



# FSSA Secretary Call

Sept. 30, 2022



# Welcome!

## Today's Agenda

- Managed Long-Term Services and Supports
- HCBS Waiver Updates
- Direct Service Workforce
- Federal Investments
- Child Care and Early Learning
- Mental Health
- HIP Equalization
- PHE Unwind

# Managed Long-Term Services and Supports



# Managed Long-Term Services & Supports



Advancing the Governor's MLTSS initiative to ensure that individuals have a **choice** to age in an environment that best suits their needs and preferences and delivers **quality** care under a **sustainable**, accountable and integrated system.

## What the Program Will Do

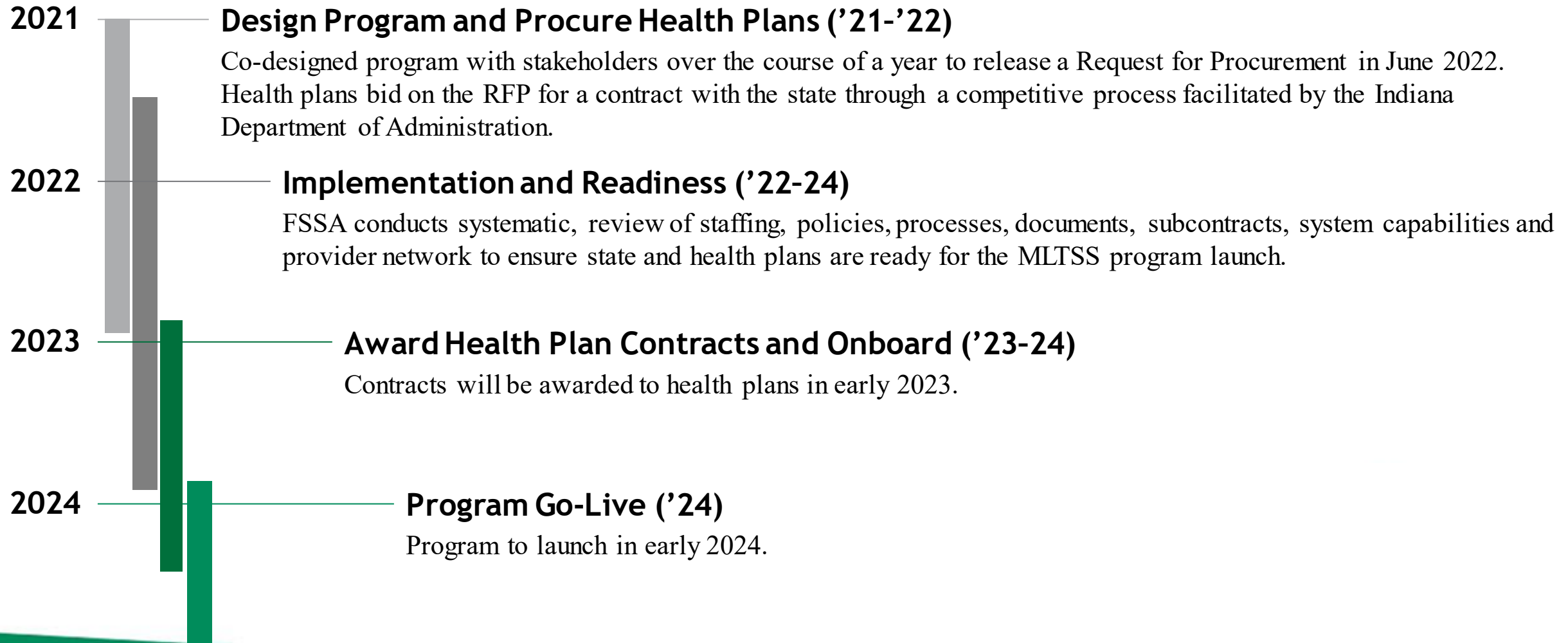
- Ensure experienced health plans to coordinate a Medicaid member's LTSS benefits and other benefits such as Medicare
- Serve a growing population (100k+) of Hoosiers 60 and older, including those with disabilities
- Support members and caregivers to have the choice to remain in their homes and communities

## Continuous Stakeholder Engagement



**300+** meetings with members and caregivers, providers, national experts, etc. to ensure a diverse range of voices is represented.

# MLTSS Milestones



# MLTSS Readiness Review

## What is Readiness Review?

- A systematic, phased, program-specific review conducted before members enrolled in selected managed care programs (most recent: HCC in 2019 and HIP/HHW in 2022)
- Assures that MCEs are ready to: accept enrollment; provide the necessary continuity of care; ensure access to the necessary spectrum of providers; and meet the diverse needs of the population
- Contract and payment are contingent upon readiness verification



MCEs will submit thousands of compliance and readiness documents, including policies, procedures, provider files and contracts.



FSSA subject matter experts will review every document and a team of FSSA subject matter experts will score demonstrations. MCEs must pass each phase of testing / readiness before proceeding.



FSSA will go to MCE facilities for onsite demonstrations of MCE capabilities.



Additional demonstrations will be required until readiness can be verified. If readiness cannot be verified, the MCE will not go live.

# MLTSS Community Conversations

Please join our team *NEXT WEEK* at Community Conversations, focused on hearing from individuals and their caregivers.

## Oct. 3, 2022

- **Brazil Public Library:** 204 N. Walnut St., Brazil, IN. 10:30 a.m.–12 p.m.
- **Vigo County Public Library:** 1 Library Square, Terre Haute, IN 47807. Meeting Room A: 4:30–6:30 p.m.

## Oct. 4, 2022

- **Mill Race Center:** 900 Lindsey St., Columbus, IN 47201. 10:30–11:30 a.m.
- **Monroe County Public Library:** 303 E. Kirkwood Ave, Bloomington, IN 47408. Meeting Room 1B: 4:30–6:30 p.m.

# MLTSS Community Conversations

## Oct. 5, 2022

- **Knox County Library Board Room:** 521 N. Sixth St., Vincennes, IN (located across the street from Main Library). 11:30 a.m.–12:30 p.m.
- **Evansville Public Library Central:** 200 SE Martin Luther King Jr. Blvd., Evansville, IN 47713. Event Room B: 4:30–6:30 p.m.

## Oct. 6, 2022

- **Bedford Public Library:** 1323 K St., Bedford, IN 47421. 11:30 a.m.–12:30 p.m.
- **Central Library:** 180 W. Spring St., New Albany, IN 47150. Applegate room 5–6 p.m.



# MLTSS Community Conversations, *continued*

Oct. 7, 2022

- **Jefferson County Public Library:** Madison, 420 W. Main St., Madison, IN 47280 (Auditorium). 2–3 p.m.
- **Morrison Reeves Library:** Bard Room, 80 N. Sixth St., Richmond, IN 47374. 11:30 a.m.–1:30 p.m.

*More information, including flyers for each meeting, is located at [www.advancingstates.org/community-conversations](http://www.advancingstates.org/community-conversations).*

# HCBS Waiver Updates



# Current FSSA HCBS Programs\*

## Division of Aging Programs

CHOICE, Older Americans Act programs, ADRC support and Adult Protective Services

## Aged & Disabled Waiver

Ages 60 and over

Approx. 23,000 enrollees

Ages 59 and under

Approx. 9,700 enrollees

## Traumatic Brain Injury Waiver

Approx. 130 enrollees

## Community Integration and Habilitation Waiver

Approx. 9,000 enrollees

## Family Supports Waiver

Approx. 22,600 enrollees

Division of Aging Oversight

Division of Disabilities and Rehabilitative Oversight

*\*Excluding DMHA waivers*

# Aged & Disabled & Traumatic Brain Injury HCBS Waiver Oversight Transition

## Current A&D Waiver, Ages 59 & Under

Transition oversight to DDRS. Focus on those with disabilities in A&D waiver, particularly those under age 60.

## New Waiver A&D Ages 60+ (MLTSS)

Transition oversight to OMPP. As announced previously, creation of new waiver and administration for A&D waiver recipients 60+. This is our new MLTSS program.

## Current TBI Waiver

Transition oversight to DDRS.

## DDRS' Current CIH & FSW Waivers

DDRS will continue existing redesign activities as previously announced in the Path Forward document this summer.

## Non-Waiver Programs for Older Adults

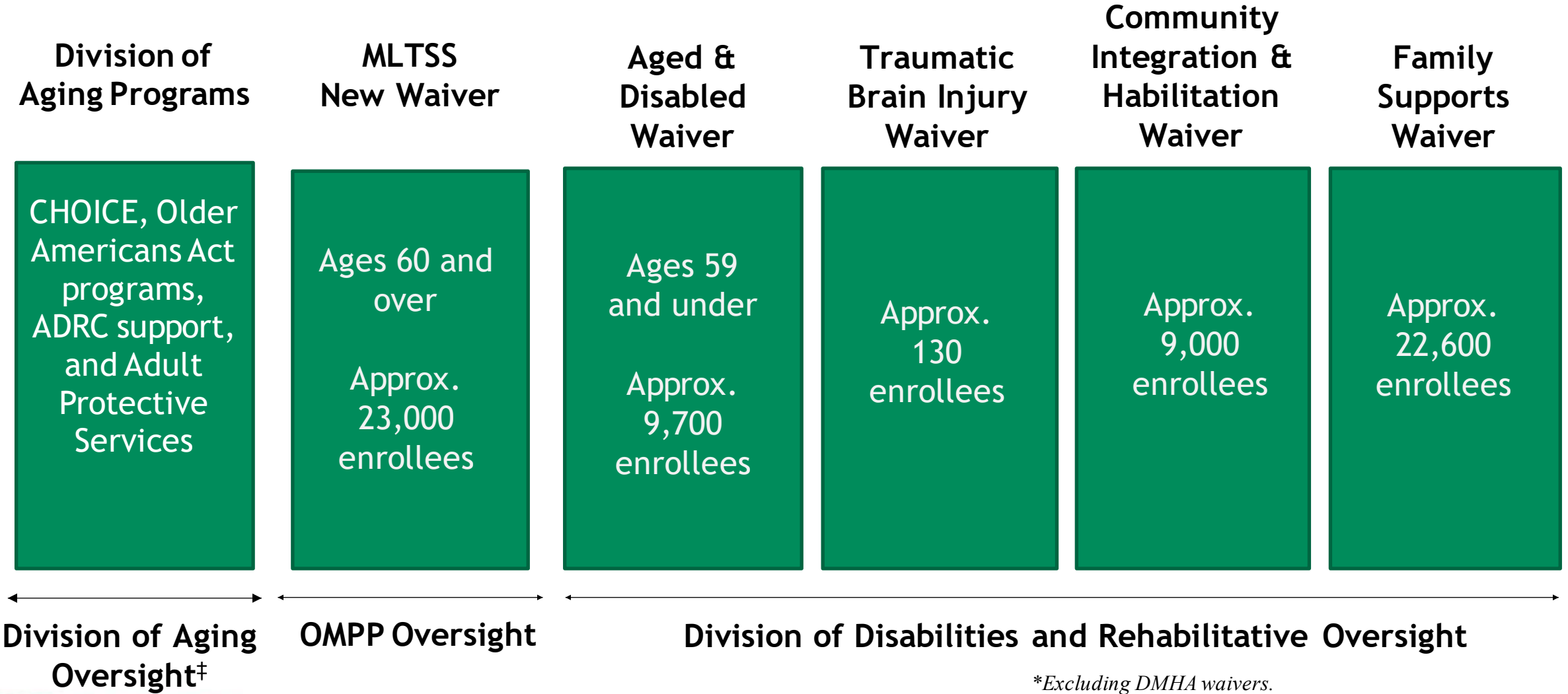
Division of Aging will continue to focus efforts on operating other existing programs such as CHOICE, Older Americans Act programs, ADRC support, and Adult Protective Services

**Objective:** Foster a positive and smooth experience for HCBS waiver recipients and providers by enhancing the A&D and TBI waiver administration through the transition across FSSA divisions.

### **Assurances:**

- Engage stakeholders, leveraging some existing engagement venues
- Ensure continuity of services and preserve the maintenance of effort in place for the enhance HCBS funds
- Communicate transparently
- Reduce member and provider abrasion
- Share a timeline as more details are developed

# Future FSSA HCBS Programs\*



\*Excluding DMHA waivers.

‡The Division of Aging will continue to provide support and subject matter expertise to OMPP and DDRS in managing HCBS waivers.

# Waiver Transition Stakeholder Engagement Opportunities

- Virtual listening sessions will be scheduled throughout October
- BDDS Waiver Redesign and LTSS Reform for Older Adults webpages will be maintained
- DDRS' current Building Bridges quarterly meetings will continue and expand to include A&D Waiver and TBI Waiver participants
- Many MLTSS Implementation (for 60+ only) conversations will continue, including:
  - MLTSS Codesign Meetings
  - Community Conversations with ADvancing States

# Direct Service Workforce



# Direct Service Workforce Plan

**Objective:** Create and implement a person-centered, statewide plan—the Indiana Direct Service Workforce Plan—to improve the recruitment, training, support, and retention of direct service workers in home- and community-based settings.



- Engaged the Bowen Center to develop an Indiana DSW Plan focused with the purpose of better recruiting, training, retaining, and supporting DSWs in HCBS
- Created Indiana’s first Direct Service Worker Advisory Board
- Focused on intentional and frequent engagement, including a six-hour stakeholder workshop on 7/26



**Key Categories in Indiana DSW Plan**



# Federal Investments



# Home- and Community-Based Services Phase 1: HCBS Stabilization Grants

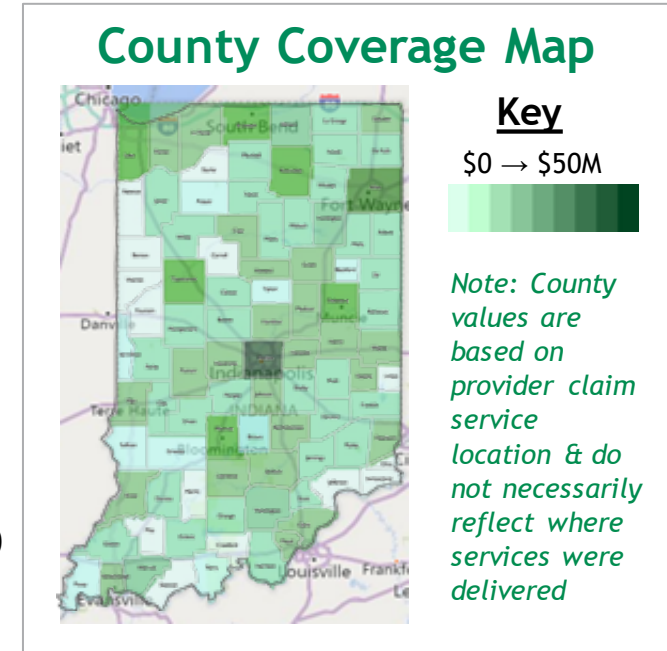
To strengthen and enhance the HCBS ecosystem, FSSA prioritized immediate stabilization efforts to the critical workforce in the first phase of Indiana's HCBS Spend Plan.

**\$176M** Awarded to **1,195 HCBS Providers**

**\$132M** At a minimum to be passed directly to **Frontline HCBS Staff\***

**Purpose:** FSSA issued direct funding in Spring 2022 to stabilize Indiana's workforce and provider network and meet urgent needs in the HCBS landscape.

**Methodology:** FSSA applied a flat 8.1% to each provider's highest annual claims total from 2019, 2020 or 2021. *\*Awardees are required to pass through at least 75% of the grant directly to their workforce*



## Funds were primarily used for workforce bonuses and recruitment

“The **bonuses** that were given to my employees helped them with **gas, bills, childcare**, etc. We were truly blessed with this grant!”

“Advertising for jobs with the hourly wage increase has led to **more new hires** and slightly **decreased staff turnover.**”

“Because of the grant we were able to give our staff **bonuses** and also offer them more **training**, including CPR and other courses directed to the care of clients.”

“We were able to have a minute benefit package for the first time in the company's history. We now offer **healthcare insurance** including vision and dental.”

# Home- and Community-Based Services Spend Plan Phase 2: Targeted Initiatives

Phase 2 of the Indiana HCBS Spend Plan outlines four Priority Areas that were identified through intentional engagement with over 660 stakeholders in June 2021. The initiatives listed below highlight a few of the projects that FSSA is investing in.

Total Phase 2 Budgeted: \$638M

★ FSSA is investing in numerous **initiatives** within the **four Priority Areas** to drive systemic change

**\$195M**

**Workforce** to Support the Provider Workforce



- Recruitment and Retention activities (e.g., wages and benefits)
- Earn while learn training incentives

**\$166M**

**Build Provider Capacity** to Meet the Growing HCBS Needs of the Medicaid Population



- Transportation capacity-building grants
- Develop a Crisis System and implement 9-8-8

**\$236M**

**Enhance HCBS** to Ensure All Individuals have Easy and Equitable Access to HCBS



- Address health inequities through housing supports
- Improve processing of Medicaid applications

**\$41M**

**Caregiver Supports** to Support Families & Caregivers of Individuals Receiving HCBS



- Caregiver training for HCBS waiver participants
- Caregiver mental health supports

HCBS Spend Plan Extension: CMS extended the spend deadline from March 31, 2024 to **March 31, 2025**

# Child Care and Early Learning



# Office of Early Childhood and Out of School Learning: Build Learn Grow

In response to the devastating impact of the COVID-19 pandemic on early care and education, OECOSL introduced the BLG program to maximize its \$1 billion in federal relief dollars with a focus on three priorities.

## Help Programs Regain Stability

BLG Stabilization Grants provided short-term funding to programs, allowing them to stabilize their operations and build capacity for the future

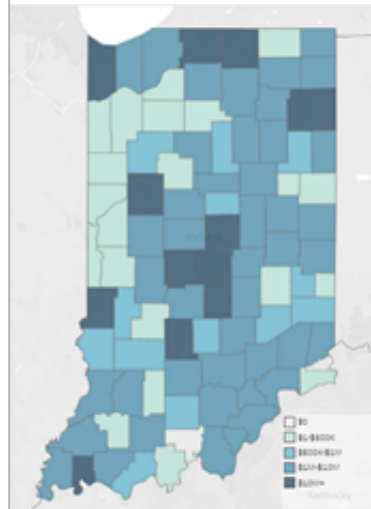
**3,303**

Programs supported through Stabilization Grants

**\$543M**

Awarded in Total  
(median grant amount \$51,930)

Grant Amount  
Approved by County



## Deliver Support to Working Families

BLG Scholarship program provided financial support to help families access quality early care & education

**18,000+**

Children supported with scholarships across **86** counties

**\$68.3M**

Awarded in Total

## Build System Structure & Capacity

A number of initiatives are aimed at fostering policy and infrastructure improvements

**\$1M**

Awarded to support creation of new child care marketplace

**Building Wellness**

Launched shared employee assistance program

# Introducing OECOSL Leadership



Director Courtney Penn  
OECOSL Director



Courtney Hott  
Early Learning Advisory  
Committee Director

# Mental Health



# Division of Mental Health and Addiction: Crisis Response



Someone  
to Contact

**\$44M Invested**

- Launched 988 in July
- Five Call Centers answering 988



Someone  
to Respond

**\$24M Invested**

- Funded four mobile crisis pilot contracts



A Safe Place  
for Help

**\$49M Invested**

- Four Community Catalyst Grants funding crisis support units
- Upcoming opportunities to add more CSUs



# DMHA: Community Catalyst Investments

DMHA has strategically invested federal funds to build towards an integrated and upstream behavioral health system, including investments in community-driven programming through a statewide RFF.

## Community Catalyst Grant Program

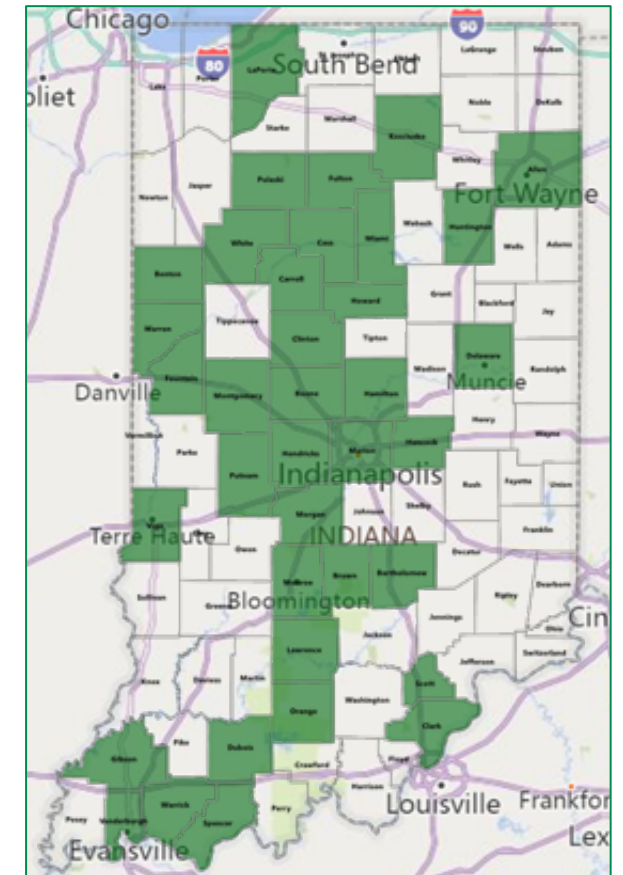
**\$55M**

Awarded to **37** grantees across the State (including **\$22.4M** in grant match)



- **68** proposals received from coalitions of providers, non-profits, units of local government, public schools/universities and/or hospital organizations
- Grantees will carry out a wide range of programming to enhance the **quality, integration** and **access** of mental health and substance use disorder prevention, intervention, treatment and recovery services
- Prioritized equity, sustainability and collaboration

## Grant Coverage



# HIP Equalization



# HIP Rate Equalization—What's Required?

1115 Emergency Amendment: Allows continued payment at Medicare rates in HIP

- Early 2022
- Approved end of July 2022

Unique approval, not expected to be granted by CMS again

- Waiver allows time to come into compliance via legislative, rule and state plan changes. Initial time frame from final rule to compliance deadline was 48 days.
- Ensures continued federal match for current provider rates, supporting continued access during the pandemic.
- Time-limited waiver of rate-setting requirements with retroactive approval through Jan. 1, 2021, through Dec. 31, 2023.
- Without this waiver (and compliance with provisions of the waiver), federal match for all managed care at risk.

# HIP Rate Equalization—What's Next: CMS Milestones

Indiana must complete required CMS milestones through 2023 on time to maintain FFP for managed care programs.

- **Oct. 1, 2022:** Public comment(s) submitted to CMS: Includes comment summary and copies of submitted comments
- **Dec. 1, 2022:** Draft rate methodology submitted to CMS
- **Jan. 31, 2022:** Draft legislation changing the HIP requirement to pay at Medicare rates submitted to CMS
- **July 1, 2023:** Biennium budget approved with consideration for HIP rates changes, provide CMS notice of any intended directed payment arrangements, and provide CMS draft managed care plan contract language documenting changed rates
- **Sept. 1, 2023:** Any needed directed payment preprints submitted to CMS
- **Oct. 1, 2023:** Submit equalized fee schedule effective January 1, 2024, rate certification and updated managed care plan contract language
- **Jan. 1, 2024:** New rates effective

# HIP Rate Equalization—What's Next: OMPP Activities

- **Completed:** Two public hearings in August
- **September 2022:** Launched opportunity for discussions with providers and associations
- **January 2023:** Notice to nursing facilities of rate changes in alignment with legislative requirement
- **June 2023:** Advanced notice to MCEs of rate changes
- **October 2023:** Provider bulletin outlining new rates effective January 2024
  - Rate changes will be shared in advance of formal bulletin

# PHE Unwind



# Current Status and CMS Requirements\*

CMS has stated they will provide states a 60-day notice prior to the end of the federal public health emergency.

- The federal PHE was most recently renewed through January 2023
- States have 12 months to return to normal operations; we plan to distribute our work over the full 12-month period after the federal public health emergency ends

*\*Subject to change by legislation and/or updated guidance*



# Once the Federal PHE Ends...

Individuals who remained open solely due to federal PHE maintenance of eligibility rules will be reassessed when their scheduled annual redetermination is due.

- This is approximately 25% of our total membership
- We will process roughly 1/12 of this group each month

**Individuals in this group cannot be closed or moved to a lesser-coverage category before their full redetermination process is completed.**





# Preparing for Returning to Normal Operations

We encourage anyone who is currently in one of Indiana Medicaid's health coverage programs, including the Healthy Indiana Plan, Hoosier Healthwise, Hoosier Care Connect or traditional Medicaid, to take action **now** that could help them stay covered. Members can take these steps to ensure we have their current information:

- Go to [FSSABenefits.IN.gov](https://FSSABenefits.IN.gov)
- Scroll down to the blue "Manage Your Benefits" section
- Click on either "Sign in to my account" or "Create account"
- Call 800-403-0864 if you need assistance



# FSSA Benefits Portal: Best Way to Report Changes



Benefits Portal

Explore Benefits

Get Help

My Healthy Baby

SIGN IN

CREATE ACCOUNT

For important information about your SNAP benefits beginning June 1, 2022, please click here

## Welcome to the FSSA Benefits Portal



Apply Online for SNAP/ Cash Assistance

APPLY NOW




Apply Online for Health Coverage

APPLY NOW

You can also [print an application](#) or [have an application mailed to you](#)



# FSSA Benefits Portal: Best Way to Report Changes



## Manage Your Benefits

- ✓ Continue an incomplete online application
- ✓ Print a summary of a recently completed online application
- ✓ Review benefits you are receiving
- ✓ Print proof of eligibility
- ✓ Print an authorized representative form
- ✓ Report changes
- ✓ View your notices/ correspondence

[SIGN IN TO MY ACCOUNT](#) [CREATE ACCOUNT](#)

Thank you for joining us!

Questions can be directed to  
[AskTheSecretary@fssa.in.gov](mailto:AskTheSecretary@fssa.in.gov)

