To compassionately serve Hoosiers of all ages and connect them with social services, health care and their communities.

WWW.FSSA.IN.GOV
Secretary’s Call
Winter 2020
Topics for today

1. New faces! New teams!
2. Program updates
3. Policy updates
4. 2020 priorities
New Faces! New Teams!
Maria Finnell, MD, MS
Lindsey Lux, MHA, SPHR
Medicaid office transformation

Natalie Angel
Operations
Indiana Health Coverage Programs, Project Management Office, Managed Care /Q&O

Nonis Spinner
Member Services
Eligibility, Government Affairs, HCBS Waiver Liaisons

Lindsey Lux
Chief of Staff
Development and Training, Vendor Management, Business Strategy, Provider Services, Program Integrity

Maria Finnell
Clinical Operations
Pharmacy, Coverage and Benefits, Clinical

Kathy Leonard
Reimbursement
Actuarial Services, Capitation Rate Setting, Reimbursement Strategy
Program updates

1. Humanizing campaign
2. IEDSS
3. NEMT
4. NDI
5. OMW Pre-K
6. SUD workgroups/grants
7. VR Order of Selection update
Humanizing campaign relaunch

• Real Hoosier recovery stories
• Broader messaging relatable to other substance use disorders
• “Know the Facts”
• Through Sept. 2020

Outreach tools available at www.KnowTheFactsIndiana.org
IEDSS implementation

Phase: Wave 2
Regions: 1 & 2
Implementation Date: Feb. 24

Phase: Wave 3
Regions: 6, 7 & 9
Implementation Date: April 27

Phase: Wave 4
Regions: 5 & Marion
Implementation Date: June 29

Phase: Pilot
Regions: 8 & 10
Implementation Date: April 29
## NEMT
### Process Improvement Initiative Work Streams

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider recruitment</td>
<td>To access state resources to conduct a transportation provider recruitment campaign and augment transportation brokers’ efforts</td>
<td>IDOI and DWD instrumental in helping Medicaid support transportation providers’ challenges of rising insurance costs and workforce recruitment issues</td>
</tr>
<tr>
<td>Expansion of Medicaid transportation provider types</td>
<td>To increase the opportunities for non-traditional transportation providers to enroll in Indiana Medicaid</td>
<td>Nursing facilities: implemented, Transportation Network Companies: in process, Broker fleets: in queue</td>
</tr>
</tbody>
</table>
## NEMT

Process Improvement Initiative Work Streams, Cont’d.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEMT rates</td>
<td>To utilize the appropriation for the biennium</td>
<td>Wheelchair transportation rates increased 25% Oct. 1, 2019; 51 additional w/c-capable vehicles</td>
</tr>
<tr>
<td>EMS providers</td>
<td>Identify opportunities for system improvements and provider education</td>
<td>Through claims analysis identified opportunities for improvement, program updates and system updates</td>
</tr>
</tbody>
</table>
# NEMT

Process Improvement Initiative Work Streams, Cont’d.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis solutions</td>
<td>Increase options for dialysis treatment that would reduce dependence upon member transportation</td>
<td>First nursing facility has started providing in-facility dialysis for its residents</td>
</tr>
<tr>
<td>Member engagement and education</td>
<td>To improve utilization management consistently between members and brokers</td>
<td>Member materials developed; state agencies and stakeholders assisting to educate member on how to use the Medicaid benefit</td>
</tr>
</tbody>
</table>
## NEMT By the numbers 2019 Q1-Q4

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Avg. # calls for ride requests/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls</td>
<td>1,301</td>
<td>1,146</td>
<td>1,179</td>
<td>1,150</td>
<td></td>
</tr>
<tr>
<td>Calls</td>
<td>2,781</td>
<td>2,502</td>
<td>2,509</td>
<td>2,452</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>11,670</td>
<td>11,249</td>
<td>11,083</td>
<td>9,399</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>53,321</td>
<td>50,777</td>
<td>45,199</td>
<td>44,454</td>
<td></td>
</tr>
<tr>
<td>Need</td>
<td>85%</td>
<td>88.64%</td>
<td>88.72%</td>
<td>88.37%</td>
<td></td>
</tr>
<tr>
<td>Need</td>
<td>3.14%</td>
<td>3.00%</td>
<td>3.04%</td>
<td>2.65%</td>
<td></td>
</tr>
<tr>
<td>Drivers</td>
<td>1,633</td>
<td>1,651</td>
<td>1,677</td>
<td>1,620</td>
<td></td>
</tr>
<tr>
<td>Drivers</td>
<td>1,539</td>
<td>1,518</td>
<td>1,574</td>
<td>1,572</td>
<td></td>
</tr>
<tr>
<td>Vehicles</td>
<td>168,006</td>
<td>167,150</td>
<td>172,381</td>
<td>181,830</td>
<td></td>
</tr>
<tr>
<td>Vehicles</td>
<td>165,946</td>
<td>165,742</td>
<td>171,844</td>
<td>171,921</td>
<td></td>
</tr>
<tr>
<td>Riders</td>
<td>37.60%</td>
<td>39.37%</td>
<td>35.91%</td>
<td>54.79%</td>
<td></td>
</tr>
<tr>
<td>Riders</td>
<td>25.11%</td>
<td>21.61%</td>
<td>22.52%</td>
<td>18.11%</td>
<td></td>
</tr>
<tr>
<td>Member</td>
<td>74.89%</td>
<td>78.39%</td>
<td>77.48%</td>
<td>81.89%</td>
<td></td>
</tr>
<tr>
<td>Member</td>
<td>93%</td>
<td>93%</td>
<td>93%</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>94.13%</td>
<td>96.07%</td>
<td>95.63%</td>
<td>96.07%</td>
<td></td>
</tr>
</tbody>
</table>

**Avg. # all calls handled/day**

**Avg. # members served/month**

**Avg. # rides/month**

**Need met**

**Non-compliant send-backs**

**Active drivers**

**Active vehicles**

**Claims received**

**Claims paid**

**Ridership - high risk members**

**Provider no-show rate**

**Member no-show rate**

**Positive approval rating**

**Negative approval rating**

**Call center satisfaction rate**
NDI one-year anniversary

• Adult admissions 95, discharges 80
  ▪ ALOS of 165.5 days
• Adolescent and child admissions 50, discharges 24
  ▪ ALOS of 117.6 days
• 10-bed adolescent unit for those with Autism Spectrum Disorders, summer of 2020
  ▪ Total capacity for children and adolescents to 52
• 50 EEGs and approximately 85 MRIs
On My Way Pre-K

On My Way Pre-k applications for the 2020-2021 School year will be open mid March!

The application process has been improved by:
• An updated online application
• Virtual Appointment options
• Document upload through the use of mobile technology
• Increased communication through the use of email and texting
Welcome to Early Ed Connect!

Apply Online for On My Way Pre-K or Child Care Assistance

Need Help? (800) 299-1627 or solutioncenter@earlylearningindiana.org

Create My Account  Sign In

Help
Find Child Care
Find My Eligibility Office
Common Questions

Early Ed Connect, 2019
Substance Use Disorder Updates

• Increased bed capacity by 259 beds since December 2017 resulting in 1059 residential bed
• Drafted Indiana Levels of Care for Addiction Services
• 1758 individuals were engaged by a Peer Recovery Coach in the Emergency Department with 59% connected to treatment
• Increased number of prescribers offering buprenorphine by over 8% allowing additional 3,000 Hoosiers access to treatment
## Substance Use Disorder

Total Number of Medicaid Population with a SUD Services

Analysis Period: January-2018 Thru January-2020

<table>
<thead>
<tr>
<th>Services</th>
<th>Recipient Count</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Assisted Treatment</td>
<td>7,720</td>
<td>$28,674,101</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>834</td>
<td>$13,005</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>42,343</td>
<td>$211,144,026</td>
</tr>
<tr>
<td>Intensive Outpatient Services</td>
<td>1,764</td>
<td>$1,522,170</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>74</td>
<td>$114,338</td>
</tr>
<tr>
<td>Low-Intensity Residential</td>
<td>227</td>
<td>$703,425</td>
</tr>
<tr>
<td>High-Intensity Residential</td>
<td>2,645</td>
<td>$14,778,759</td>
</tr>
<tr>
<td>Inpatient</td>
<td>9,206</td>
<td>$61,036,742</td>
</tr>
<tr>
<td>Peer Supports</td>
<td>1,080</td>
<td>$526,776</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65,893</strong></td>
<td><strong>$318,513,342</strong></td>
</tr>
</tbody>
</table>
Order of selection update

• Implemented Aug. 1, 2017
• Eligible individuals with the most significant disabilities (MSD) are prioritized to receive services
• 80% of eligible individuals are MSD and are being served
• Ongoing assessment of capacity and resources to work toward expanding VR services to more eligible individuals
Order of selection update

February 2020

- VR expanded services by releasing 200 eligible individuals from delayed services status
- Individuals were identified based on earliest application date
- 2700 eligible individuals remain in delayed status

FAQ: [www.in.gov/fssa/files/FAQ%20updated%20January%202020.pdf](http://www.in.gov/fssa/files/FAQ%20updated%20January%202020.pdf)
More information: [www.in.gov/fssa/ddrs/5285.htm](http://www.in.gov/fssa/ddrs/5285.htm)
Updates and initiatives

WIOA combined state plan

- [www.in.gov/gwc/2363](http://www.in.gov/gwc/2363)
- Public comments welcome through March 8

Visionary Opportunities for Increasing Competitive Employment (VOICE)

- VR/DMHA collaboration
- Improving employment services and outcomes for individuals with mental health disabilities
- 300 hours of training and technical assistance through Department of Labor
Hoosier Healthwise rebrand!

Support & Services for Pregnant Women, Babies, Children & Teens
Policy Updates
SMI waiver

- Third in the U.S.
- Effective 1/1/20
- Covers full continuum of services
Drug Felon Legislation

Indiana passed legislation (IC 12-14-30-3), effective Jan. 1, 2020, that allows for SNAP applicants and recipients who have a drug-related felony to be considered for SNAP eligibility.
Background Medicaid Supplemental Payment Programs

• Supplemental payments close the gap between Medicaid and Medicare reimbursement levels
• Supplemental programs are often referred to as Upper Payment Limit (UPL) programs

Current Federal requirements for supplemental programs include:
• Public Funds can be used to pay State share of supplemental payments
• Non-State Government Owned or Operated (NSGO) nursing facilities are able to receive supplemental payments
Medicaid Fiscal Accountability Rule
State Response to CMS

Implementation timeline
• The state requested a minimum of five years be provided to implement the proposed regulations in order to:
  ▪ Minimize member disruption
  ▪ Collaborate with stakeholders on program changes and
  ▪ Obtain needed funding through the biennial budget cycle
• The extended timeline is key to coordinating ongoing State efforts to transform Long Term Supports and Services (LTSS) and to provide Hoosiers with timely access to these services in their homes and communities

Additional comments
• State share of financial participation: Clarification requested on proposed restrictions
• Health care-related taxes: Clarification requested on “undue burden” and “net effect tests” as they would create uncertainty for the state and providers
• Reimbursement differentials: Impact of proposed changes were outlined with support for maintaining those programs
• The full text of the response is at www.regulations.gov/document?D=CMS-2019-0169-3746
Community Health Worker/Community Paramedicine

- July 1, 2018, the Indiana Health Coverage Programs (IHCP) began providing reimbursement for services provided by CHWs
- Services are delivered under the supervision of IHCP-enrolled providers
- Future plan
  - Expanding the umbrella policy for community-based providers
  - Determine reimbursement for additional provider types
  - Get the word out!
Division of Aging update

• The Division of Aging amendments to the A&D and TBI Waivers effective Feb. 1. These amendments include updated reimbursement rates for most of these waiver services and will bring an estimated $63 million additional dollars to providers of the A&D and TBI waiver.

• In Oct. 2019, the Adult Protective Services (APS) program hosted its first learning collaboration about multi-disciplinary teams and vulnerable adult issues.

• The Division of Aging and Office of Medicaid Policy and Planning are moving into Phase 2 of the Long Term Services and Supports reform initiative.
2020 Agency Priorities

1. 2-1-1/Social needs
2. HCBS Waiver DDRS
3. LTSS system implementation
4. MOM grant
5. Mental health network/justice collaboration
6. HIP re-approval
7. HIP Bridge approval/implementation
8. Credentialing reboot
What is HCBS waiver redesign?

- Multi-year process to redesign the Community Integration and Habilitation Waiver and the Family Support Waiver
- Primary goal: Build a support services structure that is a launch pad to a full life as each individual defines it by:
  - Improving waiver structures
  - Modernizing service array
Ways to provide feedback

- Electronic survey
- DDRSwaivernoticecomment@fssa.IN.gov
- BDDS Facebook page
- Building Bridges
- Self-advocate forums

Stay up to date by visiting the BDDS waiver redesign page at www.in.gov/fssa/ddrs/5733
Waiver Re-Design Timeline

Task 1 - Convene Kick-Off
Task 2 - Research: Indiana Context
Task 3 - Research: Innovation
Task 4 - Findings/Outline Approach
Stakeholder Feedback


Task 5 - Final Concept Paper
Stakeholder Feedback
Task 6 - Waiver Development
Stakeholder Feedback
Public Comment


Task 7 - CMS Review Period / Waiver Finalization

Building Bridges

Supporting families and self-advocates through engagement
Governor Eric Holcomb

Next Level

2018 Agenda

Pillar IV

Attack the Drug Epidemic
4 Pillars

- Cooperative Comprehensive Care Coordination
- ECHO
- Technology/SDOH
- Coverage
Choreography

- OB Navigator
- SUD grant
- ISDH
- DMHA
- MCE
Questions
Daniel.Rusyniak
@FSSA.IN.gov
LTSS system integration discussion

Future State – Aging in Community
Goal: Members transition to services in 48 hours.

Presumptive Eligibility

Awareness/education
Hospital scenario
CHOICE
Coordinated Process/AAA
Pharmacy issues

Nursing facilities
Assisted living
Spending caps, level of care requirements
Eligibility post placement/AAA
Options counseling
Options counseling

Home with services (home health/adult day/respite)
LTSS system reform, Phase 1 overview

Beginning in July 2019 though December 2019, FSSA convened stakeholders to examine Indiana’s Long Term Services and Supports (LTSS) system for the purpose of recommending reforms that promote equity of access.

Themes discussed by workgroups:
  • Awareness, education, communication and data
  • Capacity building
  • Eligibility and prevention
  • Options counseling, care planning and coordination of key entities
  • Payment

Workgroup recommendations:
  • Develop a rapid eligibility process (48 hours)
  • Utilize hospital-embedded staff
  • Leverage existing resources and partnerships
  • Review and update statute/rule
  • Reconsider who may also conduct eligibility
  • Support caregivers
  • Initiate preventive efforts
  • Improve data systems and sharing
LTSS system reform, Phase 2 update

Phase 2 of the LTSS system redesign will occur over the next five years and focus on operationalizing the following goals:

1. Build a LTSS HCBS environment where clients may become eligible for and receive stabilizing services within 48 hours.
2. Design a LTSS HCBS environment that improves the quality of life for caregivers and their loved ones.
3. Support a LTSS HCBS environment that increases the availability of safe, affordable, and accessible housing to a range of vulnerable populations.
4. Enhance the LTSS HCBS environment by improving healthcare integration through 1) workforce capacity, 2) health information exchange and interoperability and 3) care coordination to deliver integrated care.

Key reform considerations include person-centeredness, quality, capacity, sustainability, stakeholder input, and most appropriate and least restrictive setting.
Thank you!

Send questions to: 
AskTheSecretary@fssa.in.gov