

RFI Co-Design Stakeholder Meeting

March 8, 2021, 1:30 p.m., virtual meeting

Agenda & Notes:

- 1) Meeting kick-off
 - a) Dr. Sullivan & Dr. Rusyniak reviewed the goals (quality, choice, and sustainability/cost) and four key results for the LTSS work
 - b) Meeting purpose today is to discuss the Request for Information (RFI)
- 2) RFI Co-Design Stakeholder Presentation - FSSA(See presentation slides)
 - a) Request for Information (RFI) Development
 - b) Stakeholder Engagement Efforts
- 3) Comments and Q&A
 - a) IHCA: [Comment on presentation slide 10 referencing a sample RFI question about managed care experience]. The stakeholder question detail is important to maintain without diluting it down.
 - b) CarDon: We asked for an opportunity to present a provider-led management system. You have already chosen it will be Anthem, etc.? Skipping any consideration of the alternatives? Just going down the failed system of other states?
 - i) FSSA: You may be referencing our meeting with the IHCA board to look back through the foundational requirements to move LTSS into a managed system. As we have looked at the goals, we have identified it is important our solution is statewide. The 25 states that have mLTSS may vary in that approach. Our focus groups will dive further into the details of a managed LTSS program.
 - ii) CarDon: It is hard to provide substantive feedback in a large group, but I feel from the beginning the State has had a plan and is moving forward and checking a box to hear about concerns for a plan that has left a station. Your interest is in how we [providers] will work with them [Managed Care Entities (MCE)] not in whether we will have managed care.
 - iii) FSSA: With our stakeholders in 2019, we collected feedback in 2019 and determined a list of goals and reforms. Over the past year, as our team has looked at the 2019 goals and recommendations, we believe that the key results outlined at the beginning of this presentation - including mLTSS - are the best path forward. Now we're in part 3, which is how to make the process work inclusive of stakeholder voices.
 - iv) CarDon: So the "should we do it" has been decided, "who will do it" has been decided, and what we're discussing is how we [providers] are going to work with the MCEs. But I feel the most important question is discussing whether we should do this at all. The train has left the station but I'm laying in the middle of the tracks. I feel we're being told what's being done. There are only 2-3 MCEs that can do this kind of work.
 - v) FSSA: We certainly do not want anyone laying on the train tracks and apologize if you are feeling that way. We want to make clear that the "who" has not been determined --that comes from the RFI and procurement process. There are also many other decisions to be made about the components and structure of this program where we need stakeholders to provide input.

- c) IHCA: The 2019 workgroups never recommended mLTSS and now the only model proposed is risk-based managed care. We are interested in knowing why mLTSS is the choice if the goals and key results presented can be achieved in another way. If this is a Duals integrated-statewide program, which is not something workgroups recommended, the only vehicle for that is the Financial Alignment Initiative (FAI).
 - i) FSSA: If we take a look at the stakeholder engagement opportunities, we will continue to have discussions about ways to get our version of mLTSS and at this point, FAI is not necessarily the only option. There is so much still to be done to discuss how to put families and caregivers first. The Medicaid team is excited to discuss the various opportunities and challenges from the current system to build a program to put members first. We encourage stakeholders to keep coming back to the table. This is a two-way street to design.
 - a) IHCA: The State gives up a lot of control to MCE in managed care and we would like to talk about how to streamline enrollment now and provide access to HCBS now. The frustration is around the method of delivery already being made.
 - ii) FSSA: There are many more decisions to come about details of the delivery method so we appreciate the feedback.
 - b) IAAAA: What are the plans to use the caregivers [engagement] to inform things like the Older Americans Act (OAA) state plan? OAA caregiver funding? Other non-managed care programs?
 - iii) FSSA: We are working with our partners on the OAA and are happy to provide more information. [The State Plan on Aging, while a requirement of the Older Americans Act, is intended to reflect Indiana's overall efforts on behalf of the older population. Our next State Plan on Aging will cover FFY 2023-2026 and we will be working on it over the next year. LTSS Reform will be a part of the Plan, but the Plan will be broader. We expect that the stakeholder engagement efforts will provide information that will help to inform the creation of the Plan, enabling us to use data to determine service gaps and priority areas that may be addressed through any of our programs or other community initiatives.]
 - c) ARC: I too have strong concerns about some of the current MCOs and specifically their quality of care for people with I/DD –though I know not the primary issue at this time.
 - iv) FSSA: We appreciate your participation and voice. As you mentioned, I/DD is not part of the population at this time but we do appreciate lifting up your comment.
 - d) IAAAA: Have all the small stakeholder groups been scheduled at this point?
 - v) FSSA: No, they have not. There will be more to come. We are working on a month or 2 in advance to give everyone visibility into upcoming opportunities.
- 4) Secretary Sullivan Closing Comments
- i) Please join us on Friday for the Lunch and Learn at 12pm.

Stakeholder Attendees:

Amber O’Haver, Indiana Statewide Independent Living Council (INSILC)
Ambre Marr, AARP Indiana
Beth Skinner, CICOA Aging & In-Home Solutions
Carl Ellison, Indiana Minority Health Coalition (IMHC)
Cara Veale, Indiana Rural Health Association (IRHA)
Ellen Burton, UIndy Center for Aging & Community
Elizabeth Eichhorn, Indiana Health Care Association (IHCA)
Eric Essley, Leading Age Indiana
Evan Reinhardt, Indiana Association for Home and Hospice Care (IAHHC)
Jim Leich, CHOICE Board
John Barth, Indiana Association of Rehabilitation Facilities (INARF)
Kathleen Unroe, IU Center for Aging Research
Kelli Tungate, Caregiver Homes
Kent Rodgers, CarDon Associates (Senior Living)
Kim Dodson, Arc of Indiana
Kristen LaEace, Indiana Association of Area Agencies on Aging (IAAAA)
Mark Lindenlaub, Thrive Alliance
Maria Page, National Academy of Elder Law Attorneys (NAELA)
Maureen Widner, Aging and In-home Services (AIHS)
Megan Smith, Indiana Association of Adult Day Services
Michelle Stein-Ordonez, Indiana Association for Home and Hospice Care (IAHHC)
Robert Thomas, Hoosier Owners & Providers for the Elderly (HOPE)
Sarah Waddle, AARP Indiana
Sherri Hampton, American Senior Communities
Tauhric Brown, CICOA Aging & In-Home Solutions
Terry Cole, Indiana Hospital Association
Zach Cattell, Indiana Health Care Association (IHCA)/ Indiana Center for Assisted Living (INCAL)

State Attendees:

Allison Taylor, Amy Rapp, Andrew Bean, Brenda Buroker, Cathleen Nine-Altevogt, Darcy Tower, Elizabeth Peyton, Erica Ng, Erin Wright, Gena Lewis, Gus Habig, Hamilton Smith, Jennifer Sullivan, Jim Gavin, Jesse Wyatt, Kim Opsahl, Leslie Huckleberry, Maggie Novak, Michael Gargano, Michael Kaufmann, Natalie Angel, Reiko Osaki, Sarah Renner, Shannon Effler, Steven Counsell, and Tim McFarlane.