



Eric Holcomb, Governor  
State of Indiana

***Indiana Family and Social Services Administration***

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Dr. Daniel Rusyniak, Secretary

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**To:** Zachary Q. Jackson  
State Budget Director

**From:** Dan Rusyniak, MD  
FSSA Secretary

**Subject:** Agency Overview and Biennial Budget Transmittal – State Fiscal Years 2024 - 25

**Introduction**

The Family and Social Services Administration (FSSA) facilitates the delivery of health and human services to over two million Hoosiers through a network of programs and funding sources. We have oriented these services to support the overall health and well-being of Hoosiers through a person-centered lens. To meet our mission, we strategically partner with other state agencies and community stakeholders to implement policies that improve Hoosier health outcomes. A key aspect of our financial strategy is leveraging State General Fund appropriations with matching federal funds to assure that Indiana citizens get the services they need.

FSSA Vision

*All Hoosiers live in fully engaged communities and reach their greatest emotional, mental and physical well-being*

FSSA Mission

*To compassionately serve our diverse community of Hoosiers by dismantling long-standing, persistent inequity through deliberate human services system improvement*

FSSA Values

- ***Excellence:*** To execute operational programming that is consistent and reliable, with ongoing outcomes evaluation. This includes a commitment to identify gaps and change systems that do not promote equity. In addition, excellence requires a commitment to continuous education and community engagement.
- ***Integrity:*** To establish the highest level of trust both internally and externally through honest, transparent and accountable interactions and communications.



- **Innovation:** To encourage bold approaches to problem solving, allowing for failure, embracing change and inspiring creative solutions.
- **Compassion:** To be present in the moment, exemplifying kindness and empathy, with recognition of adverse traumatic experiences in system design and personal interactions.
- **Resilience:** To withstand and recalibrate when faced with adversity.
- **Purpose:** To take action driven by mission, goals and outcomes.
- **Inclusion:** To create a safe environment where honest dialogue leads to mutual understanding and recognition of our biases. To use feedback to drive improvements in our internal activities, hiring and promotion processes, external expectations and modeling of behavior. Diverse cultures, perspectives and ideas are the basis for agency growth.
- **Dignity:** To respect the inherent value and worth of each person through all forms of interactions, including policy and funding.

## Structure and Organization

FSSA 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 health care and social services funding agency. The eight care divisions in FSSA administer services to more than 2 million Hoosiers.

**Division of Family Resources** is responsible for determining eligibility for Medicaid, Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families benefits. They also manage the timely and accurate delivery of SNAP and TANF benefits.

DFR provides employment and training services to some SNAP and TANF recipients. DFR operates office locations in all 92 counties.

**Office of Medicaid Policy and Planning** efficiently and effectively administers Medicaid programs for the state of Indiana. OMPP's suite of programs, called the Indiana Health Coverage Programs, includes traditional Medicaid, risk-based managed care and a variety of waiver services tailored to the needs of specific populations. High-level descriptions of our program areas are below:

- **Healthy Indiana Plan** is nationally recognized for bringing innovative health coverage to over 400,000 low-income and working adults through consumer-driven healthcare plans. Members actively participate in their healthcare to become better informed and engaged.
- **Hoosier Care Connect** provides health coverage for nearly 90,000 aged, blind and disabled members who are not dually eligible for Medicare and/or receiving long-term services and supports. The program also covers many of Indiana's foster children. Managed Care Entities provide intensive case management services for these members.
- **Hoosier Healthwise**, which includes Indiana's CHIP population, serves over 600,000 children and pregnant women. We help ensure that more young children receive well-child doctor visits giving them a healthy start in their lives. Hoosier Healthwise supports healthcare for pregnant women. Prenatal care reduces the risk of premature and low birth weight babies, which significantly reduces the likelihood of infant mortality.
- **Home- and Community-Based Services** Medicaid programs help more than 30,000 members work and become active members in their communities by providing alternative supports and

services to institutional care. These programs target specific populations such as seniors, individuals with mental illness or individuals with disabilities; populations that require more intense services. OMPP assists its sister divisions to implement and monitor these programs.

- *MED Works* offers healthcare coverage for more than 3,000 disabled individuals who can return to work but still meet the Medicaid definition of disability. This allows members to continue to work without fear of losing health coverage.
- *HoosierRx* helps thousands of low-income residents, aged 65 years old or older, to pay their monthly Part D premium. Members enrolled in a Medicare Part D Plan working with HoosierRx can receive up to \$70 a month in assistance. We also have programs available to help pay Medicare Part A or B premiums, deductibles and co-insurance.

*Division of Disability and Rehabilitative Services* facilitates access to person centered services that support individuals with disabilities to live, work, and engage with their communities. The division administers programs supporting children and adults with disabilities, including early intervention services for infants and toddlers who have developmental delays or disabilities; Vocational Rehabilitations Services that assist individuals with disabilities in achieving, maintaining, and growing in their employment; and home and community based waiver programs that provide person-centered individualized supports that assist children and adults with an intellectual disability to in live in their own home or family home and have full access to the benefits of community living.

*Division of Mental Health and Addiction* sets care standards for the provision of mental health and addiction services to Hoosiers. DMHA is committed to ensuring that clients have access to quality services that promote individual, family and community resiliency and recovery. DMHA provides funding support for mental health and addiction services to low-income populations and administers federal funds earmarked for substance abuse prevention projects.

DMHA also certifies all community mental health centers and addiction treatment services providers. DMHA operates six psychiatric hospitals (NeuroDiagnostic Institute, Evansville Psychiatric Children's Center, Evansville State Hospital, Logansport State Hospital, Madison State Hospital and Richmond State Hospital).

*Division of Aging* is committed to helping Hoosiers find the information and resources they need. Our goal is to put knowledge in Hoosiers' hands so they can make informed decisions, not only for themselves but also for their loved ones. We strive to foster networks that provide information, access and long-term care options that enhance choice, autonomy and quality of life for Hoosiers.

We support the development of alternatives to nursing home care and coordinate home- and community-based services and funding through the statewide INconnect Alliance network. The INconnect Alliance is comprised of 15 Area Agencies on Aging and Aging. These local agencies cover 16 geographic regions (planning and service areas) within Indiana and are charged with the responsibility of providing a comprehensive array of services to, and advocating for, the needs of Hoosiers residing in their areas.

*Office of Early Childhood and Out-of-School Learning* administers numerous early childhood and school-age, out-of-school time care and learning initiatives. These initiatives are focused on supporting low-income families with a variety of high-quality options for programs for their children ages birth to 13; as

well as supporting providers of these services by offering resources needed to build the capacity of high-quality programs. These high-quality programs ensure that children are healthy, safe and learning in out-of-home environments. These programs include Child Care and Development Fund, serving as Indiana's Head Start State Collaboration office, On My Way Pre-K, and Paths to QUALITY.

The vision of OECOSL is that every Indiana community will have a strong network of early care and education and out-of-school time programs that support the child, the family and local schools. Programs will be high quality, affordable and accessible, enabling families to work effectively to obtain economic self-sufficiency. Children will thrive in programs that meet their developmental and educational needs and make them feel welcome, encouraged, and supported. Professionals teaching and caring for children have the resources, including training and education, needed to operate and maintain high quality programs.

**Indiana Disability Determination Bureau** works closely with the 26 local Social Security Administration Field Offices throughout Indiana, and Social Security Administration at the regional and national levels. Fully funded by the Federal Government, Indiana's DDB is responsible for developing medical evidence and making the initial determination on whether or not a claimant is disabled or blind under the law.

**Indiana 211** Indiana 211 is a free service that connects Hoosiers to health and human service agencies and resources in their local communities. IN211's team is comprised of experienced, responsive and compassionate community navigators who are skilled at actively listening and identifying needs and providing referrals. In July 2020, IN211 became part of the Indiana Family and Social Services Administration.

**FSSA Administration** handles the daily operations of the agency including Finance, Contracts, Information Technology and Compliance, Data and Analytics, Communications, Legislative Affairs, and Legal Affairs. While these departments do not necessarily provide direct services to Hoosiers, they are critical to ensuring our programmatic divisions have the resources, information, and guidance necessary to effectively advance the agency's mission. Programmatic divisions are also supported by our Office of Health Opportunities and Office of Science and Evidence.

## **Accomplishments and Challenges During FY 2022 – 23 Biennium FSSA Agency Initiatives**

### *Agency Accomplishments*

#### Cross-Division

1. FSSA is in the process of reforming Indiana's long-term services and supports system. After two years of stakeholder engagement, FSSA released the first-of-its-kind request for proposal, seeking experienced managed care partners to operate an accountable and person-centered program with care coordination at its core. Stakeholder engagement included over 280 meetings involving 200+ individuals.
2. FSSA received unprecedented federal investments in a variety of programs as a result of the pandemic. Working across the divisions, the investment of these resources is being used to:
  - a. Stabilize, grow, and improve service delivery
  - b. Build data infrastructure
  - c. Ensure and promote equity
  - d. Build bridges, not cliffs

- e. Promote evidence-based practices
- f. Prioritize internal and external transparency.

More specifically, these historic investments have been used to:

- Provide sustainability payments to a wide variety of providers, including child care providers, home and community based service providers, and First Steps providers. Most of these payments required a percentage of resources to be passed through to direct service worker.
  - Develop and approve programming to support members, including improving the transportation network with more vehicles serving this population through grants.
  - Launch Family Guided Routines Based Intervention training to promote enhanced quality in the First Steps program.
  - Award \$52 million (including \$21 million in local match funding) in Community Catalysts grants provided to 36 recipients throughout Indiana to enhance the quality, integration and access of mental health prevention, intervention, treatment, and recovery services across the state.
  - Fund a \$8 million partnership (including \$4M in match from Riley) with Riley Children’s Health to integrate mental health into pediatric primary care
  - Provide \$4.4 million to the Indiana University School of Medicine to fund psychiatrist residency (training) slots, and fellowships for psychiatrists and internships for psychology students.
3. The Office of Medicaid Policy and Planning and the Division of Mental Health and Addiction partnered to improve access to members in crisis through the addition of and Medicaid reimbursement for mobile crisis units that can become the main point of contacts rather than law enforcement when it comes to assisting an individual in a mental health crisis.
  4. The Division of Aging and Office of Medicaid Policy and Planning worked together with the Medicare Dual Eligible Special Needs Plans (D-SNPs) and the ADRCs to create a streamlined process offering those referrals and sharing appropriate information. Between April 2022 and June 2022, 325 individuals who had been admitted to a skilled nursing facility (SNF), and not receiving waiver services, were referred to the local Area Agency on Aging. In that same time period, care coordination for waiver participants admitted to a SNF, hospital, or emergency department was implemented 1,013 times, and 96% of those admissions received care coordination in less than 3 days.
  5. The Office of Early Childhood and Out-of-School Learning worked with the Division of Family Resources on recent changes in categorical eligibility of SNAP families for Head Start and Early Head Start.

#### Office of Medicaid Policy and Planning

1. Received CMS approval for a 10-year extension of the HIP Waiver in October 2020, making Indiana the first state to receive a 10-year extension for its Medicaid expansion alternative. Also, received approval to operate waivers benefiting members with substance use disorder and seriously mentally ill for an additional 5 years (ending December 31<sup>st</sup>, 2025).
2. Evaluated managed care alignment to determine opportunities to improve provider abrasion and reduce administrative burden. Managed a year-long process improvement on provider enrollment, contracting and credentialing with managed care entities establishing new requirements and oversight procedures as well as ongoing audit processes.
3. Evaluated Pharmacy Single Preferred Drug List and announced our work to implement starting summer 2022. Further plans to implement provider relief in prior authorization requests.
4. Created a transition program for members leaving the Healthy Indiana Plan for due solely to an increase in income. This program is designed to eliminate the cliff effect of losing State-sponsored

health insurance. Members will receive an account and may spend up to \$1,000 over the 12 months following the end of HIP eligibility. This program was halted due to the pandemic rules of no one losing eligibility but is expected to begin once the federal public health emergency ends.

5. Created a Vendor Management Office to establish policy, procedure and protocols in managing vendor performance to establish expectations of excellence. Developed a 6-module training series for vendor managers.
6. Re-procured all three managed care programs - Hoosier Care Connect (began April 1 2021 with over 10,000 enrolled), Hoosier Healthwise, and Healthy Indiana Plan (both set to begin January 1, 2023 with over 1.6 million Hoosiers enrolled).

#### Division of Disability and Rehabilitative Services

1. Implemented strategies to build capacity in Vocational Rehabilitation Services and move toward ending order of selection.
2. Partnered with the Department of Workforce Development and the Governor's Workforce Cabinets on the Indiana Combined Workforce Innovation and Opportunity Act (WIOA) State Plan, which includes the VRS State Plan, was amended as federally required, and has now been approved by the U.S. Department of Labor. The next plan is due in two years.
3. Successfully completed the Case Management Innovation project in December 2021. The project targeted improved case management outcomes through a 1915b 4 Waiver allowing the bureau to contract with a limited number of case management entities.
4. Launched Gateway, on-line application for the Bureau of Developmental Disabilities Services, in early 2021, improving access to the application process for HCBS services. The online access resulted in an increase in service awareness and volume of applications.
5. Implemented the Quality Onsite Provider Review process, which has been well received by individuals, families, and providers. This process includes an on-site review and evaluation of the quality of services being delivered to individuals receiving waivers, including talk directly to individuals to make sure they are receiving person-centered quality services.
6. Launched the EIHub, a comprehensive early intervention data system (case management, service logging, billing and claiming, provider enrollment and management, learning management, and family portal).
7. First Steps worked with national technical assistance providers during 2021 and was able to close long-standing non-compliance as far back as 2012 receiving its highest determination from the Office of Special Education Programs (OSEP).

#### Division of Aging

1. Received 14 new federal grants, including multiple grants under the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid Relief and Economic Security (CARES) Act, the Coronavirus Response and Relief Supplemental Act (CRRSA), and the American Rescue Plan Act (ARPA). These have resulted in an increase in the Division's total funding by nearly 50%.
2. Worked with Indiana's Area Agencies on Aging (AAAs) to support new and existing home and community-based services during the public health emergency, including expanded nutrition programs, implemented individual and group socialization programs to combat social isolation, and increased outreach, information and assistance, and public information about available programs and services. Under Major Disaster Declaration flexibilities, the 5-HDC5 funds also supported the AAAs in conducting 39,340 individual outreach contacts related to the COVID-19 vaccine.
3. Received COVID No Wrong Door funds to support Aging and Disability Resource Center (ADRC) capacity and ensure coordination and response to urgent needs resulting from COVID-19. Funds were utilized to support a digital marketing campaign to bring awareness to the ADRC network,



resulting in over 450 direct phone calls to the Aging and Disability Resource Centers' (ADRCs) and over 3,300 website actions on [inconnectalliance.org](http://inconnectalliance.org). Funding was also used to support a virtual data connection between the ADRCs information and referral software to the state's care management system, creating the ability to seamlessly transfer information allowing for more efficient service delivery.

4. Applied for CMS approval of the Aged and Disabled Medicaid Waiver amendment to offer new services for caregivers and waiver recipients.
5. Received Administration on Community Living approval for our four-year State Plan on Aging.
6. Continued work related to CMS HCBS Settings Rule compliance.

#### Division of Family Resources

1. Evaluated RFPs and award contracts to successful bidders for the Central and Regional Change Centers (C/RCC's), IEDSS Maintenance and Operations (M&O), Document Services and Operational Verification and Validation (OV&V) Services and partnered with IOT in RFP award for new phone system.
2. Pandemic response included receiving Plan approval from USDA/FNS and issuance for Pandemic Electronic Benefits Transfer (P-EBT); implementing SNAP and TANF on-line purchasing with EBT card; and issuing a federally-funded one-time payment of \$400 to every active TANF recipient in August 2021.
3. Implemented TANF legislation effective July 1, 2021, allowing for exclusion of annual income up to \$15,000 earned by a household while participating in pre-apprenticeships, apprenticeships, postsecondary degree, and workforce certificates and increasing the resource limit and the vehicle equity for recipients.
4. Implemented and continued processing of SNAP emergency allotments to allow all SNAP households to receive the maximum allotment for their household size. Benefit ended in May 2022 with the end of the State PHE.
5. Supported Operation Allies at Camp Atterbury with on-site staff to assist in applying for SNAP, TANF and Medicaid assistance to support resettlement of 750 Afghan Parolees through existing and new sites over four months.
6. Awarded \$750,000 from the USDA/FNS for the SNAP Fraud framework grant. This grant funding supports DFR to implement a new fraud tracking system
7. Benefits Portal updated in its entirety to add additional usability improvements and enhancements to enhance the experience for those with visual impairments. Included adding electronic Document Upload functionality to allow Applicants and Recipients to provide required information to support timely eligibility processing.

#### Division of Mental Health and Addiction

1. Utilized federal funding to establish the BeWell Crisis helpline, which is staffed 24/7 by trained crisis counselors. BeWell Crisis Counselors have provided crisis counseling to more than 44,500 Hoosiers through July 2022.
2. Invested more than \$50 million in federal dollars to the launch of the 988 program and is working towards building a comprehensive crisis system in three parts; (1) someone to contact (one of 5 statewide call centers; (2) someone to respond (mobile crisis teams; and (3) somewhere to go (crisis stabilization centers. DMHA anticipates that this system will be built over the next 5-10 years and will need sustainable funding.
3. Opened an additional five Opiate Treatment Programs (OTPs) locations providing an array of medically supervised medication options. This brings the total OTPs in the State of Indiana to 23, with the remaining four (4) to open by the end of SFY23.

4. Administered two large federal grants aimed at combatting the opioid crisis: The State Opioid Response (SOR) 1 and 2. Funding is used to increase recovery residences, improve access to treatment, increase provider and peer workforce capacity, build regional systems of care, reduce stigma, provider education/training, and access to Naloxone.
5. Launched successful pilot programs to better support timely access to competency restoration services, involving two jail-based competency restoration sites, contracting with two psychiatric inpatient units for competency restoration, and discharge supports to improve and expedite discharge from the hospital.
6. Partnered with the Indiana Council of Community Mental Health centers to comprehensively assess business and clinical practices across all 24 CMHCs to improve the efficiency of the overall system.
7. Utilized federal funding to lead the creation of the Regional Recovery Hub model, which organizes recovery supports into 5 regions supported by 16 recovery organizations. DMHA accelerated the timeline for the hubs due to the increased need for support created by COVID-19 and launched much earlier than anticipated in May 2020. Since that time, over 100,000 Hoosiers have received services through those hubs.

#### Office of Early Childhood and Out of School Learning

1. Developed an Employee Assistance Program for the child care workforce in Indiana and their families.
2. Launched an analysis of Paths to QUALITY™ in partnership with the Office of Healthy Opportunities to identify gaps in equity and access within the system.
3. Released <https://navigate.onmywayprek.org/> to help families connect with their On My Way Pre-K county project manager.
4. Updated processes and contract with NORC for a more comprehensive online implementation of KRI (Kindergarten Readiness Indicator) training and certification for all OMW programs with children enrolled leading to a 95% completion rate.
5. Collaborated with the Indiana Department of Education, the Indiana Head Start Association, and the Office of Early Childhood and Out-of-School Learning on a November 2021 Transition to Kindergarten Summit.
6. Implemented changes to I-Lead to allow Child Care Licensing Applications to be submitted electronically.

#### Indiana 211

1. Revised vision and mission, focus on improving community awareness of Indiana 211.
2. Reorganized Indiana 211 from strategic perspective to a hierarchical matrix hybrid organization focused on outreach, enhanced communication, community collaboration and innovation.
3. Established a training and quality program led by a Training & QA Director
4. Supported multiple lines of business including:
  - a. Community Navigators who provide access to community resources after reviewing social determinants of health questions to identify needs.
  - b. Adult Protective Services.
  - c. COVID-19 lines to support vaccine roll out including addressing general questions, test scheduling, treatment options, access to the vaccine for homebound Hoosiers, rides to COVID-19 Vaccine appointments, and COVID-19 Vaccine insurance billing information.
  - d. Indiana Housing and Community Development Authority lines for Indiana Emergency Rental Assistance and the Energy Assistance program.



- e. Office of Early Childhood & Out of school learning lines to assist individuals in Marion and surrounding counties who have applied for the Child Care Development Fund (CCDF) block grant with the application as well as outbound calls to those who need to renew their eligibility.
- f. Division of Mental Health & Addiction Substance Use Disorder lines for connecting to a treatment facility, requesting a ride to a substance use treatment program, or to connect with a peer recovery specialist. Also, supported the BeWell Indiana line.

### *Agency Challenges*

#### Cross-Division

Overall, the main challenge being seen across all Divisions of the agency is the ability to have the appropriate level of staff at both the State level and provider level. This affects both our provider capacity and our ability to ensure that all Indiana citizens receive the level of service that is needed.

To address this, the agency is focused on a variety of strategies focused on stabilizing, supporting, and re-building our staff and our provider networks. We have utilized several of the federal funding opportunities noted to accomplish these goals either through provider grant opportunities or through scaffolding in support for our teams. Moving to the biennium budget, we are addressing provider needs by establishing a rate review matrix and updating the rate methodology across our home and community-based waiver services. Additionally, our divisions are investing in opportunities to build provider knowledge and capacity to deliver quality services and supports. For our teams, we are working across the agency and in partnership with the State Personnel Department to consider create a culture and environment that equips our teams to be effective and successful in their work.

An additional agency-wide challenge is continuing to manage COVID-related issues, including increased program enrollments and related demand for services. Over the next biennium, the agency is planning for eventual unwind of programmatic changes related to the public health emergency. Planning is focused on integrating unwind requirements within typical processes to ensure an efficient process that minimizes opportunity for error.

#### DDRS

- *Waiver Redesign:* The administrative authority for the Aged & Disabled and Traumatic Brain Injury waivers from the Division of Aging to the Bureau of Developmental Disabilities Services. The full transition is targeted for completion by 2<sup>nd</sup> quarter of calendar year 2024. This will require a great deal of stakeholder engagement, restructuring/realignment of staff, and waiver amendment. In addition, BDDS will integrate this work with ongoing efforts to redesign home and community-based waiver services to improve focus on competitive integrated employment outcomes, self-direction, and non-traditional supports/services. The redesign effort has been informed through ongoing stakeholder feedback and engagement.

To address this challenge, the team will be utilizing Human Services Research Institute to support the planning, design, and amendment of HCBS waivers. As part of that process, the team will consider new waiver services that provide similar or new service delivery options that improve individuals' quality of life, create opportunities for greater independence, and ultimately cost less than current service delivery.

### DMHA

- *Community Mental Health Centers (CMHC) to Certified Community Behavioral Health Clinic (CCBHC) transition:* The Indiana CMHC system is underwritten by a special Medicaid program called the Medicaid Rehabilitation Option (MRO). The CMHCs get exclusive access to MRO, which allows for billing of a much broader range of mental health services, including case management and skills training. In exchange for the exclusive access to MRO, the CMHCs pay the state match for Medicaid. While this creates sustainability for funding purposes, there remain challenges in ensuring holistic and integrated service delivery. It is anticipated that the CCBHC model is an opportunity to address these challenges through a collaborative and well-planned transition process.
- *988 sustainability funding:* Over the past biennium, we have leveraged a variety of federal funding opportunities to build the infrastructure necessary to launch the 9-8-8 call line and to build out the framework for the remaining statewide crisis response system. Over the next biennium, focus will move to creating sustainable funding sources at both the federal and state level to support continued build out of the statewide system and on-going implementation.

### OECOSL

- *Background Checks:* We are required to do background checks in any state that a caregiver has lived in the last 5 years. The majority of states require payment to complete a background check. We do not have a mechanism to provide the payment and therefore must omit these states from our background check process. We will need to devise a process to make payments to these states and work with IDOA on a solution that is not time consuming and allows us to meet our 45-day timeline. This could include joining the FBI's National Fingerprint File compact to eliminate the need to conduct interstate criminal history checks.

### 211

- *Program growth and sustainability:* There are many opportunities to expand Indiana 211 and collaborate with other FSSA Divisions, as well as other state entities. However, to do so Indiana 211 must have the appropriate infrastructure to support that growth. Indiana 211 relies on the state budget appropriations in order to leverage additional federal funding to support services being provided. The recommendation to address this is an increased appropriation request for an expanded budget from the current Indiana 211 SFY22 budget.

### **Programs to be reduced or eliminated**

- *OECOSL - School Age Child Care (SACC) grants* are an ongoing challenge. They are difficult to administer and monitor for both OECOSL and our partners. The required components of the grant, which are outlined in statute, have not been revised in some time and make it difficult for providers to be successful in administering these funds. State funds may be better allocated in another manner.

### **FSSA's Overall Initiatives for FY 24-25**

FSSA has a number of initiatives they are pursuing to meet the health and human services needs of Indiana's population: Among them include 1) reforming our Medicaid long-term services and supports system; 2) expanding supports for women and children; 3) building on the launch of 988 with the development of a statewide crisis response system; 4) integrating 211 operations into FSSA; 5) transitioning the Aged and Disabled Waiver into a mLTS environment; 5) developing the roadmap for the implementation of certified community behavioral health clinics; 6) reducing our state mental hospital wait times; 7) responsibly ending the federal public health emergency; 8) going to a single preferred drug list in Medicaid managed care; 9) moving away from sheltered workshops; 10) transforming our division of aging to better meet the needs of aging Hoosiers.

As an agency we will also continue our work to be more data informed and to improve our workplace culture with a focus on equity and teamwork. In addition, we will continue to look for ways to reduce barriers for individuals needing services by simplifying our operations, service delivery, and eligibility systems.

Many of these initiatives will leverage federal dollars provided as part of the American Rescue Plan. Others will be done within a fiscally responsible balanced budget with sustainability as a key consideration.

### Change Packages for FY24-25

	SFY2024	SFY2025
<b>Total Change Packages</b>	\$ 58,087,256	\$ 59,551,731

- **IN 211:** Increase appropriation to ensure adequate funding for current operations and to allow capacity to address needs as they arise. **\$1.5M annually**
- **INSPHN:** Increase appropriation to allow for recruitment and retention of clinical staff to support current level of need and remove appropriation for Larue Carter. **\$4.1M annually**
- **DFR:** Increase appropriation for increased support in regional and central call centers. **\$20.4M SFY2024/\$21.5M SFY2025**
- **DFR:** Increase appropriation for increased cost for the maintenance and operation of our eligibility system. **\$2.7M annually**
- **OMPP:** Increase appropriation to:
  - Increases cost related to enrollment services to ensure fair and equitable access to Managed LTSS and Robust readiness review to ensure selected plans implement MLTSS with high fidelity to the scope of work. **\$5.5M SFY2024 & \$7.0M SFY2025**
  - Increase Medicaid staff support to ensure appropriate oversight and management of selected plans within and outside of MLTSS **\$1.4M annually**
  - Support maintenance and operation of CORE Medicaid system **\$1.9M annually**
  - Implement a rate matrix to provide for regular provider rate reviews and updates **\$500k annually**
  - Implement Prior Authorization within the Fee-For-Service program **\$1.9M SFY2024/\$1.0M SFY2025**
  - Improved data management and reporting capabilities **\$226k annually**
  - Funding for DCS QRTP changes and increased costs under the 590 program **\$26.9M annually**
- **DDRS:** Increase Appropriation to:
  - Cover additional staffing related costs **\$443k annually**
  - First Steps Appropriation to implement increased service rates and funding paid to the System Point of Entries (SPOEs) **\$7.5M annually**
- **OECOSL:** Decrease the overall CCDF State Appropriation to account for the one-time funding that was made available in SEA 2 in the amount of (\$10M) annually and increase funding in the amount of \$5.8M annually to meet the Federally required State Match for increase to CCDF Matching Funds to minimize the waitlist for families and allow for required changes to provider reimbursement rates. Overall decrease of **(\$4.2M) annually**
- **FSSA Admin:** Increased appropriation to ensure adequate funding for support of current operations across the agency **\$1.4M annually**
- **DMHA:** Decrease Opioid settlement fund to account for reduction in funding available in SFY2024 and SFY2025. **Decrease of (\$35.9M) in SFY2024 and (\$36.2M) in SFY2025**
- **FSSA Overall:** Increased appropriation for fiscal impact of compensation study implementation **\$22M annually**

Organizational Chart

