



# **Indiana**

# **State Plan on Aging**

## **Federal Fiscal Years 2027-2030**

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Family and Social Services Administration  
Division of Aging

**March 2026 Draft**

# INDIANA STATE PLAN ON AGING

## Federal Fiscal Years 2027-2030

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## EXECUTIVE SUMMARY

The Division of Aging (DA), part of Indiana’s Family and Social Services Administration (FSSA), helps Hoosiers thrive in their communities by supporting access to resources, supports, and home- and community-based services (HCBS). Services are coordinated and funded through Indiana’s network of Area Agencies on Aging (AAAs).

Under the federal Older Americans Act of 1965 (OAA),<sup>i</sup> as amended, FSSA DA is required to submit a multi-year plan to the Administration for Community Living that proposes goals and objectives related to assisting older Hoosiers, their families, and caregivers. The proposed Federal Fiscal Year (FFY) 2027-2030 goals are outlined below:

### **Goal 1: Age-Friendly Communities**

- Build and sustain age-friendly state and local communities that empower all Hoosiers to live, play, and participate.

### **Goal 2: Reduce Barriers**

- Improve sustainable access to and awareness of available services and supports that help all Hoosiers age well and as preferred.

### **Goal 3: Each Journey Supported**

- Support older Hoosiers’ opportunities for connectedness and empowerment within local communities.

The FFY 2027-2030 State Plan on Aging incorporates key priorities outlined by the OAA and Administration for Community Living. Rooted in the requirements of the OAA, the planned efforts align with Indiana’s Multisector Plan for Aging (MPA), *Age Forward Together: A Unified Vision of Aging for all of Indiana* (Appendix 2). The MPA provides a comprehensive strategy to improve the lives of Indiana’s aging Hoosiers as we approach a rapid increase in the number of older adults in the state. Developed with extensive stakeholder input from private, nonprofit, and public sectors, the MPA was designed to address the diverse needs of Hoosiers as they age, ensuring improved access to resources and opportunities to engage meaningfully in their communities. It lays out a ten-year roadmap aimed at helping Indiana transform its infrastructure and improve coordination of services for the growing number of older Hoosiers and caregivers, regardless of living situation or ability level. The State Plan offers tangible objectives towards the state’s long-term goals.

Over the next four years, FSSA DA will work towards building and sustaining age-friendly state and local communities that empower all Hoosiers, including those living with dementia, to work, live, play, and participate. A 2024 age-restricted housing analysis<sup>ii</sup> indicates that 95 percent of older Hoosiers value being able to stay in their own homes for as long as possible. In Indiana, roughly half of those who qualify for publicly funded long-term services and supports (LTSS) receive those services in their homes. This speaks to the need for an age-inclusive infrastructure to support individuals’ preferences and needs. The State Plan includes initiatives that promote livability,

accessible housing, transportation, and economic opportunity, as well as protection from financial exploitation and other forms of abuse.

FSSA DA is committed to sustaining access to and awareness of available services and supports that help all Hoosiers age well and as preferred. The efforts outlined in the State Plan are aimed at reducing barriers to care, information, and other supports, including core OAA programs. The OAA created a network of home and community-based services over fifty years ago that serves as a critical component of LTSS in Indiana, specifically targeted to those with the greatest social and economic need. Through core programs and services impacting social determinants of health, such as nutrition, legal services, in-home services, health promotion, and caregiver support, the aging services network provides access to supports that enable individuals to age well.

In addition to formal support structures, Indiana's system of LTSS relies on the informal support provided by family caregivers.<sup>iii</sup> Indiana is home to more than 1.2 million caregivers, equating to nearly one in four adults. The estimated economic value of their unpaid contributions was approximately \$11 billion in 2023. FSSA DA will work to enhance the support and resources available to caregivers to sustain and enhance their critical contributions to the LTSS system, seeking to increase access to and awareness of available support and resources.

FSSA DA is leading the implementation of Indiana's Dementia Strategic Plan (Appendix 3) required by Indiana Code 12-9.1-5. Components of that plan are highlighted in the State Plan, focused on (1) increasing awareness and knowledge of dementia-related issues and (2) developing, coordinating, enhancing, and expanding services that decrease health disparities and optimize the quality of life for the 121,300 Hoosiers living with Alzheimer's disease, plus those with other dementias not reflected in this figure, and their approximately 219,000 caregivers.<sup>iv</sup>

Older adults are a vital component of thriving communities. The State Plan aims to support older Hoosiers' opportunities for connectedness and empowerment within local communities. In Indiana, 38% of older Hoosiers report feeling lonely or isolated<sup>v</sup>. Through fostering community and supporting access to employment, volunteering, and social participation, Indiana will support all Hoosiers' ability, regardless of age, to experience a sense of belonging, well-being, and quality of life. This will be further supported by the Long-Term Care Ombudsman Program's efforts to respond to increased demands for resident advocacy resulting from increasing long-term care needs. The LTCOP aims to increase its effectiveness and its ability to elevate and empower resident voices during this plan period.

In order to support a sustainable, quality, person-centered system that meets the needs and expectations of the growing population of older Hoosiers and their families, this 2027-2030 State Plan on Aging outlines a commitment to a future that provides access to services and supports where and when individuals need them and maximizes an individual's ability to remain as independent as possible within their community.

## CONTEXT

### Demographics

Like the rest of the nation, Indiana is experiencing significant population change due to the aging of the Baby Boomer generation. This generation has been an ongoing force of change in American society since its youth, both through sheer numbers and cultural impact. In 2025, this entire generation turned 60 and over (Figure 1), with the largest population growth occurring in those 85 and older.<sup>vi</sup>

The Older Americans Act requires that preference be given to individuals aged 60 and older with the greatest economic need and with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).<sup>vii</sup>



Figure 1 Data Sources: U.S. Bureau of the Census, Indiana Business Research Center

According to 2023 state-level population estimates,<sup>viii</sup> there are 1,802,380 individuals over the age of 60 in Indiana. Of those:

- 8.83% are living below the federal poverty level
- 16.45% of racial and/or ethnic minority 60+ are living below the poverty level
- 12.76% are of a racial and/or ethnic minority population
  - 6.73% Black, non-Hispanic
  - 2.99% Hispanic origin
  - 1.18% Asian and Hawaiian/Pacific Islander, non-Hispanic
  - 0.77% American Indian or Alaska Native alone or in combination with other races, non-Hispanic
  - 1.08% another race or multiracial (excluding American Indian or Alaska Native), non-Hispanic
- 24% live in rural areas\*
- 10.59% have an independent living difficulty
- 8.21% are age 85+

\*The State uses RUCA codes to determine rurality for federal reporting requirements; available Census data uses another definition. This figure is from 2010 (the most recent accessible).

Limited English proficiency (those who report speaking English “less than very well” per the U.S. Census) in Indiana is estimated to represent 2.11% of the older adult population. The highest concentration of limited English proficiency is found in Spanish-speaking older adults in the state.

### **State Unit on Aging**

With the passage of SB 222 during the 2026 legislative session, the FSSA Division of Aging and Division of Disability and Rehabilitative Services merged, forming the new Division of Disability, Aging and Rehabilitative Services (DDARS). The Division of Aging will operate as one of four DDARS bureaus, known as the Bureau of Better Aging, effective July 1, 2026. This structure reflects a renewed commitment to ensuring that every Hoosier can age with dignity, connection, and purpose. As part of DDARS, the Bureau of Better Aging will benefit from enhanced collaboration, streamlined resources, and a stronger infrastructure to support individuals across the lifespan. By joining the work of these divisions, Indiana created more integrated systems that better serve people’s evolving needs as they age, while preserving what’s working well today.

FSSA DA has two governor-appointed advisory bodies contributing to its work. The CHOICE Board and Indiana Commission on Aging provide insight and expertise on aging and disability issues, serving as a valued resource to FSSA DA. The two entities convene every other month. Indiana established the CHOICE Board by Indiana Code to oversee the CHOICE program described below. The Indiana Commission on Aging was created to advise FSSA DA on Older Americans Act programs, but the scope of the Commission now encompasses all aging issues. The Commission provides information about structures, processes, and experiences at the local level, so older adults and their families can better navigate the continuum of acute health care and long-term aging services and supports in their communities.

### **Indiana’s Aging Network**

Indiana’s aging network is comprised of 15 Area Agencies on Aging (AAAs) serving the state’s 92 counties divided into 16 planning and service areas (PSAs) (see Attachment D for map). They vary greatly in population and geographic service area, ranging from a two-county PSA with a 60+ population of 38,460 to an eight-county PSA with a 60+ population exceeding 440,500. The AAA network was created in 1972 to assist the state government in meeting the needs of older Hoosiers.

In 2025, Indiana Code<sup>ix</sup> was updated authorizing the preparation of a report containing recommendations for realigning and consolidating Indiana’s 16 PSAs. FSSA is currently undertaking this process. The goals in evaluating the map, in conjunction with the AAA network, are to identify opportunities for administrative efficiencies, support sustainability, and ensure that Indiana is positioned to address the evolving landscape of aging and long-term services and supports.

Over the years, the AAA role in the continuum of care has expanded from the original OAA funded programs to include the following:

- **CHOICE: Community and Home Options to Institutional Care for the Elderly and Disabled** (CHOICE) is FSSA DA-administered state funding that supports home- and community-based services to older adults and persons with disabilities of any age to assist in maintaining their independence in their own homes or communities for as long as is safely possible. The program prioritizes prevention, early intervention, and Medicaid LTSS diversion.
- **Aging and Disability Resource Center (ADRC) designation:** In 2008, FSSA DA designated each AAA as the ADRC for their PSA. In March 2026, legislation was signed to codify this in Indiana Code. ADRCs, branded collectively as the INconnect Alliance, provide comprehensive and coordinated information and access through the application of person-centered counseling for LTSS. The ADRCs serve as a primary access point for FSSA DA's Medicaid waiver and non-waiver HCBS programs and information, including the Older Americans Act, Social Services Block Grant (SSBG), and CHOICE.
- **Dementia Care Specialist Program (DCSP):** Through the DCSP, Dementia Outreach Specialists (DOS) housed within each of the AAAs work to improve health outcomes by increasing awareness of dementia prevalence, resources and risk reduction through outreach and education. This program is a key element of Indiana's Dementia Strategic Plan. The DOSs work with the public and providers to expand infrastructure and capacity to prevent and address the complex needs of Hoosiers with dementia and their caregivers.
- **Money Follows the Person: MFP** is funded through a grant from the federal Centers for Medicare and Medicaid Services. The program was developed to help states move individuals from institutional settings to HCBS. The ADRCs are the designated entities for MDS Section Q referrals from nursing facilities.

### **Core Protection and Advocacy Programs**

- **Adult Protective Services (APS):** Indiana's APS program transitioned in July 2025 from a county prosecutor-led model to a centralized, service-focused statewide program administered by the FSSA DA. APS is primarily funded through state appropriations, with supplemental federal funding sources including Medicaid reimbursement and Title VII. The program serves vulnerable adults aged 18 and older who are unable to manage or direct their own care due to mental illness, intellectual or developmental disability, dementia, substance use disorders, or other physical or mental incapacities, and who are at risk of harm due to neglect, battery, or exploitation.

The current APS program is organized into five regions and staffed by 45 investigators, supported by five regional supervisors (one per region), one statewide operations manager, and three case specialists responsible for screening and triaging incoming reports. APS investigative and case management services are run by Public Consulting Group (PCG),

who were selected through a formal state procurement process as the program's vendor. In the most recent reporting year, APS received 11,727 calls for service, reflecting reports of alleged abuse, neglect, or exploitation of vulnerable adults statewide.<sup>x</sup>

- Long Term Care Ombudsman Program (LTCOP): The LTCOP is established under the Older Americans Act (45 CFR §§1321 and 1324) and Indiana Code 12-10-13. The Program operates under a decentralized structure and serves residents of nursing homes and licensed assisted living facilities. The State LTC Ombudsman (SLTCO), housed within FSSA's Office of General Counsel, retains full programmatic authority, including certification, training, policy direction, and systems advocacy. Local ombudsmen are employed by Area Agencies on Aging (AAAs) or their subcontractors and provide direct advocacy within their assigned regions. As of the end of FFY 2025, Indiana had 22 certified local ombudsmen serving approximately 58,000 residents across 510 nursing homes and 377 assisted living facilities statewide. In FFY 2025, the Program investigated 1,699 complaints, 74% of which were verified, with approximately 60% resolved to the satisfaction of the resident or complainant. In addition to individual complaint resolution, analysis of complaint trends and resident input informs structured engagement with policymakers and other stakeholders regarding systemic issues affecting residents. The LTCOP is funded through a combination of federal Older Americans Act Title VII and Title III-B funds and state appropriations. Federal regulations require the LTCOP to operate independently from regulatory and licensing functions to preserve its roles as a resident-directed advocate.
- Residential Care Assistance Program (RCAP): RCAP provides residential financial assistance to eligible individuals residing in Indiana Department of Health (IDOH) licensed residential care facilities and county homes that have an approved RCAP contract with FSSA DA. RCAP provides assistance for residents who cannot live in their homes because of age, mental illness or physical disability but who do not need the level of care provided in a licensed nursing facility. Services include room, board, and laundry with minimal administrative direction as well as care coordination provided on behalf of eligible individuals at an approved per diem rate established by FSSA DA.
- Pre-Admission Screening and Resident Review (PASRR): Indiana's PASRR program ensures that all persons seeking admission to any Medicaid-certified nursing facility are screened for any potential mental health or intellectual/developmental disability as required by federal regulation.

### **Indiana's Definition of Greatest Economic Need and Greatest Social Need**

The definitions for the Greatest Economic Need and Greatest Social Need were developed through a collaborative process involving the FSSA DA and representatives of the AAAs in response to the changes in the OAA rule. A work group was created to review the requirements of 45 CFR §1321.3 and develop a state definition of Greatest Economic Need and Greatest Social Need that could be

implemented according to the needs of each PSA. The goal was to get available resources for the right people at the right time by using available data to pinpoint local populations in need. This process builds and depends on the knowledge and expertise of each AAA and utilizes the work done in each Area Plan.

**Greatest Economic Need:**

The need resulting from an income level at or below the federal poverty level. The AAAs' Area Plans may further define greatest economic need based on local and individual factors, including geography and expenses.

**Greatest Social Need:**

The need created by local, noneconomic factors, as determined by local plan, which cause a restriction in the ability of an individual to meet their need to perform normal or routine daily tasks, threaten their capacity to live independently, or as defined by the AAAs' Area Plans. Local noneconomic factors to be considered must include, but are not limited to, the following:

- (1) Physical and mental disabilities;
- (2) Language barriers;
- (3) Cultural, social, or geographical isolation, including due to:
  - (i) Racial or ethnic status;
  - (ii) Native American identity;
  - (iii) Religious affiliation;
  - (iv) Sexual orientation, gender identity, or sex characteristics;
  - (v) HIV status;
  - (vi) Chronic conditions;
  - (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
  - (viii) Interpersonal safety concerns; or
  - (ix) Rural location.

**Informed by Area Plans**

In 2025, the Area Agencies on Aging for all 16 PSAs submitted and received approval of their FFY 2026-2027 Area Plans. The Area Plan guidelines were built to align with the 2024 updates to the OAA regulations and to reflect state and federal priorities. Each Area Plan was produced to address the specific needs of the local PSA and incorporated findings of their PSA's needs assessment (see Needs Assessment Summary section below). Each AAA also secured feedback from stakeholders through advisory councils, boards of directors, and public hearings, including a required minimum thirty-day public comment period.

FSSA DA reviewed each of these Area Plans as a starting point to develop this State Plan. For example, several AAAs prioritized transportation access in their Area Plans, which is reflected in the State Plan. This ensured that Indiana is moving forward together to address state needs through support of local action. It also gave Indiana the opportunity to develop state objectives that are consistent with local need without duplication of effort.

## Needs Assessment Summary

Indiana continues to advance a comprehensive approach to supporting its growing population of older adults so they can age with dignity, independence, and connection to their communities. Surveyed Hoosiers indicate strong community integration and broad interest in remaining in their communities. No Wrong Door (NWD) and INconnect Alliance efforts reflect the state's commitment to connecting older Hoosiers to information and services that they need to maintain their autonomy, health, and connection to their communities. At the same time, recent assessments identify challenges that require targeted attention, including shortages of affordable and accessible housing, limited transportation options, and elevated risks of social isolation. Additionally, workforce limitations, rising dementia-related needs, and ongoing economic vulnerability further underscore the need for coordinated statewide strategies. The needs assessment below provides a comprehensive analysis of both existing strengths and emerging gaps, aligned with key factors in Indiana's MPA, to inform strategic planning, guide balanced allocation of federal and state resources, and enable continued improvement of Indiana's aging long-term services and supports.

A key component of the needs assessment is the Community Assessment Survey for Older Adults (CASOA™), a statistically valid survey assessing the strengths and needs of older adults, as reported by older adults themselves (see Appendix 1). The survey was conducted in Indiana through a questionnaire mailed to a random sample of older Hoosiers in fall 2024 with results completed in early 2025. CASOA was conducted in Indiana in 2013 (baseline), 2017, and 2021 as well, which allows for longitudinal analyses.

### Age Friendly Communities

The 2023 AARP LTSS scorecard found Indiana to be 5th in the country for successful community integration, an indicator for the presence of age-friendly health systems, successful discharge to the community, employment for people with disabilities, and more.<sup>xi</sup> It comes as no surprise, then, that the 2024 CASOA found that 81% of older Hoosiers plan on staying in their community throughout their retirement. Sixty-five percent of older Hoosiers agreed that their community was a good place to retire, with 57% reporting that the sense of community in their town was excellent or good. However, neighborliness was rated positively by only 48%, and only 43% reported feeling that their community valued older residents. While 56% of older Hoosiers positively rated the economic health of their community, the cost of living was only rated positively by 31% of respondents.

### *Social Isolation*

Loneliness and social isolation do not just affect one's mental health; they also increase the risk of premature death by up to 29%, and just living alone can increase the risk of mortality by 32%.<sup>xii</sup> The 2024 CASOA found that 38% of respondents live alone, 39% of respondents felt that feeling lonely or isolated was at least a minor problem for them, and 30% reported issues with feeling engaged socially. It's no surprise then that America's Health Rankings found that Indiana

has a moderate risk for social isolation – a measure calculated based on risk factors such as living in poverty or alone, being unmarried, having a disability, and difficulties with living independently.<sup>xiii</sup>

### *Transportation*

Much of the state is rural, with a relatively high proportion of older adults and with limited access to specialized healthcare and transportation. Even in rural areas where the overall population growth remains modest, the aging population is increasing steadily, especially among those 85 and older. These older residents are more likely to live alone, face chronic health conditions, and rely on community-based support. Transportation needs become critical for older Hoosiers remaining in their community and receiving the services they require. The 2024 CASOA found that just under half of participants rated the overall quality of transportation services in their community as excellent or good, and only a quarter had positive feelings about the ease of travel by public transportation in their community.

### *Housing Insecurity and Homelessness*

The 2024 CASOA identified that housing was one of the areas with the greatest needs for improvement. Nearly half of the survey participants reported experiencing housing needs. In 2022, Indiana was also eighth in the nation for the percentage of people with disabilities who are eligible for, but not enrolled in, housing assistance at 20.8%.<sup>xiii</sup> Nationally, one in five people experiencing homelessness on a single night is 55 or older, with nearly half of those residing in places not meant for habitation. Twenty-three and one-half percent of homeless Hoosiers are currently unsheltered.<sup>xiv</sup>

The housing needs extend beyond those without shelter. Indiana needs more affordable and accessible senior housing, and the need continues to increase. Between the 2021 CASOA survey and 2024 CASOA survey, the percentage reporting the availability of affordable quality housing to be “good” or “excellent” dropped from 23% to 15%. That means 85% of older Hoosiers now have a need for a better, more affordable, and safer place to live.

### *Advocacy for Older Adults*

Before the pandemic, around one in ten (14%) adults over 70 had experienced some form of abuse in the past year, with 12.1% experiencing some form of psychological abuse, and 1.7% physical abuse.<sup>xv</sup> However, more recent estimates from during and after the pandemic put this number closer to one in five – an increase of nearly 84%.<sup>xvi</sup> Additionally, in 2024, 7.4 per 10,000 older Hoosiers were the victims of internet crimes.<sup>xv</sup> The risk of abuse increased with financial strain, including a risk 4.53 times greater for individuals experiencing healthcare insecurity.<sup>xvi, xvii</sup>

Indiana’s Adult Protective Services (APS) program is the front line in protecting older Hoosiers from abuse. Based on reported statistics, 11% of those 60 years old and over suffer from some form of abuse each year.<sup>xviii</sup> This would mean that in 2030 potentially 157,287 Hoosiers, 65 and over, could suffer from abuse in a period of one year. In 2025, APS received 30,293 calls for service related to battery, neglect, or exploitation of endangered adults. In 2025, APS investigated 299 allegations of battery, and 9,108 total cases of neglect (neglect and self-neglect), In addition, APS investigated 818 allegations of exploitation. These statistics indicate overall the necessity of

services to protect the growing number of endangered adults in Indiana.

### Reduce Barriers

#### *Paid and Unpaid Caregivers*

In 2021, Indiana had 18.2 home health and personal care aids per 100 people over 18 with ADL needs. LTSS direct service workers also have a \$3.90 wage shortfall as compared to other entry-level jobs.<sup>xiii</sup> Between 2018 and 2022, home healthcare workers decreased by 15%, from 40 to 34 aides per 1000 Hoosiers over 65 – the US average is 61 workers per 1000 over 65.<sup>xv</sup>

For unpaid and informal caregivers, the most recent AARP LTSS Scorecard found Indiana to rank 39th in the country for caregiver support. This is, in part, because Indiana has no policies for paid family leave, mandated paid sick days or leave, paid sick time to be used to care for someone, or unemployment insurance laws that provide good cause for separation for family caregiving.<sup>xiii</sup> According to AARP and the National Alliance for Caregiving,<sup>xviii</sup> Indiana is home to more than 1.2 million caregivers, equating to nearly one in four adults. The estimated economic value of their unpaid contributions was approximately \$11 billion in 2023. Twenty-nine percent of Hoosier caregivers spend at least 40 hours per week providing care or providing constant care, with 90% of all Hoosier caregivers never accessing respite services.

Nationally, around 67% of caregivers for older adults are women.<sup>xix</sup> Female caregivers are more likely to experience depression related to their caregiving role and are more likely to experience poverty at an older age due to reduced earnings and career limitations.<sup>xx</sup>

Caregiving can also look different for different cultures and racial backgrounds. For example, Black and Latino caregivers often need to provide higher intensity care, such as for someone with greater needs, more complex tasks, or more hours per week. Black/African American caregivers are more likely to provide care without help from others, and Latino caregivers are more likely to be sandwich generation caregivers with children under 18 in the home as well. For LGBTQ+ caregivers, they are more likely to care for a chosen family that they are not related to, which may result in legal challenges when they have to make decisions related to care.<sup>xviii</sup>

#### *Older Hoosiers as Caregivers*

The 2024 CASOA found that 38% of participants provided care to someone over 55, 17% to someone 18-54, and 23% to someone under 18. Fifteen percent of respondents noted challenges related to caregiving. Compared to young adults, older adults report more caregiver burden and physical strain related to caregiving.<sup>xxi</sup> Older caregivers are also more likely than those who do not give care to experience unintentional weight loss and are less physically active.<sup>xxii</sup> Low or worsening physical health in older caregivers is also associated with mental health issues, such as low life satisfaction, frequent feelings of unhappiness, and depression.<sup>xxi, xxiii</sup> In addition, kinship families and grandfamilies are becoming increasingly common. Currently, an estimated 2.7 million American children live in households led by a grandparent, relative, or close family friend without their parents present.<sup>xxiii</sup>

During the stakeholder engagement and survey processes, caregivers and other advocates spoke strongly about the need for education and other services that support and prolong unpaid caregivers' ability to continue in their caregiving role, thereby preventing or delaying nursing facility

placement. They underscored the value of services such as Title III-E respite, which can provide caregivers with the opportunity to have a break. Despite the stated necessity for respite, only three-in-ten individuals who have an unpaid caregiver also have paid support.<sup>xxiv</sup> This is likely due, in part, to a lack of routine or consistent assessment of caregiver needs through the ADRCs during the person-centered planning and assessment processes.

### *Service Availability and Quality*

According to AARP, over 75% of older adults prefer to age in their own homes, but data suggests that 70% of people who survive to age 65 will need some type of long-term services and supports (LTSS) in their lifetime.<sup>xxv</sup> Currently, roughly half of those who qualify for publicly funded LTSS in Indiana receive those services in their homes. AARP's 2023 LTSS scorecard ranked Indiana 27th overall in the nation and 30th in choice of setting and provider for LTSS.<sup>xiii</sup> Knowing all of this, Indiana is focused on assuring access to high-quality home and community-based services.

Despite having the largest proportion of age-friendly health systems in the country with 306 sites per million older adults, Indiana ranks near the middle of the country for affordability and access (35th), choice of provider and setting (30th), and safety and quality (28th). Indiana's ADRC/NWD functioned at 64% in 2021, for a rank of 37th in the nation.<sup>xiii</sup> Only 42% of participants in the 2024 CASOA rated the overall older adult services positively, and 40% reported that healthcare was a challenge for them.

PSAs vary greatly in both population and geographic size in addition to demographic makeup. As populations shift throughout the state, FSSA DA intends to leverage data to drive decisions and ensure effective and efficient usage of FSSA DA grant funds to promote quality and fairness in service delivery. As mentioned above, Indiana is undertaking a study to look at the design of the PSA structure to support an effective, efficient, and sustainable network. This will include a review of the Intrastate Funding Formula, the population-based funding formula used to distribute OAA funds (see Attachment C).

### *Information*

While Indiana has reformed Medicaid LTSS to a risk-based managed care system as of July 2024, there remain opportunities to improve continuity of care and create seamless experiences for individuals in need of LTSS regardless of payor source. A key component of a seamless experience is the process of accessing information on programs and services. According to the 2024 CASOA survey, about 6 in 10 survey respondents reported being somewhat or very informed about services and activities for older adults; about 4 in 10 had information access challenges, including 75% with concerns about the availability of resources and 67% with concerns specifically related to financial or legal planning services. Only 56% felt they were somewhat or very informed about services available to older Hoosiers.

Feedback from the Commission on Aging and inquiries received by FSSA echo challenges related to knowing who to contact or being able to access information. FSSA has recognized fragmentation across not only LTSS but all human service systems and has been focused on building a "no wrong door" (NWD) system of service delivery. In 2022, FSSA DA was one of ten states to receive a No Wrong Door Governance Grant from ACL. The grant supported the state's

efforts to strengthen a multi-agency governance structure, analyze access to LTSS in Indiana, and develop a plan to address identified challenges. The NWD Governance team continues to build upon the existing structures so that individuals have timely and accurate access to information to make informed choices about their long-term services and supports. A critical component of this approach will be collaboration with NWD Governance team stakeholders to leverage existing resources.

### *Malnutrition and Food Insecurity*

Nearly one in ten Hoosiers over 60 experiences food insecurity, a rate which doubles for seniors with a disability and nearly triples when looking at Black and Latino seniors.<sup>xv, xxvi</sup> Additionally, age-related disabilities and health issues, especially those related to impaired cognition, can make accessing groceries and cooking more difficult, in some cases leading to malnutrition.<sup>xxvii</sup> Disease-associated malnutrition for all ages costs the state over \$83 million annually.<sup>xxviii</sup> Home delivered meal services were found to reduce the total malnourished individuals by 15.5%, and congregate meals by 9%.<sup>xxix</sup>

### *Dementia-Capable Indiana*

In 2025, there were over 121,000 Hoosiers over 65 with dementia, representing approximately 1 in 10 seniors in the state. Hoosiers over 65, who received care from 219,000 individual caregivers. Fifty-seven percent of these caregivers have chronic conditions themselves but are still providing an estimated 325 million hours of unpaid care for a total value of \$6.9 billion. Over 34% of these caregivers had depression, and 18.2% reported being in poor physical health themselves. Currently, Indiana has 87 dementia-capable geriatricians, which would need to increase 147.1% to meet the projected demand of 215 by 2050. Indiana also had 44,830 home health and personal aids in 2022 but would need to increase this total by 9,818 to meet the projected demand in 2032. In 2017, 17% of all hospice residents in Indiana had a primary diagnosis of dementia, and there were 1,514 emergency visits per 1,000 people with dementia in 2018.<sup>xxx</sup> This number is staggering on its own, but more so with the knowledge that older adults with cognition difficulties were 5.6 times more likely to avoid care due to costs than those without.<sup>xv</sup> The vast majority (80%) of persons with dementia still live in community settings, and 30% live alone.

### Each Journey Supported

#### *Poverty, Finances, Employment, and Empowerment*

Through both paid and unpaid work like employment, volunteering, and caregiving, older Hoosiers contribute an estimated \$26,283,827,287 annually. Despite this, the 2024 CASOA found that 35% of participants reported having financial challenges in their lives, with 22% also reporting employment needs. Nearly one in ten older Hoosiers live in poverty, with about half of those in poverty also receiving Supplemental Nutrition Assistance Program (SNAP) benefits.<sup>xv</sup> Out of all Hoosiers over 21 with at least one ADL needs living at or below 250% of the poverty line, only 58% receive Medicaid or another form of government health insurance.<sup>xiii</sup> In the US as a whole, roughly one in three older adults have incomes below 200% of the federal poverty level – a number that only increases when looking at Black (43.4%) and Hispanic (44.1%) older adults.<sup>ix</sup>

In addition, the 2024 CASOA identified employment as one of the greatest areas to improve for older Hoosiers, with 28% of participants expressing needs in this area. Quality and variety of employment opportunities received low positive ratings – 27% and 22% respectively. Seventy-eight percent of participants also found opportunities to build work-related skills to be lacking. The FSSA DA will address these challenges by supporting the efforts of the AAAs that are working to provide volunteer and education programs. These efforts are outlined in the strategies and outcomes listed below.

Those older Hoosiers that can no longer work also need to remain relevant and important to their community and need support. They deserve to have a voice regardless of their physical condition or where they can live. Those living in long-term care facilities and assisted living facilities have the most difficult challenge to be heard.

Indiana’s LTCOP provides a voice and empowers those in skilled nursing facilities and assisted living facilities. Residents entering facilities today often present with more complex medical, cognitive, and behavioral health needs. Correspondingly, the concerns brought to the LTCOP have become more complex and time-intensive, particularly in areas such as involuntary transfers and discharges, neglect, medication management, and conflicts involving resident representatives and family members.

LTCOP’s primary focus will presumably remain in nursing facilities where residents tend to be frailer, perhaps cognitively vulnerable, and at greater risk of having their rights violated. The types of complaints the program handles tend to be more complex and challenging than in the past. Grievances have moved away from requests for assistance with daily needs to more urgent concerns such as involuntary discharges and evictions. LTCOP’s ability to respond adequately to the diverse needs of residents in the changing variety of settings is strained now and will likely be even more impacted going forward.

The Institute of Medicine’s 1995 recommendation of one full-time ombudsman per 2,000 residents remains a national benchmark. Indiana’s current staffing level falls significantly below that standard. Since that recommendation was issued, resident acuity has not only increased, but facility ownership structures have grown more complex, and persistent long-term care workforce shortages have intensified operational strain within facilities. Indiana’s program is currently functioning at least 50% below that level without considering the number of residents in Assisted Living and RCAP facilities that must be included in its case-mix and responsibilities. Due to staffing difficulties related to limited resources and to enable flexibility in staffing, LTCOP will continue to explore opportunities to streamline program administration.

### **Stakeholder Engagement**

FSSA DA has prioritized inclusive, statewide engagement to guide LTSS modernization and implementation of a sustainable, high-quality, person-centered system of care. Key engagement activities informing this plan include:

- **Multisector Plan for Aging:** FSSA DA convened cross-sector partners—including health systems, housing, transportation, and community organizations—to develop Indiana’s

Multisector Plan for Aging throughout 2024, ensuring alignment with No Wrong Door principles and expanding pathways to information and support.

- **CASOA and NCI-AD Surveys:** Indiana leveraged the CASOA, referenced above, and National Core Indicators–Aging and Disabilities (NCI-AD) Adult Consumer Survey State Results for Indiana (2023-2024)<sup>xxxi</sup> to gather quantitative and qualitative feedback from older Hoosiers and individuals with disabilities. These surveys informed priorities for home and community-based services (HCBS), care transitions, and system navigation.
- **No Wrong Door Implementation Plan: Improving Access to Long-Term Services and Supports (LTSS) for Individuals and Caregivers:** Between August 2022 and August 2024, FSSA DA conducted stakeholder engagement to develop the NWD Implementation plan outlining the development of a governance team to align efforts and reduce information gaps.
- **Public Feedback:** In April-May 2026, FSSA DA will solicit feedback on this proposed 2027-2030 State Plan on Aging. This will include a thirty-day public comment period, including opportunities for in-person and virtual public stakeholder feedback sessions. This section and document will be updated as needed following that period (future Attachment E).

Themes from these engagement efforts include improving access to home and community-based services, reducing barriers, and strengthening person-centered navigation. These priorities are reflected throughout this plan.

## STEWARDSHIP AND OVERSIGHT

FSSA DA takes a holistic approach to program management and oversight. With the transition to the Bureau of Better Aging discussed above, the SUA is reorganizing into three primary teams – Program & Policy, Quality & Outcomes, and Provider & Vendor Relations – to enhance support for program management, implementation, and outcomes.

In February 2026, Indiana decommissioned its case management, data collection, and reporting system called Care Management for Social Services system (CaMSS), integrating the functionality into an existing FSSA system known as the Portal. This single system supports more efficient and coordinated service delivery by housing multiple programs in one location, supporting a more holistic approach to program management and oversight. This also aligns with Indiana’s No Wrong Door efforts. The AAAs utilize the Portal for client assessments, eligibility determination, service planning, case notes, invoicing, and reporting. FSSA DA staff utilize the system to monitor program activity and compliance. The Portal is also utilized for required data collection for the federal OAA State Program Report. Using information contained in the system, FSSA DA can evaluate the network’s efforts to target those with greatest social and economic need:

	Census	FFY 2025 State Program Report					
	Population Age 60+	Registered Persons Served	Personal Care	Homemaker	Home Delivered Meals	Adult Day	Congregate Meals
Total	1,802,380	32,535	1,397	1,463	6,428	33	10,320
Rural*	24%	13.15%	16.68%	20.64%	15.45%	3.03%	17.32%
At or Below Poverty	8.83%	34.21%	38.37%	37.12%	45.26%	36.36%	37.04%
Lives Alone`	25.98%	33.72%	54.40%	61.11%	51.26%	15.15%	31.47%
Minority	12.76%	23.17%	22.33%	19.69%	22.85%	69.70%	18.08%
Low Income Minority	2.03%	9.76%	8.30%	6.02%	10.69%	24.24%	9.43%

*\*State Program Report uses RUCA codes to determine rurality per federal reporting requirements; available Census data uses another definition. This figure is from 2010 (most recent accessible).*

In response to the 2024 revisions to the OAA regulations, FSSA DA implemented a process to update policies and procedures to comply with the changes. Throughout the process, a cross-collaborative effort with internal and external stakeholders was used to facilitate writing policies and procedures that meet the OAA regulations, work in practice for all stakeholders, are clearly understood by all, and are able to be monitored.

Two areas of emphasis in policy updates included the Conflict of Interest Policy and the Contracts & Commercial Relationships Policy. Both policies were updated in draft form, feedback was sought from internal stakeholders and Area Agencies on Aging, and a final training meeting was held with Area Agencies on Aging on both policies, their implementation timeline, and the SUA’s monitoring plans. The Conflict of Interest policy compliance is scheduled to be monitored annually, and Section 212 Contracts and Commercial Relationship agreements will be monitored annually with additional review if new agreements are needed in between the annual reviews. The process involving feedback from internal and external stakeholders and training with AAAs is the FSSA DA’s typical policy development process. An internal training was also developed for the Conflict of Interest Policy and all State staff working with OAA agreements were trained.

Another key element of FSSA DA’s monitoring strategy taking place in the Area Plan Review cycle is Cost Allocation Plan review. Feedback is provided where needed when comparing Uniform Guidance requirements. Beginning in 2022, FSSA DA was privileged to work with an outsider contractor to assess the AAA network in terms of risk, policies, cost allocation, and other areas. Through this work, FSSA DA was able to offer several training events on Uniform Guidance to both the AAA network and internal FSSA staff members. This has helped the FSSA DA staff review and provide feedback on AAA Cost Allocation Plans from an informed position.

FSSA DA engages in periodic programmatic and fiscal monitoring, including claims and expenditure reviews, biannual programmatic desk and on-site reviews, and annual Area Plan progress reports. In addition, during FFY 25, the Office of the State LTC Ombudsman implemented formal quarterly documentation reviews of local ombudsman case records to strengthen compliance with federal National Ombudsman Reporting System (NORS) requirements and improve consistency in complaint coding, timeliness, and narrative documentation. These reviews also provide targeted technical assistance to local ombudsmen to support improvements in documentation practices and routine access visits to facilities, reinforcing continuous quality improvement within Indiana’s LTCOP structure. Using these described monitoring strategies, FSSA DA has increased confidence that the OAA’s rules and regulations are followed. Additionally, the FSSA DA has reasonable assurance that the funds passing through to the AAA network are appropriately utilized and support intended program outcomes.

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## **GOALS, OBJECTIVES, STRATEGIES, AND OUTCOMES**

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### **GOAL 1: Age-Friendly Communities**

**Build and sustain age-friendly state and local communities that empower all Hoosiers to live, play, and participate.**

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**Objective 1.1:** Develop tools for improving statewide consistency for Indiana’s Adult Protective Services.

Strategies:

- 1.1(a): Develop ongoing performance monitoring through monitoring key performance indicators (KPIs) and the completion of routine quality assurance reviews to support improved outcomes for endangered adults.
- 1.1(b): Improve case management, performance measurement, data entry efficiency and informed decision-making by developing, implementing, and maintaining a new online case management system.

Outcome Measures 1.1:

- By 2027, APS will develop a quality assurance program to evaluate KPIs to monitor performance and conduct routine quality checks.
- By 2027, a structure for multidisciplinary teams will be in place to address systemic issues across APS.
- Long-term: Increased safety of Hoosiers related to abuse, neglect, and exploitation.

**Objective 1.2:** Increase coordination between Adult Protective Services and other human service entities.

Strategies:

- 1.2(a): APS program will continue to increase partnerships with other human services stakeholders to encourage and promote APS participation in local multi-disciplinary teams, including researching the development of APS-led MDTs.
- 1.2(b): Collaborate with AAAs to address the service needs of APS clients.
- 1.2(c): Partner with FSSA's Bureau of Disability Services (BDS) and the Division of Mental Health and Addiction (DMHA) to identify resources for emergency services for clients with intellectual and developmental disabilities, and/or mental health diagnoses.
- 1.2(d): Conduct an organizational analysis of the social service model implemented in July of 2025 based on KPI metrics and other established quality metrics.

Outcome Measures 1.2:

- By 2027, APS will conduct an organizational analysis of units and teams.
- By 2027, APS will develop an implementation plan for increased and continued stakeholder engagement based on findings and recommendations.
- Increased capacity to prioritize endangered adults with the highest need by leveraging partnerships and multi-disciplinary teams as measured by new partnerships
- Long-term: Increased safety of Hoosiers related to abuse, neglect, and exploitation

**Objective 1.3:** Create and support opportunities for safe, trustworthy places for those over age 60 to learn about best practices for older Hoosiers and caregivers to avoid falling victims to scams and abuse.

Strategies:

- 1.3(a): The FSSA DA Legal Assistance Developer (LAD) shall engage with and support IN-CASE Indiana to provide public education regarding scams and fraud.
- 1.3(b): The LAD shall strive to create a network of legal educators to teach how to properly select and support fiduciaries so that fraud by fiduciary can be avoided or at least reduced and reported.

Outcome Measures 1.3:

- Increased availability and variety of programming for fraud prevention
- Increased availability of education regarding selection of fiduciaries

**Objective 1.4:** Enhance access to safe and affordable transportation for older adults and their family caregivers, particularly for Hoosiers in rural areas and those with mobility issues.

Strategies:

- 1.4(a): Support the AAAs' efforts to strengthen partnerships with local governments, rural

transit providers, and community organizations to increase service capacity and geographic coverage, especially in rural and underserved areas.

- 1.4(b): Support the AAAs' efforts to improve efficiency and enhance the rider experience.
- 1.4(c): Assess transportation services across programs to determine opportunities for improved coordination and collaboration across funding streams.

Outcome Measures 1.4:

- Increase in one-way trips, particularly in rural and underserved areas.

**Objective 1.5:** Ensure seniors can secure and/or maintain safe and affordable housing.

Strategies:

- 1.5(a): Increase one-time interventions such as home modifications to support safety and independence at home.
- 1.5(b): Increase provider pool for CHOICE-funded home modification and chore services.
- 1.5(c): Support AAA efforts to find local alternatives for resourcing volunteers or low-skilled workers to provide affordable, low-barrier basic lawn maintenance for area seniors.
- 1.2(d): Facilitate collaboration with the Indiana Housing & Community Development Authority's weatherization programs.

Outcome Measures 1.5:

- Increase in Hoosiers accessing non-Medicaid funded home modification and chore services.

**Objective 1.6:** Use underutilized available information to determine legal challenges facing Older Hoosiers and develop programs and education to address those challenges.

Strategies:

- 1.6(a): The LAD shall create reports based on the legal service provider (LSP) timekeeping programs that list time, client and type of legal issue to show each individual AAA what specific needs their LSP is meeting.
- 1.6(b): The LAD shall ensure that the data is provided in a manner that will enhance the impact of the quarterly meetings between AAAs and their LSP as proposed in the AAAs' Area Plans so that each AAA can develop methods of increasing support for needed services.

Outcome Measures 1.6:

- Increased access to types of legal services in each AAA
- Availability of new programming

**Objective 1.7:** Strengthen the dementia infrastructure within Indiana through legislative initiatives including the Dementia Care Advisory Group, Dementia Strategic Plan and the Alzheimer's Disease and Dementia Education legislation.

Strategies:

- 1.7(a): Continue convening the Indiana Dementia Care Advisory Group to plan, implement, measure, and evaluate progress on Indiana’s Dementia Strategic Plan.
- 1.7(b): Provide dementia care coordination within FSSA DA programs to ensure consistent and efficient product delivery.
- 1.7(c): Collaborate with Indiana Department of Health (IDOH) to promote dementia resources and education to healthcare and human service providers on topics including diagnosis, treatment, research advances, and care planning.
- 1.8(d): Collaborate with IDOH and other community partners in support of increasing the public awareness of (1) the signs and symptoms of Alzheimer’s, (2) personal risk factors; (3) options for diagnosing and treating the disease, and (4) identifying populations with elevated risk
- 1.8(e): Collaborate with Dementia Friends Indiana efforts in communities across the state to support the development of dementia-friendly communities.
- 1.8 (f): Collaborate with community partners through the Dementia Care Specialist Program on dementia education, dementia-friendly communities, and caregiver support.

Outcome Measures 1.7:

- Expanded access to dementia-related resources and information to Hoosiers across the state, including Dementia Friends Indiana
- Improved state capacity through cross-sector collaboration to support and implement dementia-related activities.
- Increased population of dementia educated workforce to enrich dementia capable care within Indiana communities.

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## **GOAL 2: Reduce Barriers**

**Improve sustainable access to and awareness of available services and support that help all Hoosiers age well and as preferred.**

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**Objective 2.1:** Enhance Indiana’s No Wrong Door system to ensure Hoosiers have accurate and timely information to have choices in their long-term care needs.

Strategies:

- 2.1(a): Continue collaboration with the No Wrong Door Governance team which contains representation from multiple state agencies.
- 2.1(b): Leverage partnerships and stakeholder networks to assist in outreach and awareness efforts related to the availability of and access to LTSS, with particular

focus on those with the greatest social and economic need.

- 2.1(c): Identify and implement AAA best practices for coordinating care transitions from hospitals and long-term care facilities for those at risk of prolonged institutionalization.
- 2.1(d): Align person-centered planning curriculums for care managers and options counselors in the various entities providing care management and options counseling.

Outcome Measures 2.1:

- Increased stakeholder awareness of and access to HCBS (measured by evidenced increases in referrals to ADRCs, CASOA, and NCI-AD results)
- Increased standardization and coordination of HCBS (measured by implementation of best practices for care transitions and referrals between entities)
- Standardization of PCC curriculums across FSSA
- Long-term: Older Hoosiers have increased access to quality, coordinated services in HCBS settings

**Objective 2.2:** Leverage data to drive decisions and ensure effective and efficient usage of Division of Aging grant funds to promote high quality, person-centered service delivery.

Strategies:

- 2.2(a): Develop and utilize AAA performance and quality benchmarking to increase transparency.
- 2.2(b): Update the intrastate funding formula (IFF) used for Older Americans Act funding to ensure sufficient targeting of resources to those with the greatest social and economic need to each PSA (see Attachment C for current IFF).
- 2.2(c): Analyze available program and survey data to determine service and provider gaps, program and system inequities, and recommendations that contribute to an equitable, comprehensive, and coordinated system of long-term care responsive to the needs and preferences of older adults and their family caregivers.

Outcome Measures 2.2:

- Increased transparency related to grantee performance and quality of service delivery through the creation and tracking of performance benchmarking metrics
- Increased rate of participation among individuals with greatest social and economic need (from FFY 2025 State Program Report baseline))
- Improved management and allocation of resources to target those with the greatest social and economic need
- Long-term: Improved quality in service delivery

**Objective 2.3:** Enhance Managed Long-Term Services and Supports (MLTSS) for qualifying adults 60 years of age and older, including those on the PathWays for Aging Medicaid Waiver or living in a nursing facility.

Strategies:

- 2.3(a): Refine workflows to ensure continuity of care and seamless experiences for individuals as they transition to the MLTSS program or among providers, settings, programs such as PACE, coverage types, or other HCBS funding sources.
- 2.3(b): Seek ongoing feedback from stakeholders to develop and refine statewide MLTSS and other HCBS waiver programs that attain choice, quality, cost, and sustainability.
- 2.3(c): Issue Request for Proposal for consolidated managed care across populations, including MLTSS for Hoosiers age 60 and over.

Outcome Measures 2.3:

- Consolidated managed care program launches statewide in 2029
- Long-term: Older Hoosiers with Medicaid will have increased access to quality, coordinated services in HCBS settings

**Objective 2.4:** Support programs and partnerships that increase health awareness, knowledge, and/or prevention efforts that improve health and well-being and help create aging-friendly communities.

Strategies:

- 2.4(a): Collaborate with internal and external stakeholders to align Indiana's CHOICE program with legislative changes focusing on prevention and reduction of hospitalization and institutionalization.
- 2.4(b): Participate in the Hoosier Falls Prevention Coalition, a dedicated network statewide network of healthcare providers, community organizations, EMS/Fire personnel, public health experts, and older adults with lived experience, committed to implementing effective, evidence-based strategies to reduce fall risk.
- 2.4(c): Seek opportunities to partner with the Indiana Department of Health, Division of HIV, STI & Viral Hepatitis to share information and coordinate opportunities for older adults living with HIV/AIDS to access services to support health, well-being, and long-term care needs.
- 2.4(d): Explore the feasibility of utilizing resources from the Reframing Aging Initiative<sup>xxxii</sup> to develop policies and practices that confront the perceptions that drive ageism and improve Hoosiers' understanding of aging, the many ways older adults contribute to society, and the value of the caregiver role.
- 2.4(e): Through Indiana's No Wrong Door efforts, ensure AAAs and ADRCs coordinate care for individuals who are at risk of hospitalization and institutionalization.

- 2.4(f): Support AAA and ADRC outreach and person-centered planning to institutionalized individuals who wish to transition home through the Money Follows the Person (MFP) demonstration.
- 2.4(g): Support AAA efforts to outreach to Home Delivered Meal participants opportunities to attend congregate meal sites and/or attend health and wellness activities in their communities.

**Outcome Measures 2.4:**

- Increased participation rates in health promotion programming in at-risk communities (measured by reported unit and client data)
- Increased health awareness, knowledge, and prevention efforts among older Hoosiers, including increased vaccinations (measured by creation of partnerships)
- Increased participation in the MFP demonstration
- Increased participation in congregate meal sites
- Increased participation of evidence-based and non-evidence-based health programs
- Long-term: Older Hoosiers receiving HCBS through the OAA or other programs experience improved health outcomes

**Objective 2.5:** Enhance efforts to address food insecurity and malnutrition in older adults.

**Strategies:**

- 2.5(a): Provide training and technical assistance to support the modernization of the Title III-C nutrition program throughout Indiana, including enhanced efforts to reach rural populations through the implementation of restaurant voucher programs.
- 2.5(b): Implement a continuous improvement process to ensure that Indiana is using the most applicable, validated evidence-based malnutrition monitoring tool.
- 2.5(c): Develop referral and intervention options for use with the DETERMINE nutrition screening and malnutrition screening/risk tools to support nutritional health and well-being.
- 2.5(d): Partner with the Indiana Department of Health, Nutrition and Physical Activity Division to enhance access to the Senior Farmers Market Nutrition Program.
- 2.5(e): Work with the aging network nutrition programs to explore new partnerships and/or expand current providers' availability of Title III meals that meet special dietary needs that include cultural considerations and preferences and medically tailored options.
- 2.5(f): Explore integrating proposed FDA-aligned, human-centered AI tools to augment nutrition services within Indiana's aging network to improve early identification of food insecurity and malnutrition risk, enhance care coordination, and optimize resource allocation.

**Outcome Measures 2.5:**

- Increased referrals for individuals identified as high-risk nutritionally to practitioners for nutritional support
- Increased participation rate in nutrition programs that address special dietary needs that include cultural considerations and medically tailored options, including coordination with Dual Special Needs Plans (D-SNPs)
- Measurable improvement in nutrition risk scores
- Long-term: Older Hoosiers receiving nutrition services through the OAA or other programs experience decreased food insecurity and improved nutritional health

**Objective 2.6:** Using evidence-supported assessments, engage informal caregivers to identify their willingness, ability, and needs to provide and prolong support.

**Strategies:**

- 2.6(a): Implement a standardized, evidence-informed informal caregiver assessment for caregivers of individuals who are not receiving Medicaid Waiver services.
- 2.6(b): Analyze assessment results to identify trends in service utilization and service gaps, as well as caregiver health outcomes, particularly for those with the greatest social and economic needs.
- 2.6(c): Ensure consistent policies and procedures for person-centered options counseling and care management for caregivers to elevate the inclusion of informal caregivers into the person-centered planning process.

**Outcome Measures 2.6:**

- Implementation of standardized caregiver assessment
- Increased inclusion and recognition of informal caregivers in the person-centered planning process (measured by number of caregiver assessments completed for HCBS service applicants)
- Long-term: Improved caregiver health and well-being, leading to sustained informal caregiving and delayed or prevented institutionalization of care recipients

**Objective 2.7:** Expand efforts to improve caregiver health.

**Strategies:**

- 2.7(a): Support AAA efforts to provide referrals to evidence-based and evidence informed caregiver resources and supports.
- 2.7(b): Explore opportunities to better serve and support the health and well-being of grandparents and other kin caregivers who are raising children through Title III-E, leveraging resources made available via the National Technical Assistance Center on Grandfamilies and Kinship Families.
- 2.7(c): Through the FSSA DA Legal Assistance Developer and aging network, coordinate the

provision of resources and supports related to advanced care planning and elder law concerns for caregivers.

- 2.7(d): Explore partnerships to provide additional training and guidance on supported decision-making for providers.

Outcome Measures 2.7:

- Increased awareness of and access to existing caregiver resources such as available services, advanced care planning, and supportive decision making
- Improved caregiver health through reduced caregiver stress and burden), reduced loneliness (using UCLA loneliness scale), reduced self-reported symptoms of depression (using PHQ-4), and improved self-reported health (compared to the baseline established with caregiver survey and implementation of standardized assessment tool)
- Long-term: Improved caregiver health and well-being, leading to sustained informal caregiving and delayed or prevented institutionalization of care recipients

**Objective 2.8:** Develop, coordinate, and expand services that decrease health disparities and optimize the quality of life for people living with dementia (PLWD) and their caregivers.

Strategies:

- 2.8(a): Develop a public facing dashboard Indiana including prevalence, availability and quality of support and services, and gaps in resources and programs. This dashboard will serve as a source of accurate and timely information for multiple audiences working to understand Indiana’s need for support for people living with dementia (PLWD), the current capacity of Indiana to support PLWD, and how to address existing gaps and opportunities for improvement within that system.
- 2.8(b): Through person-centered options counseling and care management, inform more informal caregivers of the availability of Title III-E funded respite, counseling, training, or support group services for caregivers of older adults and individuals of all ages with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction.
- 2.8(c): Expand CHOICE services to provide education, resources, and strategies to help caregivers and family members of PLWD in accordance with IC 12-10-10-2(10).

Outcome Measures 2.8:

- Increased understanding of health disparities impacting PLWD and their caregivers in minority populations
- Increased rate of participation of caregivers of PLWD receiving Title III-E funded respite, counseling, training, or support group services based on data in the state’s care management system
- Long-term: Indiana provides support that optimizes the quality of life for PLWD and their caregivers

**Objective 2.9:** Increase awareness and knowledge of dementia and associated caregiver issues, including how to access additional information and ongoing resources.

Strategies:

- 2.9(a): Participate in the training of care managers and options counselors to increase capacity to recognize, understand, and support the unique needs of PLWD and their caregivers through person-centered planning and referrals to a local memory assessment center, Alzheimer’s Association, and other community supports.
- 2.9(b): Participate in the training of Direct Care Workers providing in-home assistance to increase capacity to recognize, understand, and meet the unique needs of PLWD and their caregivers.
- 2.9(c): Develop a strategy to enhance the capacity of adult protective services workers and law enforcement to respond to PLWD appropriately.
- 2.9(d): Increase cross-workgroup collaboration to align dashboard data with other initiatives and support analysis for broader efforts.

Outcome Measures 2.9:

- Increased knowledge among care managers, options counselors, direct care workers, and APS related to dementia as measured by post-training assessments
- Long-term: Indiana provides support that optimizes the quality of life for PLWD and their caregivers

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## **GOAL 3: Each Journey Supported**

### **Support older Hoosiers’ opportunities for connectedness and empowerment within local communities.**

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**Objective 3.1:** Enhance social interaction and connectedness for older Hoosiers to mitigate the negative health effects associated with social isolation.

Strategies:

- 3.1(a): Incorporate utilization of the UCLA Loneliness Scale into the person-centered planning process while incorporating, in consultation with FSSA’s Division of Mental Health and Addiction, suicide risk screening into the person-centered planning process.
- 3.1(b): Facilitate collaboration between the state’s Assistive Technology Program, INDATA, and the aging network to increase awareness of and access to assistive technology options for serving older adults.
- 3.1(c): Continue to partner with the Indiana Arts Commission to facilitate the creative aging

work, Lifelong Arts Indiana, within AAAs' congregate nutrition sites and senior centers to support cultural experiences, activities, and services, including the arts.

- 3.1(d): Facilitate connections between Indiana's aging network and entities, such as the Senior Center Coalition of Indiana, Serve Indiana, and AmeriCorps Seniors, as feasible, to promote opportunities to leverage OAA funds and encourage social connectedness, particularly in rural areas and for those with mobility and transportation issues.
- 3.1(e): Support AAA efforts to increase congregate meal participation to reduce social isolation.

Outcome Measures 3.1:

- Increased collaboration and connections for opportunities for social connectivity
- Reduction in reported loneliness based on results of the UCLA Loneliness Scale
- Increased number of participants at congregate meal sites

**Objective 3.2:** Strengthen and expand the development of the dementia care workforce.

Strategies:

- 3.2(a): Promote dementia-specific training in unlicensed assisted living facilities.
- 3.2(b): Promote pre-nursing health science programs in high schools.
- 3.2(c): Encourage early career interest through outreach in schools (elementary to college).
- 3.2(d): Evaluate workforce data, including frequency of "dementia" in job postings.
- 3.2(e): Identify nursing roles most frequently associated with dementia care.

Outcome Measures 3.2:

- Reviewed workforce data, including frequency of "dementia" in job postings.
- Identified nursing roles as most frequently associated with dementia care.
- Increased education and promotion of dementia-related work opportunities.

**Objective 3.3:** Expand the existing HCBS direct care workforce.

Strategies:

- 3.3(a): Build up training and resources for both individuals interested in pursuing a career as a direct service worker and current direct service workers.
- 3.3(b): Evaluate the feasibility of expanding the FSSA Bureau of Disability Services' Home and Community Support Professional (HCSP) Training Program and Registry, used with the CIH and FSW Medicaid waivers, to other FSSA programs and staff.
- 3.3(c): Explore implementation and/or expansion of self-directed care service options under Title III and CHOICE.
- 3.3(d): Examine the feasibility of coordinating the Senior Community Service Employment

Program (SCSEP) with other OAA programs to support efforts to strengthen the direct care workforce.

Outcome Measures 3.3:

- Increased career opportunities and options for the direct care workforce (measured by creation of training resources and/or credentialing options)
- Increased usage of self-directed care options (measured by program unit reporting and claims)
- Long-term outcome: Expansion of Indiana’s direct care workforce

**Objective 3.4:** Streamline administration of the Title VII Ombudsman program to allow for greater efficiency and increased responsiveness to long-term care residents.

Strategies:

- 3.4(a): Sustain and strengthen statewide ombudsman staffing by maintaining consistent recruitment, certification, mentoring, and retention practices, building on recent progress following prior turnover and workforce transitions, and supporting continued stability within available resources, while remaining attentive to future opportunities to expand capacity as resources allow.
- 3.4(b): Strengthen and strategically grow the statewide volunteer ombudsman program through coordinated recruitment efforts, structured retention practices, and enhanced program oversight, while leveraging existing ombudsman staff capacity and seeking dedicated staffing to support sustained expansion.
- 3.4(c): Identify and pursue sustainable funding strategies to enhance long-term program capacity and stability, including Medicaid Administrative Claiming (MAC), the feasibility of a non-reverting LTCOP fund, and other permissible funding mechanisms to supplement existing federal and state funding streams.
- 3.4(d): Continue refining data management and reporting system to ensure compliance with federal National Ombudsman Reporting System (NORS) requirements and improve analysis of complaint trends.
- 3.4(e): Continue and expand legislative and public education efforts to elevate resident perspectives and strengthen systems-level engagement by using complaint trend analysis and resident input to inform structured interaction with policymakers, regulatory authorities, and other stakeholders regarding issues affecting residents in licensed long-term care settings.

Outcome Measures 3.4:

- By 2028, demonstrate sustained statewide staffing stability, measured by maintenance of certified ombudsmen positions and reduced vacancy duration compared with FFY 25 baseline levels.

- By 2028, demonstrate measurable growth in active certified volunteer ombudsmen and improved retention compared with FFY25 baseline levels, supported by structured recruitment and coordination efforts.
- By 2029, complete formal evaluation of sustainable funding strategies, including documented exploration of Medicaid Administrative Claiming (MAC), assessment of the feasibility of a non-reverting LTCOP fund, and review of other supplemental funding opportunities.
- Annually throughout the State Plan period, demonstrate documented use of complaint trend analysis and resident input to support structured engagement with policymakers, regulatory authorities, and stakeholders, including formal recommendations to advance protections for residents in licensed long-term care settings.
- By 2030, demonstrate continued statewide facility coverage and timely investigation and resolution of complaints consistent with or improved from FFY25 performance benchmarks.

DRAFT

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