

Indiana No Wrong Door Plan

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Mission and Vision

Indiana's No Wrong Door (NWD) planning initially centered on transforming an outdated Pre-Admission Screening (PAS) process into a vehicle to be used as a navigational "map" for consumers at critical hospital discharge points to assist in guiding them to the appropriate Long-Term Services and Supports (LTSS). Over time, however, as NWD leadership reflected critically on the plan, we began focusing on a more comprehensive approach. Our mission is that all Hoosiers along with their family members and caregivers, regardless of where they live in the state or who pays for their care, will have access to more information and improved opportunities to make informed choices about their services and supports.

During the past nearly two years of planning, as the Division of Aging (DA) communicated the NWD concept with various stakeholder groups, we gained invaluable information about how to bring NWD strategies to life and use stakeholder input to assist with developing a more detailed project plan.

The NWD planning process provided an opportunity for the DA to look across all of Indiana's human service systems and determine how the systems could be adjusted to better meet our consumers' needs. Placing the consumers at the very center of the systems that serve them has allowed us to fine-tune our NWD plan. We also used the process as an opportunity for ongoing organizational change, which will result in improved access to LTSS in Indiana. Our goal is to provide information and supportive decision-making so consumers have what they need to make their own determinations. We anticipate that within three (3) to five (5) years, this overall vision of NWD will be fully implemented in Indiana.

This vision is enshrined in our five (5) key quality principles upon which we are building Indiana's No Wrong Door System. These are:

1. Hoosiers have access to high quality, comprehensive long-term services and support information from trusted network of ADRCs and key referral sources
2. Indiana's NWD System is person centered and directed
3. NWD System consumers in Indiana experience streamlined access to needed services and benefits
4. Older Hoosiers and individuals of all ages with disabilities are able to find and access the right services, in the right place, and at the right time, that are most appropriate to their individual strengths, needs, and preferences
5. Indiana's NWD system has strong leadership, whose mission and vision is person-centered and all-payer focused, committed to ensuring a systematic, organized and high quality framework for improvement

Over the past year, numerous formal and informal meetings were held with a variety of stakeholder groups. These groups were affiliated with state government, healthcare, aging, and disabled persons and their respective advocacy groups. The purpose of these meetings was to obtain acceptance and a willingness to support the NWD concept. A more fully developed list of stakeholder groups with whom we made connections and involved in the NWD planning process is included in the Stakeholder Engagement section of this report.

Assessment

The Division of Aging (DA) in the Indiana Family & Social Services Administration (FSSA) is leading Indiana's efforts to plan for and implement a No Wrong Door (NWD) system of access to information and Long Term Services and Supports (LTSS).

The DA led several efforts in 2014 and 2015 to assess the systems through which Hoosiers are able to access the information and services they need in order to meet their long-term care needs. Alongside those efforts, the FSSA was tasked by the General Assembly to assess the State's systems of LTSS. This report was submitted to the General Assembly on October 1, 2015 and is commonly referred to as the "1391 Report" because the original legislation was House Enrolled Act 1391 (Public Law 145-2014 after signing). For this report, the agency was tasked with reporting on the state of long-term care in Indiana.

A copy of the 1391 Report is attached as Appendix A to Indiana's NWD Plan. The report was written by staff within the DA in Indiana's FSSA in collaboration with the Indiana State Department of Health (ISDH) and the Indiana State Budget Agency (SBA). The writers convened multiple public hearings and circulated drafts of the report for public input on multiple occasions. Key stakeholders involved in the creation of the report include representatives of Indiana's Area Agencies on Aging (AAAs), Aging & Disability Resource Centers (ADRCs), and representatives of the nursing facility industry in Indiana. Input for this report was sought from the Indiana AARP, Indiana's Centers for Independent Living, the Governor's Commission on Aging, and the gubernatorial-appointed Board that oversees the administration of the State-funded CHOICE program.

Whereas the purpose of the 1391 Report was much broader in scope than NWD, the DA anticipated that findings from that report would be germane and timely to Indiana's NWD planning process. This assessment was accurate. The Report also coincided with FSSA's evaluation of its Medicaid rebalancing efforts and supported a public launch of those efforts in December of 2015.

In addition to facilitating the completion of the 1391 Report, the DA engaged the services of netlogx and the Center for Aging & Community of the University of Indianapolis (UIndy) to assist with NWD planning. During the 2015 summer months, these entities facilitated a multi-pronged effort to engage stakeholders directly in assessing Indiana's systems of access to information about long-term supports across all populations and all payers. This effort included focus group meetings targeted at specific interest groups, an electronic survey, and a series of ten (10) listening sessions conducted throughout the state. The report from this effort is also attached as Appendix B to this plan.

Concurrent with these efforts, the DA utilized the ADRC Readiness Assessment Tool to evaluate the functioning of Indiana's ADRC network, the results of which are also attached as Appendix C. netlogx conducted meetings of FSSA staff to evaluate the state of readiness of intra-agency stakeholders to participate in NWD planning.

Findings

A majority of stakeholders reported they lacked knowledge and awareness about where to obtain reliable information about LTSS needs. Consumer advocates reported that people did not know where to turn and frequently did not know the right questions to ask. While Indiana was an early adopter of the Aging & Disability Resource Center model, designating our first ADRCs in 2006, there is very little awareness of this network among consumers or at many of the doors at which consumers present themselves, e.g. hospitals.

All sixteen of Indiana's AAAs were designated as ADRCs in 2008; all of Indiana's ADRCs are centered in AAAs. There has been no dedicated funding source for ADRC activity in Indiana. The majority of AAAs retitled their Information & Referral staff as ADRC staff but did little to create the community-wide partnerships, encourage cross-training opportunities, or develop referral protocols that characterize high-functioning ADRCs. There has been little that distinguishes the roles of these organizations as both Area Agencies on Aging and as Aging & Disability Resource Centers. Each AAA in Indiana also has its own unique corporate identity, brand, and logo which creates challenges for consumers to even find the ADRC. Other than voluntary guidelines for ADRCs that were developed by the Indiana Association of AAAs around 2008, there has been little guidance provided to the ADRCs about their role, or operational and performance expectations. Also there has been no defined accountability between the DA and ADRCs about roles and responsibilities for each entity.

These findings contribute to one of the major objectives of Indiana's NWD Plan. Indiana needs a highly visible network of ADRCs to serve as trusted community partners in helping people access the information and services they need to meet their long-term care needs and maximize their independence in the community.

Consumers reported multiple barriers in the effective and timely assessment of long-term services and supports. These barriers include the need to provide the same information repeatedly to multiple divisions, the receipt of inconsistent information at multiple points in the processes, lengthy delays in Medicaid processing, and waitlists for non-Medicaid publicly-funded services. In addition, the forms and business processes used are very complex and inefficient. Stakeholders also observed that systems for information sharing among/between the five (5) FSSA Divisions are ineffective.

Consumers and other stakeholders consistently expressed the need for the agency to improve the utilization of technology in these efforts. Throughout the listening sessions and feedback gathering with consumers, there were repeated expressions of the need for more integrated data systems and the desire to have the points of entry provide better handoffs, with less need for the consumer to "tell their stories" multiple times. Consumers also specifically requested a user-friendly website that would allow them to access reliable information to enable them to start these processes themselves and self-refer as needed to FSSA or the ADRCs.

Another key aspect in Indiana's NWD plan is the leveraging of technology to create more effective hand-offs within the FSSA care divisions, as well as providing consumers with more direct information and tools to empower them to make informed decisions about their long-term service needs. These tools should allow those with more complex needs to access the ADRCs in a streamlined fashion.

Stakeholders expressed that Indiana's systems can be very challenging to navigate because each care division in the agency operates separate programs, including Medicaid waivers, and that all have different service definitions, eligibility criteria, and even timelines. It was observed on multiple occasions that the people we serve do not fit neatly into current operational silos, which supports the general perception that these systems are eligibility and compliance focused. It also confirms that NWD planning provides an opportunity to become more person-centered in our service delivery.

The provision of high-quality and consistent options counseling is a key element of Indiana's NWD planning. Consumers strongly desire to participate in options counseling and would like to have counseling available at all the doors they encounter. While this is not feasible, we do believe Indiana can improve the provision of information at many of the doors by creating a statewide referral network of "Long-Term Service Advisors" that can support individuals in identifying their information needs and connecting them to resources that can assist, including the utilization of the State's 2-1-1 network.

Plans will also include strengthening the abilities of options counselors, long-term service advisors, and other “door keepers” in a person-centered manner, fully taking into consideration an individual’s abilities, goals, and preferences.

The Family & Social Services Administration is Indiana’s healthcare and social services funding agency, with five (5) care divisions administering services to over 1.4 million Hoosiers. Prior to 1991, these divisions were separate state agencies, or incorporated with each other in different ways. They were consolidated into FSSA in 1991. The consolidation of these separate human service agencies into the Family & Social Services Administration was completed as the result of both private and legislative studies that documented the large numbers of persons receiving services from multiple human service agencies and the fragmentation that made doing so very difficult. There was concurrence that Hoosiers could be better served in a consolidated agency and that improvements in efficiency could allow reduced costs in the administration of these programs.

A review was completed in 2004 by the State’s Legislative Services Agency to examine the extent to which this effort had been successful. The conclusion of this report was that Indiana’s combined human service agency model worked at least as successfully as other states that had adopted a similar model, although there was evidence that communication among/between the divisions within the agency could be improved.

Multiple observers through the years have noted the cumbersome nature of FSSA’s bureaucracy. The agency has consolidated all administrative functions to act as one state agency, but has been less successful doing that with the client-centered programs. The commitment to the development of a No Wrong Door system is an opportunity for FSSA to achieve the goals identified when the agency was formed in 1991 to be able to leverage the already existing unification of the state’s human service agencies to streamline access to information and programs for the Hoosiers we serve.

Stakeholders within FSSA, including leaders of the care divisions and their staff, participated in multiple discussions about the improvement of and-offs and how agency-wide information is shared. Feedback from the listening sessions and survey was shared with stakeholders as well. There was widespread support for collaborating on projects to improve consumers’ experience with their agency contacts as well as with the information and services provided.

It is critical to long-term implementation and sustainability of Indiana’s NWD system that agency leadership coalesce around the development of an approach that crosses divisional lines in order to serve all populations, regardless of payer, in a person-centered and high-quality manner. This requires a commitment on the part of agency leadership to create a systematic, organized, and high-quality system of governance, rooted in an FSSA Executive Team dedicated to the ongoing assessment and quality improvement activities on behalf of the consumers we serve.

Governing Body

The Governing Body for Indiana's No Wrong Door system is the Executive Committee of Indiana's Family & Social Services Administration (FSSA). The Family & Social Service Administration was established by the Indiana General Assembly in 1991 to consolidate and better integrate the delivery of human services by State government. FSSA is a healthcare and social services funding agency composed of five (5) care divisions within that administer services to over 1.4 million Hoosiers.

FSSA is led by the Secretary, who is appointed by the Governor and a member of the Governor's Cabinet. The Directors of the program divisions within the agency are appointed by the Secretary, with consent of the Governor. The five (5) divisions and their areas of responsibilities are as follows:

Office of Medicaid Policy & Planning (OMPP) - Administers Medicaid policy and programs. Has direct responsibility for all primary and acute care policy and programs. Collaborates with other service divisions on administration of waiver and state plan services targeted to specific population needs.

Division of Aging (DA) - Supports the development and utilization of alternatives to nursing facility care. Coordinates and funds activities throughout Indiana's network of Area Agencies on Aging (AAAs), including the administration of two waiver programs targeted to elderly individuals and those with physical disabilities or acquired traumatic brain injuries.

Division of Disability & Rehabilitative Services (DDRS) - Manages the delivery of services to children and adults with intellectual disabilities (ID) or developmental disabilities (DD), including two waiver programs targeted to persons with ID/DD. Includes the Bureau of Rehabilitative Services providing vocational supports to persons with employment barriers due to their intellectual or physical disabilities.

Division of Mental Health & Addiction (DMHA) - Supports Indiana's network of mental and behavioral health providers. Operates network of six (6) state psychiatric hospitals. Funds prevention and treatment programs for persons with addiction disorders.

Division of Family Resources (DFR) - Administers application and eligibility programs for Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), childcare assistance, and Residential Care & Assistance (RCAP).

The Executive Committee of the agency consists of the Secretary, the Directors of each of the program divisions, the agency Chief of Staff, plus Chief Officers of Technology, Communications, Finance, Human Resources, and Quality. The committee meets monthly for two (2) hours. Representatives of the Governor's office and the State Budget Agency also attend these meetings on a regular basis. On a quarterly basis, the Committee also meets as a Quality Council.

The purpose of the Quality Council meetings is to review and guide agency efforts to execute initiatives designed to improve client outcomes. Measures of client outcomes include cost and efficiency measures, as well as measures associated with healthcare outcomes, access to care, community integration, and client satisfaction.

The Division of Aging is the lead entity on Indiana's NWD plan and was the agency responsible for submitting the response to the funding opportunity announcement, after conferring with the FSSA

Executive Committee. The Division of Aging initiated and facilitated Indiana's NWD planning effort and has reported regularly on those efforts to the FSSA Executive Committee.

Stakeholder Engagement

As stated in the grant proposal, Indiana plans to engage stakeholders of all targeted populations including consumers, providers, and advocacy groups. Indiana recognizes that such stakeholders can provide significant insight to the state's planning efforts of the No Wrong Door (NWD) program, and that stakeholder engagement and collaboration will be critical to ensure a smooth and efficient transition to NWD for our target populations.

Stakeholder engagement in Indiana's NWD planning process will be accomplished through a variety of avenues:

- Scheduled meetings with specific stakeholder groups
- Open forum meetings for public input
- Use of existing forums such as the Commission on Aging, the Alzheimer's Task Force, and the CHOICE Board
- Online communications using a dedicated website, through which public comments can be submitted during the planning process

In the planning process, all stakeholders will have a key role in assessing the current system. Input from stakeholders that touch many aspects of Indiana's Long-Term Services and Support (LTSS) system will provide invaluable input when identifying weaknesses and barriers to accessing those services. Helping to identify all "doors" that individuals currently use to access the Indiana LTSS system will also be an important contribution of our stakeholder groups. They will also have a key role in helping to define the need for training and tools at the various "doors" in Indiana's system.

Some stakeholders will naturally have a greater involvement in the planning process. The Indiana NWD plan focuses on nursing facility Pre-Admission Screening (PAS) and Pre-Admission Screening Resident Review (PASRR). Again, the intention is that these processes, specifically the "door" manned by hospital discharge planners, will lead to systems and tools that can be replicated to facilitate access at numerous other "doors" throughout the state over time. Consequently, stakeholders that touch the hospital discharge process, such as nursing facilities and of course, Indiana's AAA/ADRC network, will be key in the initial efforts of our plan. Also including PASRR in this focus helps bring our partners in the mental health and intellectual disability (ID)/developmental disability (DD) communities to the forefront as well. Stakeholder engagement first began with stakeholders internal to state government, specifically the Family and Social Services Administration (FSSA). The Advisory Group, consisting of representatives from aging, mental health, and ID/DD services as well as Medicaid officials, held regular meetings to begin the coordination efforts of planning activities. Additionally, this Advisory Group will expand to add representatives from stakeholder groups outside of state government, as appropriate.

Multiple meetings were held with the Indiana Hospital Association. The goal of this interaction was to begin the conversation about the role of hospital discharge planners. Work has also commenced on a survey tool that will assess both the general knowledge level of discharge planners regarding LTSS, and the real and perceived barriers to accessing appropriate services and supports.

On December 5, 2014, Division of Aging staff members met with representatives of the Home Care Task Force to introduce the NWD concept to this advocacy group, and groundwork was laid for further conversations.

On December 16, 2014, a meeting was held with representatives from all sixteen of Indiana's Aging and Disability Resources Centers (ADRCs) as well as a representative from the Indiana Association of Area Agencies on Aging (AAAs). Division of Aging staff led an interactive discussion regarding the current state of Indiana's ADRC network, where strengths and weakness were identified.

Indiana delayed a full embrace of the NWD planning process; however, NWD stakeholder engagement process began in earnest in the summer of 2015. The DA contracted with a third party firm, netlogx, for assistance with project management and stakeholder engagement. The stakeholder engagement effort was subcontracted to the University of Indianapolis (UIndy) Center for Aging and Community (CAC). The consultants were charged with creating a stakeholder engagement process through which the Indiana NWD planning efforts were presented, feedback was gathered, and a long-term plan to sustain stakeholder engagement was developed. This stakeholder engagement process was created in order to support policy and program development in the DA and FSSA.

With this assistance, the DA devised a multi-pronged stakeholder engagement campaign to support NWD planning efforts. The agency attempted to conduct a very broad outreach in a limited time frame. The plan had three key elements: the distribution of a statewide survey to gather input from consumers and caregivers about their experience trying to access information about LTSS; three (3) significant focus group meetings; and ten (10) in-person work sessions held in ten (10) different locations throughout the state. The results of this campaign are included in a report appended to our NWD plan (see Appendix B). Information gathered during the summer of 2015 was ultimately incorporated into the agency's NWD plan.

The focus groups were structured around communities of interest: one (1) for all state-level agencies with some level of involvement in referrals for LTSS; one (1) for advocacy groups focused on consumers from all interest populations; and one (1) for groups representing providers of LTSS for all populations. Groups invited to participate included:

- Community Mental Health Centers
- Department of Veterans Affairs and other veterans' organizations
- Centers for Independent Living
- Alzheimer's Association
- Faith-based organizations
- Provider trade associations
 - Indiana Association of Rehabilitation Facilities (INARF)
 - Indiana Health Care Association (IHCA)
 - Indiana Association for Home and Hospice Care (IAHHC)
 - Leading Age
 - Hoosier Owners and Providers for the Elderly (HOPE)
 - Indiana Assisted Living Association (INALA)
 - Indiana Council of Community Mental Health Centers
 - Indiana Association of Adult Day Services
 - Indiana Association of Area Agencies on Aging
- Consumer advocacy groups
 - The Arc of Indiana
 - Family Voices
 - Indiana Institute on Disability and Community

- Home Care Task Force
- AARP
- Brain Injury Association of Indiana
- About Special Kids (ASK)
- National Alliance on Mental Illness (NAMI)
- Mental Health America - Indiana
- Indiana Mental Health and Aging Coalition

The consultants also developed a structured workgroup process designed to gather direct input into the development of a NWD system from consumers and caregivers, as well as regional advocates and service providers for all populations. Ten (10) facilitated work group sessions were held in ten (10) different locations throughout the state. These sessions were facilitated by UIndy CAC faculty and staff, but FSSA staff attended all of the sessions.

The agency hosted a second FSSA NWD planning retreat in September of 2015 to engage internal stakeholders, share the work accomplished to date, and develop next steps for the continuation of the planning process. One of the next steps did include a No Cost Extension of the planning grant through September 30, 2016. This Extension was requested due to delays in embarking on the plan, the length of time it took to get the agency fully engaged in the process, which was completed over the next eight (8) months with assistance from netlogx and UIndy CAC.

A second round of direct stakeholder engagement occurred in August 2016. These sessions were more limited in scope, but the goal was to gather final input on the draft plan before submission to ACL in September. Again the CAC faculty and staff facilitated these efforts in multiple locations throughout the state.

Ongoing Stakeholder Engagement

The 2015 and 2016 efforts were specific to the planning associated with the No Wrong Door system itself. The following section outlines a plan for long-term stakeholder engagement designed to support both implementation of NWD in Indiana, as well as inform other program review, development, and implementation processes.

Stakeholders have been “at the table” for most of Indiana’s programs serving older adults and persons with disabilities. The Indiana FSSA DA has attempted to engage stakeholders in the design, review, and revision of programs and services. However, DA staff acknowledges there have been challenges, including how to meaningfully engage consumers effectively across the state, retain effective consumer representatives, and include a broader and more representative group of consumers, advocates, and partners. Additionally, no one DA staff person has been assigned to manage the stakeholder process to ensure stakeholders stay in place, feel actively engaged, and have access to information. There exists the need for someone to manage the back-and-forth communication and ensure both sides are committed to working positively together. Finally, no one set of stakeholders has the knowledge of the full range of LTSS, in order to provide input into the entire “system” of programs and services.

As part of the advisory materials available for NWD planning applicants, The Lewin Group has previously identified three types of ADRC stakeholders: partners, *stockholders*, and actual *stakeholders*. The actual stakeholder group include those “directly affected by decisions made, experiences how systems actually

work, and should be supported to be at 'The Table.'"¹ Stakeholders can be ongoing advisory bodies or a group brought together for a single purpose (e.g., problem solving). In this case, the actual stakeholder's participation is limited in time and scope.

Additionally, for many FSSA programs and services, stakeholders include both providers and consumers. FSSA staff report a high level of engagement with key providers, such as the health care trade associations, and are increasingly engaged with community "partners," e.g., hospitals. The "stakeholder road map" in Appendix D shows the vision for a more meaningful and consistent stakeholder engagement outlined in this plan. It includes existing avenues but assumes there will be the addition of a non-program specific LTSS Advisory Group and a commitment within the DA to assign coordination and integration of the various stakeholder engagement activities and input to a DA team member.

Key Short-Term Goals

1. Review processes that other states have used to successfully achieve meaningful stakeholder engagement in LTSS. Identify ideas which may be useful in long-term planning for DA's stakeholder engagement efforts
2. Establish a solid, representative and consistently engaged LTSS Advisory Board. This board will be drawn from: individuals and with disabilities and older adults, their families/guardians, advocates, aging and disability service and information providers (e.g., ADRCs, CILs), non-profit organizations, home and community based service providers, and perhaps representatives of state agencies providing LTSS. The key will be to create a LTSS Advisory Board constitution that is specific to the purposes outlined by the DA. The board must also represent the entire state, and not only central Indiana
3. Facilitate the first meeting of the LTSS Advisory Board in October 2016
4. Provide initial board training for the LTSS Advisory Board so all stakeholders have a base knowledge of the full range of LTSS available in the state and an understanding of the roles of stakeholders in this system. Training will include:
 - Orientation to each FSSA program supporting LTSS for older adults and adults with disabilities. Board members will receive a basic orientation to program funding, legislation, state issues and challenges, as well as current and short-term projections for program delivery, expansion, or revision
 - Facilitated review of the LTSS Advisory Board's vision and mission
5. Identify and task a DA team member with the responsibility for leadership of the LTSS Advisory Board and for ensuring integration of the input from this Board with other stakeholder entities. The team member will facilitate all meetings occurring after the initial training session
6. Recruit and establish the MFP Stakeholder Advisory Board and recruit for and establish processes for the MFP Housing Advisory Group. DA staff have begun some steps in this process and will work closely with a contracted entity to fully activate these boards by October 2016

¹ https://www.adrc-tae.acl.gov/tiki-download_file.php?fileId=33922

7. Identify and task a DA team member with the responsibility for leadership of the MFP Stakeholder Advisory Board and the MFP Housing Advisory Group and for ensuring integration of the input from these Boards with other stakeholder entities. The team member will facilitate all meetings after the initial training session
8. Expand participation in the LTSS, the MFP Stakeholder Advisory Board, and the MFP Housing Advisory Group to include representatives from minority populations, particularly Indiana's largest minority populations, Hispanic, Burmese, and Russian

Key Long-Term Goals

1. Develop specific stakeholder process for providers to contribute input and work with the DA to develop evaluation processes and measures, support and disseminate best practices, and build provider capacity to support program design
2. The Director of Community Engagement is responsible for integrating stakeholder engagement input from the Advisory Boards (LTSS, MFP), CHOICE, and Commission on Aging. She is responsible for facilitating program or initiative-specific listening sessions and examining stakeholder input from these multiple venues for significant differences in views, or consensus on key programs and services.
3. The DA team will communicate the culture of the engagement to every member of the management team and each program manager.

Implementation

LTSS Advisory Board

Given the short timeline to recruit and hold the first LTSS Advisory Board meeting, the DA will use an external contractor for the following:

Review of Stakeholder Engagement Processes in Select States. Recommended states to include in this review include MN, WI, WA, VT, OH, and OR. The contractor will review documents and conduct key informant interviews if needed to identify promising practices and policies of stakeholder engagement. The contractor will prepare and deliver to DA management a memo highlighting ideas that could be replicated or adapted for Indiana's LTSS programs and processes. The overall Stakeholder Engagement Plan may be modified to include best practices identified by this review.

Recruitment. Using names and initial contacts from the DA, the contractor will also conduct calls and informal meetings to explore opportunities to engage new stakeholders. Among those organizations to be contacted are:

- ADRCs/CILS - these organizations have existing advisory groups but are also, as part of new requirements expected for ADRCs, expected to engage new partners and regional stakeholders. Family caregiver support programs are also administered by ADRCs
- Governor's Council on People with Disabilities - the Council provides training for adults with disabilities throughout the state on leadership and advocacy, and thus has access to persons

with disabilities across the state with interest, skills, and knowledge of policy and programs. Trainees from the many efforts funded by the Council are an excellent potential pool for the LTSS Advisory Board

- Veterans Organizations - with increasing numbers of veterans needing long-term supports and services, having veterans and organizations that serve and represent veterans at the table will be important in coordinating efforts and anticipating future needs of the system
- Indiana Coalition of Human Services - representing a wide range of organizations, the advocacy group has as one of its goals to ensure citizens are engaged in policy setting, program development, and evaluation
- Mayor's Councils on Disability - many cities in the state have active Mayor's Councils to advise on and advocating for persons with disabilities
- ARC, Action Clubs, and other Organizations working with individuals with disabilities and their families - these exist statewide and members are effective advocates

As each contact is approached, the contractor will ask them for other contacts they believe could be helpful in recruiting members to the LTSS Advisory Board. Using this "snow ball" effect, the contractor will be better able to move beyond the "typical suspects" in recruiting stakeholders. The LTSS Advisory Board will also include members of the MFP Stakeholder Advisory Board, CHOICE Board and the Commission on Aging.

Materials. The contractor will also develop materials for recruitment. Working with the DA, the contractor will develop a statement of expectations for the LTSS Advisory Board members along with a statement of the mission and vision of the Advisory Board. With the DA, these materials will be made available in a variety of formats to reach the target audience.

Training. In collaboration with the DA, the contractor will provide board orientation. This training will be conducted at the initial meeting in October 2016, and will constitute the bulk of the meeting. The training goals will be to ensure all members have a common understanding of the programs/services in which they will be providing input and review, and that consensus is reached on the mission and vision of the board, as well as the board leadership and its functions. The training will include a process in which the board decides on:

- The most effective means of involvement in the design, implementation, and monitoring of outcomes and effectiveness of the LTSS programs
- What occurs when there is a significant program or policy change, and the board's role in the DA continuous quality improvement (CQI) process
- A reporting process for board activities
- The most effective means for communication, both between formal meetings and in preparation for these meetings
- The most effective means for engaging stakeholders in all parts of the state for ongoing Board meetings

Facilitation. DA staff will facilitate meetings three (3) times per year. The location and structure of the meetings will be guided by: the mission, vision, and goals of the LTSS Advisory Board; timing of program and service funding decisions; legislative requirements; CQI cycle; or other factors requiring input and review from the stakeholders.

In facilitating the LTSS Advisory Board, the DA is focused on a model of participation intended to engage stakeholders in creating a positive future for LTSS (programs and services). By focusing efforts on lessons learned from implementation, identification of whether or not the obtained knowledge is supporting program improvement, and the determination of next steps in order to reach the goals and objectives to best serve LTSS consumers. (i.e., following the appreciative inquiry approach, the board can be actively engaged in a creative process of change. As shown in Table 1 (below), Appreciative Inquiry lets work groups focus on past successes and use these to create future success. This emphasis on the organization’s (program and services) assets, helps to focus the groups work on proactive rather than reactive planning.)

Problem Solving	Appreciative Inquiry
▪ “Felt Need - Identification of Problem	▪ Appreciating and Valuing the Best of “What Is”
▪ Analysis of Causes	▪ Envisioning “What Might Be”
▪ Analysis of Possible Solutions	▪ Dialoguing “What Should Be”
▪ Action Planning (Treatment)	▪ Innovating “What Will Be”
Basic Assumption	Basic Assumption
An organization (program/service) is a problem to be solved	An organization (programs/service) is a challenge - full or potential - to be embraced

Table 1 - Example of Approaches to Organizational Change*

*Adapted from <http://oqi.wisc.edu/resourcelibrary/uploads/resources/Facilitator%20Tool%20Kit.pdf>

Meeting Structure. The initial meeting will serve as a group orientation and include best practices from adult education theory for optimal learning. As the initial orientation, this meeting will potentially have a different structure than subsequent meetings. As part of the agenda, the group will discuss meeting structure options that allow for the widest participation for all stakeholders. During the recruitment process, prior to the initial meeting and subsequent to participant suggestions, the contractor will identify technology applications and structure options to allow for strong statewide participation.

Accommodation. During the recruitment process, and prior to the initial meeting, the contractor will identify needed accommodations for full stakeholder engagement.

Integration

Given the program specific stakeholder engagement processes and the establishment of the LTSS Advisory board, a process is needed by which the DA integrates and uses stakeholder input from the many entities in the planning and continuous quality improvement of LTSS. Several steps to support this integration follow. See Appendix D for a “Road Map” of various stakeholder engagement processes within DA.

The LTSS Board will, as part of its annual responsibility, review the DA’s strategic plan, assess progress toward goals, and assist DA leadership in prioritizing future goals and efforts. The DA will use stakeholder input from the many entities as part of its cyclic SWOT and Four (4) Disciplines of Execution (4DX) approach to continuous improvement throughout the year.

Review. The LTSS Board, MFP Stakeholder Advisory Board, and MFP Housing Advisory Group will review new areas for discussion and input at regular meetings. Discussion, consensus, dissension, and decisions will be captured through meeting minutes. The groups will also discuss critical voices that are missing, if

any. If there are voices identified as not represented the DA staff member responsible for stakeholder engagement will seek input from these individuals/groups, soliciting assistance from the LTSS/MFP/MFP Housing Board if needed. Meeting minutes will be shared with the group to ensure accuracy.

Analyze. Stakeholder input will be analyzed by the DA staff member responsible for overall stakeholder engagement for consensus, significant difference in views, and to determine if all critical voices are represented. Stakeholder input will be parsed by topic or program area and shared with the DA staff member responsible for that area. It is assumed the DA staff member responsible for the program area will have been involved in the discussion throughout as well. The Input will be analyzed for alignment with the strategic plan to ensure coordinated movement and growth. This information will also be used to inform the DA's 4DX approach to prioritize strategic action.

Employ. DA program managers will employ stakeholder feedback to make programmatic changes and address challenges or concerns based on the results of the analysis.

Report. Integration of stakeholder input will be reported back to the LTSS Board at the subsequent meeting. This will allow the group to assess the integration and identify new areas for review and discussion, thus completing the cycle. The input from the LTSS Board will also be included in the DA's reports to the Quality Council of FSSA.

The DA staff member responsible for stakeholder engagement will keep a record of the topics presented for stakeholder input and their progress through the cycle. This staff member will be responsible for coordinating with DA program staff and setting LTSS Board meeting agendas to complete each step of the cycle.

Assurance of Stakeholder Engagement Quality. Assuring quality involves many factors, including steps to retain advisory body members, training as needed, timely replacements of vacancies, monitoring the engagement, and soliciting member feedback on their work. This should be a key part of the DA's quality improvement process and will be the responsibility of the DA team member tasked with overall integration in coordination with program managers.

Tasks & Timeline

Table 2 (below) presents a proposed set of tasks and timelines for the initial phases of the plan (ramp up, recruitment, and training) and a schedule for ongoing meetings. Tasks related to integration and reporting would be developed by DA staff.

Task	Person Responsible	Timeline
Review processes of other states	Contractor	By September 2016
Establish the LTSS Board		
Develop recruitment materials	Contractor	August 2016
Develop statement of expectations for Board Members	Contractor	August 2016
Adapt materials for accessibility	Contractor	August 2016
Recruit Members - Primary Outreach	DA leadership, Contractor	August 2016
Recruit Members - Secondary Outreach	DA leadership, Contractor	August 2016
Schedule Initial Meeting	Contractor	September 2016
Establish means/process for accessibility and statewide participation	Contractor	September 2016
Develop Orientation for Board Members	Contractor	August/September 2016
Hold Initial Meeting/Orientation	DA, Contractor	October 2016
Ongoing meetings	DA	3x/year
Establish the MFP Stakeholder Advisory Board	MFP Director/Contractor	October 2016
Develop recruitment materials	Contractor	August 2016
Develop statement of expectations for Board Members	Contractor	August 2016
Adapt materials for accessibility	Contractor	August 2016
Recruit Members - Primary outreach	DA leadership, Contractor	August 2016
Recruit Members - Secondary outreach	DA leadership, Contractor	August 2016
Schedule Initial Meeting	Contractor	September 2016
Establish means/process for accessibility and statewide participation	Contractor	September 2016
Develop Orientation for Board Members	Contractor	August/September 2016
Hold first MFP Stakeholder Advisory Board meeting	MFP Director/Contractor	October 2016
Ongoing meetings	MFP	Quarterly
MFP Housing Advisory Board		
Continue monthly meetings of the MFP Housing Board; continue recruitment	Contractor, DA	monthly
Develop statement of expectations for Board Members	Contractor	August 2016
Finalize membership	Contractor	
Develop Orientation for Board Members	Contractor	August/September 2016
Hold Initial Meeting/Orientation	DA, Contractor	
Establish Process for Provider Feedback	LTSS Board	2017
DA Stakeholder Coordinator Designated	DA leadership	

Table 2 - Tasks and Timeline for Initial Phases of Stakeholder Engagement Plan

Goals & Objectives

Governance & Administration

The implementation of a No Wrong Door (NWD) system of access to long-term services and supports (LTSS) in Indiana is expected to be lengthy. Substantial operational and policy changes will be required in many state agencies that touch human services. The systems that will be impacted are long-standing and complex. Governmental agencies are frequently subject to significant leadership changes due to a fluid electoral landscape. For these reasons, instituting effective systems of governance and administration is a key requirement to ensuring the long-term sustainability of Indiana's NWD system. The fifth quality principle (referenced in the Mission and Vision section) of Indiana's NWD system is the establishment of a governance body with strong leadership, whose mission and vision is person-centered and all-payer focused and is committed to ensuring a systematic, organized, and high quality framework for improvement. Strategies for doing so include the systemization of strategic analysis and quality measurement/improvement based on recognized constructs, such as SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and the 4 Disciplines of Execution or 4DX: designing a prevention-focused system, ensuring a continuous process of stakeholder feedback, and ensuring the capacity for adequate oversight of all technical systems that relate to Indiana's No Wrong Door system.

As outlined previously, the Governing Body for Indiana's NWD system is the Executive Committee of Indiana's Family & Social Services Administration (FSSA). The Indiana FSSA was established to consolidate and better integrate the delivery of human services by State government. FSSA is a healthcare and social services funding agency that includes five (5) care divisions that administer services to over 1.4 million Hoosiers.

FSSA is led by the Secretary, who is appointed by the Governor and a member of the Governor's Cabinet. The Directors of the program divisions within the agency are appointed by the Secretary, with consent of the Governor. The five (5) divisions and their areas of responsibilities are as follows:

Office of Medicaid Policy & Planning (OMPP) - Administers Medicaid policy and programs. Has direct responsibility for all primary and acute care policy and programs. Collaborates with other service divisions on administration of waiver and state plan services targeted to specific population needs.
Division of Aging (DA) - Supports the development and utilization of alternatives to nursing facility care. Coordinates and funds activities throughout Indiana's network of Area Agencies on Aging (AAAs), including the administration of two waiver programs targeted to elderly individuals and those with physical disabilities or acquired traumatic brain injuries.

Division of Aging (DA) - Supports the development and utilization of alternatives to nursing facility care. Coordinates and funds activities throughout Indiana's network of Area Agencies on Aging (AAAs), including the administration of two waiver programs targeted to elderly individuals and those with physical disabilities or acquired traumatic brain injuries.

Division of Disability & Rehabilitative Services (DDRS) - Manages the delivery of services to children and adults with intellectual or developmental disabilities, including two waiver programs targeted to persons with ID/DD. Includes the Bureau of Rehabilitative Services providing vocational supports to persons with employment barriers due to their intellectual or physical disabilities.

Division of Mental Health & Addiction (DMHA) - Supports Indiana's network of mental and behavioral health providers. Operates network of six state psychiatric hospitals. Funds prevention and treatment programs for persons with addiction disorders.

Division of Family Resources (DFR) - Administers application and eligibility programs for Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), childcare assistance, and Residential Care & Assistance (RCAP).

The Executive Committee of the agency consists of the Secretary, the Directors of each of the program divisions, the agency Chief of Staff, plus Chief Officers of Technology, Communications, Finance, Human Resources, and Quality. The committee meets monthly for two (2) hours. Representatives of the Governor's office and the State Budget Agency also attend these meetings on a regular basis.

On a quarterly basis, the Committee also meets as a Quality Council, for the purpose of reviewing and guiding agency efforts to execute initiatives designed to improve client outcomes. Measures of client outcomes include cost and efficiency measures, as well as measures associated with healthcare outcomes, access to care, community integration, and client satisfaction. One role of the Quality Council is supporting agency efforts to utilize the Four Disciplines of Execution to execute activities, measure progress and engage the whole agency team to improve key outcomes for the consumers we serve.

Prior to 1991, these divisions were separate state agencies, or incorporated with each other in different ways. The Division of Family Resources was the Department of Families and Children and performed child welfare investigations and case work as well as public assistance and Medicaid eligibility. The Division of Aging was the Bureau of Aging within the Division of Disability, Aging & Rehabilitative Services.

The consolidation of these separate human service agencies into the FSSA was completed as the result of both private and legislative studies that documented the large numbers of persons receiving services from multiple human service agencies and the fragmentation that made doing so very difficult. There was concurrence that Hoosiers could be better served in a consolidated agency, and improvements in efficiency could allow reduced costs in the administration of these programs.

A 2004 review completed by the State's Legislative Services Agency examined the extent to which this effort has been successful. The conclusion of this report was that Indiana's combined human service agency model worked at least as successfully as other states that had adopted a similar model, although there was evidence that communication among/between the divisions within the agency could be improved.

Multiple observers through the years have noted the cumbersome nature of FSSA's bureaucracy. The agency has consolidated all administrative functions to act as one state agency, but has been less successful to accomplish the same with the client-centered programs. The commitment to the development of a NWD system is an opportunity for FSSA to achieve the goals identified when the agency was formed in 1991 to be able to leverage the already existing unification of the state's human service agencies to streamline access to information and programs for the Hoosiers we serve. The Division of Aging is the lead entity on Indiana's NWD plan. The DA submitted the agency's initial response to the funding opportunity announcement, after conferring with the FSSA Executive

Committee. The DA has continued to coordinate Indiana's NWD planning effort and reports regularly on those efforts to the FSSA Executive Committee.

The Division of Aging is the State Unit on Aging, and as such, designates and oversees Indiana's Area Agencies on Aging (AAAs). The DA facilitated the creation of Indiana's statewide network of Aging & Disability Resource Centers (ADRCs) in 2007. All of Indiana's ADRCs are designated AAAs and all of Indiana's AAAs are designated as ADRCs. These networks are synonymous with each other in Indiana. Indiana's NWD plan is built around strengthening the state's ADRCs and increasing their capacity and competency to serve information and referral needs for diverse service populations.

This will require the establishment of formal designation criteria and the application of those criteria to existing and other organizations that desire to attain the status of ADRC. Additionally, the plan includes the creation of a new role, a Long-Term Service Advisor (LTSA). This LTSA would be positioned within other organizations (serving as the "door") to provide consumers with the information they need to make informed decisions. The Division of Aging will collaborate within FSSA to establish criteria and to ensure that the ADRCs and the LTSAs are designated after demonstrating competency in providing quality information to all populations, regardless of payer.

One project that is part of Indiana's NWD Plan is a consumer portal. The Agency's Chief Quality Officer is the champion of the agency consumer portal currently under development. The Quality Council will ensure the consumer portal will begin and evolve as an accessible and person-centered single point of entry. The portal will empower clients from all populations to access information in order to make informed decisions about their long-term service and support needs. The portal will also provide automatic connectivity to the consumer's closest ADRC in order to work with an options counselor. FSSA staff often refer to this portal as the "virtual" ADRC, which will be augmented with the addition of a toll-free telephone number. More information about the portal is contained in the Streamlined Access section of the plan.

Another element of Indiana's NWD plan is the development and implementation of an updated integrated care management database or Care Management for Social Services (CaMSS). This is an enterprise-wide, health IT-compliant system currently in development. CaMSS will integrate with the consumer portal also under development, as well as with the new Medicaid Management Information System (MMIS) that is currently scheduled to go-live in early 2017.

The first phase of CaMSS should be operational by the first quarter of 2017. Directors of the care divisions within the agency participate on the Steering Committee for CaMSS. The role of the Steering Committee is to oversee implementation efforts as well as establish an ongoing data governance system that facilitates streamlined business processes, reduces duplication of data entry, and reduces the need for consumers to tell their stories to FSSA programs multiple times. More information about CaMSS is contained in the Streamlined Access section of the Plan.

The Communication department within FSSA is a key participant in the area of public outreach. This unit oversees all agency communication efforts, ensuring strong adherence to key agency messages. This unit administers a single agency-wide contract, for all public outreach and branding efforts. Indiana's NWD brand, INconnect, was developed by this group, in collaboration with agency stakeholders. This group will be integrally involved in direct public outreach efforts to ensure the NWD brand is utilized appropriately across all outreach platforms.

The branding of INconnect creates a single statewide identity for Indiana's NWD system. The consumer portal becomes a person-centered, single point of entry to Indiana's Long Term Services and Supports (LTSS) entities. Long-Term Service Advisors will facilitate the ability of key referral sources to make effective referrals. CaMSS creates the ability to share data in appropriate fashions between and among FSSAs program divisions. Working together, the consumer portal, CaMSS, and the establishment of LTSAs in key referral sources will provide capacity within the agency to streamline intra-agency referrals and create warm hand-offs within the agency's systems of control.

Ongoing assessment will ensure the agency makes steady progress toward successful implementation of our NWD system, as well as help ensure the system generates the desired outcomes for all stakeholders. To that end, performance goals and outcome measures and indicators supporting these principles have been identified and outlined in the CQI section (coming soon) of this document. The FSSA Quality Council will monitor the agency's progress toward these goals and oversee efforts to remediate in areas of deficiency.

The FSSA Executive Committee engages in a facilitated SWOT analysis at least once/year. The FSSA Quality Council introduced the FSSA Executive Committee to the Four Disciplines of Execution as a means to engage our workforce in strategic execution and continuous quality improvement. While key outcome measures lag, the agency has identified several leading measures that will demonstrate progress or the lack thereof.

A major aspect of the ongoing assessment process is the extent to which the agency is going to use multiple survey methodologies to gain point-of-service feedback from relevant stakeholders. Doing this provides the agency with one way to gather real-time stakeholder feedback and input, creating a robust stakeholder interface; it also provides us with appropriate data with which to assess the performance of Indiana's NWD system. Data from these processes will be routinely provided to the FSSA Quality Council for review and remediation planning as needed.

Streamlined Access to Public Programs

It is recognized that one of the barriers to consumers seeking services is processes for accessing Long-Term Services and Supports (LTSS) across the state of Indiana.

One of the quality principles of Indiana's No Wrong Door (NWD) System is that consumers experience streamlined access to needed services and benefits. The system needs to function with an ease of access for consumers and also have minimal duplication of processes. Strategies for achieving this goal include:

- Development of an FSSA portal which incorporates:
 - Implementation of a universal assessment tool
 - Links to all FSSA divisions and programs
 - Provider search functionality
- Integration across programs through technology
 - Integrated case management system
 - its Preadmission Screening Resident Review (PASRR) technology solution
 - Provider portal
 - Consumer portal
- Establishment of the INconnect Alliance website as virtual Aging and Disability Resource Center
- Adoption of a toll free number for the INconnect Alliance

FSSA INconnect Portal

A work group was established in 2015 to guide development and implementation of the FSSA portal. This group created the universal assessment tool (Appendix E) that will be used as part of the portal to help direct consumers to the division or program most likely to meet their identified needs. This group will continue to oversee and advise on development of the portal as it is implemented in phases. The divisions are also cooperating on the development of INconnect, an enterprise-wide consumer portal that includes a standardized assessment tool which can be accessed online by consumers who wish to gather information about the services available to them. The assessment tool available on the INconnect portal contains a preliminary needs assessment for public programs administered by FSSA (Level 1). (In this context, assessment means considering or filtering what the user is looking for in order to send links to providers or more in-depth referrals to divisions inside Indiana FSSA where users can get help. It is not focused on eligibility, but on needs.)

The FSSA portal is accessible both on desktop and laptop computers, and has been optimized for mobile access as well. Over 70% of current FSSA website hits are from mobile devices, so mobile optimization has been an essential design feature.

The FSSA portal allows users to click directly to services or divisions if they already know what they wish to access, but it will also have a "Help me find help" button linking to the universal Level I assessment. Once there, the user is asked a series of questions in the assessment tool. Their answers are then used to display blocks of information and links to Divisions and their programs. If they link further to services or Division offices, a map with pins is then displayed showing the geographic location and contact information of the provider or Division office that can help them with final determination of functional eligibility for public programs (Level 2). These will be supplemental, population-specific screenings completed by the appropriate FSSA divisions that can serve them. The first phase will contain the

universal assessment as well as the provider search functionality. All FSSA division are represented in this group.

The FSSA portal will be implemented in a four (4) phased approach:

- **Phase 1: Create search functionality for a consumer to find providers close to him/her**
The FSSA portal contains a search functionality allowing consumers to find Medicaid providers near them. Consumers will enter an address near the area they wish to find services. They can search at many levels for those services and narrow those searches choosing from four (4) buttons: 1) Medical People, 2) Medical Places, 3) FSSA locations, or 4) Child Care. Depending on which button the consumer selects, menus will appear for consumers to choose from the type of service location they are seeking. Once the consumer chooses and hits the “search” button, pinpoints with provider names and addresses pop up on a map of the applicable area. The consumer can then hover over the pinpoint for limited contact information or click the pinpoint for additional contact information as well as a map or a link to obtain location directions from Google Maps
- **Phase 2: Allow providers to maintain and update their information**
This functionality is planned for future development. It will be a provider portal that allows for self-registration of providers as well as allows providers to update their information
- **Phase 3: Create a core standardized assessment tool to direct consumers to the appropriate services/providers**
Future development of the FSSA portal will contain a core standardized assessment tool to help consumers find information about services. Consumers can gain access to contact information for providers, agencies, or helplines that can assist them if they are uncertain about what is needed for themselves or a loved one. A series of questions (Appendix E) help filter choices so consumers have a manageable number of options from which to choose to receive further information. At any point they can also choose to find the state agency office or an ADRC near their home to gain further assistance
- **Phase 4: Provide consumers with a direct connection to care management system and services**
Consumers can search the FSSA portal to gain access and information about providers. However, eligibility determination and care management will be completed in the integrated case management software. In future iterations of the portal consumers will be able to communicate with their case manager and/or providers, review their service plan, or request changes to their services

Integrated Technology Solutions

A steering committee has been established to oversee the implementation of the integrated case management system, Case Management for Social Services (CaMSS). The committee consists of leadership from all FSSA divisions. The committee establishes guidelines for data governance, and compliance with privacy and security regulations. The CaMSS solution is grounded in person-centered thinking to support person-centered counseling available as part of the NWD system. CaMSS will provide inquiry and screening tools as well as tools for eligibility determination, service plan development, and ongoing care management. CaMSS utilizes a Customer Resource Management (CRM)

base that will allow for storage and retrieval of varied documentation (financial, medical, etc.) needed in the initial eligibility process and later during the care management process. There is a great deal of overlap in the information and documentation collected by various agencies within FSSA, and having a more centralized system will allow consumers to “tell their story once.” Consumers will not have to give the same information repeatedly; however, this will not cause them a loss of privacy for their information. The case manager is restricted from seeing information or documentation in the system but not needed for eligibility with that agency. For example, it may not be necessary for a case manager determining eligibility for the Supplemental Nutrition Assistance Program (SNAP) to see records related to the individual’s mental health.

Like the FSSA portal, CaMSS will be implemented in a series of phases. The first phase will be largely focused on Division of Aging program functionality. Provider management functionality will be included in phase 1 as well with the addition of a web-based provider portal. In this phase, the provider management functions will support both the Division of Aging and the Division of Mental Health and Addiction.

In July of 2016, Indiana implemented a new technology solution for its Preadmission Screening Resident Review (PASRR) program. This system also provides opportunities for increased integration of technology and data. Working with Ascend Management Solutions, a Maximus company, the DA moved our PASRR activities from a cumbersome paper-based process to a more streamlined, and virtually paperless process. This included not only PASRR Level 1 screening activities but also level of care reviews for Medicaid recipients seeking admission to a nursing facility. This technology will be able to interface with our Medicaid Management Information System (MMIS) and CaMSS to improve the data flow across FSSA systems which will facilitate referrals for Home and Community-Based Services (HCBS) as part of our diversion and transition efforts. This will streamline the process for individuals moving from hospital to nursing facility -and then hopefully back home- with appropriate long-term services and supports, as needed. The system will provide us with the data to identify and target at-risk consumers for long-term institutionalization who could benefit from person centered options counseling and facilitate the referral of those individuals to the ADRC network.

INconnect Alliance

The INconnect Alliance is the statewide ADRC network in Indiana. Branding of this network began in spring 2016 as it is an important element of streamlined access to publicly-funded LTSS in Indiana’s NWD system, while also providing increased awareness and opportunities for outreach about HCBS options. The INconnect Alliance consists of Indiana’s sixteen ADRCs, working in partnership with FSSA to provide access to information and referral services, as well as to perform intake functions for the DA’s Medicaid waiver HCBS programs. These sixteen organizations are also the state’s designated Area Agencies on Aging (AAAs) under the Older Americans Act and are also access points for the state-funded CHOICE program, which provides HCBS services to eligible individuals. Additionally, these organizations are designated entities for MDS section Q referrals from nursing facilities which relates directly to their role as the entry point for Indiana’s Money Follows the Person program.

INconnect Alliance members provide the critical service of options counseling in addition to information and referral. The Administration for Community Living (ACL) defines options counseling as “an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports (National Standards for Options Counseling, 2012).” ACL has identified four

elements of the process: 1) a face-to-face personal interview, 2) a supported decision-making process, 3) development of an action plan, and 4) quality assurance and follow up. This should be a very person-centered process in which the individual's strengths, values, and preferences are identified and respected, and one that includes exploring the individual's own resources, financial and otherwise. The decision process aids in identifying all LTSS options available to the person, to aid in making an informed decision. It is important that options counseling is "targeted for persons with the most immediate concerns, such as those at greatest risk for institutionalization (National Standards for Options Counseling, 2012)."

The Division of Aging has collaborated with the ADRCs to create a service definition and payment structure for options counseling. ADRCs have long provided support referred to as options counseling to individuals and their families in need of assistance. A shared understanding of this service has now been created with an established service definition and reimbursement plan whereas a focus on outcome measures will help demonstrate just how valuable options counseling is. Measures will be created to reflect not only risk of institutional placement but also of premature Medicaid eligibility. Preventing or delaying both these events can have a significant budgetary impact, while maintaining the individual consumer's quality of life.

INconnect Alliance members are required to have a memorandum of understanding (MOU) with other local support agencies that include referral protocols to facilitate warm hand-offs. This reduces the burden on consumers to tell their story multiple times. It can also reduce timelines to access certain publicly funded resources or community resources that may address the needs of the individual. Alliance members have long-standing relationships with their local Medicaid offices and are very experienced in assisting individuals in navigating the Medicaid application process. Communications and training are facilitated between the Alliance members and each of FSSA divisions. Each Alliance member is prepared to handle inquiries on any number of LTSS topics and effect warm hand-offs to the organizations that best suits the individual's needs.

Person Centered Counseling

Person centered counseling (PCC) is a key component to the success of Indiana's No Wrong Door (NWD) system. At the heart of person centered thinking is examining and balancing "Important To and Important For." "Important To and Important For" provides a framework for discussing PCC. It focuses on identifying and balancing the preferences and values important to someone with the health, safety, and social expectations important for them. This concept is not unique only to people with disabilities or older adults. Most people look for this balance when making decisions in their own lives. Indiana is using a number of strategies to create systems characterized by person-centeredness.

One of the quality principles of Indiana's NWD System is that it is person-centered and directed. Strategies used to achieve this will include assuring that:

- Aging and Disability Resource Centers (ADRCs) are responsive to needs and preferences of external consumers in the person-centered counseling process. Specifically this includes:
 - Providing person-centered thinking for case managers including the certification of master trainers to create sustainable training options
 - Creating structure and definition for the service of options counseling
 - Including person-centered language, process, and tools in the integrated case management software being developed
 - Adopting a new person-centered assessment tool that is also needs-based and tested for inter-rater reliability
- ADRCs and their local partners work efficiently and cohesively with minimal overlap
- Consumers have the resources and tools available to be involved in the service planning process

Case Manager Training

On behalf of the DA, a technical assistance contractor, the Lewin Group, developed and conducted a one-day overview of person-centered practices/planning (PCP) in the spring of 2016. Roughly 80 staff members from four (4) of the state's ADRCs, along with additional state attendees participated. The training provided staff with a high level overview of PCP to build knowledge and enthusiasm in advance of future trainings focusing on skills and tools to implement PCC in Indiana ADRCs.

Prior to the training, Lewin invited ADRC directors to participate in a pre-work survey. The survey captured information about ADRC staff's understanding of PCC before the training. Lewin used this information to inform development of the training and integrate some of the responses into the presentation as part of the introduction. From the information gathered, all four (4) of the participating ADRCs support person centered activities and organizations by engaging with the person who needs support as much as possible even if the person did not make the original request.

The training used both didactic overviews and small group discussions. In the small group discussions, participants applied concepts covered in the training to specific case studies. Members of small groups then had the opportunity to share back with the larger group. The training included a brief history of the background on person-centered practices as well as an overview of the core values of person-centered counseling to help participants understand the importance and prevalence of this approach.

Indiana will utilize technical support resources to build and sustain Learning Collaboratives to encourage and coach case managers in person centered thinking practices. To understand where case managers

and providers are on the continuum of person-centered practice’s implementation and to develop a training/coaching/mentoring process that supports learning across that continuum, the state will conduct regional needs assessments with case managers and providers. Using information learned, we will create a strategy for building, implementing and sustaining in-state capacity and expertise through a learning community/learning collaborative model.

Additional training will be necessary to provide staff with the tools expertise necessary to fully implement those skills within their organizations. It will also be important to engage ADRC leadership as champions to build buy-in. Beginning in the summer of 2016, Lewin will lead a multi-phased training and coaching program for case managers, described in the table below.

Activity	Location	Duration	Maximum Participation	Facilitators
Person-Centered Thinking (PCT) Training (Two (2) Sessions)	Indiana	2 days/session (4 days total)	200 (100 in each session)	Leigh Ann Kingsbury Diana Caldwell
PCT Trainer Candidate Demonstration Training (Two (2) Sessions)	Indiana	2 days/session (4 days total)	140 (70 in each session)	Indiana Trainer Candidates Christina Neill-Bowen Leigh Ann Kingsbury Diana Caldwell
1st Month Follow-up Coaching (Four (4) opportunities to meet)	Indiana	1 day	Up to 100	Leigh Ann Kingsbury Diana Caldwell
2nd Month Follow-up Coaching (Four (4) opportunities to meet)	Web-based	2 hours	Up to 200	Leigh Ann Kingsbury Diana Caldwell

Table 3 - Person Centered Thinking Training Plan

Additional master trainers will be added in 2017, 2018, and 2019, at a rate of approximately eight (8) per year. This will allow Indiana to build capacity in the area of person centered thinking to support this cultural change in our case management workforce.

Options Counseling

During the winter of 2016, the DA engaged in a collaborative process with ADRC representatives to formally define the service of options counseling. The required components of the service, including the person-centered elements were developed as well as a reimbursement structure. In July of 2016, ADRC contracts were established providing payment for options counseling activities associated with waiver intake and transition and diversion activities.

Additional funding for options counseling will be required as well as ongoing training for ADRC staff engaged in this effort. We will develop an online training curriculum that will be made available in 2017 for options counselors.

The DA and ADRCs will work together to identify funding opportunities, particularly to provide options counseling to non-Medicaid individuals. Options counseling can help to not only prevent delay of the need for institutional long-term care but may also prevent or delay the need for Medicaid at all.

Integrated Case Management System

Case Management for Social Services (CaMSS), is the integrated case management software being developed by FSSA for implementation in early 2017. CaMSS will have many benefits for streamlined access and data sharing and it also provides an opportunity to increase the person centeredness of our system and processes. In the development of CaMSS, DA staff have been diligent in incorporating person-centered language, tools, and processes. The system is designed to help case managers meet required documentation needs and eligibility determinations in the most efficient and effortless manner as possible. First and foremost, the goal is to allow case managers to focus on a person-centered needs-based assessment. They then can capture the strengths, weakness, needs, and preferences of the individual. Options can be presented to the individual as they are supported in their decision-making process.

The system will integrate a statewide resource database to encourage the use of community resources and supports whenever possible. Case managers will be able to capture and track informal support contributions as well. This will help to direct their efforts to support those family caregivers that play such a crucial role in keeping individuals in their own homes and communities.

CaMSS will provide a system of action plans and goal and outcome tracking to support person-centered counseling better than current systems. Case managers will be able to focus more on the individual and less on narratives as the system facilitates efficient recording of information along the way.

Assessment Tool

In July of 2016, DA began transitioning to a new assessment tool. The tool, interRAI-HC, will be used as the nursing facility level of care tool as well as the primary assessment instrument for all of the DA's HCBS programs. This will allow for future data comparisons across HCBS and nursing facility populations. Using the same tool in the nursing facility admission process and for HCBS helps keep the focus on the ability of the individual to receive supports in a home and community based setting.

The interRAI-HC was chosen for a variety of reasons. In summer 2014, a DA workgroup drafted a list of desired assessment elements and the inter-RAI-HC was found to have more than 90% of those elements. Additionally, the assessment package offers a number of evidence-based decision-making tools.

The interRAI-HC supports a number of risk scores related to areas such as Activities of Daily Living (ADLs), cognition, communication, pain, depression, and medical instability. This tool also provides for a system of Clinical Assessment Protocols (CAPs) that offer case managers service plan strategies to address various needs indicated on the assessment. The interRAI-HC will also support a quality monitoring system of Home Care Quality Indicators (HCQIs). The evidence-based nature of the tool allows for great inter-rater reliability and a more clinical assessment of the individual's needs, strengths, and weaknesses.

Last, but certainly not least, the interRAI-HC supports the goal of person-centered counseling. This tool will allow case managers to emphasize a needs-based and person-centered assessment in which eligibility decisions can be made but are not the focus. The interRAI-HC allows for more efficient recording of assessment information without excess narrative. Reducing the use of lengthy narratives aids in the ability to report on information and should translate into more time for case managers to spend with individuals and less time on data entry.

Aging and Disability Resource Centers (ADRCs) and Local Partners

ADRCs are required to have formal partnerships with local organizations to facilitate warm hand-offs as needed. Of course, this is a key piece of streamlined access but allows for a more person-centered approach at the same time. Referrals can be made to other organizations in a way that minimizes the need for individuals to repeat their stories multiple times. Additionally, a robust resource database and formalized partnerships, enables the ADRC to support the individual in making their own choices about their LTSS needs through the provision of accurate and unbiased information and support.

Consumer Access

Person-centeredness requires individuals to have the ability to access supports and services on their own to the furthest extent possible. The FSSA consumer portal and the INconnect Alliance websites support this effort. The FSSA portal will eventually provide for direct access to service plan and provider authorization information for the consumer and/or their designated representative. Consumers will be able to request information from their case manager or request changes to their plan online in addition to the phone options available to them now. Through the INconnect Alliance site, individuals will eventually have an opportunity to utilize supported decision-making survey or assessment tools to guide them in identifying the services and supports that might help them or their loved ones in need of LTSS. More detail on each is available in the streamlined access portion of Indiana's NWD plan.

Public Outreach and Referral Sources

One of the most frequent points at which Hoosiers express a need for information on long term services and supports (LTSS) is during hospital discharge. Indiana's hospital discharge planners have historically discharged patients into safe care settings as quickly as possible. But discharge planners are not typically trained to provide high-quality information on LTSS, which results in patients often following a direct route into nursing facility placement with very little information about other care or services available to them in a home or community-based setting.

It is estimated that 80-90% of persons seeking admission to nursing facilities directly from hospitals are doing so in order to meet rehabilitation or post-acute care needs. They may not need to remain in a nursing facility any longer than it might take to meet their recovery goals if appropriate supports are available at home. However, nursing facility administrators have little incentive to educate individuals about how they might transition back to their home or another community-based setting, and nursing facility staff possess limited knowledge about available supports.

Indiana's nursing facility preadmission screening process (PAS) was implemented thirty years ago to prevent people from becoming unnecessarily institutionalized. The federal preadmission screening resident review (PASRR) process was built onto Indiana's existing PAS system in the late 80s. Over the past three decades, this process evolved into an expensive and cumbersome process administered in a highly inconsistent manner throughout the state and contributed no real value to any stakeholder in identifying and meeting individuals' care needs and preferences outside of nursing facilities.

Additionally, a report commissioned in 2014 by Indiana's Division of Disability & Rehabilitative Services spotlighted the fact that Indiana had more individuals with intellectual and developmental disabilities living in nursing facilities than were accounted for in our preadmission screening data.

For these reasons, Indiana's early NWD planning heavily emphasized the PAS/PASRR process. However, after gathering statewide stakeholder input and reflecting critically upon our learnings, we determined this focus was not enough. So we moved toward a more comprehensive NWD approach to one in which the hospital discharge point is but one of many doors and pathways people take in identifying their needs for LTSS information and resources. While it was crucial that Indiana's PAS/PASRR process be transformed, it needed to occur in parallel with the agency's NWD planning.

Legislation passed by the 2015 Indiana General Assembly required the agency to collaborate with AAAs and representatives of the state's hospitals and nursing facilities to identify and implement a replacement to the state's PAS process. The report was submitted to the General Assembly in October 2015 and is attached as Appendix F. The state-mandated PAS process was sunset by legislation on June 30, 2016 and the new process went live throughout Indiana on July 1, 2016.

The first phase of the agency's effort involved the utilization of an external vendor to provide clinical and technical support to complete Level 1 and Level of Care screenings for persons seeking admission to nursing facilities. These assessments are now completed by hospital discharge planners using evidence-based screening instruments. The second phase of the agency's PASRR transformation involves a redesign of the Level II screening processes by the Indiana Division of Disability and Rehabilitative Services and the Division of Mental Health & Addiction, and will be completed by January 1, 2017.

The initial focus of efforts during 2016 and early 2017 is ensuring the state is effectively meeting required PASRR compliance standards in a high quality fashion. However, planning continues to ensure this process is a person-centered vehicle that supports consumers of all populations and all payers to identify their goals and preferences as they transition through care settings, and identifies where appropriate, less restrictive settings than nursing facilities for their long-term needs.

These goals for PASRR are consistent with the goals outlined by CMS rule proposed in November 2015 for discharge planning. The DA will continue to collaborate with the PASRR Technical Assistance Center, Indiana hospitals, and the ADRCs to ensure Hoosiers undergoing transitions of care from hospitals experience a process that takes their preferences as well as their health needs in consideration when identifying the best post-hospitalization care and supports strategies.

Indiana's ADRC Network

The backbone of Indiana's NWD system is the statewide network of Aging & Disability Resource Centers (ADRCs). Indiana is fortunate to have been an early recipient of ADRC grant funding and had a statewide network in place by 2008. In Indiana, AAA and ADRC networks are synonymous.

While our state was an early adopter of the ADRC model, development and maintenance efforts were not robust. Once initial ADRC grant money was exhausted, no further funding was available for ADRC development or operations. ADRCs in Indiana had largely devolved into a renaming of the intake and referral departments within the AAAs. A large portion of our NWD planning efforts are to emphasize the reinvigoration of the role and performance of Indiana's ADRCs to be the backbone of our NWD system.

It is critically important people have access to reliable information at the points they *need* the information. This will necessitate the ADRC network to be more consistent and visible in local communities and throughout the state. Indiana's ADRC reinvigoration efforts will focus on four key areas in coming years:

1. Making the ADRC network more visible to Hoosiers and their loved ones
2. Leveraging technology to create a central information source and referral point
3. Supporting the ADRC network development efforts to become more consistent with higher quality through a defined designation process and robust MOUs with community partners and key referral sources
4. Ensuring the ADRCs have access to sustainable revenues with which to carry out their missions.

Increasing ADRC Visibility

Anecdotally, Indiana's ADRCs have been called one of the best kept secrets in the state. Stakeholders reported little knowledge or awareness of the existence of ADRCs, and there is limited awareness of the AAAs on a statewide basis although this fluctuates locally. During the 2015 listening sessions, providers and consumers alike noted the difficulty people have in discerning who – or where – to turn to with LTSS questions. Many identified the lack of a highly visible identity as one of the reasons for this.

All sixteen of the state's ADRCs exist in organizations with unique corporate names and logos, many of which have no visible indicators of their connection to aging or disability services. Consumers seeking LTSS information may not naturally turn to "West Central Indiana Economic Development District, Inc.," or "Thrive Alliance," although they may be more aware of the function of the "Central Indiana Council on Aging." Others have names rooted in the Area Agency nomenclature, but in many cases that name or

identity had become locally more known for other services such as community action, energy assistance or Head Start.

Consequently, Indiana has already begun laying the groundwork for a new statewide ADRC brand – the INconnect Alliance. Throughout late 2015 and early 2016, the DA worked with FSSA's contracted public relations firm and collaborated with the ADRCs to create the new brand name and to develop the "look" of this brand. The INconnect Alliance is comprised of all sixteen ADRCs. The ADRCs within the alliance retain their local corporate identity and logo, but will be visibly designated as members of the alliance. Alliance marketing and outreach materials feature a cohesive look and feel (see attached INconnect Alliance brochure).

In April and May of 2016, an internal launch of the new brand identity was conducted with an emphasis on working with the ADRCs to change their self-perception from being completely separate and individual organizations to more connected entities within a greater statewide network. In fall 2016, the agency will conduct a second round of a brand standard and communications campaign with ADRC executive directors and staff.

Work is currently underway on a multi-faceted public relations campaign. To create heightened consumer awareness, the plan includes outdoor billboard and transit/paratransit advertising as well as digital and social media campaigns. The outdoor and transit advertising will be co-branded to reinforce the new identity of the local organization as part of the larger network.

The primary thrust of this campaign will be focused on professionals and community-based organizations who may refer persons needing LTSS information, including primary care physicians, community mental health centers, hospitals, community action programs, Centers for Independent Living, faith-based community organizations, APS, etc. The goal is to heighten awareness of the resources available through the ADRCs at many of the doors external to FSSA, to aid consumers in accessing the information they need more easily.

The agency has begun developing the creative materials to be utilized in this campaign, as well as targeting senior-focused and healthcare publications for the placement of "advertorials" that provide information about the resources of the Alliance and how to connect with Alliance members.

Leveraging Technology

A consistent theme in last year's listening sessions was a desire to see a web presence allowing individuals to access LTSS information on their own and to request contact with ADRCs or other human service entities as their information or service needs dictate. There is currently no web-based point of entry to any of Indiana's human service programs. Agency websites are full of information, but little of this is actually helpful to consumers seeking useful knowledge. There is also no effective statewide resource database for long-term services and supports.

A key element in Indiana's NWD plan is the creation of a web-based information source and point of entry. There are two portals, the FSSA INconnect portal and the INconnect Alliance portal. The FSSA INconnect portal is a single point of entry to all of FSSA's programs and services, including public assistance and food stamps, finding quality child care, and locating a Medicaid provider as well as accessing information about LTSS.

People in need of LTSS information can start in the FSSA INconnect portal and in three clicks navigate to the INconnect Alliance portal where they can access information specific to LTSS. They will be able to complete a needs assessment, view the statewide resource database, or connect directly to their local ADRC for more in-depth assistance or options counseling. This site is referred to internally as the “seventeenth ADRC.” Development of these websites is occurring in a phased manner.

Phase one was completed June 30, 2016 and the sites went live. Phase one functionality is currently rudimentary at both sites, but includes the ability to locate child care or a Medicaid provider, and connect in a more direct fashion to assistance with any of FSSA’s programs and services, including linkage to the INconnect Alliance page. The INconnect Alliance phase one is currently focused more on the needs of the elderly (see Appendix G for filtering questions) and includes a four question “mini-assessment” with general information results based on an individual’s responses as well as the ability to locate and connect to a local INconnect Alliance member (ADRC).

Phase two is under development for both sites and scheduled completion January 1, 2017. Phase two for FSSA INconnect includes a universal “mini-assessment” to allow individuals to focus their information search to the programs and services most relevant to their needs. It also includes updated search and results functions for child care and the location of Medicaid providers.

Phase two of the INconnect Alliance page includes the implementation of a statewide resource database. All sixteen ADRCs now maintain separate resource databases in differing software systems. The state is working to consolidate those into a single database that will be utilized to support both self-directed searches through the INconnect Alliance portal, as well as support options counselors and case managers through the new CaMSS (see the Governance and Administration section) case management database also under development.

Phase two of INconnect Alliance also includes the development and implementation of a more comprehensive LTSS needs assessment. This assessment is a self-guided questionnaire intended to provide more in-depth and person-centered information to individuals to empower them to act independently as well as to access an automated referral to their local INconnect Alliance member should they require more assistance or options counseling.

Future phases of the INconnect Alliance webpage will include the incorporation of information to support more directly the information needs of persons seeking assistance with mental health or intellectual/developmental disability information. The technology will also allow the agency to provide up-to-date operational and quality information about providers of services. While there is no concrete plan at this time to incorporate this information, the agency vision includes providing individuals with a full range of information that will equip and empower them to self-direct their LTSS information and services to every extent possible, including publicly available information about quality and consumer satisfaction.

The INconnect Alliance portal establishes a single point of entry for referral purposes. The plan also includes a toll-free telephone number that will provide automated connection to a “brick and mortar” ADRC for people who prefer to use the telephone, or who do not have access to web-based technology. External outreach materials will prominently feature the website and phone number. We anticipate the professional and paraprofessional people staffing all of these doors will be educated about the Alliance and the portal as THE primary resources to provide to individuals with LTSS questions or service needs.

ADRC Network Development & Referral Practices

Stakeholder input from the 2015 listening sessions was clear in that there was no desire to create any kind of new access point for LTSS resources. Stakeholders strongly expressed the opinion the state needed to invest resources in the existing ADRC network and not try to “re-invent” the wheel.

The DA began reviewing and investing in ADRC development as far back as the fall of 2014. A meeting was held in late 2014 with directors and key staff from all sixteen of the ADRCs to strategize about what would be involved in this effort. At that time they were asked to provide the DA with their own self-assessments using the ADRC Readiness tool from the ACL ADRC technical assistance site.

The discussion in this meeting focused on how to provide access to quality information to consumers outside of normal business hours; how to create and ensure consistency in the consumer experience of options counseling at all ADRCs; funding challenges associated with having robust ADRCs; the importance of formal community partnerships with defined roles and responsibilities; and their perception of themselves as independent entities versus their role as part of a cohesive statewide network. This discussion was foundational to ADRC reinvigoration efforts that began in 2015.

The DA was able to use enhanced federal funds earned through participation in Balancing Incentives (BIP) to fund grants to each ADRC for their local reinvigoration efforts. ADRCs were asked to make proposals to the DA for the purpose of augmenting their local resources and updating their resource database, or for the purpose of developing new, formalized community partnerships.

All sixteen organizations submitted applications. Fourteen grants were ultimately given for a total of \$1.1 million. These grants were successful in a variety of ways at the local levels (see summary of results in Appendix H).

This process with the ADRCs as well as the stakeholder input generated through the listening sessions led the NWD planning group to focus on creating a more robust, visible and consistent statewide presence for the ADRCs. The creation of INconnect Alliance addresses portions of this: visibility and some automated and standardized referral protocols from external sources.

Indiana’s plan also includes how to create systematic referrals from points outside of the ADRC network, but places where people frequently and regularly identify their needs for LTSS information and/or services. These sites include the points at which individuals transition in/out of hospitals and nursing facilities; the Centers for Independent Living, adult protective services, veterans’ organizations, and other community or faith-based organizations that have partnerships with FSSA.

Stakeholders identified, and the agency agreed, these entities need more than a website. These are all significant doors and agency partners that can play a vital role in augmenting the ADRC network in helping to triage information needs for consumers in their doors. Indiana’s NWD plan includes the role of Long-Term Service Advisors (LTSAs) for these entities. The agency funded the creation of a web-based training curriculum for LTSAs; the training modules were completed in June 2013. This training will be made available on a voluntary basis to organizations such as the ones described above. These entities can then identify themselves as affiliates of the INconnect Alliance organization to be viewed as a trusted resource for LTSS information and referral support.

Beginning September 2016, the DA and the ADRCs will initiate a collaborative review of the role of the ADRCs and the AAA case managers in the successful integration of medical care and social supports. Facilitating this effort is a well-known Indiana geriatrician currently under contract to FSSA. This collaboration will build partnerships between the healthcare community and the community-based ADRC and should lead to improved healthcare outcomes and reduced healthcare costs for the growing Medicaid waiver population.

ADRC Funding

For the ADRCs to function as the backbone of the system, it is important that funding be available and sustainable. Funding for the ADRCs was also frequently mentioned by attendees of the 2015 listening sessions. To keep pace with the growing need, we anticipate that funding ADRC activities will be an ongoing challenge not fully addressed in Indiana's NWD plan.

The first leg of the funding formula is to clarify and cement the role of the ADRC as the entry point to all of Indiana's home and community-based services for persons who are aged or physically disabled, and ensuring they are adequately compensated to perform this role consistently and at a high level of quality and timeliness. In July 2016, the DA executed new contracts with the ADRCs for this purpose.

These new contracts formally establish the role of the ADRCs as the 1) intake and assessment point for this population's two waiver programs, 2) state's Money Follows the Person (MFP) contractor, and 3) as a referral point in the PASRR process for persons seeking nursing facility admission from home. Service definitions, performance expectations, and payment points have been determined for all services associated with these functions. The State was able to match state funds with federal waiver administration dollars for these purposes, including enhanced federal dollars through MFP.

A core ADRC service is options counseling, which has been demonstrated to effectively support individuals in accessing information and evaluating their resources and informal supports. For SFY 2017, the State has established definitions and payment points for the service of options counseling. Potential funding sources for options counseling include the state-funded CHOICE (Community and Home Options to Institutional Care for the Elderly and disabled), and federal Social Services Block Grant or Older Americans Title III-B. Indiana is currently administering a pilot program with this funding source, through which results on the impact of options counseling have been favorable.

Indiana will never have enough public dollars to fund options counseling for every individual who might benefit from that service. This makes it imperative that FSSA and the ADRCs collaborate to increase the ways in which consumers themselves can directly access needed information to answer questions or identify resources. It also underscores the need for the State to continue identifying as many doors where this need is encountered and to equip those "doorkeepers" with the information and tools to answer questions, provide support and triage the information needs of consumers at the earliest possible point in their LTSS journey.

Continuous Quality Improvement

Coming soon...

APPENDIX

APPENDIX A – 1391 Report to Indiana’s General Assembly

APPENDIX B - Survey and Listening Session Report

APPENDIX C - ADRC Readiness Assessment Results

APPENDIX D - Stakeholder Road Map (coming soon)

APPENDIX E - Filtering Questions for FSSA INconnect Portal (see page 39)

APPENDIX F - PASRR Redesign Report to Indiana’s General Assembly

APPENDIX G - Filtering Questions for FSSA INconnect Alliance Portal (see page 41)

APPENDIX H - ADRC Grant Summary (coming soon)

ATTACHMENT – INconnect Alliance brochure

APPENDIX E - Filtering Questions for FSSA INconnect Portal

#	Question	Yes, go to:	No, go to:	If Yes, display:	Link	Notes
	Please answer the following questions to help determine which services you may be eligible to receive. If you are searching on behalf of someone else, please assume that "you" refers to the person who is seeking services.					
1.0	Are you looking for health coverage?	2.0	2.0	Health insurance	FSSA Benefits Application Portal	Link to health insurance (Medicaid) application page
2.0	Are you looking for food assistance?	3.0	3.0	SNAP	SNAP	Link to FSSA SNAP page
3.0	Are you looking for cash assistance and have children under 18?	4.0	4.0	TANF	TANF	Link to FSSA TANF page
4.0	Are you looking for child care services?	4.1	5.0	Care Finder	Care Finder	Link to Care Finder
4.1	Are you looking for a child care provider's inspection reports?	4.2	4.2	Care Finder	Care Finder	Link to Care Finder
4.2	Are you looking for information on child care licensing standards?	4.3	4.3	CCDF	CCDF Provider Eligibility Standards	Link to CCDF Provider Eligibility Standards page
4.3	Are you looking for information on state-funded pre-K?	4.4	4.4	On My Way Pre-K	On My Way Pre-K	Link to On My Way Pre-K
4.4	Are you looking for an early intervention program or have an infant or toddler with an intellectual or developmental disability? This could include a lifetime mental or physical condition, such as autism, Down syndrome, cerebral palsy or epilepsy.	5.0	5.0	First Steps	First Steps	Link to First Steps
5.0	Are you looking for services for older adults?	5.1	6.0	AAAs	Division of Aging page for AAAs	Link to FSSA AAA locations page
5.1	Are you looking for nursing care?	5.2	5.2	AAAs	Division of Aging page for AAAs	Link to FSSA AAA locations page
5.2	Do you have a chronic condition or physical disability that requires assistance to remain at home?	6.0	6.0	HCBS	Division of Aging page for AAAs	Link to Medicaid Waiver page....
6.0	Is someone harming you, not taking proper care of you, or taking money or property without permission?	7.0	7.0	APS	Adult Protective Services	Link to FSSA APS page
7.0	Are you looking for disability services?	7.1	8.0	AAAs	Division of Aging page for AAAs	Link to FSSA AAA locations page
7.1	Are you blind or visually impaired?	7.2	7.2	BVIS	Blind and Visually Impaired Services	Link to FSSA BVIS page
7.2	Are you deaf or hard of hearing?	7.3	7.3	DHHS	Deaf and Hard of Hearing Services	Link to DHHS page
7.3	Are you looking for independent living services?	7.4	7.4	ICOIL	Independent Living Centers	Link to ICOIL (Indiana Council On Independent Living) location page
7.4	Do you have an intellectual or developmental disability? This could include a lifetime mental or physical condition, such as autism, Down syndrome, cerebral palsy or epilepsy.	7.5	7.5	BDDS	Bureau of Developmental Disabilities Services (BDDS)	Link to FSSA BDDS page

#	Question	Yes, go to:	No, go to:	If Yes, display:	Link	Notes
7.5	Are you looking for help for a child under the age of 4?	7.6	7.6	First Steps	First Steps	Link to FSSA First Steps page
7.6	Are you looking for employment services?	8.0	8.0	VRS	Vocational Rehabilitation Services	Link to FSSA VRS page
8.0	Are you looking for mental health services?	9.0	9.0	Mental Health Services	Mental Health Services	Link to Mental Health page, content on page will be updated in the future
9.0	Are you looking for addiction services?	9.1	end	Addiction Services	Addiction Services	Link to Addictions page, content on page will be updated in the future
9.1	Are you looking for help with gambling addiction?	end	end	Gambling	Problem Gambling Services	Link to Problem Gambling page

APPENDIX G - Filtering Questions for FSSA INconnect Alliance Portal

Key =

Questions in blue,

Results in green,

Logic in black,

1. Who needs help? (*radio button*)
 - If Myself,
 - Proceed to question 2
 - If Someone I care about,
 - Display:
 - **Family Caregiver Alliance** supports and sustains the important work of families nationwide caring for loved ones with lifelong, disabling health conditions. For more information, [click here](#) or call 1-800-445-8106
 - [Proceed to question 2](#)
2. How old is the person who needs help? (*radio button*)
 - If 0-21,
 - Display:
 - **Connect2Help211's** mission is to link people who need human services to those who provide them in their area. For more information, [click here](#) or dial 2-1-1.
 - [Proceed to question 3](#)
 - If 22-59,
 - Display:
 - **Connect2Help211's** mission is to link people who need human services to those who provide them in their area. For more information, [click here](#) or dial 2-1-1.
 - [Proceed to question 3](#)
 - If 60+,
 - Display:
 - **Connect2Help211's** mission is to link people who need human services to those who provide them in their area. For more information, [click here](#) or dial 2-1-1.
 - Benefits Checkup asks a series of questions to help identify benefits that could save you money and cover the costs of everyday expenses, such as medication, food, utilities and transportation. For more information, [click here](#) or call 571-527-3900.
 - AARP gives caregivers the resources, support and tools they need to succeed. For more information, [click here](#) or call 1-888-687-2277.
 - [Proceed to question 3](#)
3. Where does the person prefer to receive care? (*radio button*)
 - If At home or in the community,
 - If ("age" = 0-21 or "age" = 22-59), display:

- Association and the Centers for Disease Control and Prevention or call 1-800-342-2383
- Proceed to the next item
 - If Depression/Anxiety,
 - If (“age” = 0-21 or “age” = 22-59), display:
 - **Depression** is a state of low mood and aversion to activity that can affect a person’s thoughts, behavior, feelings and sense of well-being. For information and resources, visit Mental Health America for depression or anxiety.
For a help line, call 1-800-273-TALK
 - If (“age” = 60+), display:
 - **Depression** is a state of low mood and aversion to activity that can affect a person’s thoughts, behavior, feelings, and sense of well-being. For information and resources for older adults, visit Mental Health America, the Center for Disease Control, and the National Institute of Health for depression or anxiety.
For a help line, call 1-800-273-TALK.
 - Proceed to the next item
 - If Developmental or Intellectual Disabilities,
 - Display:
 - **Developmental disabilities** are a group of conditions due to mental or physical impairments. For information, treatment and resources, visit Indiana’s Division of Disability and Rehabilitative Services (DDRS).
 - Proceed to the next item
 - If Heart Disease/High Blood Pressure,
 - If (“age” = 0-21), display:
 - **Cardiovascular diseases** include those related to the heart or blood vessels, such as coronary artery diseases. For information and resources, visit the American Heart Association or the Centers for Disease Control.
For a help line, call 1-800-242-8721.
 - If (“age” = 22-59 or “age” = 60+), display:
 - **Cardiovascular diseases** include those related to the heart or blood vessels, such as coronary artery diseases. For information and resources, visit the American Heart Association or the Centers for Disease Control.
For a help line, call 1-800-242-8721.
 - Proceed to the next item
 - If Kidney Failure/Renal Disease,
 - If (“age” = 0-21 or “age” = 22-59), display:
 - **Kidney failure** is a condition in which the kidneys lose the ability to remove waste and balance fluids. For information and resources, visit the National Kidney Foundation or the American Kidney Fund.
For a help line, call 1-855-653-2273

- **Strokes** happen when blood flow to an area of the brain is cut off. Strokes in infants and children presents unique challenges to parents, caregivers and researchers. For information and resources regarding strokes in children, [click here](#).
For other resources, visit the [National Stroke Association](#) and the [American Stroke Association](#).
For stroke help lines, call 1-800-787-6537 or 1-800-4-STROKE.
- If (“age” = 22-59 or “age” = 60+ and “who needs help” = myself), display:
 - **Strokes** happen when blood flow to an area of the brain is cut off. For information and resources, visit the [National Stroke Association](#) and the [American Stroke Association](#).
For stroke help lines, call 1-800-787-6537 or 1-800-4-STROKE.
- If (“age” = 22-59 or “age” = 60+ and “who needs help” = someone I care about), display:
 - **Strokes** happen when blood flow to an area of the brain is cut off. For information and resources, visit the [National Stroke Association](#) and the [American Stroke Association](#).
For stroke help lines, call 1-800-787-6537 or 1-800-4-STROKE.
- [End assessment](#)