



Eric Holcomb, Governor  
State of Indiana

*Office of Medicaid Policy and Planning*

402 W. WASHINGTON ST., W374, MS07  
INDIANAPOLIS, IN 46207-2739

## Medicaid Advisory Committee

### Meeting Minutes

Thursday February 22, 2024

Indiana Government Center South and Zoom

#### Members and presenters in attendance:

Dr. Sarah Bosslet, Rep. Ed Clere, Mr. Michael Colby, Ms. Terry Cole (co-chair), Ms. Danielle Coulter, Ms. Elizabeth Eichhorn, Ms. DeAnna Ferguson, Ms. Zoe Frantz, Ms. Blaire Hadley, Dr. Herb Hunter, Mr. Ryan Kennedy representing Kimberly Williams, Mr. Luke McNamee, Mr. Gary Miller, Mr. Richard Nussle, Mr. Evan Reinhardt, Mr. Shane Springer, Ms. Katy Stafford-Cunningham, Ms. Cora Steinmetz (co-chair), and Ms. Jessaca Stults.

#### I. Call to Order

Cora Steinmetz, Co-Chair, called the meeting to order at 1:02 p.m.

#### II. Approval of the November 2023 Minutes

Ms. Steinmetz invited a motion to approve the November 2023 meeting minutes. Mr. Richard Nussle moved to approve. Mr. Luke McNamee seconded, and the minutes were approved with no changes.

#### III. Rules

Ms. Steinmetz introduced Ms. Amanda DeRoss, FSSA staff attorney, to present three rules. Ms. DeRoss gave a brief overview of the rules and where they are in the promulgation process.

The CRMNF Rule, Comprehensive Rehabilitative Management Needs Facility, (LSA 23-727) amends 405 IAC 1-12-21 to increase the rate paid to any Medicaid-enrolled Large Private Intermediate Care Facility for Individuals with Intellectual Disabilities that is licensed as a Comprehensive Rehabilitative Management Needs Facility. The last step, the rule was submitted to the Office of the Attorney General on January 31, 2024, for review and approval. The next step, Once the Office of the Attorney General reviews and approves the rule, the rule will be submitted to the Governor's Office for review. Ms. DeRoss invited questions.

Article 2 Rule (LSA 23-819) amends 405 IAC 2 concerning updated definitions, guidance, and clarification of terms, and will align IAC with federal code. The last step, a public hearing was held on January 29, 2024. OGC and OMPP are reviewing the public comments, preparing the agency response, and making amendments to the rule language in response to the public comments we



received. The next step, following that, a Notice of the Second Public Comment Period and Hearing will be posted. Ms. DeRoss invited questions.

Nursing Facility Rule (LSA 24-58) amends, adds, and repeals rules at 405 IAC 1 concerning fee-for-service nursing facility reimbursement. The last step, a notice of public hearing was posted February 21, 2024. The next step, a public hearing will be held on March 25, 2022. Ms. DeRoss invited questions.

#### **IV. FSSA Updates**

##### **1. Medicaid Director Updates – Cora Steinmetz, Medicaid Director and Kelly Mitchell, Director of Division of Disability and Rehabilitative Services**

Ms. Steinmetz began with updates on the forecast and the sustainability strategies. This included proposed cost containment strategies for the current biennium, implementation of forecast process improvements, robust prospective policy change review, increased monitoring of enrollment and utilization trends and development and publication of regular reports with key Medicaid data and trends.

The first strategy of a pause on the two percent rate indexing for certain provider types with recent rate updates is the only one that is broad across the entire Medicaid program. The increase is being paused since it has not been implemented yet instead of a rate reduction for cost reductions. The second strategy is related to the Aged and Disabled Waiver, one of five home and community-based services waivers administered by FSSA and funded with Medicaid dollars. These strategies are attendant care, which are paid hourly, and structured family caregiving, which is paid per diem, changes for legal responsible individuals, additional reviews of waiver service plans and authorizations and limiting the number of service plans with auto approval, ensuring service definitions are in compliance with the current waiver authority, reviewing eligibility criteria for pediatric waiver entrants, restricting retroactive coverage while Medicaid financial eligibility is pending to ensure compliance with federal law, and a pause of Expedited Waver Eligibility (EWE) process.

July 1, 2024, the ability of parents of minors and spouses to be paid will transition to the per diem service of the Structured Family Caregiving (SFC). Parents of minors and spouses will no longer be permitted to provide the hourly service of Attendant Care (ATTC). Alternatively, Aged and Disabled wavier members can continue to have ATTC provided by someone not legally responsible for their care. Between now and July 1, FSSA will work with provider agencies employing parents of minors and spouses as paid caregivers to consider individual circumstances and help develop a transition plan. Members will remain eligible for all other wavier services in addition to maintaining traditional Medicaid coverage for hospital, pharmacy, therapy, physician services, etc.

On the Aged and Disabled Waiver, pediatric individuals cover eight percent and sixty-four percent of individuals are aged sixty and above. Looking at the data, the rate of enrollment into the Aged and Disabled Wavier does not coincide with the increase costs. Most of those unexpected costs come from the pediatric population. In fiscal year 2022, ATTC expenditures for pediatrics was \$9.3 million, in fiscal year 2023, ATTC expenditures for pediatrics was \$58.3 million and the projected fiscal year

2024 ATTC expenditures for pediatrics is at \$172 million. Overall ATTC wavier expenditures have increased from \$317 million in fiscal year 2022 to \$1.36 billion in fiscal year 2024. This growth coincides with the information released by FSSA in March 2022 allowing parents of minors and spouses to provide ATTC. ATTC is an hourly billed service, and the utilization growth is driven by members receiving forty plus hours per week. This growth is most rapid in pediatrics, with ATTC having an increase of 195% since fiscal year 2023 and 18 times since fiscal year 2022. March 2022, ten percent of children receiving ATTC received sixty plus hours a week. As of December 2023, this had increased by 47%. These expenditures are why ATTC is being transitioned to structured family caregiving. Ms. Steinmetz asked for any questions.

One question was asked by Kathy Stafford-Cunningham, “you mentioned transparency in utilization – will that information be on the FSSA website?” Ms. Steinmetz responded in the chat, “We are looking to publish additional data and financial reporting and are in the process of pulling together what that will look like. We will keep this group posted as that work progresses.”

**2. *Indiana PathWays for Aging Updates – Holly Cunningham-Piggot, Director of Care Programs, Kimberly Bremer, Director of Hoosier Care Connect and Indiana PathWays for Aging, Clarissa Loveall, Director of Organizational Management, and Shayla Pinner, Deputy Director of Communication and Media***

Ms. Pinner introduced an informative video that is being utilized for engagement and outreach for PathWays. The video can be watched [here](#).

Ms. Bremer expanded on the engagement on Pathways such as recent and upcoming provider training to create a smooth transition into the new program. These trainings include contracting, member enrollment, claims submission, service coordination and authorizations. The stakeholder engagement also includes roadshows for various audiences offered virtually and at different locations throughout Indiana. The topics covered in these roadshows are information on PathWays in general, contracting, readiness, implementation, FSSA updates, and dual eligibility.

Ms. Loveall introduced the enrollment timeline activities. February to March 2024, notices are released to inform and remind members to select their PathWays plans. March to April, members are to call to make their plan selections. If no plan is selected by April, they will be auto enrolled into a plan but are able to call and change their plan if they wish. In May, members receive their sixty-day notice of PathWays enrollment with plan benefits and contract information. In June, members will receive their welcome packets for their assigned plans and on July 1, PathWays coverage becomes -effective. Copies of notices are available on the [PathWays website](#). The enrollment broker phone number is 87-PATHWAY-4 (877-284-9294).

Readiness review is a systematic large-scale of MCE’s staffing, policies, process, documents, subcontracts, system capabilities, and provider network to ensure the health plan is prepared in advance of the new contract go live. Safeguards that all selected MCEs are ready to accept enrollment, provide the necessary continuity of care, ensure access to the necessary spectrum of providers, and fully meet the diverse needs of the population. These include desk reviews and on-sight demonstrations. Two to three FSSA subject matter experts review the desk review documentation to validate compliance with State and Federal regulations. On-sight demonstrations have MCE demonstrate their internal process to verify their ability to meet readiness requirements.

They also validate compliance with the PathWays scope of work and State and Federal regulations. MCE provide live demonstrations of their systems during these on-sights. The topic schedule developed ensured consistency for items to be reviewed from July 2023 to launch date on July 1, 2024.

Ms. Steinmetz summarized that members are receiving their notices starting this week. Information can be found on the PathWays website. The toolkit on the website has been downloaded 170 times. The enroll now campaign is also live with advertisements including the number for members to call. You can also request engagement events for places where we are not already planning on attending to provide more information. Ms. Steinmetz invited questions. Questions can also be asked at [medicaid@fssa.in.gov](mailto:medicaid@fssa.in.gov).

**3. MCE Case Management Presentations – Dr. Ryan Venis, Anthem Medical Director, Shannon Sleighter, CareSource Life Services Manager, Dr. Tim Hodges, United Healthcare Medical Director, Brittany Barriger-Moorman, MDwise Director of Medical Management, and Dr. Shara Wesley, MHS Chief Health Equity and Diversity Officer**

Ms. Steinmetz invited the MCE representatives to walk through their approach on how we support Medicaid members.

Dr. Ryan Venis from Anthem told a story about a member and their representative. Mary, the member suffered from bipolar disorder, post traumatic stress disorder and depression. Mary was struggling with doubt and distrust with healthcare professionals but needed to interact with them to do what is best for her and her daughter. Mary needed to meet requirements in order regain custody of her daughter. Ashlyn, her healthcare representative helped Mary to schedule a healthcare meeting for a mental health appointment because Mary had tried on her own and was told it would be two to three months before she could be seen. Ashlyn helped make it so that she could get an appointment sooner to help meet the requirements to get her daughter back. Due to the outreach and assistance Ashlyn provided Mary, Mary was able to regain hope that she would get the help she needed and in turn, get her daughter back. Dr. Venis invited questions.

Mr. Shannon Sleighter from CareSource gave a brief introduction of Life Services' vision and mission. He then told a story on one of their member's journey. With Life Source, they operate with a "there is no wrong door" policy which means that members can reach out to anyone and get directed to an individual who can help. They provide assessments for member needs, goal setting, social support and financial planning, and ongoing support afterwards. Then he told the specific story of a member who had been incarcerated and had an opioid use disorder. The member was released to a homeless shelter and was at his lowest point when he reached out to Life Services re-entry team to meet with a life coach who was able to provide the member with job leads. They were also able to receive assistance with utilities and gas cards so they could continue to go to work and live comfortably until they were able to stabilize and support themselves. Mr. Sleighter invited questions.

Dr. Tim Hodges from United Healthcare told a story of a member named Whitney and Sara from UHC member services. Whitney had stopped taking her psychiatric medications and was feeling a lot

of strong and stressful emotions. She was able to get in touch with Sara who helped her locate a new psychiatrist with a recovery program and scheduled an appointment for her. They continued to keep in touch and up to date on scheduling new appointments to help Whitney keep the care she needs. Dr. Hodges invited questions.

Ms. Brittany Barriger-Moorman from MDwise told a story of a post-partum female who had issues with sex trafficking, homelessness, living incarcerated and opioid disorder. This member was able to get engaged with the Pregnancy Promise Program to help care for her and her unborn fetus. It helped her establish a support system and get a job placement with childcare. These steps helped provide her with hope for the future. Another story was about a minor child living with a guardian who had multiple attempts at suicide. MDwise worked with a facility and the guardian to make sure the minor had a safe plan and prescription refills, caregiver support, ongoing monitoring, and a safety plan to keep her healthy. Ms. Barriger-Moorman invited questions.

Lastly, Dr. Shara Wesley from MHS talked about the Doula Program scholarship and their work with the Urban League Workforce Development. IMHC and community doula services that provide free pregnancy assistance program to treat minority women between ages 15-35. The Doula & Me Program Goal: improve health outcome, quality measures, quality of life, and decrease overall costs. The Special Deliveries Goal: improve maternal and infant mortality and morbidity. MHS's success story was about how they helped a member who already had two children under the age of six find stable housing. The mother was living in a rodent infested house which was unlivable. MHS helped with get her in contact with the housing authority to get an emergency order for mandatory repair for landlord to fix repairs within a week. This enabled the mother to force her landlord to provide them with livable accommodations that they deserved in a short amount of time to protect the health of their family. Dr. Wesley invited questions.

## **V. Comments**

Ms. Steinmetz asked if there were any comments. There were none.

## **VI. Next Meeting**

The next meeting will be Wednesday, May 22, 2024, from 1 p.m. – 3 p.m. in a hybrid format. With no further business to conduct, the meeting adjourned at 2:33 p.m.