

Long-Term Services and Supports Reform

May 2021, Medicaid Advisory Committee

Indiana Family and Social Services
Administration
Current as of May 12, 2021



Agenda

- Project Background
 - How We Got Here
 - Why Reform Indiana's Long-Term Services and Supports (LTSS)
 - Indiana's Path to LTSS Reform
 - LTSS Collaboration
- Progress Updates

Project Background

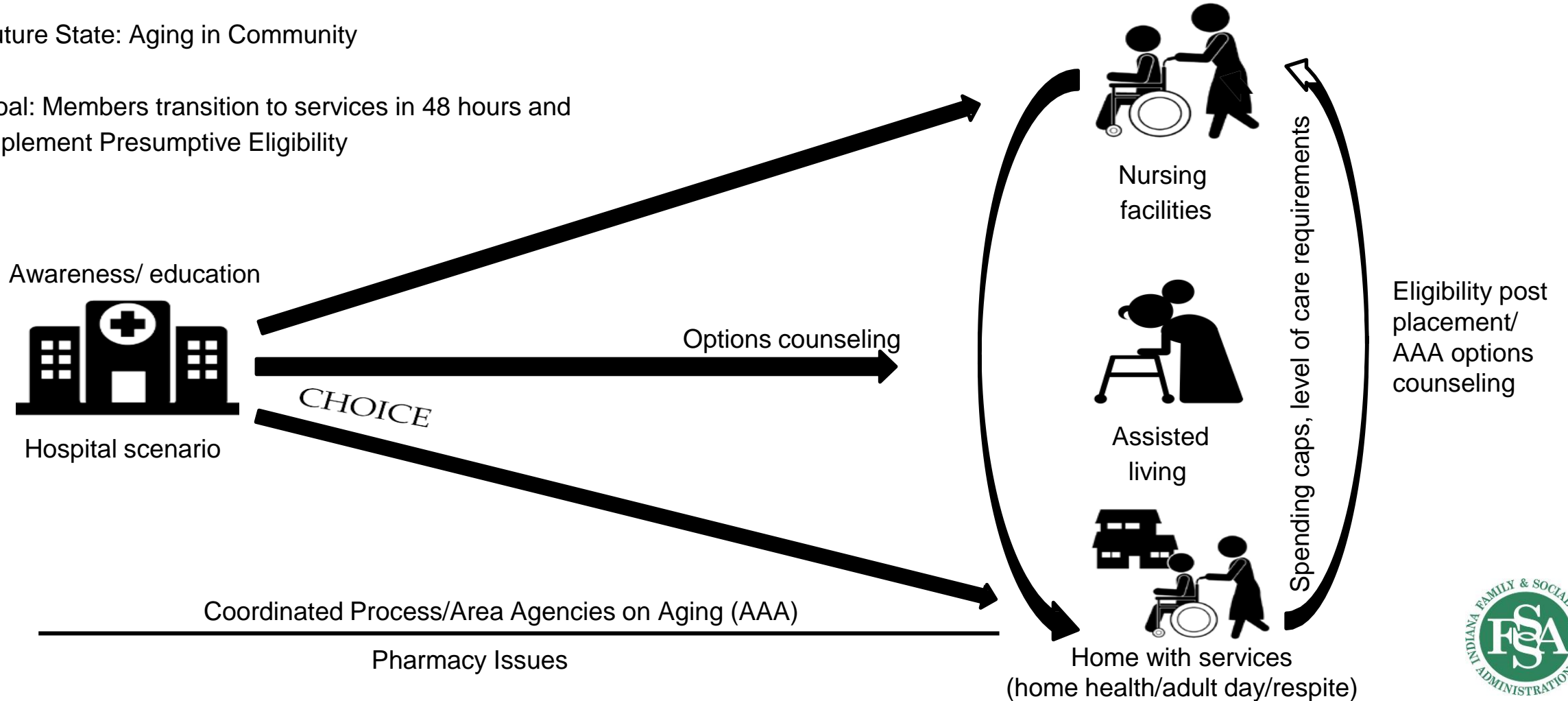


How We Got Here: 2019 System Integration Discussion

In 2019, we convened stakeholders to discuss LTSS system improvements with a focus on aging at home.

Future State: Aging in Community

Goal: Members transition to services in 48 hours and implement Presumptive Eligibility



How We Got Here: LTSS Collaboration Vision (12/19)

Issues we are addressing:

- Length of time to access services, particularly determination of financial eligibility
- Long-term financial viability of current service delivery with a growing population
- Provider capacity to deliver services
- Consumer and provider lack of knowledge regarding options or how to prepare

LTSS vision:

- Design a presumptive eligibility (PE) -like process for home and community based services (HCBS) and facilitate ability to access LTSS services within 48 hours of initiating process
- Utilize best practices and evidence-based models
- Ensure consumer knowledge and choice
- Value person-centered care and services
- Improve coordination of services and collaboration between providers
- Use data and technology to inform and deliver services
- Better value caregiver supports
- Ensure program sustainability

What we do not want for LTSS:

- Unnecessary delays in accessing care
- Consumer to be confused or feel as though they have no options
- Exclusion of the consumer
- Unsustainability of LTSS
- Consumer demand exceeding available provider capacity

Why Reform Indiana's LTSS System?

From 2010 to 2030 the proportion of Hoosiers over 65 will grow from 13% to 20%. Indiana's disjointed system must be reformed to meet growing demand and to ensure Choice, drive Quality and manage Cost.

Choice: Hoosiers want to age at home



- 75% of people over 50 prefer to age in their own home – but only 45% of Hoosiers who qualify for Medicaid are aging at home*
- The risk of contracting COVID and impact of potential isolation drives an even increased desire to avoid institutional settings

Cost: Developing long-term sustainability



- Indiana has about 2% of the U.S. population, but over 3% of nursing facilities
- LTSS members are 4% of Medicaid enrollment, yet 28% of spend - only ~ 19% of LTSS spend goes to home and community-based services (HCBS)
- For next ten years, population projections show 28% increase in Hoosiers age 65+ and 45% increase in Hoosiers age 75+

Quality: Hoosiers deserve the best care



- AARP's LTSS Scorecard ranked Indiana 44th in the nation
- LTSS is uncoordinated and lacks cultural competency
- Payment for LTSS services is poorly linked to quality measures and not linked to outcomes

Indiana's Path to Long-term Services and Supports Reform

Our Objective

- 1) 75% of new LTSS members will live and receive services in a home and community-based setting
- 2) 50% of LTSS spend will be on home- and community-based services

Key Results (KR) to Reform LTSS

1

Ensure Hoosiers have access to home- and community-based services within 72 hours

2

Move LTSS into a managed model

3

Link provider payments to member outcomes (value-based purchasing)

4

Create an integrated LTSS data system linking individuals, providers, facilities, and the state

LTSS Collaboration

The LTSS Reform project is collaboration across multiple FSSA divisions and State Agencies in an effort to leverage all available resources and to foster alignment in how the State serves Hoosiers.

Agency Participants

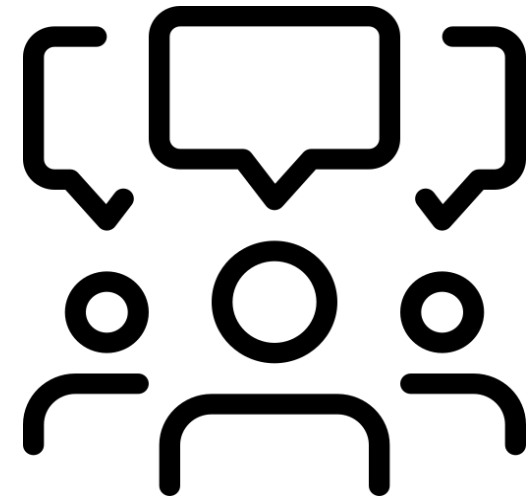


Cross-divisional FSSA team:

1. FSSA Executive Team
2. Data & Analytics
3. Division of Aging
4. Division of Family Resources
5. Division of Disability & Rehabilitative Services
6. Office of Medicaid Policy and Planning

Informed by Stakeholders

Consumers, caregivers, providers, & AAAs and other community partners



Stakeholder Engagement To-Date

Since January, FSSA has conducted stakeholder engagement sessions to gather input regarding the future managed Long-term Services & Supports (mLTSS) program.

Stakeholder Workgroups

10 Meetings to Date

Discussions regarding mLTSS design and finance considerations & preparation of a Request for Information (RFI)

Structure of Meetings:

- Composed of LTSS industry associations and organizations serving older adults
- Over 40 stakeholder representatives
- Meet every 3-4 weeks

Lunch & Learns

9 Meetings to Date

Educational presentations by FSSA and guests speakers representing stakeholder organizations and community partners

Topics include:

- Dementia & Alzheimer's
- Caregiving
- Dually-Eligible population
- Adult Protective Services
- Minority health and Equity
- Panels of nursing facility and HCBS providers

Focus Group Discussions

7 Meetings to Date

Listening sessions diving into detailed topics identified by subsets of stakeholders as of areas of particular interest

Topics include:

- Eligibility & level of care
- Claims
- Duals, Dual Special Needs Plans (D-SNPs - Medicare)
- Prior authorization & utilization management
- Credentialing

Upcoming Stakeholder Engagement

In addition to continued workgroup discussions, FSSA is launching additional, multi-year efforts to gather consumer & caregiver input and support providers.

Consumer Engagement

Outreach to older adults who use LTSS and their families, caregivers, and consumer advocates to gain insight into the goals and desires of consumers and inform the mLTSS program

Overview of work planned:

- Conduct multiple rounds of focus groups, conference calls, and in-person meetings
- Review findings & publish reports

Community-Based Organization (CBO) & Provider Technical Assistance

Educational outreach and training for CBOs including Area Agencies on Aging, direct-care staff, and the provider network to support providers in preparing for the transition to managed care

Overview of work planned:

- Environmental Scan, mLTSS 101, & Needs Assessment
- Develop & conduct Business Acumen Training
- Provide Managed Care Contracting Support

Progress Updates Across Workstreams



Key Result 1: Expedited Eligibility

Overall Objective: Ensure Hoosiers have access to home- and community-based services within 72 hours

Progress to date:

- Using authority granted under the federal public health emergency, FSSA launched the pilot in the fourth quarter of 2020 with 5 entities supporting the application process.
- Currently 14 providers are participating in the pilot. Participating entities include the Area Agencies on Aging and Assisted Living and Adult Day providers
- In April, we expanded the pilot to include one hospital.
- To date 1,190 applications have been approved* as of May 6.

Next steps:

- Complete comprehensive evaluation of the pilot program.
- Begin development of long term solution using lessons learned .

Key Result 2: Managed LTSS

Overall Objective: Move LTSS into a managed model

Progress to date:

- In January, established a stakeholder workgroup to discuss mLTSS design options and potential Request for Information questions
- Convened 6 workgroup meetings to date and 7 additional focus groups on specific topics
- Reviewed mLTSS programs in other states

Next steps:

- Continue discussing design recommendations with stakeholders over the next months including on the topics of level of care determinations, options counseling, plan selection, and care management/service coordination.
- Release a Request for Information

Selected recommendations to date

Topic	Initial Recommendation to Stakeholders
mLTSS Population	Individuals aged 60+ including those in nursing facilities and those receiving Aged & Disabled waiver services
mLTSS services	Include - all state plan services, pharmacy, waiver service, incontinence supplies, and transportation
Duals coordination	Require Duals Special Needs Plans (D-SNPs) to coordinate more closely with the State in their 2022 contracts & require alignment in future mLTSS plans
Federal waiver authority	1915(b) and (c) combination waiver for HCBS services and for managed care

Tentative Timeline

mLTSS Tentative Timeline Overview

Milestone	Timeframe*
Request for Information (RFI) Co-Design Workgroup	Jan. 2021 to Early-Summer 2021
RFI Release	Early-Summer 2021
RFI Response Time	Late-Summer/ Early-Fall 2021
Request for Proposal (RFP) Release	Early 2022 (Q1) to ensure adequate time to incorporate all stakeholder inputs
RFP Award	Late 2022 (Q4)
Contracting/ Readiness/ Implementation	Late 2022 through 2023
Tentative mLTSS Implementation	Q1 2024
Public forums/webinars	Will be held and stakeholder engagement will continue past the implementation

*All dates are estimates and subject to change

Finance Co-Design

Overall Objective: Strategically transition current fee-for-service LTSS reimbursement structures to drive quality, alignment, transparency, person-centeredness, and sustainability, and to provide forward compatibility with managed care.

Progress to date:

- Began hosting stakeholder meetings in February. Four meetings have been held to date.
- Developed a plan, with support of Milliman, for a strategic review and recommendations for nursing facility base rates, nursing facility upper payment limit (UPL), quality and value-based purchasing (VBP), home health and HCBS rates, and mLTSS capitation rates.

Next steps:

- Host a series of focused discussions with stakeholders on the following topics:
 - Nursing facility base rates (5/27)
 - Nursing facility quality and VBP (6/10)
 - Nursing facility UPL (6/3)
 - Home health and HCBS base rates (5/20)
- Begin developing recommendations for each rate topic area.

Key Result 3: Value-Based Purchasing

Overall Objective: Link provider payments to improved health and wellness (value-based purchasing)

Progress to date:

- In partnership with Data & Analytics, began establishing a framework for decision-making on an HCBS VBP performance measure set.
- Conducted a review of how other states are measuring HCBS for VBP and the recent Centers for Medicare and Medicaid Services (CMS) Request for Information soliciting input from states and stakeholders on the same topic.
- In partnership with WISE Indiana, developed a caregiver survey.

Next steps:

- Through WISE partnership, administer the caregiver survey and the HCBS CAHPS survey with the IU Center for Survey Research.
- Review existing measure sets from programs and purposes similar to Indiana's goals and audience.
- Assess implementation and feasibility of measure among HCBS providers for long-term sustainability.

Key Result 4: Integrated Data Systems

Overall Objective: Measure clinical outcomes across the continuum of LTSS services

Progress to date:

- Created an integrated cloud environment that will capture data from sources such as admission, discharge, or transfer (ADT) alerts and can enable use of data to inform the work we are doing now, during, and after the LTSS transition



Knowledge is Power

Quality measurement, research,
and evaluation is critical



Timing is Everything

The right data for the right use at
the right time



Visibility is Key

Stakeholders and decision-makers
should understand the “whole
picture”

Next steps:

- Develop a plan to monitor the LTSS program before, during, and after implementation

Next Steps

Upcoming Activities

- Conduct comprehensive evaluation of the expedited eligibility pilot (Key Result 1)
- Continue stakeholder engagement and release Request for Information (Key Result 2)
- Host small groups discussions regarding nursing facility base rates, UPL, nursing facility quality and VBP, and home health and HCBS rates (Medicaid Finance)
- Pilot caregiver survey and HCBS CAHPS survey (Key Result 3)
- Prioritize new data sources for inclusion in the LTSS data environment (Key Result 4)
- Launch an LTSS webpage
- Begin intensive engagement with consumers and caregivers
- Conduct environmental scan and gap analysis related to providers and mLTSS

Comments & Questions? Submit to backhome.indiana@fssa.in.gov