early intervention, and a portion of federal and state TANF funding. Medicaid and the State Department of Health’s Maternal and Child Health Program and the Children with Special Health Care Needs Program are utilized in the coordination of payments for early intervention services for eligible children.

Annual federal funding to the state is capped and is based on census figures of the number of children, birth through age two years, in the general population. States must assure that services are available for all eligible children and their families.

Program Name: Food Stamps Program

Indiana Code Cite:

Administrative Code Cite: 470 IAC 6

Account Number: 6000/150000; 2250/150000 (IMPACT Food Stamps); 6000/155400 (Program Integrity FNS State); 6000/156300 (EBT FNS State Exchange).

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To raise the nutritional level of low-income households by supplementing their available food purchasing dollars.

Federal History/Requirements: Federal Food Security Act of 1965. The program is administered at the federal level by the U.S. Department of Agriculture's (USDA) Food and Nutrition Services. By federal requirements, sales taxes may not be charged on Food Stamp purchases, benefits are not taxable as income, and the benefits do not directly affect other assistance available to low-income households. Federal requirements also specify certain financial, employment- and training-related requirements, and categorical tests for eligibility.

State History/Requirements: The state's responsibility is primarily in application processing, eligibility determination, and benefit issuance.

Program Services: Food stamp benefits, now distributed through electronic benefit transfer (EBT). Food Stamp benefits can only be used for eligible food items and for plants or seed to grow food to eat. Benefit levels depend on household size, net monthly income, and inflation-indexed maximum monthly benefit levels. The benefit is calculated taking into account the household's expected gross income minus certain allowable deductions.

Service Providers/Agencies: Retail stores approved by the USDA.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Low-income families.

Eligibility Requirements: TANF and SSI program beneficiaries are categorically eligible for Food Stamp benefits and require no further verification of income, resources, or residency status. In lieu of categorical eligibility, recipients must meet financial (both income and resource) and nonfinancial criteria.

Households without elderly or disabled members must meet a gross monthly income threshold equal to 130% of the federal poverty level. All households must then meet a net income threshold determined by subtracting certain deductions from gross income. The net income threshold is 100% of FPL. Recipients will then be eligible for Food Stamp benefits for an amount based on both household size and the household's net income relative to a maximum allotment schedule. (Households are expected to contribute a specific percentage of their income toward the household's food requirements. This amount is 30% of the household's net countable

income.)

Resource limits are \$2,000 per household without elderly or disabled individuals and \$3,000 per household with an elderly or disabled member. Exempt resources include the home, household goods and personal items, life insurance policies, and vehicles used for household transportation regardless of value.

Nonfinancial criteria include certain U.S. citizenship and Indiana residency requirements. Recipients must also register and cooperate with employment- and training-related requirements of the Indiana Manpower and Comprehensive Training (IMPACT) Program. Services and activities available through IMPACT include job search, job readiness, community work experience, job skills training, vocational education training, and academic training, along with supportive services, not to exceed \$100 monthly, such as a clothing allowance (\$100/year/person), vehicle repairs (\$500/year/person), and transportation (actual cost of public transportation or \$0.15/mile up to \$200/month for private transportation). Providers are contracted through FSSA.

No. of Clients Served (Snapshot: June 30, 2003): 487,197

No. of Clients Served in FY 2003 (Unduplicated for year): 714,854 (federal fiscal year)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	39,432,745	36,751,187	2,681,558		
2002	41,900,692	40,291,766	1,608,926		
2003	39,581,540	37,631,963	1,949,577		
2004 ^	39,306,762	36,817,341	2,489,421		
2005 ^	44,478,565	41,989,144	2,489,421		
^ Appropriation. * (Source of Federal funds) USDA ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The Food Stamp benefits are 100% federally funded. Administrative expenditures are shared 50/50 between the state and federal governments. The state also has liability for erroneous benefit determinations.

Basic expenditures for IMPACT services are also shared based on a prescribed formula, and expenditures for support services are at a 50% match.

Program Name: Foster Care Assistance Program

Indiana Code Cite:

Administrative Code Cite: 470 IAC 3-9

Account Number: 3500/185700; 3630/1510000 (ICWIS).

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To prevent further child abuse or neglect and to provide treatment to children in need of out-of-home care by way of foster care and medical assistance.

Federal History/Requirements: Congress first enacted the Foster Care Program under Title IV-A of the Social Security Act in 1961. Subsequently, the Adoption Assistance and Child Welfare Act of 1980 created Title IV-E and moved the Foster Care Program from Title IV-A to Title IV-E.

State History/Requirements:

Program Services: The Title IV-E Foster Care Program is an entitlement program for children established to protect and care for abused, neglected, or delinquent children, as well as those children who are a danger to themselves, and who are removed from their homes. The program provides maintenance payments and Medicaid for children in foster care whose families were awarded or would have been eligible to receive AFDC payments (per July 16, 1996, recalculation) on the child's behalf in the month of removal. The program also provides funds for the training of foster parents and child welfare caseworkers and supervisors.

Indiana currently has a IV-E-FC Waiver Demonstration Project. The waiver allows the children to be served in their homes and still receive federal reimbursements.

Service Providers/Agencies: Local Division of Family and Children offices and probation offices.

Client Intake: Local Division of Family and Children offices and probation offices.

Program Clients -

Target Population: Children who are abused, neglected, delinquent, or a danger to themselves and for whom intervention is necessary to protect the child.

Eligibility Requirements: The program serves children who can no longer be properly cared for in their homes. A judge must rule that (1) the child should be removed from the home, (2) placement is in the child's best interest, (3) reasonable efforts have been made to prevent out-of-home placement, and (4) the IV-E agency has the responsibility for the placement and care of the child. In addition, periodically there must be (1) a judicial determination that the IV-E agency has made reasonable efforts toward finalizing an acceptable permanency plan, (2) the child must also be placed in a fully licensed IV-E eligible facility, and (3) the child must continue to meet AFDC income and resource requirements and that the child continues to be deprived in the home of his or her removal.

No. of Clients Served (Snapshot: June 30, 2003): 2,544

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	41,504,149	25,715,076			15,789,073
2002	41,530,905	25,765,773			15,765,131
2003	45,888,536	28,446,142			17,442,393
2004 ^	53,010,279	33,036,006			19,974,273
2005 ^	52,621,864	33,036,006			19,585,858

^ Appropriation.
 * (Source of Federal funds) Title IV-E
 ** (Name of Dedicated fund)
 *** (Name of Local fund) Local Family and Children's Fund

Funding Details: The federal financial participation for foster care assistance is the same as for Medicaid. Indiana's Medicaid reimbursement is currently about 62% federal and 38% state. The state share is funded through local property tax levies through each county's Family and Children Fund.

Program Name: Healthy Families Indiana

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/185400

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To prevent child abuse and neglect, childhood health problems, and juvenile delinquency.

Federal History/Requirements: NA

State History/Requirements: Healthy Families Indiana was launched in 1994.

Program Services: Healthy Families Indiana is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care, and parent education. The program provides an infrastructure to identify family and community needs, empower families to access health and human services, and improve family functioning and health status. Program services include screening, assessment, referral, and home visiting services.

Service Providers/Agencies: Local Healthy Families offices.

Client Intake: Service entry points include Women and Infant Children (WIC) programs, health clinics, and local hospitals.

Program Clients -

Target Population: Families at risk of being overburdened or who are in need of services due to the following: substance abuse; unemployment; teenage parent(s); previous physical or sexual abuse; inadequate housing; and absence of or inadequate prenatal care.

Eligibility Requirements: Parents are screened using a validated, standardized instrument, the Maternal Record Screen. Families with positive screens are then assessed using a standard validated instrument, the Kempe Family Stress Checklist. Family assessment workers also use a standardized rating scale to score the checklist. Families with a score of 25 or higher are offered the opportunity to participate in a voluntary home visiting program tailored to their individual needs.

No. of Clients Served (Snapshot: June 30, 2003): 10,512

No. of Clients Served in FY 2003 (Unduplicated for year): 14,543

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	34,015,221	30,434,130	3,581,091		
2002	41,132,459	34,912,870	6,219,589		
2003	37,063,865	31,533,472	5,530,393		
2004 ^	40,934,085	34,793,972	6,140,113		
2005 ^	40,934,085	34,793,972	6,140,113		

^ Appropriation.
 * (Source of Federal funds) TANF, SSBG, and Community Mental Health Services Block Grant.
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: Healthy Families is funded through a mix of federal and state funding sources. State General Funds are transferred from appropriations made for SSBG State Support, Title IV-B, Department of Health, Welfare Tax Replacement levy, and the Indiana Criminal Justice Institute.

Program Name: Hospital Care for the Indigent (HCI)

Indiana Code Cite: IC 12-16

Administrative Code Cite: 470 IAC 11.1

Account Number: 2900/180000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: The program leverages available federal Medicaid funds to provide funding for uncompensated, hospital-based emergency care provided by physicians, emergency transportation providers, and hospitals for financially and medically eligible indigent patients requiring treatment for severe medical emergencies.

Federal History/Requirements: NA

State History/Requirements: The HCI Program is funded by a county property tax levy. Originally administered by the individual counties, the state assumed responsibility for program administration and centralized the claims payment process in 1987. The program discontinued processing individual hospital claims in 1995, converting payments to a Medicaid hospital add-on payment based on prior years' claims payment history in order to leverage federal Medicaid funds thereby increasing overall funding available to the hospitals. However, the Division continued to process and pay eligible claims from physicians and emergency transportation providers. In FY 2003, the program resumed eligibility determinations and hospital claims processing.

Program Services: Payment for hospital-based emergency medical care for indigent persons. Payments are for hospital, physician, and emergency transportation services.

Service Providers/Agencies: Hospitals, physicians, and licensed emergency transportation providers.

Client Intake: Applications may be initiated by either the patient or the hospital and are subsequently processed in the local Office of the Division of Family and Children and the HCI Unit in FSSA's Financial Management Section.

Program Clients -

Target Population: Indigent Indiana residents or visitors requiring emergency hospital care.

Eligibility Requirements: Nonfinancial Criteria: Indiana residents who are U.S. citizens or lawfully admitted aliens. However, inmates or patients of institutions of the Department of Correction, Department of Health, DDARS, and the DMHA are not eligible for the program.

Financial Criteria: Income and resources of the patient and other members of the household unit are considered in the financial eligibility determination. Eligibility is established on a monthly basis and is set biennially at 75% of the federal poverty level.

Medical Criteria: Hospital care must be necessitated by the onset of an emergency condition that manifested itself by symptoms of sufficient severity that the absence of immediate medical attention would probably

result in placing the person's life in jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Once the medical condition of the patient is stable and is no longer considered to be life-threatening, the payments available under the HCI Program cease.

No. of Clients Served (Snapshot: June 30, 2003): NA

No. of Clients Served in FY 2003 (Unduplicated for year): 1,922

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	49,858,024				49,858,024
2002	50,060,346				50,060,346
2003	52,152,631				52,152,631
2004 ^	55,200,000				55,200,000
2005 ^	55,200,000				55,200,000
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund) Local property tax levies are transferred to the State HCI Fund.					

Funding Details: County HCI funds are transferred twice each year to the state HCI Fund. Funds calculated to be necessary for the payment of physicians and emergency transportation providers remain in and are paid from the state HCI Fund. The state HCI Fund is also the source of funding for the cost of program administration and claims processing expenses. These costs are not eligible for federal financial participation.

There is a formula used to determine the funds to be transferred for each county to the state Medicaid Indigent Care Trust Fund for the payment of hospital claims. This is the source of the funds necessary to provide the nonfederal share of the HCI Program attributable to Medicaid hospital add-on payments, approximately 38% of the total amount paid as add-on payments to the hospitals. The remaining 62% of the money transferred to the Medicaid Indigent Care Trust Fund is available first for any additional HCI hospital Medicaid add-on payments that are necessary as a result of shortages within individual counties of sufficient county HCI funds to reimburse total hospital claims attributable to the county.

An additional distribution formula provides at least \$21.7 M for OMPP to use as the nonfederal match in the Medicaid program. Any funds remaining after all HCI hospital claims have been satisfied and the transfer to the state of \$21.7 M has been made are available for distributions to hospitals as specified in statute. These distributions include reimbursements for disproportionate share hospitals (DSH), certain defined hospitals, and nongovernment-owned hospitals.

Program Name: Independent Living Program

Indiana Code Cite:

Administrative Code Cite:

Account Number: 3630/150500

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To assist youth ages 14 to 21 in becoming self-sufficient as they leave foster or residential care. The foster and residential care categories include youth placed in foster homes, relative care, institutions, and group homes, as well as youth who have returned to their own home.

Federal History/Requirements: Independent Living Initiative funds were first made available to states under the Consolidated Omnibus Budget Reconciliation Act of 1985. Statutory authority for this program can be found in Title IV-E of the Social Security Act. This Act authorized funding for programs, services, and activities to assist eligible youth who were emancipating from foster care. The Independent Living Program (ILP) was initially authorized through amendments to Title IV-E of the Social Security Act. Guidelines were given to states, however, they were given leeway in creating their own ILP programs.

In 1999 Congress passed the Foster Care Independence Act of 1999 which was signed into law as the John H. Chaffee Foster Care Independence Program. The law (a) requires states to serve youth up to age 21 and youth younger than 16 (previously services were restricted to youth between the ages of 16 and 18); (b) permits up to 30% of the allocation to be used for room and board for youth ages 18 to 21 who have left foster care; (c) allows states to provide Medicaid benefits to youth ages 18 to 21 who leave foster care; (d) increases youths' savings account limit from \$1,000 to \$10,000 so that youth in foster care can save and still be eligible for Title IV-E foster care benefits; (e) requires states to develop outcome measures to assess state performance; (f) requires states to use Title IV-E funds to train adoptive/foster care parents, workers in group homes, and case managers to help them address issues confronting adolescents preparing for independent living; and (g) authorizes additional funds for adoption incentive payments to states that have increased the number of children adopted from foster care.

State History/Requirements: See *Federal History*.

Program Services: The federal Independent Living Initiative of 1986 mandates that all youths in substitute care who are 16 years of age or older be assessed and provided with a service plan specifically addressing issues around transition to independent living. From this assessment of strengths and needs, a service plan is formulated utilizing input from the family case manager, service provider, caregiver, and the youths. Each case plan for youths must contain specific goals and content areas to be covered. Services, at a minimum, include (1) group or individual counseling to deal with independence issues, (2) training to prepare the youth for independence, (3) educational training, and (4) self-identity (birth certificate, medical history, listing of foster care placements, etc.).

Service Providers/Agencies: Local Offices of Family and Children.

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Children between ages of 14 and 21 who are being supervised by the state.

Eligibility Requirements: Eligibility criteria include the following: (1) youths must be age 14 to 21 and under the supervisory responsibility of the state; (2) foster care maintenance payments must currently be expended on their behalf; (3) the youth must be expected to be able to live independently eventually; (4) in order to qualify for independent living services, youths between the ages of 18 and 21 must (a) be full-time students in a secondary school or in an equivalent technical or vocational program; and (b) be expected to complete the program before reaching 21 years of age; (5) any youth may receive services for up to six months following discontinuance of foster care maintenance payments through Title IV-E-FC or county wardship funds; and (6) family case managers are to review case plans and determine if the youths' permanency plans are realistic.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	573,365	572,025	1,340		
2002	1,438,383	1,386,552	51,831		
2003	2,406,684	2,288,870	20,692	89,614	7,508
2004 ^	2,292,649	2,268,529	1,074		23,046
2005 ^	2,268,529	2,268,529			
^ Appropriation. * (Source of Federal funds) Chafee funds ** (Name of Dedicated fund) FY 2003 total represents a trustee settlement from Vectron lawsuit. *** (Name of Local fund) Local Family and Children Funds					

Funding Details: Federal funding for the state is based on the number of children in foster care for the most recent fiscal year, with a minimum of \$500,000 for every state. Indiana is required to contribute a 20% state match for Independent Living Program funds. Furthermore, Indiana can use only 30% of independent living funds for room and board for youths ages 18 to 21 who have left foster care. The state share is funded through local property tax levies through each county's Family and Children Fund. Dedicated funds are used to match the federal Chafee funds and are directed to a household utility education component of the Independent Living Program.

Program Name: Indiana Community-Based Child Abuse Prevention Program

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/121100

Administrative Division: Division of Family and Children

Advisory Board/Commission: Indiana Community-Based Child Abuse Prevention Board

Program Description -

Purpose: To reduce the likelihood of child abuse and neglect.

Federal History/Requirements: The Indiana Community-Based Family Resource and Support (CBFRS) Grant Fund was established through Title II of the Child Abuse Prevention and Treatment Act (CAPTA) as amended (P.L. 104-235) and signed into law on October 3, 1996. Section 201 of CAPTA authorizes the award of funds to assist states for the purpose of (1) supporting state efforts to develop, operate, expand, and enhance a network of community-based, prevention-focused, family resource and support programs that coordinate resources among a range of public and private organizations and (2) fostering understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect. This funding is available to any grantee whose proposal is judged to be competitive and meets other statutory requirements.

State History/Requirements: FSSA and the Community-Based Child Abuse Prevention Program have adopted the following goals as a means of fulfilling the overall mission of CBFRS: (1) to prevent child abuse and neglect; (2) provide respite care services; (3) improve families' access to formal and informal community resources that prevent child abuse and neglect; (4) provide a continuum of services to strengthen service delivery of family support and prevention programs via public-private partnerships; and (5) improve outcomes for children and families. In addition, healthy marriage and responsible fathering are supported.

Program Services: The program provides grant money to eligible applicants to (1) support community-based efforts to develop, operate, enhance, and, where appropriate, to network initiatives aimed at the prevention of child abuse and neglect; (2) support networks and coordinated resources and activities to strengthen and support families intended to reduce the likelihood of child abuse and neglect; and (3) foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Service Providers/Agencies: Bureau of Family Protection, Division of Family and Children.

Client Intake: NA

Program Clients -

Target Population: Ultimately, children subject to child abuse or neglect.

Eligibility Requirements: FSSA commences contracts with programs that (a) operate programs to prevent child abuse and neglect; (b) inform, educate, and train about child abuse and neglect; or (c) promote awareness of child abuse and neglect and how it can be prevented. FSSA and the CBFRS Board fund initial grants for community-based programs of local, regional, or statewide scope. CBFRS Fund resources are not utilized to replace existing financial support for proposed programs. FSSA and the CBFRS Board do not fund programs that are more than 30% subcontracted. Grant applications are not funded unless they meet the following minimum requirements: (1) the application receives an average of 75 points (out of 100) in the assessment process and (2) the applicant’s program services safe haven education and homeless families. The minimum grant request is \$5,000 per year.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	568,670	568,670			
2002	852,581	852,581			
2003	602,607	602,607			
2004 ^	824,817	824,817			
2005 ^	824,817	824,817			
^ Appropriation. * (Source of Federal funds) Title II of the Child Abuse Prevention and Treatment Act ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Program Name: Indiana Fathers & Families Initiative

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/186100 (Restoring Fatherhood); 3510/150700 (Access and Visitation).

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: The purpose is to fund programs which provide intensive services to fathers that will enhance and increase their everyday involvement in the lives of their children. Although the whole family is an important part of this process, the primary focus is on strengthening the noncustodial father's role in the family.

Federal History/Requirements: Since 1997, with support from the U.S. Department of Health and Human Services, FSSA has provided funding through the Indiana Restoring Fatherhood Initiative and Access and Visitation grants to provide services to noncustodial fathers.

State History/Requirements: In 2000, the Indiana Fathers & Families Initiative was launched to combine these grant programs into one initiative which maximizes available resources to help communities help noncustodial fathers improve their children's lives by increasing child support collections and encouraging social and emotional as well as financial involvement. These grants were administered by IMPACT from SFY 2002 through SFY 2004. The 2005 grant will be administered by the Bureau of Child Support.

Program Services: Grant funding.

Service Providers/Agencies: Division of Family and Children

Client Intake: NA

Program Clients -

Target Population: Ultimately, children in single-parent families.

Eligibility Requirements: Funding is provided to public, private, and nonprofit organizations (including faith-based entities) and agencies that meet the following criteria: (1) credibility of the applicant agency or organization among the target population; (2) demonstrated ability to understand the dynamics of successful fatherhood programs; (3) presentation of a credible and practical plan to foster a father's emotional connection to, and financial support of, his children; and (4) in good standing with the Indiana Secretary of State.

No. of Clients Served (Snapshot: June 30, 2003): 363

No. of Clients Served in FY 2003 (Unduplicated for year): 1,325

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,356,387	1,272,760	83,627		
2002	1,214,267	1,144,054	70,213		
2003	463,553	472,473	(8,920)		
2004 ^	985,311	968,551	16,760		
2005 ^	1,017,711	997,711	20,000		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The Access and Visitation portion of the grant is 90% federal funding with a 10% state match. The state match is transferred from the Child Support Administration appropriation.

The Restoring Fatherhood portion, which is funded with IMPACT TANF money, is 100% federally funded. Grants range from \$15,000 to \$50,000.

Program Name: Kids First Trust Fund

Indiana Code Cite: IC 12-17-16

Administrative Code Cite:

Account Number: 3500/186100

Administrative Division: Division of Family and Children

Advisory Board/Commission: The Indiana Kids First Trust Fund Board (IC 12-17-16-5)

Program Description -

Purpose: To prevent child abuse and neglect and to reduce infant mortality through competitively awarding grants to not-for-profit organizations.

Federal History/Requirements: NA

State History/Requirements: The Indiana Children's Trust Fund was established by the Indiana General Assembly in 1994. Legislation called for the design and issuance of a Children's Trust Fund license plate. "Kids First" license plates became available in January 1995. The Children's Trust Fund receives their monies from the sale of the "Kids First" license plates. This money is then granted annually to community programs throughout the state for projects addressing the prevention of child abuse and neglect. In July of 2003, the name of the Children's Trust Fund was changed to the Kids First Trust Fund.

Program Services: The Indiana Kids First Trust Fund Board provides annual grants to not-for-profit organizations for the purpose of (a) promoting public awareness of child abuse and neglect; (b) informing, educating, and training about child abuse and neglect; or (c) promoting public awareness of child abuse and neglect and how it can be prevented.

Service Providers/Agencies: In FY 2003, the Kids First Trust Fund provided funding to approximately 85 different agencies in the state.

Client Intake: NA

Program Clients -

Target Population: Ultimately, children who are subject to abuse and neglect.

Eligibility Requirements: The Indiana Kids First Trust Fund Board does not fund programs that are more than 30% subcontracted. The board uses the following guidelines when making funding decisions: (a) applications must score at least 75 out of 100 points; (b) agencies applying for continuation funds must have submitted timely and acceptable biannual reports in the last fiscal year; and (c) utilization rates for the previous year are reviewed to assess the need for funds.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,247,967			4,247,967	
2002	16,446,582			16,446,582	
2003	18,438,601			18,438,601	
2004 ^	2,629,400			2,629,400	
2005 ^	2,629,400			2,629,400	
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) Kids First Trust Fund *** (Name of Local fund)					

Funding Details: All Kids First Trust Fund monies are received from the sale of the license plates. No federal dollars are provided to this program.

Program Name: Low-Income Home Energy Assistance Program (LIHEAP)

Indiana Code Cite: IC 12-14-11

Administrative Code Cite:

Account Number: 6000/131000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide assistance to low-income households to maintain utility service and conserve energy during the winter heating season.

Federal History/Requirements: The Energy Assistance Program is a federally funded block grant program. The Low-Income Home Energy Assistance Act of 1981, as amended, authorized the federal Department of Health and Human Services to make grants available to states to assist eligible households to meet the costs of home energy.

State History/Requirements: The program was known as Project SAFE in Indiana until 1989 when the name was changed to the Energy Assistance Program. State regulations mandate a moratorium on the shut-off of regulated utilities from December 1st through March 15th in any given year for program clients.

Program Services: The program provides financial assistance for maintaining utility service through providing a one-time energy payment. This is accomplished through either providing a credit to the eligible applicant's utility bill or providing payments to the bulk fuel distributor. The average heating benefit per household is about \$245. During hot summer months, the Energy Assistance Program provides limited funds for the purchase of fans.

Service Providers/Agencies: Community Action Agencies.

Client Intake: Community Action Agencies.

Program Clients -

Target Population: Low-income households in need of assistance with their utility expenses.

Eligibility Requirements: Clients must have incomes at or below 125% of the federal poverty guidelines.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): Total households: 159,330 (Heating benefits: 116,698; Cooling benefits: 42,632)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	61,670,253	60,118,603		1,551,650	
2002	49,662,445	41,249,334		8,413,111	
2003	59,171,876	59,171,876		0	
2004 ^	43,052,436	39,052,436		4,000,000	
2005 ^	42,052,436	39,052,436		3,000,000	
^ Appropriation. * (Source of Federal funds) LIHEAP Grant ** (Name of Dedicated fund) Oil Overcharge funds *** (Name of Local fund)					

Funding Details: This program is directly linked to the Weatherization Assistance Program. Both programs are 100% funded through the same federal block grant.

Program Name: Nonrecurring Adoption Assistance

Indiana Code Cite: IC 31-19-26

Administrative Code Cite:

Account Number: 3630/150700

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To promote the adoption of special needs children.

Federal History/Requirements: The Tax Reform Act of 1986 made provisions through Title IV-E of the Social Security Act for reimbursement of nonrecurring adoption expenses to parents adopting a special needs child.

State History/Requirements: See *Federal History*.

Program Services: Reimbursable expenses include adoption court costs, attorney fees, home study fees, travel for pre-placement visits with the child, and/or placement of the child. Maximum reimbursement is \$1,500 per child per adoption.

Service Providers/Agencies: Local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -

Target Population: Families who adopt special needs children.

Eligibility Requirements: To be eligible for reimbursement, the child must be a special needs child who is age two years or older or is a member of a sibling group placed together in the same home and at least one child of the sibling group is at least age two years, and who has a medical condition or physical, mental, or emotional disability or the high risk of such condition or disability as diagnosed by a licensed physician that would make the child difficult to place. In addition, parental termination must occur and reasonable efforts must be made to place the child without assistance.

No. of Clients Served (Snapshot: June 30, 2003): 62

No. of Clients Served in FY 2003 (Unduplicated for year): 782

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,986,041	593,021			1,393,020
2002	1,242,105	599,160			642,944
2003	1,125,593	562,796			562,796
2004 ^	1,250,000	625,000			625,000
2005 ^	1,250,000	625,000			625,000
^ Appropriation. * (Source of Federal funds) Title IV-E ** (Name of Dedicated fund) *** (Name of Local fund) County Family and Children funds					

Funding Details: The federal financial participation for adoption assistance is the same as for Medicaid. Indiana's Medicaid reimbursement is currently about 62% federal and 38% state. The state share is funded through local property tax levies through each county's Family and Children Fund.

Program Name: Project Safe Place

Indiana Code Cite: IC 12-13-5-2

Administrative Code Cite:

Account Number: 1000/121610

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To locate and secure Safe Place sites for runaway children and youth in crisis and at risk of abuse or neglect.

Federal History/Requirements: NA

State History/Requirements: In 1988, the Indiana General Assembly funded the Project Safe Place program through Public Law 209-1988. The Indiana Youth Services Association coordinates the program with funds administered through the Division of Family and Children.

Program Services: The primary purpose of this program is to locate and secure Safe Place sites for runaway children and youth in crisis and at risk. Other components of the program include promoting public awareness, recruiting and supervising volunteers, maintaining client records, community networking, and direct services for youth such as transportation, shelter, counseling, and shelter care.

Service Providers/Agencies: Various Safe Place sites; Youth Service Bureaus.

Client Intake: There are currently over 700 Safe Place sites in the state. These sites are located in various venues. They are identified by a diamond-shaped sign in the window which contains the name Safe Place and has hands that are reaching out towards the youth. Staff at these locations are trained to speak with the youth. Following this interaction, the staff will contact the local Youth Service Bureau Safe Place sub-grantee, who will then send a volunteer to the location to transport the youth.

Program Clients -

Target Population: Runaway youth, abused children, and children in crisis.

Eligibility Requirements: There are no income or resource eligibility requirements.

No. of Clients Served (Snapshot: June 30, 2003): 2,021

No. of Clients Served in FY 2003 (Unduplicated for year): 24,000*

* This number represents youth ages 18 and under who made contact and/or were provided shelter. Total actual contacts made for 2003 were over 39,000. A more precise unduplicated count is unknown.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	118,314		118,314		
2002	129,755		129,755		
2003	125,192		125,192		
2004 ^	125,000		125,000		
2005 ^	125,000		125,000		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Entirely state-funded.

Program Name: Refugee Cash Assistance

Indiana Code Cite: IC 12-14-2.5-1

Administrative Code Cite: 470 IAC 10.1

Account Number: 3640/150300

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide financial assistance to refugee adults and families who have resettled in the United States in order to lead to the effective resettlement of refugees and to assist them in achieving economic self-sufficiency as quickly as possible.

Federal History/Requirements: Established by Title IV of the Immigration and Nationality Act and the Refugee Act of 1980, and administered at the federal level by the Administration for Children and Families of the U.S. Department of Health and Human Services.

State History/Requirements:

Program Services: Same levels of cash assistance as the TANF Program; Also includes eligibility for services under the Medicaid Program (See *Medicaid Category - Refugee Medical Assistance*).

Service Providers/Agencies: NA

Client Intake: Local Offices of Family and Children.

Program Clients -

Target Population: Low-income individuals who have recently immigrated to the United States.

Eligibility Requirements: Eligibility is dependent on the determination of immigration status and identification requirements by the U.S. Immigration and Naturalization Service and who are not eligible for cash assistance under the TANF Program. In addition, other nonfinancial requirements, income, and resources are considered and, other than residency factors, are the same as those under the TANF Program. Refugee Cash Assistance is limited to the first eight months after entry into the United States.

In addition, Transitional Medicaid Assistance is available to families discontinued from or denied cash assistance because of new or increased earnings. Transitional assistance is available only through the end of the eight-month eligibility period.

Immigrants who have entered the country illegally cannot qualify for basic Medicaid benefits but are eligible for emergency services (if they meet the other financial and nonfinancial criteria). The eligibility criteria is also different if they entered the country before or after 8/22/96.

No. of Clients Served (Snapshot: June 30, 2003): 71

No. of Clients Served in FY 2003 (Unduplicated for year): 119

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	328,550	328,550			
2002	302,717	302,717			
2003	335,444	335,444			
2004 ^	335,444	335,444			
2005 ^	335,444	335,444			
^ Appropriation. * (Source of Federal funds) Title IV of the Immigration and Nationality Act. ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Program Name: Refugee Social Services

Indiana Code Cite:

Administrative Code Cite:

Account Number: 3640/150500

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To help refugees achieve economic self-sufficiency and social adjustment within the shortest time possible following their arrival in the United States.

Federal History/Requirements: This program is overseen by the U.S. Office of Refugee Resettlement. The authorizing legislation can be found in 45 CFR Part 400 subpart I.

State History/Requirements:

Program Services: Catholic Charities provides employment services to refugees in Indiana, including counseling, job placement, and other social services related to training and employment.

Service Providers/Agencies: Catholic Charities.

Client Intake: Catholic Charities (through the United Social Services Organization)

Program Clients -

Target Population: Refugees

Eligibility Requirements: The Refugee Social Services program is limited to those individuals who meet immigration status and identification requirements as a refugee through the U.S. Immigration and Naturalization Service. This includes refugees, asylees, Cuban and Haitian entrants, certain Amerasians, and permanent residents who had held one of these statuses in the past. Services are limited to refugees who have been in the United States for 60 months or less.

No. of Clients Served (Snapshot: June 30, 2003): 74

No. of Clients Served in FY 2003 (Unduplicated for year): 119

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	114,295	114,295			
2002	68,014	68,014			
2003	194,998	194,998			
2004 ^	194,998	194,998			
2005 ^	194,998	194,998			
^ Appropriation. * (Source of Federal funds) Refugee Social Services funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The Refugee Social Services program is totally funded by the federal government.

Program Name: School-Age Child Care Project Fund

Indiana Code Cite: IC 12-17-12

Administrative Code Cite:

Account Number: 2160/149700

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide care to school-age children between the ages of 5 and 15.

Federal History/Requirements: NA

State History/Requirements: The Indiana General Assembly established the School-Age Child Care Project Fund in 1985 for pilot programs for school-age child care with \$270,000 appropriated over a two-year period from the state Cigarette Tax. In 1987, the General Assembly amended the legislation with an appropriation of \$400,000 from the Cigarette Tax for each year until the legislation expired on June 30, 1993. In 1990, the General Assembly added a supplemental appropriation of \$150,000 from the General Fund for a total of \$550,000 per year. The General Assembly has continued to appropriate \$550,000 from the General Fund each year to maintain the School-Age Child Care Project Fund.

Program Services: These funds purchase subsidized child care (slots) for children between the ages of 5 and 15 whose families meet the eligibility criteria and choose an eligible service provider. Child care is available for the period of time before and/or after the school day, during periods when school is not in session during the school year, and during periods when school is in session for students who are enrolled in a half-day kindergarten.

Service Providers/Agencies: Public school corporations and nonprofit 501(c)(3) organizations.

Client Intake: Financial and service eligibility is determined by the individual grantee agency.

Program Clients -

Target Population: School-age children.

Eligibility Requirements: Families with gross incomes up to 190% of the federal poverty level are eligible for assistance by the use of a sliding fee scale.

No. of Clients Served (Snapshot: June 30, 2003): 0 (fund doesn't serve children in summer)

No. of Clients Served in FY 2003 (Unduplicated for year): 1,235

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	585,965		585,965		
2002	557,681		557,681		
2003	476,579		476,579		
2004 ^	550,000		550,000		
2005 ^	550,000		550,000		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The child's family pays to the grantee organization a fee for services based on the family's income. FSSA reimburses the grantee organization for the organization's expenses based on submitted claims.

Program Name: Section 8 Housing Choice Voucher Program

Indiana Code Cite: IC 12-13-5-2

Administrative Code Cite:

Account Number: 6360/100100

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide housing assistance to low-income families.

Federal History/Requirements: Section 8 of the U.S. Housing Act of 1937 established policies and procedures for making housing assistance payments to owners on behalf of eligible families leasing existing housing. Public Housing Authorities (PHA) receive funding to administer the program. The Division of Family and Children administers the program in all areas of the state that are not under the jurisdiction of a local PHA.

State History/Requirements:

Program Services: Housing assistance payments to subsidize rent.

Service Providers/Agencies: Community Action Agencies; Public Housing Authorities; FSSA Division of Family and Children.

Client Intake: Community Action Agencies; Public Housing Authority; FSSA Division of Family and Children.

Program Clients -

Target Population: Low-income families.

Eligibility Requirements: Client eligibility is based on income (clients must be below 50% of the federal poverty level). As there is a significant waiting list, assistance is awarded on a first-come, first-served basis.

No. of Clients Served (Snapshot: June 30, 2003): 3,969

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	14,429,983	14,429,983			
2002	17,151,675	17,151,675			
2003	18,999,754	18,999,754			
2004 ^	19,135,177	19,135,177			
2005 ^	19,135,177	19,135,177			
^ Appropriation. * (Source of Federal funds) U.S. Dept. Of Housing and Urban Development (HUD) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: 100% federal funding.

Program Name: Section 8 Housing: Family Self-Sufficiency Program

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/134100

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To help eligible families achieve economic independence and self-sufficiency through coordination of the use of the Section 8 housing vouchers and public and private resources.

Federal History/Requirements: Section 8 of the U.S. Housing Act of 1937 established policies and procedures for making housing assistance payments to owners on behalf of eligible families leasing existing housing.

State History/Requirements:

Program Services: As a component of Section 8 services, the Family Self-Sufficiency Program utilizes public and private sector services and resources to help residents of subsidized housing achieve economic independence. By stabilizing housing and offering case management, this program permits families to invest their energy into other efforts, including education and job training, necessary to achieve self-sufficiency. Participants in the Family Self-Sufficiency (FSS) Program are provided with an opportunity to save for the future through the FSS Escrow Account. Increases in the family's contribution for rent, due to increases in earned income, are credited to an interest-bearing escrow account. After the family completes the program, the escrow balance can be withdrawn by the family to be used in any manner.

Service Providers/Agencies: Community Action Agencies.

Client Intake: Community Action Agencies.

Program Clients -

Target Population: Low-income families.

Eligibility Requirements: Families must be current Section 8 voucher holders.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	107,920	107,920			
2002	106,461	106,461			
2003	131,121	131,121			
2004 ^	115,000	115,000			
2005 ^	115,000	115,000			

^ Appropriation.
 * (Source of Federal funds) U.S. Dept. Of Housing and Urban Development (HUD)
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: Section 8 is a federally funded program. Agencies that administer the vouchers receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program. A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family.

Program Name: Sex Offense Services

Indiana Code Cite:

Administrative Code Cite:

Account Number: 3560/170100

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To reduce rape and attempted rape of females aged 12 and older and reduce the incidence of maltreatment of children younger than age 18.

Federal History/Requirements: The Preventive Health and Health Services Block Grant was established in 2000 to help states achieve the federally established health objectives for the nation. Health objectives are the key priorities established annually by each federal administration.

State History/Requirements:

Program Services: Education; sex offense resource materials; training on child maltreatment; and development of a comprehensive system of sex offense services statewide.

Shelters and other social services agencies, especially rape crisis programs, provide services to Indiana females throughout the year. Funding is provided through the Preventive Health and Health Services Block Grant. Rape crisis centers and sexual assault coalitions are the recipients of these funds. Rape counseling, educational awareness, and training programs are presented to schools, community-based organizations, faith-based organizations, etc.

Service Providers/Agencies: Shelters and other social service agencies (especially rape crisis centers).

Client Intake: Shelters and other social service agencies (especially rape crisis centers).

Program Clients -

Target Population: Female victims of sexual offenses and maltreatment.

Eligibility Requirements: None.

No. of Clients Served (Snapshot: June 30, 2003): 31,695

No. of Clients Served in FY 2003 (Unduplicated for year): 31,695

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	166,908	166,908			
2002	151,824	151,824			
2003	101,170	101,170			
2004 ^	148,899	148,899			
2005 ^	148,899	148,899			
^ Appropriation. * (Source of Federal funds) Preventive Health and Health Services Block Grant ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Federal Preventive Health and Health Services Block Grant funds are applied for by the State Department of Health and then funneled through to the DFC.

Program Name: Shelter Plus Care - Division of Family and Children

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6360/100300

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide rental assistance and mental health services to certain homeless individuals.

Federal History/Requirements: The Shelter Plus Care program was established by the federal Stewart B. McKinney Homeless Assistance Act of 1987.

State History/Requirements: Indiana has secured Shelter Plus Care funding since its inception in 1987.

Program Services: The program is to provide rental assistance, coordinated with mental health, addictions, and/or other appropriate health and human services.

Service Providers/Agencies: Community Action of Northeast Indiana.

Client Intake: Community Action of Northeast Indiana.

Program Clients -

Target Population: Homeless mentally ill.

Eligibility Requirements: Services are restricted to individuals residing in Allen County and the counties surrounding Allen. The program serves homeless mentally ill, homeless mentally ill with co-occurring disorders, homeless with substance abuse issues, and/or homeless mentally ill who are either HIV positive or have AIDS or related illnesses.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 58 families

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002					
2003	45,133	45,133			
2004 ^	118,157	118,157			
2005 ^	118,157	118,157			
^ Appropriation. * (Source of Federal funds) Grant # 903002 HUD ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The program is entirely federally funded.

Program Name: Special Needs Adoption Program (SNAP)

Indiana Code Cite: IC 31-19-26

Administrative Code Cite:

Account Number: 3500/180000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To increase the number of placements of children with special needs in adoptive homes; to provide casework services to enable a greater number of placements to result in successful finalized adoptions; and to recruit adoptive families, prepare them for the placement of a special needs child, and increase support for special needs adoptions in the community.

Federal History/Requirements: See *State History/Requirements*.

State History/Requirements: The Special Needs Adoption Program (SNAP) began as a pilot project supported by a federal grant in December 1984. In 1989, the General Assembly passed legislation to implement SNAP statewide, which occurred in 1990.

Program Services: Program services focus on providing pre-adoption and post-adoption support services for adoptive families and children.

Service Providers/Agencies: FSSA contracts with various agencies throughout the state to provide services under this program.

Client Intake: Families are referred for SNAP services through their local Division of Family and Children office or through contacting the SNAP hotline.

Program Clients -

Target Population: Families who adopt children with special needs.

Eligibility Requirements: Families and children must be pre-adoption candidates or have completed an adoption and be participating in post-adoption services. In addition, the youth must be a ward of the state for families to be eligible for services.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,677,321	1,545,073	132,248		
2002	2,304,285	1,287,676	1,016,609		
2003	1,107,342	830,944	276,397		
2004 ^	1,571,130	785,565	785,565		
2005 ^	1,571,130	785,565	785,565		
^ Appropriation. * (Source of Federal funds) Title IV-E ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Program Name: Social Services Block Grant (SSBG)

Indiana Code Cite: IC 12-13-10

Administrative Code Cite: 470 IAC 13-1

Account Number: 3520/102000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: The purpose of the Social Services Block Grant is to fund a wide range of prevention and intervention services.

Federal History/Requirements: The Omnibus Budget Reconciliation Act of 1981 amended Title XX of the Social Security Act to establish the Social Services Block Grant Program.

State History/Requirements: The Indiana Department of Human Services originally administered these program funds. The FSSA Bureau of Family Protection and Preservation has had program responsibilities since 1992.

Program Services: The programs and services funded with these dollars include domestic violence, family planning, crisis nursery, youth services, and services to families and children.

Service Providers/Agencies: Local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -

Target Population: Persons in need of protective services or those who are at risk of abuse, neglect, or exploitation.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): 29,547 in 2002

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	5,223,002	3,559,208	1,663,794		
2002	3,218,173	1,970,613	1,247,560		
2003	3,240,419	1,891,038	1,349,381		
2004 ^	3,318,218	866,257	2,451,961		
2005 ^	3,356,010	842,129	2,513,881		
^ Appropriation. * (Source of Federal funds) Social Services Block Grant ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The program is funded through a mixture of state and federal funds. The state General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated \$16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

This is also an administrative account. The funding listed does not reflect administration-only services.

Program Name: Social Services Block Grant - DDARS
Indiana Code Cite: IC 12-13-10
Administrative Code Cite: 470 IAC 13-1
Account Number: 3520/149700

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide services to the elderly and disabled.

Federal History/Requirements: Congress established the Social Services Block Grant program with the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. The Family and Social Services Administration, Bureau of Family Protection and Preservation, has had program responsibilities since 1992.

Program Services: The program provides:

(A) Vocational and habilitation training and therapies for adults with developmental disabilities and adults with physical disabilities. Services are meant to enhance the individuals' independence and skill development in major life areas. This portion of the program also provides diagnostic and evaluation services to individuals with developmental disabilities.

(B) Funding to Area Agencies on Aging for administration, case management, and client services for the elderly and disabled to receive services in their homes.

(C) Funding to five Community Agencies of the Deaf. The funding is for American Sign Language interpreters and case management to individuals who are deaf and hard of hearing.

Service Providers/Agencies: Vocational Rehabilitation offices; Area Agencies on Aging; Community Agencies of the Deaf.

Client Intake: Vocational Rehabilitation offices; Area Agencies on Aging; Community Agencies of the Deaf.

Program Clients -

Target Population: Adults with developmental disabilities and adults with physical disabilities; aging individuals; deaf and hard-of-hearing individuals.

Eligibility Requirements: (A) Individuals eligible for vocational rehabilitation services include (1) persons who have physical or mental impairment, (2) persons whose impairment constitutes or results in a substantial impediment to employment, (3) persons who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services, and (4) persons who require services to help prepare for gainful employment.

Some services require individuals to be elderly with a significant disability or to be deaf or hard of hearing.

No. of Clients Served (Snapshot: June 30, 2003): 57,800 in 2002.

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	47,480,838	14,732,408	10,081,900	22,666,530	
2002	48,385,391	26,919,638	0	21,465,753	
2003	38,940,800	24,959,869	1,615,019	12,365,912	
2004 ^	48,181,985	24,210,896	23,971,089		
2005 ^	47,086,601	23,289,202	23,797,399		
^ Appropriation. * (Source of Federal funds) Social Services Block Grant ** (Name of Dedicated fund) State share of child support funds *** (Name of Local fund)					

Funding Details: The program is funded through a mixture of state and federal funds. The General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated \$16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

Program Name: Social Services Block Grant - Department of Health

Indiana Code Cite: IC 12-13-10

Administrative Code Cite: 470 IAC 13-1

Account Number: 3520/140000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide administrative dollars to assist in funding care coordination services for individuals with HIV/AIDS.

Federal History/Requirements: Congress established the Social Services Block Grant program with the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. The Family and Social Services Administration, Bureau of Family Protection and Preservation, has had program responsibilities since 1992.

Program Services: Funds for care coordination services for individuals with HIV/AIDS.

Service Providers/Agencies: State Department of Health

Client Intake: NA

Program Clients -

Target Population: Individuals and family and friends of individuals who are HIV/AIDS positive.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 653 for 2002

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	604,829	409,476	195,353		
2002	825,615	337,249	488,366		
2003	628,027	399,651	228,376		
2004 ^	561,206	206,667	354,539		
2005 ^	561,206	206,667	354,539		

^ Appropriation.
 * (Source of Federal funds) Social Services Block Grant
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: The program is funded through a mixture of state and federal funds. The General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated \$16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

Program Name: Social Services Block Grant - Division of Mental Health and Addiction

Indiana Code Cite: IC 12-13-10

Administrative Code Cite: 470 IAC 13-1

Account Number: 3520/141000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4); DMHA Advisory Council (IC 12-21-4).

Program Description -

Purpose: To administer programs for the mentally ill.

Federal History/Requirements: Congress established the Social Services Block Grant program in the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. FSSA, Bureau of Family Protection and Preservation, has had program responsibilities since 1992.

Program Services: Outpatient services; detoxification services; day treatment services; and diagnostic services.

Service Providers/Agencies: Managed Care Providers.

Client Intake: Managed Care Providers.

Program Clients -

Target Population: The target population for this program has changed over the years. For the past two years, the program has served (a) adults with serious mental illnesses; (b) adults with serious mental illnesses and a substance abuse disorder; and (c) seriously emotionally disturbed children.

Prior to this, the program served (a) adults with serious mental illnesses; (b) seriously emotionally disturbed children; and (c) persons with chronic addictions.

Eligibility Requirements: Funding for the program is added to the Hoosier Assurance Plan (HAP) pool for both mental health and addiction services. To qualify for the HAP, individuals must (a) have a mental health or addiction diagnosis; (b) have some level of disability; and (c) be below 200% of the federal poverty level. The HAP is not an entitlement program and is limited by the amount of funds available in the pool.

No. of Clients Served (Snapshot: June 30, 2003): 3,630 for 2002

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	5,929,736	5,929,736			
2002	6,908,515	6,908,515			
2003	5,805,211	5,805,211			
2004 ^	5,215,466	5,215,466			
2005 ^	5,175,272	5,175,272			
^ Appropriation. * (Source of Federal funds) Social Services Block Grant ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Federal grant.

Program Name: Social Services Block Grant - Division Of Family and Children

Indiana Code Cite: IC 12-13-10

Administrative Code Cite: 470 IAC 13-1

Account Number: 3520/150000

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide administrative dollars to support child protection staff costs for local offices of the Division of Family and Children. The local offices, in turn, administer local programs to respond to allegations of abuse and neglect.

Federal History/Requirements: Congress established the Social Services Block Grant program when the Omnibus Budget Reconciliation Act of 1981 amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. The Bureau of Family Protection and Preservation, FSSA, has had program responsibilities since 1992.

Program Services: Support for administrative costs.

Service Providers/Agencies: NA

Client Intake: NA

Program Clients -

Target Population: Ultimately, children who are victims of abuse and neglect; Special needs children.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): Children who are victims of abuse and neglect (61,639 in 2002); Early intervention for special needs children (5,069 in 2002).

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,035,161		3,035,151		
2002	10,968,640		10,968,640		
2003	28,789,123	8,894,891	12,358,186	7,536,046	
2004 ^	31,105,715	10,373,954	20,731,761		
2005 ^	27,819,267	8,562,720	19,256,547		
^ Appropriation. * (Source of Federal funds) Social Services Block Grant ** (Name of Dedicated fund) State share of child support funds. *** (Name of Local fund)					

Funding Details: The program is funded through a mixture of state and federal funds. The General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated \$16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

This account also transfers funds to many other accounts within the 5 state agencies using SSBG funds. The transferred funds are not included above.

Program Name: Social Services Block Grant - Department of Corrections

Indiana Code Cite: IC 12-13-10

Administrative Code Cite: 470 IAC 13-1

Account Number: 3520/161500

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 21-13-4)

Program Description -

Purpose: To provide funding to the Department of Corrections to help fund community-based work release and juvenile detention centers.

Federal History/Requirements: Congress established the Social Services Block Grant program in the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. The FSSA, Bureau of Family Protection and Preservation, has had program responsibilities since 1992.

Program Services: NA

Service Providers/Agencies: Department of Corrections.

Client Intake: NA

Program Clients -

Target Population: Ultimately, offenders in the Department of Corrections.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): 1,118 in 2002 (435 children and 683 adults).

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,900,818	2,640,904	1,259,914		
2002	3,900,818	2,640,904	1,259,914		
2003	373,868	1,279,688	1,562,607	896,385	
2004 ^	2,927,376	1,219,688	1,707,688		
2005 ^	2,827,545	1,119,558	1,707,687		
^ Appropriation. * (Source of Federal funds) Social Services Block Grant ** (Name of Dedicated fund) State share of child support funds. *** (Name of Local fund)					

Funding Details: The program is funded through a mixture of state and federal funds. The General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated \$16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

Program Name: Temporary Assistance for Needy Families (TANF)

Indiana Code Cite: IC 12-14

Administrative Code Cite: 470 IAC 10.1 and 470 IAC 10.2

Account Number: 3500/185200 (TANF Assistance); 3500/185500 (TANF Administration); 1000/105060 (TANF Burials).

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide time-limited financial assistance and supportive services to low-income families with a child under the age of 18 years of age who is deprived of the parental support of one or more parents by reason of death, absence from the home, unemployment, or physical or mental incapacity.

Federal History/Requirements: The TANF Program was established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 as a welfare reform initiative to replace the Aid to Families with Dependent Children (AFDC) Program, originally established in the Social Security Act of 1935. The former AFDC Program was an entitlement program where the federal government reimbursed the states at an annually determined reimbursement rate on all expenditures, and AFDC eligibility automatically resulted in eligibility for the Medicaid Program. The assistance provisions for families with an unemployed parent (TANF-UP) were adopted in Indiana in 1990 when it became required by the federal Family Support Act of 1988.

The federal share for the TANF Program is now provided through a capped block grant allocation with a state maintenance-of-effort (MOE) requirement, and eligibility for the Medicaid Program has been partially de-linked from TANF eligibility. TANF block grant allocations are determined on a formula basis with increased flexibility for their use by the states. States may use TANF funds in any “manner reasonably calculated to accomplish the purpose of TANF.”

State History/Requirements: Originally established in Indiana by the Welfare Act of 1936 as the AFDC Program.

Program Services: TANF services can include a monthly cash assistance grant, eligibility for the Medicaid Program, and access to other programs and services designed to help recipients achieve economic self-sufficiency.

The maximum monthly cash grant (or standard of need) as provided in statute is \$139 for a family size of one, \$229 for a family size of two, and an additional \$58.50 for each additional child. The statutory maximum was last changed in 1987. Cash assistance is limited to 24 months for parents and caretakers. A 60-month limit on assistance exists for the entire assistance group.

TANF recipients, as a condition of participation, must sign up for the Indiana Manpower Placement and Comprehensive Training (IMPACT) Program. Services and activities available through IMPACT include job search, job readiness, community work experience, job skills training, vocational education training, and academic training, along with supportive services such as a clothing allowance (\$300/year/person), vehicle repairs (\$750/year/person), and transportation (actual cost of public transportation or \$0.15/mile up to

\$200/month for private transportation).

Current TANF recipients may be referred to the county voucher agent for priority child care services as long as the child care is necessary to permit the recipient to participate in employment or IMPACT-approved educational or training activities that are part of the individual's self-sufficiency plan. The self-sufficiency plan is developed jointly by the recipient and the IMPACT worker and specifies, in writing, the activities required of the client and the services required of the agency during the 24-month period.

Service Providers/Agencies: N/A

Client Intake: Local Office of Family and Children.

Program Clients -

Target Population: Certain low-income families with children under the age of 18.

Eligibility Requirements: A family must meet financial and nonfinancial criteria. Financial criteria include both income and resource requirements. A family's gross income must be less than 185% of the total standard of need according to family size as established in state statute. At the time of initial application, after certain exemptions and disregards are deducted, the net (countable) income must be less than 90% of the standard of need (approximately 22% of the federal poverty level). Subsequent to application, income is limited to 100% of the federal poverty level in order to retain eligibility. [The determination of countable income begins with a family's gross income. An amount equal to \$90 of earnings per participating member is disregarded each month, with an additional \$30 disregarded for a period of 12 months following the onset of earnings and an additional 1/3 of the remainder disregarded for the first 4 months after the onset of earnings.]

At the time of initial application, total resources must be less than \$1,000. Certain resources are exempt from consideration, such as the family's residence. Subsequent to application, total countable resources are limited to \$1,500 in order to retain eligibility.

TANF recipients must agree to and sign a 12-point Personal Responsibility Agreement. Nonexempt recipients must also register for the IMPACT Program and cooperate with the Child Support Enforcement Program.

Generally, the TANF household must be deprived of the parental support of one or more parents by reason of death, absence from the home, or physical or mental incapacity. However, in addition, two-parent families that are unemployed or underemployed may also be eligible (referred to as TANF-UP). The parent with the most earnings in the past 24 months must have (1) been recently unemployed or employed fewer than 100 hours a month; (2) earned at least \$50 in 6 calendar quarters during a 13-quarter period; (3) not recently turned down a job offer; and (4) not refused to apply for or accept unemployment insurance.

No. of Clients Served (Snapshot: June 30, 2003): 162,312

No. of Clients Served in FY 2003 (Unduplicated for year): 249,325

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	162,743,201	106,151,686	43,975,053	12,616,462	
2002	192,944,994	144,283,710	35,529,063	13,132,221	
2003	193,550,365	152,429,135	28,521,230	12,600,000	
2004 ^	197,517,032	153,559,089	31,357,943	12,600,000	
2005 ^	197,517,032	153,559,089	31,357,943	12,600,000	
^ Appropriation. * (Source of Federal funds) TANF Block Grant ** (Name of Dedicated fund) Welfare Tax Levy Replacement Fund *** (Name of Local fund)					

Funding Details: The TANF program is cost-shared with the federal government. The capped federal contribution is provided to the state through a block grant of about \$206 M annually.

States are required to meet a specified maintenance-of-effort level in order to qualify for the block grant. Indiana's annual TANF MOE obligation is approximately \$121 M. FSSA meets this obligation by expending state funds appropriated for this purpose and by claiming expenditures from other state agencies that meet the purposes and requirements of eligible TANF MOE expenditures.

Program Name: Temporary Emergency Food Assistance Program (TEFAP)

Indiana Code Cite: IC 12-13-5-2

Administrative Code Cite:

Account Number: 6000/102900; 3630/1510000 (ICWIS)

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To provide food and prevent hunger throughout the state.

Federal History/Requirements: The federal Emergency Food Assistance Act of 1983 was the original authorization for the program that distributed surplus farm products. In 1988, the Hunger Prevention Act established the Soup Kitchen/Food Bank Program to purchase products to be used primarily in soup kitchens and homeless shelters.

State History/Requirements: Since 1989, when the Soup Kitchen/Food Bank Program was established, the program has been changing nationally. Indiana has modified its program to reflect changes and to best serve the needs of low-income families.

Program Services: TEFAP coordinates the distribution of food products purchased for food banks, soup kitchens, and homeless shelters throughout the state.

Service Providers/Agencies: The program makes quarterly distributions through 11 distribution recipient agencies that then distribute commodities from both federal programs to all food pantries, shelters, and soup kitchens in their geographic areas. The recipient agencies are either food banks or Community Action Agencies. TEFAP also distributes commodities seasonally to providers that serve migrant farm workers.

Client Intake: Individuals access food products or meals at food pantries and soup kitchens.

Program Clients -

Target Population: Low-income households, homeless individuals and families, and migrant farm workers in need of food.

Eligibility Requirements: Households with incomes at or below 165% of the federal poverty guidelines are eligible to receive products from food pantries. Food pantry clients must sign statements declaring eligibility. Soup kitchens are required to provide meals to all persons who are hungry.

No. of Clients Served (Snapshot: June 30, 2003): 20,000 households, 240,000 meals

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	836,318	757,069	79,248		
2002	1,164,746	1,048,262	116,484		
2003	1,042,147	958,230	83,917		
2004 ^	1,188,604	1,042,604	146,000		
2005 ^	1,188,604	1,042,604	146,000		

^ Appropriation.
 * (Source of Federal funds) USDA (220242)
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: Each state receives administrative funds based on the state's unemployment figures and the number of persons below the poverty level, as compared to national averages. The state supplies the required state matching funds for administration through the TEFAP appropriation. Food products are supplied by the U.S. Department of Agriculture. The amount of food products varies from year to year.

Program Name: Title IV-D: Child Support Program

Indiana Code Cite: IC 12-17-2-1

Administrative Code Cite: 470 IAC 2-5

Account Number: 3510/150000; 3510/150200 (Distribution); 3510/150900 (IV-D-D Pilot EBT); 3510/151100 (Collections); 3510/151200 (Distributions); 3510/150500 (ISETS).

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To ensure the right of every child to the care and support of both parents, when one or both parents are absent from the home.

Federal History/Requirements: Title IV-D (Child Support and Establishment of Paternity) of the federal Social Security Act was enacted in 1975 and required that a Child Support Program be established in every state that chose to participate in Title IV-A programs. Federal law also required all states to have a central information system in place statewide by October 1, 1997. Indiana's information system is known as the Indiana Support Enforcement Tracking System (ISETS).

State History/Requirements: ISETS is a federally mandated, online, automated, and integrated case management and case tracking software system. It supports clerks and prosecutors in all 92 counties to record, track, collect, and disburse court-ordered support payments. In addition, the ISETS integrates with other systems, agencies, and employers to enhance locate and payment efforts. These include (a) driver's license suspensions, (b) employer wage garnishment, (c) unemployment compensation benefit garnishment, (d) federal and state tax offset collections, (e) professional and recreational license suspensions, (f) credit bureau reporting; (g) new hire reporting, and (h) financial institution data match.

Pursuant to the federal statutory requirements of the Family Support Act of 1998 and the PRWORA of 1996, states were required to have a statewide child support computer system or face fiscal penalties to the public assistance federal grant. The implementation of ISETS began in May 1994 with Tippecanoe County and ended in November 1999 with Marion County. In July 2002, Indiana achieved federal certification making it the sixteenth state in the nation to be certified.

Program Services: The Child Support Program is responsible to either the custodial parent or noncustodial parent for appropriate establishment and enforcement of support and for fair and accurate accounting of their child support obligation. The program provides the following services: establishment of paternity, establishment of support orders, enforcement of existing support orders, and location of absent parents.

Service Providers/Agencies: In Indiana, the Child Support Bureau within FSSA enters into cooperative agreements with the prosecutors in all counties to provide child support enforcement services. The Bureau also enters into cooperative agreements with the clerks of the circuit courts in all counties for the collection and processing of support payments. The Bureau also has entered into cooperative agreements with several courts to establish special hearing officers specifically to adjudicate Title IV-D cases.

If the custodial parent has never received TANF assistance (Title IV-A), payments received are forwarded directly to the individual. However, if the individual has or is receiving TANF assistance, payments are

forwarded in the following manner: (1) payment to the recipient of the court-ordered support obligation for the month that the support payment is received; (2) payment to the recipient of the support payment arrearages that have accrued during any period when the recipient was not a member of a household receiving TANF assistance; (3) payment to the state in an amount not to exceed the lesser of (A) the total amount of past public assistance paid to the recipient's family or (B) the amount assigned to the state by the recipient; (4) payment of support payment arrearages owed to the recipient; and (5) payment of any other support payments payable to the recipient.

Client Intake: County prosecutors; County Office of Family and Children.

Program Clients -

Target Population: Custodial and noncustodial parents.

Eligibility Requirements: Parties receiving TANF or Medicaid for themselves and their children are required to pursue child support services (the Title IV-D program). Parents who do not receive TANF or Medicaid for their children are eligible to receive services as well. However, a one time fee of \$25 is required for an applicant who is neither receiving TANF or children's Medicaid.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 301,473

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	53,717,316	40,777,854	11,014,261	1,925,201	
2002	57,204,649	43,751,327	9,388,098	4,065,224	
2003	47,421,089	38,409,120	6,511,969	2,500,000	
2004 ^	48,186,486	37,722,364	5,884,818	4,579,304	
2005 ^	46,736,486	36,788,464	5,884,818	4,063,204	
^ Appropriation. * (Source of Federal funds) IV-D Federal ** (Name of Dedicated fund) Money transferred from state earned account (3570-170200) *** (Name of Local fund)					

Funding Details: The state receives 66% federal reimbursement for state administrative costs for the IV-D program as authorized and allowed by federal regulations.

Program Name: Weatherization Assistance Program

Indiana Code Cite: IC 4-12-1-14.2

Administrative Code Cite:

Account Number: 6000/104100; 6000/106400

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To enable low-income individuals to reduce their heating and energy expenditures by installing energy conservation measures in their home.

Federal History/Requirements: The federal Energy Assistance Program is authorized by 42 U.S.C. 8621. The U.S. Department of Energy T&TA Program is authorized under federal statute U.S.C. 6861 et seq.

State History/Requirements: This program is directly linked to the Low-Income Home Energy Assistance Program (LIHEAP). Both programs are funded through the same federal block grant, however, the Weatherization Program receives additional funding from the Department of Energy.

Program Services: The Weatherization Assistance Program reduces energy consumption for low-income individuals. This program has two components:

(1) The Weatherization Assistance Program (6000/104100) aids low-income homeowners and renters in reducing their heating and energy expenditures, particularly those who are elderly, disabled, handicapped, or who have children. In addition, the program tests combustion appliances for carbon monoxide emissions, and repairs or replaces combustion appliances that are improperly working.

(2) The Weatherization Assistance T&TA Program (6000/106400) is established to train field staff and contractors to test, repair, or replace combustion appliances and for weatherizing homes under the Weatherization Assistance Program. WAP T&TA ensures the integrity of the work completed, as well as ensuring that the weatherization measures that are installed realize energy savings and take into account the health and safety of the families.

Service Providers/Agencies: Community Action Agencies (direct services); Division of Family and Children (training).

Client Intake: Community Action Agencies.

Program Clients -

Target Population: Low-income individuals and families.

Eligibility Requirements: Households with income at or below 125% of the federal poverty guidelines are eligible for services.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 4,474 individuals; 1,924 households

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,585,163	3,585,163		0	
2002	3,927,871	3,867,871		60,000	
2003	5,406,783	5,406,783		0	
2004 ^	6,212,115	6,212,115		0	
2005 ^	6,212,115	6,212,115		0	
^ Appropriation. * (Source of Federal funds) U.S. Dept. Of Energy ** (Name of Dedicated fund) Weatherization Assistance Program *** (Name of Local fund)					

Funding Details: 100% federally funded.

Program Name: Youth Service Bureau

Indiana Code Cite: IC 12-14-24

Administrative Code Cite:

Account Number: 1000/120360

Administrative Division: Division of Family and Children

Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -

Purpose: To support community-based programs which aid in the early identification and prevention of juvenile delinquency and homelessness.

Federal History/Requirements: NA

State History/Requirements: Originally funded by the federal government in the late 1960s, Youth Service Bureaus began receiving state dollars in 1985.

Program Services: Each of Indiana's Youth Service Bureaus tailors its programs to the needs of its own particular community. Services are provided to youth in the areas of transitional living, alternative education, and job preparedness. All sites provide information and referral services and community education programs focused on youth concerns. Programs can vary widely, but each bureau fulfills four core roles: advocacy, delinquency prevention, community education, and information and referral. Guidelines for certification of bureaus are established by the Division of Family and Children and certified through the Indiana Youth Services Association.

Service Providers/Agencies: State-certified Youth Service Bureaus, of which there are currently 35.

Client Intake: Youth Service Bureaus.

Program Clients -

Target Population: Youth at risk of juvenile delinquency or homelessness.

Eligibility Requirements: Clients must be age 18 or below.

No. of Clients Served (Snapshot: June 30, 2003): 4,335*

No. of Clients Served in FY 2003 (Unduplicated for year): 52,017**

* 18 and under only: does not count contact with parents or information and referral services.

** A precise unduplicated count is unknown due to the nature of the services delivered.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,123,689		1,123,689		
2002	1,252,788		1,252,788		
2003	1,128,092		1,128,092		
2004 ^	1,250,000		1,250,000		
2005 ^	1,250,000		1,250,000		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The program provides funding for each certified Youth Service Bureau in the amount of \$35,000 annually.

Division of Mental Health and Addictions

Program Name: Alcohol and Drug Addiction Treatment Program

Indiana Code Cite: IC 12-23-1

Administrative Code Cite: 440 IAC 2-2-1

Account Number: 1000/124130

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To provide partial support to substance abuse treatment services through the managed care provider network and community agencies.

Federal History/Requirements: NA

State History/Requirements: Indiana began funding the Alcohol and Drug Addiction Treatment Program in the 1970s.

Program Services: A continuum of care is offered, which includes the following:

(A) Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed here.

(B) 24-hour-a-day crisis intervention.

(C) Case management to fulfill individual patient needs, including assertive case management when indicated.

(D) Outpatient services, including the following:

(i) Intensive outpatient services.

(ii) Substance abuse services.

(iii) Counseling and treatment.

(E) Acute stabilization services, including detoxification services.

(F) Residential services.

(G) Day treatment.

(H) Family support services.

(I) Medication evaluation and monitoring.

(J) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.

Service Providers/Agencies: In general these providers are located at community mental health centers and certified free-standing addiction treatment providers.

Client Intake: Substance abuse treatment facilities.

Program Clients -

Target Population: Individuals who have a chronic addiction.

Eligibility Requirements: Individuals must be chronically addicted, have family incomes at or below 200% of the federal poverty level, and meet the following requirements:

(1) The individual may be any age.

- (2) The individual has a disorder listed as a substance-related disorder in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV).
- (3) The individual experiences significant functional impairments in two of the following areas:
- (A) Activities of daily living.
 - (B) Interpersonal functioning.
 - (C) Ability to live without recurrent use of chemicals.
 - (D) Psychological functioning.
- (4) The duration of the addiction has been in excess of 12 months. However, individuals who have experienced amnesiac episodes (blackouts), or have experienced convulsions or other serious medical consequences of withdrawal from a chemical of abuse, or who display significant dangerousness as a result of chemical use, do not have to meet the duration requirement.

No. of Clients Served (Snapshot: June 30, 2003): 14,856

No. of Clients Served in FY 2003 (Unduplicated for year): 25,671

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	5,500,000		5,500,000		
2002	5,499,625		5,499,625		
2003	5,937,864		5,937,864		
2004 ^	5,406,000		5,406,000		
2005 ^	5,406,000		5,406,000		

^ Appropriation.
 * (Source of Federal funds)
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: Entirely state-funded.

Program Name: Circle Around Families

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/188800

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To implement, enhance, and evaluate local community-based systems of care for children with serious emotional disturbances and their families, with a strong emphasis on wrap-around services and blended funding that are managed by local administrative organizations.

Federal History/Requirements: The program is funded through a six-year federal grant. The grant has a small state match.

State History/Requirements: Circle Around Families (CAF), Child Mental Health Initiative (CMHI) for Northwest Indiana, is a system of care development initiatives targeted at individuals residing in the East Chicago, Gary, and Hammond areas. Enrollment of families in the program began in November 2000.

Program Services: Wrap-around facilitation includes activities typically performed by a case manager with the addition of other responsibilities, including eligibility determination activities, managing a budget for services, providing technical assistance to others involved in the child's care, assuring that everyone who has an impact on success of the plan of care is appropriately involved, and that systematic barriers to services are addressed and resolved. Other services include respite care, family support and training, and independent skills training.

Service Providers/Agencies: Circle Around Families.

Client Intake: Circle Around Families.

Program Clients -

Target Population: Children diagnosed with a serious emotional disorder in Northwest Indiana.

Eligibility Requirements: Children who (1) are between the ages of 0 and 18; (2) are at risk of being removed from the home; (3) live in Hammond, East Chicago, or Gary; (4) have been diagnosed with a serious emotional disorder (SED); and (5) are involved in or need two or more human services systems.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 200

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	800,252	800,252			
2002	1,105,457	1,105,457			
2003	1,441,581	1,441,587			
2004 ^	1,433,059	1,433,059			
2005 ^	1,433,059	1,433,059			
^ Appropriation. * (Source of Federal funds) SAMHSA, Part E, Title V, Section 561 funding. ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The federal grant was equal to \$1.4 M with a required match of \$3.6 M. Match is supplied by the grantee not-for-profit community mental health centers in Northwest Indiana either through in-kind donations or cash contributions.

Program Name: Community Mental Health Centers

Indiana Code Cite: IC 12-21-2-3

Administrative Code Cite: 440 IAC 4-3-1

Account Number: 3280/141000

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To serve people of all ages who have any type of mental health services needs.

Federal History/Requirements: The community mental health center (CMHC) network in Indiana began with the passage in 1963 of the federal Community Mental Health Center Act. This Act created a federal-state partnership designed to encourage and stimulate growth of community-based mental health services.

State History/Requirements: The program operates within federal and state statutes. While all CMHCs are private, not-for-profit corporations with local boards of directors, they must provide a core of mandated services and make services available on a sliding fee scale based on the individual's ability to pay. Although anyone may access the mental health services, frequently there are waiting lists for treatment programs, particularly those for addictions treatment and services for children.

Program Services: Community mental health centers are governed by local boards of directors, and treatment services may reflect specific needs of the service area. However, all CMHCs must provide a core of treatment and prevention services options for mental disorders, including inpatient treatment, residential services, partial hospitalization services, outpatient services, consultation and education services, and community support programs. Within the framework of the mandatory services, the CMHCs must prioritize the needs of the following target populations: adults with serious mental illness (SMI), children and adolescents with serious emotional disturbances (SED), people with an alcohol or other drug abuse disorder, and older adults. CMHCs also serve as the gatekeepers both into and out of the state psychiatric hospitals.

Service Providers/Agencies: The 31 community mental health centers in the state are certified by the Division of Mental Health and Addiction. Because of the range of services that CMHCs are mandated to provide, the centers employ or contract with a range of mental health professionals with a broad range of specialties.

Client Intake: Intake is performed at each community mental health center. Additionally, each center has a staff person who acts as the liaison to the state hospitals.

Program Clients: -

Target Population: Residents of the state who have need of mental health services.

Eligibility Requirements: There are no general financial eligibility thresholds for services, although the centers operate with a sliding fee scale that is based upon the client's ability to pay for services.

The Hoosier Assurance Plan (HAP) is the primary funding system used by DMHA to pay for mental health and addiction services. Individuals qualify for HAP-subsidized treatment if their income is 200% of the

federal poverty level or less. Individuals receiving Medicaid or Food Stamps would meet this income standard. HAP enrollees must also meet a diagnostic or level of functioning assessment, and provide proof of income.

No. of Clients Served (Snapshot: June 30, 2003): 69,936

No. of Clients Served in FY 2003 (Unduplicated for year): 88,944

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	48,210,408		48,210,408		
2002	94,724,919		94,724,949		
2003	120,257,000		120,257,000		
2004 ^	98,339,784		93,894,784	4,445,000	
2005 ^	98,339,784		93,894,784	4,445,000	
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) Cigarette Tax *** (Name of Local fund)					

Funding Details: CMHCs receive funding from different sources including Medicaid, Medicare, private insurance, individual private payers, the Hoosier Assurance Plan, and property tax revenues. Funding of the various revenue sources are mixed between local, state, federal, and private dollars.

With the Hoosier Assurance Plan being the primary funding system used by DMHA to pay for mental health and addiction services, DMHA contracts with provider organizations who provide an array of care for individuals who meet diagnostic, functioning level, and income criteria. The CMHCs currently are the main Hoosier Assurance Plan providers. The provider organizations contract to provide a year's care at the most appropriate level to all enrollees. HAP helps to fund services for persons who have no insurance or not enough insurance for mental health or addictions treatment.

Program Name: Community Mental Health Services Block Grant

Indiana Code Cite: IC 12-7-2-40.6

Administrative Code Cite:

Account Number: 6000/139200

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To provide support services to seriously mentally ill adults, seriously emotionally disturbed children and adolescents, persons with acute disorders, elderly adults with mental illness, and special populations with unique mental health needs.

Federal History/Requirements: The federal government makes funds available to states to support mental health and addiction services. Prior to SFY 1994, one federal block grant provided funds for both mental health and substance abuse services. At the present time, there are separate block grants for mental health and for addiction services. This account is authorized under 42 U.S.C. 300x.

State History/Requirements: See *Federal History*.

Program Services: Services are directed at the abatement of an individual's symptoms of a mental illness, assisting the individual in avoiding hospitalization, and helping the individual to remain in the community to maintain the highest level of self-sufficiency possible.

Service Providers/Agencies: Hoosier Assurance Plan (HAP) providers that are certified as managed care providers offering the full continuum of care for substance abuse treatment and treatment of serious mental illness.

Client Intake: HAP service providers, community mental health centers, and others that contract with HAP are located throughout the state. Service providers supply intake services and assist with determining the appropriate level of fees the client is expected to pay.

Program Clients -

Target Population: Seriously mentally ill adults, seriously emotionally disturbed children and adolescents, persons with acute disorders, elderly adults with mental illness, and special populations with unique mental health needs.

Eligibility Requirements: Individuals must qualify for the Hoosier Assurance Plan.

No. of Clients Served (Snapshot: June 30, 2003): 27,885

No. of Clients Served in FY 2003 (Unduplicated for year): 34,194

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	8,327,737	8,321,737			
2002	7,719,696	7,719,696			
2003	34,477,600	10,193,719	24,283,881		
2004 ^	43,618,989	8,367,122	35,251,867		
2005 ^	43,618,989	8,367,122	35,251,867		
^ Appropriation. * (Source of Federal funds) 93.958 Mental Health Administration (Block Grant MI) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Program Name: DMHA - Disaster Relief Grants

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/119200

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: The ultimate purpose of the program is to support short-term interventions with individuals and groups experiencing serious psychological reactions to large scale disasters.

Federal History/Requirements: Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 authorizes the Federal Emergency Management Agency to fund mental health assistance and training activities in areas which have been declared a disaster by the President.

State History/Requirements: In 2003, Indiana applied for two disaster relief grants from the federal government.

Program Services: The program provides grant money to community mental health centers for crisis counseling assistance and training centers. The center must be located in an area that has been declared a disaster relief area by the President.

Upon receiving a Presidential disaster declaration, the Division of Mental Health and Addiction conducts a needs assessment to determine the level of stress being experienced by disaster victims. The DMHA then applies for a Crisis Counseling grant from the Federal Emergency Management Agency. Upon award of the grant, the DMHA typically provides funds to community mental health centers and local mental health providers to hire additional staff to provide outreach and education on typical stress reactions and methods of reducing stress.

The program supports short-term interventions with individuals and groups experiencing serious psychological reactions to large scale disasters. These interventions involve the counseling goals of assisting disaster survivors in understanding their current situation and reactions, mitigating additional stress, assisting survivors in reviewing their options, promoting the use of or development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies who may help survivors recover to their pre-disaster level of functioning.

Service Providers/Agencies: Community mental health centers; local mental health providers.

Client Intake: Community mental health centers; local mental health providers.

Program Clients -

Target Population: Victims of large scale disasters.

Eligibility Requirements: Individuals who are victims of large scale disasters.

No. of Clients Served (Snapshot: June 30, 2003): NA

No. of Clients Served in FY 2003 (Unduplicated for year): NA

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	0	0			
2003	67,297	67,297			
2004 ^	540,040	540,040			
2005 ^	540,040	540,040			

^ Appropriation.
* (Source of Federal funds) CFDA 93.243 DMHA disaster Relief Grant (FEMA/SEMA)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: HIV Outreach

Indiana Code Cite: IC 12-7-2-40.6

Administrative Code Cite:

Account Number: 6000/139100

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To provide partial support of prevention and HIV early intervention activities when the state is required to do so based on its AIDS rate. In addition, substance abuse treatment services are provided.

Federal History/Requirements: HIV Early Intervention Services are to be provided to persons who are admitted to substance abuse treatment. The state is required to provide HIV early intervention when the state is a “designated state.” This means that the state has a rate of AIDS that is 10 per 100,000 or greater. The determination of the rate is made by the Centers for Disease Control on a calendar-year basis.

State History/Requirements: Indiana was deemed a designated state by the federal government in 1996 and 1997 because its AIDS population was larger than 10 per 100,000. At the time, the state received funding through the Substance Abuse Prevention and Treatment Block Grant to create this program. Although Indiana has not been considered a designated state since 1997, Indiana has continued the program with its own funding. FSSA contracts with the State Department of Health to administer this program.

Program Services: Services include (a) appropriate pretest counseling; (b) testing of individuals to confirm the presence of the disease, to diagnose the extent of the deficiency in the immune system, and to provide information on the appropriate therapeutic measures for preventing and treating the deterioration of the immune system; (c) appropriate post-test counseling; and (d) providing therapeutic measures.

Service Providers/Agencies: Hoosier Assurance Plan (HAP) providers that are certified as managed care providers offering the full continuum of care for substance abuse treatment and treatment of serious mental illness.

Client Intake: HAP service providers, community mental health centers, and others that contract with HAP are located throughout the state.

Program Clients -

Target Population: Low-income people with chronic addictions who are at risk of HIV.

Eligibility Requirements: Individuals with chronic addictions who are at or below 200% of the federal poverty level.

No. of Clients Served (Snapshot: June 30, 2003): 52

No. of Clients Served in FY 2003 (Unduplicated for year): Case management: 1,164; Pretest counseling: 4,911; Tested: 4,812; Additional tests: 3,558

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	33,909,476	33,909,476			
2002	32,863,908	32,863,908			
2003	32,713,894	32,713,894			
2004 ^	33,448,541	33,448,541			
2005 ^	33,448,541	33,448,541			
^ Appropriation. * (Source of Federal funds) 93.959 Alcohol and Drug Abuse (Block Grant Addiction) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: A federal requirement mandates a minimum expenditure of 5% of the federal fiscal year Substance Abuse and Prevention Treatment Block Grant for this service. Funding is to be distributed to existing substance abuse treatment programs.

Program Name: Indiana Statewide Treatment Needs Assessment Program

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/138400

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To collect data relative to various populations in the state of Indiana and make them available for data analysis. The data will be used to identify treatment needs in order to maximize the effectiveness of treatment funding.

Federal History/Requirements: This program is funded with a three-year federal grant. The program began in October 2001 and will end on September 30, 2004. The DMHA is currently filing for an extension with the federal government. If the extension is granted, the program will end on September 29, 2005.

State History/Requirements: See *Federal History*.

Program Services: The Statewide Treatment Needs Assessment Program (STNAP) involves five separate projects:

(1) Client Treatment Administrative Data, the main goals of which were to assign a unique identifier to Treatment Episode Dataset (TEDS) records to allow unduplicated counts within a year and across years for the same individual.

(2) Data Linkage Study to link the Community Services dataset with records from the Hospital Services dataset, and upon completion to merge this combined file with the Medicaid dataset to allow for further analysis.

(3) Adult Household Survey, involving a questionnaire, approved by the Office of Management and Budget (OMB) and administered to 6,047 adults in Indiana in 2003.

(4) Social Indicator System (SIS) involves count-level Census data, mortality data from the State Department of Health, uniform crime statistics, drug-related disciplinary data from school districts, and treatment data.

(5) Adolescent Household Survey involved a questionnaire, approved by the OMB and administered to 10,000 adolescents in Indiana in 2004.

Service Providers/Agencies: Division of Mental Health and Addiction.

Client Intake: NA

Program Clients -

Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	70,836	70,836			
2003	112,787	112,787			
2004 ^	438,344	438,344			
2005 ^	438,344	438,344			

^ Appropriation.
* (Source of Federal funds) CFDH - 93.23 Alcohol/Drug Treatment Needs Assessment
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Indiana Mental Health Funds Recovery Program

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/163300

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: The Indiana Mental Health Funds Recovery Program (MHFRP) enables local community mental health and substance abuse agencies, as well as the state itself, to be reimbursed for administrative expenditures that have been used for activities performed at the local agency level in support of the state Medicaid Plan. Via the MHFRP, federal reimbursement is increased for such overall activities as identifying, locating, and referral of targeted, “at risk” populations, linkage of targeted populations with Medicaid health coverage, and administrative case management activities.

Federal History/Requirements: The MHFRP was approved by the federal Centers for Medicare and Medicaid Services on March 19, 2001, with an effective date of January 1, 1999. It is a collaboration between the Division of Mental Health and Addiction and the Office of Medicaid Policy and Planning.

State History/Requirements: This is a Medicaid program under the oversight of the Office of Medicaid, Policy and Planning.

Program Services: State funds recovery.

Service Providers/Agencies: Participating providers are the DMHA-contracted Managed Care Providers (MCPs), of which the community mental health centers (CMHCs) are included. These providers have, in turn, contracted with a single administrative entity (InteCare) to achieve economies of scale and serve as a fiscal agent in the funds recovery effort.

Client Intake: NA

Program Clients -

Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	29,950,548	29,950,548			
2003	13,884,709	13,884,709			
2004 ^	139,960,000	13,960,000			
2005 ^	13,960,000	13,960,000			
^ Appropriation. * (Source of Federal funds) MHFR Outreach Administration ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: MHFRP claims are filed on a quarterly basis using the federal fiscal year. A participating MCP makes a claim based on the total expenditures (salaries, benefits, supplies, etc.) associated with the employees who do Medicaid administration activities, the number of the provider’s patient population enrolled in Medicaid, and based on a time study of employees’ activities.

Federal financial participation (FFP) rates are applied to these expenditures. The specific rate applied depends on the type of activity and the type of personnel conducting the activity. A 75% FFP “enhanced” rate is available for specific activities performed by skilled professional medical personnel (SPMPs) and their staff, ranging from doctors and nurses, to social workers. A 90% FFP is available for administration of family planning activities. An FFP of 50% applies to most other administrative activities.

Program Name: Olmstead Mental Health Grant

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/163400

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: Division of Mental Health Consumer Council

Program Description -

Purpose: To assure that Indiana's mental health system is an active participant in state-level planning related to the *Olmstead Decision* of the U.S. Supreme Court.

Federal History/Requirements: The federal Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), awarded grants to the states as part of the New Freedom Initiative.

State History/Requirements: DMHA dedicated their SAMHSA grant funds (\$20,000) to identifying and involving consumers and family members in the Olmstead planning process.

Program Services: Through the Office of Consumer and Family Affairs, the DMHA contracted with Key Consumer Organization, Inc., and the Indiana Chapter of the National Alliance for the Mentally Ill (NAMI) to conduct focus groups of consumers and family members in order to solicit input and to encourage participation in the planning process. Information was shared with interested persons and organizations regarding the FSSA Olmstead Plan including providing notice of public hearings that were held across the state. The DMHA also worked closely with Advocates for Human Potential, Inc. (AHP), the national contractor for the Olmstead Initiative, to obtain and disseminate information on Olmstead and the New Freedom Initiative and to provide input at the national level.

Service Providers/Agencies: Division of Mental Health and Addiction.

Client Intake: NA

Program Clients -

Target Population: Ultimately, individuals with mental health or addictions problems.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002	24,840	24,840			
2003	5,207	5,207			
2004 ^	15,000	15,000			
2005 ^	15,000	15,000			
^ Appropriation. * (Source of Federal funds) Olmstead Mental Health Grant ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Federal grant.

Program Name: Projects for Assistance in the Transition from Homelessness (PATH)

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/188400

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To find and engage individuals with mental illness and substance abuse disorders to get them into housing and appropriate treatment services.

Federal History/Requirements: In 1987, the federal Stewart B. McKinney Homeless Assistance Act provided federal funding directed specifically to the needs of homeless persons. The McKinney Act initially funded short-term help designed to provide homeless individuals with temporary assistance. The current PATH program is funded and administered by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

State History/Requirements: Indiana has been a recipient of PATH funding since 1990.

Program Services: Principally outreach services; some treatment services. Teams provide outreach to homeless individuals who have a mental illness, substance abuse disorder, or both. PATH clients receive treatment services as appropriate to their individual circumstances. (Treatment services are an allowable cost within the PATH grants, but the teams generally use the grant funding for outreach.) Often PATH clients are also eligible for SSDI, Medicaid, and other public assistance programs.

Service Providers/Agencies: In Indiana, the PATH grant is used to fund ten outreach teams located in community mental health centers around the state: Gary, East Chicago, South Bend, Elkhart, Fort Wayne, Muncie, Anderson, Indianapolis, Bloomington, and Evansville.

Client Intake: Certain community mental health centers.

Program Clients -

Target Population: Individuals who are homeless or at risk of homelessness; individuals with mental illness and/or substance abuse disorders.

Eligibility Requirements: There are no income eligibility criteria.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	386,760	386,760			
2002	482,570	482,570			
2003	538,934	538,934			
2004 ^	576,000	576,000			
2005 ^	576,000	576,000			
^ Appropriation. * (Source of Federal funds) 93.150 PATH ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: The grant program is federally funded. The local providers can supply the required 25% matching funds with in-kind services or cash.

Program Name: Quality Assurance and Research

Indiana Code Cite:

Administrative Code Cite:

Account Number: 1000/124080

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To fund quality initiatives and research that are used to improve services for people with a mental illness or addiction.

Federal History/Requirements: NA

State History/Requirements:

Program Services: Quality Assurance and Research funds four kinds of activities within the Division of Mental Health and Addiction: (1) basic data collection, (2) analysis and reporting of Community Services Data System data, audits, report cards, and program evaluations, (3) development and dissemination of research in mental health and addictions treatment services, and (4) training and education of consumers, community leaders, providers, and educators through contracts, grants, pilot projects, demonstration projects, and conferences.

Service Providers/Agencies: Division of Mental Health and Addiction.

Client Intake: NA

Program Clients -

Target Population: Ultimately, individuals with mental health and addictions problems.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,127,872		1,127,872		
2002	1,114,863		1,114,863		
2003	888,955		888,955		
2004 ^	1,052,976		1,052,976		
2005 ^	1,052,976		1,052,976		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details:

Program Name: Reduction of Tobacco Sales to Minors (Synar Amendment)

Indiana Code Cite: IC 7.1-6-2-5

Administrative Code Cite:

Account Number: 6000/180400

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To pass and enforce laws that prohibit the sale of tobacco products to individuals under 18 years of age.

Federal History/Requirements: In July 1992, Congress passed the Synar Amendment as part of the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L.102-321, Sec. 1926). The amendment requires states to pass and enforce laws prohibiting the sale of tobacco to individuals under the age of 18. In January 1996, the U.S. Department of Health and Human Services issued the final implementation regulations for the Synar Amendment. The amendment is a condition of funding for the states receiving the Substance Abuse Prevention and Treatment Block Grant. Up to 40% of the block grant can be withheld for not complying with the Synar Amendment.

The Synar regulations require the state to achieve no more than a 20% rate of illegal tobacco sales to minors. The rate is determined by an annual study conducted by the DMHA that is based on random, unannounced inspections of tobacco retailers. Under-aged study participants are recruited and trained to attempt to make tobacco purchases in order to determine a sales rate of illegal sales to minors. (The study participants are accompanied by Indiana Excise Police officers.) If the study findings exceed a sales rate of 20%, the state is subject to a fiscal penalty of up to 40%, or approximately \$13.3 M, of the Substance Abuse Prevention and Treatment block grant award.

State History/Requirements: The General Assembly enacted a prohibition on the sale or distribution to, or purchase of tobacco products for, individuals under the age of 18 years in 1980. In 1996, with the promulgation of the federal rules under the Synar Amendment, the General Assembly assigned the responsibility for preparation of the annual study to the DMHA.

Program Services: The program conducts the required annual study and submits it to the federal agency.

Service Providers/Agencies: Under contract, the Indiana Prevention Resource Center in Bloomington provides the research expertise for the study design, and the Indiana Criminal Justice Institute recruits, trains, and pays the under-age study participants and their monitors. The Synar Amendment study program also interfaces with the state enforcement program known as TRIP, or Tobacco Retailers Inspection Program, that is conducted by the state Alcohol and Tobacco Commission. The Indiana Excise Police are contracted to perform approximately 900 random inspections for the study during the months of January through May.

Client Intake: NA

Program Clients -

Target Population: Individuals under the age of 18 that may seek to purchase tobacco products illegally.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	312,726			312,726	
2002	139,212			139,212	
2003	18,777			18,777	
2004 ^	149,300			149,300	
2005 ^	149,300			149,300	
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) Gambler's Assistance Fund *** (Name of Local fund)					

Funding Details: Funding for the program is transferred from the Gambler's Assistance Fund, which is derived from state Riverboat Admissions Tax revenues.

Program Name: Regulatory DMHA Programs - Licensure and Certification

Indiana Code Cite: IC 12-25

Administrative Code Cite: 440 IAC 1-1.5; 440 IAC 4.1; and 440 IAC 4.4

Account Number:

Administrative Division: Division of Mental Health and Addiction.

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: State regulatory control of freestanding psychiatric facilities, community mental health centers, managed care providers, residential care, and addiction programs through licensure and certification activities.

Federal History/Requirements: N/A

State History/Requirements: The Division of Mental Health and Addiction licenses freestanding psychiatric facilities in the state (as opposed to the State Department of Health which licenses acute care hospitals with inpatient psychiatric units). The Division also certifies providers of addiction services, mental health residential care programs, mental health managed care providers, and community mental health centers in conjunction with requirements for accreditation with professional accrediting bodies in the specialty areas of operation. The DMHA conducts the certification and licensure activities through the Licensing and Certification Unit of the Office of Contract Management. This section is also responsible for the licensure of freestanding inpatient psychiatric treatment facilities. The State Department of Health licenses psychiatric units of general acute care hospitals. State hospitals are accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), but are not licensed by the state.

Program Services: Licensure and regulatory activities.

Service Providers/Agencies: Licensing and Certification Unit of the Office of Contract Management within DMHA.

Client Intake: NA

Program Clients: -

Target Population: Ultimately, individuals with mental health and addictions problems.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002					
2003					
2004 ^					
2005 ^					
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Licensing is a state regulatory function that is funded primarily from state General Fund administrative accounts. The cost of licensing activity is not maintained separately and is therefore not reported at this time.

The Division of Mental Health and Addiction does not charge a fee to the providers. The process is reliant upon the accreditation of several outside accreditation bodies that have demonstrated expertise in specified areas. If a provider maintains an accreditation status under a recognized organization, the Division's certification and licensure process accepts the accreditation as a baseline for the state's certification. Program certification and hospital licensure are necessary for DMHA reimbursement.

Program Name: Safe and Drug-Free Schools and Communities

Indiana Code Cite: IC 12-23-1-6

Administrative Code Cite:

Account Number: 6000/167100

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To provide substance abuse education and prevention services discouraging the use of alcohol, tobacco, and other drugs among high-risk youth under the age of 18 years.

Federal History/Requirements: The program was re-authorized in Title IV of the Elementary and Secondary Education Act ("No Child Left Behind" Act) of 2002. The federal legislation requires that 80% of the available funds must be allocated by the State Department of Education to local education agencies. The remaining 20% is referred to as the "Governor's Portion" and may be allocated by the Governor's designated agency for primary prevention activities directed at youth at risk of using alcohol, tobacco, or other drugs.

State History/Requirements: The Governor designated the Division of Mental Health and Addiction as the designated agency to administer the "Governor's Portion" of the grant (20% of the total). Community-based agencies and state agencies provide prevention services, information, and awareness programs, and education and training directed towards school-age youth.

Program Services: Educational and training programs are provided to help participants learn to choose healthy life styles. The program sponsors Project Lead which trains teens who are in leadership roles of established youth programs in drug use prevention. Indirect services include technical assistance and training volunteers in communities such as the members of Local Coordinating Councils. These youth are at risk by virtue of their age; this is the range when experimental use starts. Parents or other persons responsible for the youth are referred to other services for evaluation if certain behaviors are observed.

Service Providers/Agencies: Various community-based agencies and state agencies.

Client Intake: Children participate on a voluntary basis with parental permission. The program is promoted through schools, parks departments, and other youth-oriented organizations.

Program Clients -

Target Population: Children who are 10 to 14 years of age who are in school. Participants of Project LEAD are older teens, and both age groups are from a universal population.

Eligibility Requirements: Youth who are 10 to 14 years of age and who are at moderate risk for alcohol, tobacco, or other drug use.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,940,684	1,940,684			
2002	1,332,827	1,332,827			
2003	1,486,055	1,486,055			
2004 ^	1,498,620	1,498,620			
2005 ^	1,498,620	1,498,620			
^ Appropriation. * (Source of Federal funds) 84.186B Drug-Free School ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: 100% federally funded. The Division of Mental Health and Addiction is allocated 20% of the total federal funds made available to the state.

Program Name: Seriously Emotionally Disturbed Children (Systems of Care in Indiana Grant)

Indiana Code Cite: IC 12-22-4

Administrative Code Cite: 440 IAC 8-2-4

Account Number: 1000/124090

Administrative Division: Division of Mental Health and Addiction; Division of Family and Children.

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To develop a coordinated, family-centered, and community-based system of services for children with serious emotional disturbances and their families.

Federal History/Requirements: NA

State History/Requirements: Development of Integrated Cross-System Services for Children (Children's System of Care) began in Indiana in 1996 with the receipt of the Robert Wood Johnson Foundation MHSIP grant to replicate a blended funding system of care for children. The resulting "Indiana Cost Sharing Project" became known as the Dawn Project, and Marion County children began receiving these intensive services. In 1999, federal Children Mental Health Initiative grants were awarded to the Dawn Project and to Lake County's Circle Around Families. In 2000, FSSA's Division of Mental Health and Addiction and Division of Family and Children collaborated to provide state-level start-up funds for four pilot systems of care projects. Between 2001 and 2003, 22 additional systems of care were given similar start-up funds from the DMHA.

Program Services: The program provides grant money for "Wraparound Facilitation" service programs. Wraparound facilitation includes activities typically performed by a case manager with the addition of other responsibilities, including eligibility-determination activities, managing a budget for services, providing technical assistance to others involved in the child's care, assuring that everyone who has an impact on success of the plan of care is appropriately involved, and that systematic barriers to services are addressed and resolved. Other services include respite care, family support and training, and independent skills training. Wraparound Facilitation is also known as "Children's System of Care" services.

Service Providers/Agencies: There are currently 45 "System of Care" programs in the state. The vast majority are facilitated by community mental health centers (managed care providers). Others are located in not-for-profit, child-serving service agencies. Five new sites will be funded beginning July 1, 2004, and five more sites are planned for FY 2006, depending upon the availability of resources.

Client Intake: Community mental health centers; not-for-profit agencies.

Program Clients -

Target Population: Children with serious emotional disturbances.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year): 659

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	12,482,984		12,482,984		
2002	13,946,515		13,946,515		
2003	14,824,427		14,824,427		
2004 ^	16,485,578		16,485,578		
2005 ^	16,485,578		16,485,578		
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Sites were given up to \$50,000 a year for two years (\$100,000 maximum) to develop the collaborative infrastructure to build and sustain a local system of care and to initiate services using a child and family team wraparound model.

Program Name: Shelter Plus Care Grant Project

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/116000

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To provide services for the homeless mentally ill, homeless mentally ill with co-occurring disorders, homeless with substance abuse issues, and/or homeless mentally ill who are either HIV positive or individuals at risk or who have AIDS and/or related illnesses.

Federal History/Requirements: The Shelter Plus Care Program was established by the federal Stewart B. McKinney Homeless Assistance Act of 1987.

State History/Requirements: Indiana has secured Shelter Plus Care funding since its inception in 1987.

Program Services: The Shelter Plus Care program provides rental assistance, in connection with supportive services funded from sources other than this program, to homeless persons with disabilities (primarily persons who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have acquired immunodeficiency syndrome and related diseases) and their families. The program provides assistance through four components: (1) tenant-based rental assistance; (2) sponsor-based rental assistance; (3) project-based rental assistance; and (4) single-room occupancy for homeless individuals.

Service Providers/Agencies: There are currently four community mental health centers in the state that receive Shelter Plus Care grants. An additional three programs will be opened in the near future. One of these programs will be located within a substance abuse facility.

Client Intake: Rental assistance; mental health, addictions, and other health and human services.

Program Clients: -

Target Population: Homeless people with disabilities.

Eligibility Requirements: The program serves homeless mentally ill, homeless mentally ill with co-occurring disorders, homeless with substance abuse issues, and/or homeless mentally ill who are either HIV positive or have AIDS or related illnesses.

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	599,281	599,281			
2002	494,755	494,755			
2003	354,887	354,887			
2004 ^	880,336	880,336			
2005 ^	880,336	880,336			
^ Appropriation. * (Source of Federal funds) Stewart B. McKinney funds ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Entirely federally funded.

Program Name: State Mental Health and Addiction Hospitals

Indiana Code Cite: IC 12-24-1-3

Administrative Code Cite:

Account Number: See *Service Providers/Agencies*.

Administrative Division: Division of Mental Health and Addictions

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To provide care to adults and children who have serious mental illness and/or addiction and who may need an intensive level of care for an extended period of time.

Federal History/Requirements: The state mental hospitals are affected by the 1999 *Olmstead* decision, a U.S. Supreme Court decision that held that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The court ruled that the Americans with Disabilities Act may require states to provide community-based services rather than institutional placements for individuals with disabilities if treatment professionals determine that community-based services are appropriate, the affected individuals do not object to such placement, and the state has the available resources to provide community-based services.

State History/Requirements: In 1989, seven state mental hospitals had a patient population of 3,612. With the closure of Central State Hospital (Indianapolis) in 1994 and the downsizing of other facilities, due both to federal statutes and an ongoing trend toward de-institutionalization, current patient census is about 1,200.

The state hospital system operates under a “gatekeeper” system, with community mental health centers acting as the gatekeeper: authorizing admissions into the hospitals, providing case management to patients while in the facility, and monitoring the patient upon discharge. DMHA has a system of bed allocations, where each community mental health center has access to state hospital beds in proportion to the number and severity of the people served in the community setting. This allocation includes individuals with a psychiatric illness and who are civilly committed, persons with criminal commitments, persons with co-occurring mental illness and a developmental disability, and children and adolescents. The children and adolescents fall under the same gatekeeper system as the adults, but without allocated beds.

All six hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and have units certified for Medicare and Medicaid.

Program Services: Psychiatric care; care for co-occurring mental illness and developmental disabilities; services for substance abuse and addictions; community adjustment programs; consultation and referral; physical examinations; educational services; occupational, recreational, and vocational therapies; and follow-up care; and physical, mental, and emotional services for children.

Service Providers/Agencies: The state provides inpatient care at six state-operated psychiatric hospitals: (1) Evansville State Hospital, (2) Evansville State Psychiatric Treatment Center for Children, (3) Larue D. Carter Memorial Hospital, (4) Logansport State Hospital, (5) Madison State Hospital, and (6) Richmond State Hospital.

Evansville State Hospital (1000/104250) provides inpatient care for adults with serious mental illness. The hospital has special units for older persons and persons with co-occurring mental illness and developmental disabilities. The hospital's capacity based on staffing requirements is 168.

Evansville State Psychiatric Treatment Center for Children (1000/104150) serves children ages 4 through 12 who have severe emotional disturbances. The hospital's capacity based on staffing requirements is 28.

Larue D. Carter Memorial Hospital (1000/104500), located in Indianapolis, provides inpatient treatment for seriously mentally ill adults and seriously emotionally disturbed children and adolescents. Adult outpatient services are also provided. The hospital is affiliated with Indiana University as a teaching and research site. The hospital's capacity based on staffing requirements is 159.

Logansport State Hospital (1000/104350) provides inpatient care for adults with serious mental illness. The hospital also has special units for persons with mental illness who are involved in the criminal justice system, and for persons who have co-occurring mental illness and developmental disabilities. The hospital's capacity based on staffing requirements is 380.

Madison State Hospital (1000/104300) provides inpatient care for adults with serious mental illness, including geriatrics. The hospital also has a special unit for persons who have co-occurring mental illness and developmental disabilities. The hospital's capacity based on staffing requirements is 150.

Richmond State Hospital (1000/104400) provides inpatient treatment for seriously mentally ill adults. The hospital has special units for persons who are chemically addicted, persons who are dually diagnosed with mental illness and chemical addictions, and male adolescents with conduct or adjustment disorders. The hospital's capacity based on staffing requirements is 300.

Client Intake: Community mental health centers (CMHCs) authorize admissions into the hospitals and monitor and treat individuals upon discharge.

Program Clients -

Target Population: Individuals with mental illness, addictions, or developmental disabilities.

Eligibility Requirements: Individuals must have a serious mental illness or an addiction and must be referred by a community mental health center.

No. of Clients Served (Snapshot: June 30, 2003): About 1,200

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	155,860,011	19,624,301	136,235,710		
2002	161,738,120	22,996,682	138,791,439		
2003	151,958,610	18,968,225	132,990,386		
2004 ^	155,186,815	19,265,607	135,921,208		
2005 ^	155,186,815	19,265,607	135,921,208		
^ Appropriation. * (Source of Federal funds) Title XIX Medicaid reimbursement ** (Name of Dedicated fund) *** (Name of Local fund)					

Funding Details: Funding consists of state appropriations, reimbursements from the Medicaid Program, payments through Medicare, and client cost sharing.

Program Name: Substance Abuse State Data Infrastructure Grant (SDI)

Indiana Code Cite:

Administrative Code Cite:

Account Number: 6000/116000

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -

Purpose: To develop the state's mental health data collection, analysis, and reporting capabilities for the SAPT Block Grant.

Federal History/Requirements: The SDI is a three-year project, funded by the federal Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA). It is designed to improve the data collection and reporting process for the DMHA. It is part of a larger goal of SAMHSA to strengthen data collection capabilities in all states in order to improve quality and enhance accountability.

State History/Requirements: The DMHA is currently in the second year of the grant.

Program Services: The scope of this project will be to integrate appropriate data to support DMHA reporting and analysis. This includes, but is not limited to, federal reporting requirements related to the grant. To this end, it is the DMHA's intent to enhance new data mart that contains historical data from the identified data sources and integrate it with a reporting tool. It will be primarily used by the DMHA staff either through a reporting tool or by querying the database directly.

The design of the DMHA Data Mart has received the approval of both DMHA and the Division of Technology Services (DTS) staff. A reporting tool is now integrated with the database for standardized reporting. The data mart and reporting tool were "rolled-out" into a production environment, and training of DMHA staff was completed. After an appropriate period of time, a process will be put in place to roll the reporting tool out to a larger audience.

There are various data sources within the DMHA's control. Two of the main data sources (DSS and CSDS) are described below; however, there will be other data sources that will become part of the SDI project.

The Decision Support System (DSS), developed by Creative SocioMedics, is used by the state-operated facilities. The DSS has three major components: client, federal, and state funding data; client tracking; and clinician workstations.

The Community Services Data System (CSDS), developed by NISYS, is an Internet web-based system that allows DMHA to monitor billing and expenditures by managed care providers, as well as collect data on individual-level treatment episodes on clients served. A variety of standard reports are run and made available on the Internet website. This system incorporates all functions from enrollment through payment authorization.

Service Providers/Agencies: Division of Mental Health and Addiction; community mental health centers; addiction providers.

Client Intake: NA

Program Clients -

Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):

No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	0	0			
2003	3,887	3,887			
2004 ^	100,000	100,000			
2005 ^	100,000	100,000			

^ Appropriation.
 * (Source of Federal funds) CFDA 93.248 SA Data Infrastructure
 ** (Name of Dedicated fund)
 *** (Name of Local fund)

Funding Details: Federal grant.

Program Name: Substance Abuse Services / Gambler's Assistance

Indiana Code Cite: IC 12-23

Administrative Code Cite:

Account Number: 3230/141300; 3230/141400

Administrative Division: Division of Mental Health and Addiction

Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4); Indiana Commission for a Drug-Free Indiana (IC 5-2-6-16). This Commission is administered by the Indiana Criminal Justice Institute (ICJI).

Program Description -

Purpose: To provide partial support for substance abuse and compulsive gambling treatment services.

Federal History/Requirements: NA

State History/Requirements: The 1993 General Assembly authorized 11 riverboat gambling sites in the state. The Legislature also required that \$0.10 of each admission tax paid to the riverboat was to be distributed to DMHA for the prevention and treatment of problem gambling behavior. In 1995, the Legislature amended the law to allow for 75% of the funding to be used for the prevention and treatment of alcohol and drug abuse and compulsive gambling. In addition, the General Assembly required the maintenance of a toll-free telephone line to provide members of the public with information about these addictions and how to seek treatment. A minimum of 25% of the riverboat funding is required to be allocated to compulsive gambling programs. The Alcoholic Beverage Gallonage Tax is the source of additional funding provided by the General Assembly for addictions treatment for low-income individuals.

Program Services: Intervention services; outpatient services; intensive outpatient services; detoxification services; residential services; and transitional residential services. In addition to the full continuum of care mandated for the substance abuse and seriously mentally ill populations, managed care providers for problem gambling treatment are required to offer inpatient and intensive outpatient services, linkage with self-help groups such as Gambler's Anonymous, and financial management counseling. DMHA also operates a toll-free telephone line for compulsive gambling and alcohol and drug abuse information.

Service Providers/Agencies: Hoosier Assurance Plan (HAP) providers that are certified as managed care providers offering the full continuum of care for substance abuse treatment and treatment of serious mental illness. For compulsive gambling treatment, HAP providers also must obtain a compulsive gambling treatment endorsement through DMHA. Statewide, DMHA lists 18 providers certified to treat compulsive gambling and 39 providers certified for substance abuse treatment.

Client Intake: HAP service providers, community mental health centers, and other providers that contract with HAP are located throughout the state. Service providers supply intake services and assist with determining the appropriate level of fees the client is expected to pay.

Program Clients -

Target Population: Individuals at or below 200% of the FPL who need and seek access to treatment for chemical addictions (alcohol and drug abuse) or compulsive gambling.

Eligibility Requirements: People with compulsive gambling and/or alcohol and drug addiction clients seeking

access to treatment through the Hoosier Assurance Plan must ask for treatment and actively participate in the treatment.

The client must also meet diagnostic and functioning-level evaluation criteria as determined by an appropriate mental health professional. Clients must provide proof of income and social security numbers in order to be eligible for the program.

No. of Clients Served (Snapshot: June 30, 2003): 72

No. of Clients Served in FY 2003 (Unduplicated for year): 154

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	6,443,331			6,443,331	
2002	6,613,524			6,613,524	
2003	6,096,106			6,096,106	
2004 ^	7,196,936			7,196,936	
2005 ^	7,196,936			7,196,936	
^ Appropriation. * (Source of Federal funds) ** (Name of Dedicated fund) SA Treatment/Alcoholic Beverage Tax Gamblers Assistance Fund *** (Name of Local fund)					

Funding Details: State funds are paid through the dedicated, nonreverting Addiction Services Fund (IC 12-23-2). This fund consists of proceeds from excise taxes on alcoholic beverages (IC 7.1-4-11) and taxes on riverboat admissions (IC 4-33-12-6). The funds must be used to address addictions treatment and the provision of a toll-free telephone number. No more than 5% of the fund may be expended on administrative activities each year. Further, 25% of the Riverboat Admissions Tax paid to the Division of Mental Health and Addiction is required to be used for the prevention and treatment of compulsive gambling.

The Hoosier Assurance Plan does not pay 100% of the cost of addictions treatment. Enrolled clients are expected to participate in the cost of their care based on their ability to pay and or agree to have their insurance billed. The program employs a sliding fee scale based on financial capacity of the client’s household income. Some of the cost of treatment may also be covered if the client qualifies for Medicaid or Food Stamps or if their monthly income falls below 200% of the federal poverty level. Compulsive gamblers’ income determination includes gambling debts and payments on incurred gambling debts as part of the calculation.