

# RFI Co-Design Stakeholder Meeting

Indiana Family and Social Services Administration: LTSS Stakeholder Engagement

## Date

Monday, March 29, 2021 1:15 p.m., virtual meeting

## Presenters

- Natalie Angel, FSSA, Director of Operations for the Office of Medicaid Policy and Planning,
- Jesse Wyatt, FSSA, Deputy Director of the Division of Aging
- Allison Taylor, FSSA, Director of the Office of Medicaid Policy and Planning

## Learning Topics

- Proposed mLTSS Program Population
- Eligibility and Level of Care
- Case Management
- Credentialing

## Agenda

- Proposed mLTSS Program Population Presentation by Natalie Angel
- Focus Groups Recap by Jesse Wyatt and Allison Taylor
- Questions and Discussion

*The presentation slides will be shared along with the minutes.*

## Summary of important facts from the presentation

### Proposed mLTSS Program Population

- Please see the coresponding PowerPoint for more details
- The recommended population for the proposed mLTSS program includes dual eligibles and individuals in the Aging and Disabled Waiver over the age of 60.
- Individuals under the age of 60, those receiving services for Intellectual Disabilities, and those enrolled in the PACE program are recommended to be excluded.
- FSSA welcomes comments on the recommendations at any time. Comments can be submitted to [Backhome.indiana@fssa.in.gov](mailto:Backhome.indiana@fssa.in.gov)

## Eligibility and Level of Care Focus Group Recap

A stakeholder focus group met (3/9/21) for the State to hear stakeholders' thoughts, concerns, and recommendations related eligibility and level of care processes for LTSS. The discussion included a focus on how this process may be improved both with an mLTSS program or before the proposed program is implemented. Stakeholders highlighted that the expedited eligibility pilot has begun to improve intake speed. FSSA will host a to-be-scheduled, second discussion on this topic in the near future.

## Case Management Focus Group Recap

A stakeholder focus group convened (3/11/21) for the State to hear stakeholders' thoughts about current case management and their ideas for case management in an mLTSS program. Stakeholders emphasized the importance of manageable case loads and person-centeredness. The group also weighed considerations regarding an interdisciplinary team-based approach to case management. Additionally, stakeholders suggested implementing a unified IT system and modifying the educational and experiential requirements of care managers while offering a robust training program.

## Provider Credentialing Focus Group Recap

A stakeholder group inclusive of representatives across the spectrum of LTSS, convened (3/22/21) to consider the implications of a provider credentialing process in mLTSS and the complexity of the current system. FSSA first gave an overview of IHCP enrollment and managed care credentialing. Managed Care Entities follow a credentialing process to verify qualifications of individual practitioners and/or organizations to ensure a quality provider network. FSSA shared updates regarding an improvement project currently underway in current programs to evaluate the existing credentialing process. The State is actively reviewing and auditing current credentialing practices among the managed care plans in Indiana and talking to provider groups to understand their experience. The focus group discussed themes such as what credentialing might look like for HCBS providers, streamlining processes, and the importance of training.

## Questions/Answers

### mLTSS Target Population Presentation

**Arc of Indiana:** Arc of Indiana appreciated the preliminary call from Dr. Sullivan about how the intellectual disability (IDD) population may be included in the proposed mLTSS program. Stakeholders focused on the ID population and services are concerned and interested about the impact of this population but, the IDD population affected by the proposed program is small. This reform effort presents an opportunity to learn about how managed LTSS may impact a greater IDD population. In other words, this is a good place to start and to pilot how mLTSS may impact the greater IDD population in the future.

**Indiana Association of Area Agencies on Aging:** Can the State elaborate on the exclusion of persons with physical disabilities under the age of 60?

**FSSA:** We intend to focus on the older population and those most at risk for nursing facility placement in this program.

**PACE:** The enrollment in the Indiana PACE program continues to experience a lag. How would enrollment in PACE be affected if individuals interested in PACE transition from the mLTSS?

**FSSA:** PACE transitions have not yet been evaluated but FSSA is committed to the continued operations and growth of the PACE program; Good coordination between the programs is essential.

**Hoosier Owners and Providers for the Elderly (HOPE):** Would it be appropriate to exclude pediatric skilled nursing facilities?

**FSSA:** We intend to exclude the pediatric population.

**Thrive Alliance:** [Referring to the presentation slides] Please clarify the two maps that demonstrate the concentration of the target population by county.

**FSSA:** The second map reflects how spread out the target population was throughout the state.

**Indiana Association of Home and Hospice Care:** Will the Minority Health Coalition and the ISDH Office of Minority Health be continuously engaged as part of this project and as minority health experts?

**FSSA:** Dr. Sullivan confirmed that the Indiana Minority Health Coalition & minority health experts will continue to be involved. They will present at an additional Lunch and Learn. Dr. Breanca Merritt, the Chief Health Equity and ADA Officer at FSSA will be directly engaged with this work. See the link [here](#) for more information about Dr. Merritt and her position at FSSA. Regarding special populations potentially framed by race and ethnicity, early and frequent engagement is essential throughout the design, implementation, and rollout of the proposed mLTSS program.

**Thrive Alliance:** May we request the FSSA slides to share with our leadership team to see if they have other insights?

**FSSA:** The slides will be emailed along with the minutes.

## Eligibility and Level of Care, Case Management, and Credentialing Focus Groups Recap

**Indiana Association of Area Agencies on Aging:** Did the focus groups discuss provider enrollment/credentialing for those that are not typically involved in healthcare such as with atypical HCBS providers including those that perform home and vehicle modifications? What are insurance considerations for these providers? Some entities that could otherwise be HCBS providers decide against it to avoid the challenges with working with Medicaid. Further credentialing may only exacerbate this challenge.

**FSSA:** Agreed, the credentialing and coordination with health plans for these kinds of services and providers need further discussion.

**IAADS:** Adult day services have a difficult time credentialing with insurance plans, attributed in part to a lack of licensure. How would adult day services engage in the credentialing process and how might this increase complexity?

**FSSA:** The Division of Aging has seen much lower rates of adult day service utilization than near-by states; support for this provider type is important to us.

**IHCA:** Provider insurance is not the only consideration with regard to licensure and credentialing. Long-term care insurances and other payors will often not pay without a license. Provider Medicaid enrollment and credentialing should be the same process to avoid duplication.

**FSSA:** We affirm the continued value of the credentialing discussion with a focus on alignment and the ease of navigation through the process.

## General Discussion and Questions:

**Thrive Alliance:** Does the State have projection on the timeframe for rolling out the expedited eligibility pilot to other areas of Indiana?

**FSSA:** Close to 1000 individuals have been approved through this process. The program is gradually expanding and a 15<sup>th</sup> provider had recently been added. The staggered rollout supports

capacity for program expansion and provides continuous opportunities to evaluate and implement improvements in the process.

**CICOA Aging & In-Home Solutions:** How will consumers will be notified about enrollment in the mLTSS program? We have experience from other states in contacting families and would be happy to provide support in thinking through such a process.

**FSSA:** This is a critical consideration for the program's implementation. If anyone could speak to past enrollment-related initiatives, we welcome those perspectives. Consumer notification and communication will be built on lessons learned and passed successes of other enrollment processes and will include a lead time of at least six months for affected consumers. The FSSA communications team has been engaged to support the process from day one and they will look for support and design ideas from consumer advocates and members themselves.

**Indiana Health Care Association:** Certain types of automatic enrollment including passive enrollment for consumers has presented challenges, for example passive Medicare Advantage enrollment in other states. A particular challenge is that this type of enrollment may undermine the business leverage providers may have with the MCEs for negotiation and may also lead to limited choice for participants.

**FSSA:** Thank you for the comment. FSSA does not want to create a program that creates a power hierarchy.

**Indiana Association for Home and Hospice Care:** We recommend an overarching phased approach for consideration.

## Follow-up

Attendees will receive a copy of the target population presentation. Comments welcomed on the mLTSS population recommendation as well as the focus group topics; please send to [backhome.indiana@fssa.in.gov](mailto:backhome.indiana@fssa.in.gov)

Discussions will continue regarding provider credentialing

## Stakeholder Attendees

- Amber O'Haver, INSILC
- Ambre Marr, AARP Indiana
- Ben Harvey, Indiana Primary Health Care Association
- Beth Skinner, CICOA Aging & In-Home Solutions
- Cara Veale, Indiana Rural Health Association
- Dan Kenyon, Indiana Assisted Living Association (INALA)
- Eric Essley, LeadingAge Indiana
- Evan Reinhardt, Indiana Association for Home and Hospice Care (IAHHC)
- John Barth, INARF
- Katie Ehlman, University of Southern Indiana; representing JoAnn Burke, Indiana Commission on Aging
- Kelli Tungate, Caregiver Homes
- Kim Dodson, The Arc of Indiana

- Kristen LaEace, Indiana Association of Area Agencies on Aging
- Mark Lindenlaub, Thrive Alliance
- Megan Smith, IAADS
- Michael Kaufmann, IDHS
- Michelle Stein-Ordonez, Indiana Association for Home and Hospice Care
- Peggy Homeier, Franciscan Senior Health and Wellness (PACE)
- Robert Thomas, Hoosier Owners and Providers for the Elderly (HOPE)
- Sherri Hampton, American Senior Communities (ASC)
- Tauhric Brown, CICOA Aging & In-Home Solutions
- Terry Cole, Indiana Hospital Association
- Terry Miller, Hoosier Owners and Providers for the Elderly (HOPE)
- Zach Cattell, Indiana Health Care Association (IHCA)

## FSSA Attendees

Allison Taylor, Andrew Bean, Cathleen Nine-Altevogt, Dan Rusyniak, Darcy Tower, Elizabeth Peyton, Erica Ng, Erin Wright, Gena Lewis, Hamilton Smith, Jen Sullivan, Jesse Wyatt, Kathleen Leonard, Kevin Hancock, Kim Opsahl, Lindsey Lux Kleman, Maggie Novak, Michael Gargano, Natalie Angel, Sarah Renner, Shannon Effler, Steve Counsell, and Timothy McFarlane