

Medicaid Home and Community- Based Services Rate Methodology Projects

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
March 18, 2019



Introductions

- Dr. Jennifer Walthall, FSSA
- Allison Taylor, Office of Medicaid Policy and Planning
- Sarah Renner, Division of Aging
- Kevin Moore, Division of Mental Health and Addiction
- Cathy Robinson, Division of Disability and Rehabilitative Services
- Ben Mori, Milliman

- Submit questions via chat box or email to:
HCBSratemethodology@fssa.in.gov
- Responses will be available on the project website



Medicaid HCBS Programs Included in the Rate Methodology Projects

Medicaid HCBS Programs

- Medicaid HCBS programs provide alternatives to institutional settings for older adults, people who have a physical, intellectual or developmental disability, and individuals who suffer from serious emotional disturbance, mental illness or substance use disorder
- Help people remain in or return to their own homes and other community settings such as apartments, assisted living or adult family care settings
- Are intended to assist individuals to be as independent as possible and live in the least restrictive environment possible while maintaining safety in the home
- Are less costly than institutions
- Require individuals to meet Medicaid guidelines and HCBS program-specific eligibility guidelines

Lead Agency	HCBS Program	Number of Participants	2018 Annual HCBS Expenditures
Division of Aging	Aged & Disabled Waiver	18,826	\$293.3M
	Traumatic Brain Injury Waiver	172	\$4.7M
Division of Mental Health and Addiction	Adult Mental Health Habilitation	25	\$0.7M
	Behavioral and Primary Healthcare Coordination	3,004	\$0.8M
	Child Mental Health Wraparound	789	\$9.5M
Division of Disabilities and Rehabilitative Services	Community Integration and Habilitation Waiver	9,225	\$692.8M
	Family Supports Waiver	18,353	\$158.5M
Total	HCBS Programs	50,394	\$1.16B

Note: Participants and expenditures based on the December 2018 Medicaid Forecast update using data through September 2018.



Division of Aging (DA)

- DA oversees the Aged and Disabled Waiver (A&D) and the Traumatic Brain Injury Waiver (TBI), which:
 - Support independence and community integration for the elderly or individuals with physical disabilities
 - Supplement informal supports for people who would require care in a nursing facility if HCBS or other supports were not available
- DA's project goals:
 - Align methodologies across DA waiver programs and services, where appropriate
 - Coordinate with other Divisions on process, data sources, and stakeholder engagement
 - Improve access to services as needed
 - Evaluate the Level of Service tool and scoring methodology for services with tiered rates



Division of Mental Health and Addiction (DMHA)

- The waiver programs managed by DMHA are designed to optimize access to services that match the consumer needs
- 1915(i) Behavioral and Primary Healthcare Coordination (BPHC)
 - Established to ensure access to Medicaid services via care coordination
- 1915(i) Adult Mental Health and Habilitation (AMHH)
 - Established to provide supportive habilitation services for persons with serious, persistent mental illness
 - Services are designed to support stability and maintenance of current health
- 1915(i) Child Mental Health Wraparound (CMHW)
 - This program is *not* included in the rate methodology study
 - Current efforts underway regarding value based purchasing will continue



Division of Disability and Rehabilitation Services (DDRS)

- DDRS oversees the Community Integration and Habilitation Waiver (CIH) and the Family Supports Waiver (FSW)
 - Both waivers offer flexibility in providing supports necessary to help individuals gain and maintain optimum levels of self-determination and community integration
- DDRS' project goals:
 - DDRS will first focus on its Waiver Redesign Project in partnership with all stakeholders (individuals, families and providers)
 - As the redesign moves forward, DDRS and key stakeholders will engage with the Rate Methodology project in 2020



HCBS Rate Methodology Projects Purpose

Rationale for Updates to HCBS Rate Methodologies

- HCBS programs operate under 1915(c) and 1915(i) federal authorities and must comply with longstanding and new federal requirements to:
 - Ensure that program participants have a choice of appropriate community settings
 - Reflect principles of person-centered planning and community integration
 - Provide more detail about and rigor in developing sound payment rate methodologies
 - Increase oversight and assurances of the health and welfare of program participants
- New federal guidance requires FSSA to update many of Indiana's HCBS provider payment rate methodologies



HCBS Rate Methodology Goals and Objectives

FSSA Aims

To develop HCBS rate methodologies that comply with Centers for Medicare and Medicaid Services (CMS) rules and achieve the following:

1. **Alignment and Transparency** - bring continuity and alignment across the rate methodologies and rates in each program, providing a consistent framework
2. **Sustainability** - facilitate adequate participant access to services, as required by CMS and be sustainable under the FSSA budget and operations
3. **Promotion of Value-Based Purchasing and Person-Centeredness** - striving to align provider and participant incentives to achieve access to person-centered services, encourage appropriate utilization, and drive healthy outcomes for all HCBS program participants



Benefits to Stakeholders

- All stakeholders
 - New rate methodologies will reflect input from all types of stakeholders including providers, advocates, participants and their families, and others
 - Rate methodologies will be developed using a transparent process, so all stakeholders can understand how the rates are calculated
- Participants and their families
 - Improved access to services
 - Better continuity of caregiver relationships
- Provider stakeholders
 - Payment methods will be more consistent across programs, making it easier for a provider to participate in more programs
 - Rates will be based on a sound methodology that providers can understand
 - New methodologies will seek opportunities to reduce administrative burden on providers during the data collection process



HCBS Rate Methodology Projects Approach

Rate Methodology Development Process

- FSSA has engaged Milliman to conduct HCBS rate methodology projects that are expected to culminate in the submission of waiver amendments and possible state plan amendments to CMS for federal approval
- Rate methodology projects will involve the following phases:

- 1. Project and stakeholder engagement planning**
- 2. Rate methodology development to achieve FSSA goals and objectives**
- 3. Rate setting and calculations informed by selected rate methodologies**
- 4. Waiver/state plan amendments and CMS approval process**

Process will include stakeholder engagement throughout



HCBS Rate Methodology Stakeholder Engagement

Stakeholder Process

- Balanced input from the full range of stakeholders is critical to this process
- FSSA wants to hear from a variety of stakeholders, including providers and associations, participants, families, caregivers and advocacy groups, and other key state and federal government stakeholders
- Stakeholder engagement will include multiple modes of communication, such as:
 - In-person meetings
 - Webinars
 - Surveys
 - Bulletins and FAQs
 - Rate methodology projects website and email address
- In addition, per federal requirements, prior to any rate method or rate changes there will be an official 30-day public comment period, followed by 30 days for FSSA to review and respond to public comment. CMS then has a 90 day approval process (which may be extended)



HCBS Rate Methodology Preliminary Project Timelines*

Program	CY 2019												CY 2020											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Division of Aging			Rate Methodology Development				Comment Period and State Approval		CMS Approval															
Division of Mental Health and Addiction							Rate Methodology Development		Comment Period and State Approval		CMS Approval													
Division of Disability and Rehabilitative Services															Rate Methodology Development		Comment Period and State Approval		CMS Approval					

Note: will follow a separate waiver redesign project conducted in CY 2019

← Stakeholder engagement will occur throughout the process →

Projects include rate setting calculations informed by the rate methodology development process

* Final rate methodologies subject to approval from the State Budget Agency and presentation to the State Budget Committee. Preliminary project timelines may be impacted by the CMS and State approval process.



Questions?

Submit them via email to:
HCBSratemethodology@fssa.in.gov

Please see the HCBS rate methodology project website for additional information about this process and opportunities for stakeholders to get involved:

<https://www.in.gov/fssa/ompp/5611.htm>

We will post and maintain a Frequently Asked Questions (FAQ) document on the project website

