

# Managed Long-Term Services and Supports Stakeholder Update

March 24, 2022

# Agenda

- Welcome
- MLTSS Reform Overview
- Timeline
- Procurement, Readiness, Implementation
- Other Engagement Opportunities
- Next Steps

# LTSS Reform Overview

We are reforming our Long-Term Services and Supports program to align with our values of Participant **Choice**, **Quality**, and **Sustainability**.

## Our objective

- 1) 75% of new LTSS members will live and receive services in a home and community-based setting
- 2) 50% of LTSS spend will be on home- and community-based services

1. Ensure Hoosiers have access to home- and community-based services within 72 hours
2. Move LTSS into a managed model
3. Link provider payments to member outcomes (value-based purchasing)
4. Create an integrated LTSS data system linking individuals, providers, facilities, and the state
5. Recruit, retain, and train of direct support workforce

## MLTSS Quality Framework Goals:

- Person-Centered Services and Supports
- Ensuring Smooth Transitions
- Access to Services (Participant Choice)

# High-Level Managed LTSS Timeline

Implementation Phase	General Timeline	Key Highlights/Deadlines
Design	Jan '21 - May '22	<ul style="list-style-type: none"> <li>•RFI Codesign Workgroup</li> <li>•RFI Released (July '21)</li> <li>•RFI Codesign 2.0 &amp; 3.0 Workgroups</li> </ul>
Competitive MLTSS Procurement  Preparation for MCE Onboarding	May '22 - Q1 '23	<ul style="list-style-type: none"> <li>•RFP Release (May '22)</li> <li>•Readiness Review Project Preplanning &amp; Project Initiation (Q3 - Q4 '22)</li> <li>•RFI Codesign Workgroup 4.0</li> <li>•MLTSS RFP Awards (Q1 '23)</li> </ul>
MCE Readiness Review & Onboarding	Q1 '23 - Q1 '24	<ul style="list-style-type: none"> <li>•MCE IT System Testing (Q2 - Q3 '23)</li> <li>•Member &amp; Provider Transition and Communication (Q1 '23 - Q4 '23)</li> <li>•CMS Waiver Submission (Q2 '23)</li> <li>•Continued stakeholder engagement</li> </ul>
Robust Implementation Monitoring	Q1 '24	<ul style="list-style-type: none"> <li>•MLTSS Go-Live (Q1 '24)</li> <li>•Continued stakeholder engagement</li> </ul>

Stakeholder engagement will be ongoing throughout all phases of the timeline.

# **MLTSS Procurement, Readiness, and Implementation**

# MLTSS Procurement

- A Request for Proposal includes:
  - A scope of work and contract exhibits which outline the duties of the Managed Care Entities
  - Supporting materials for the bidders (potential MCEs) to reference
  - Draft MCE capitation rates and/or information on how capitation will be calculated
  - Questions the bidders must respond to in their bid

# MLTSS Procurement

- Request for Proposal Creation:
  - Scope of Work and other RFP document drafting was led by a State team, using feedback from stakeholders, model language from other states, and national expertise on specific sections
  - The SoW and other contract exhibits do not require CMS approval until after the RFP is complete and contracts are signed. However, the Centers for Medicare and Medicaid Services mandates an extensive list of requirements and references are included in each Managed Care contract

# MLTSS Procurement

- Procurement
  - A structured competitive process governed by the Indiana Department of Administration that requires confidentiality
  - Allows State agencies to assess and select the best respondents to meet the needs of the State
- Process includes
  - An initial question and answer period for bidders to ask clarifying questions about the requirements
  - A period of time for MCEs to prepare their responses to the Scope of Work requirements
  - Evaluation period for FSSA to review and score the responses
  - Preference scoring (e.g., minority and women owned subcontractor participation) and award recommendation by IDOA
  - Award announcement and bidder protest period



## Preparation, Readiness, and Implementation: Key Activities

- Concurrently with RFP release and review
  - Create readiness processes and materials
  - Create trainings for onboarding MCEs
  - IT Systems preparation
  - Policy and procedure updates
  - Preparation of documentation for CMS
- In 2023
  - MCE onboarding
  - Readiness review
  - Implementation
  - Member and provider communication

# Readiness Review

What is readiness review?

- A systematic large-scale review of an MCEs staffing, policies, processes, documents, subcontracts, system capabilities, and provider network to ensure the health plan is prepared in advance of the new contract go live
- It safeguards that the selected MCE is ready to accept enrollment, provide the necessary continuity of care, ensure access to the necessary spectrum of providers, and fully meet the diverse needs of the population
- Readiness reviews includes both desk review of MCE documentation as well as onsite demonstrations of MCE capabilities

# Readiness Review

- OMPP has conducted readiness reviews and utilized the standard compliance verification format for the last three contract implementations, with enhancements continuing to be made with every iteration of reviews
- MCEs typically are required to prepare thousands of documents, policies, procedures, provider files, and contracts to show compliance and readiness
- At least two FSSA subject matter experts review every document and a team of FSSA subject matter experts score demonstrations
- Additional demonstrations are requested until readiness can be verified. If readiness cannot be verified, the MCE will not go live.

# MCE Onboarding

In addition to readiness review, there is also an extensive onboarding process

- Establish IT system connectivity and test exchange for more than 50 separate file transfers between each MCE and the State
- Estimate 30 hours of technical meetings and trainings per MCE
- Anticipate each MCE will have at least 20 initial orientation meetings with OMPP and other FSSA divisions
- Weekly project meeting on operational implementation with each MCE

# Healthy Indiana Plan 2.0 Implementation

FSSA draws upon past experiences like HIP 2.0 and HCC to inform best practices on the implementation of MLTSS

## Implementation

- Timeframe: 2016-2017. New contracts effective January 1, 2017
- 3 incumbent MCEs and 1 brand new MCE

## Rollout effort included

- Full readiness review to ensure the health plans were prepared in advance of the new contract go live
- Implementation and onboarding of brand-new MCE for HIP, who was also new to Indiana Medicaid
- New POWER account and copay expectations implemented

# Hoosier Care Connect Implementation

## Implementation

- Timeframe: August 2020 through April 2021. Contracts effective April 1, 2021
- 2 incumbent MCEs and 1 brand new MCE

## Rollout effort included

- Full readiness review to ensure the health plans were prepared in advance of the new contract go live
- Implementation and onboarding of brand-new MCE for the HCC program, who was also new to Indiana Medicaid
- Revisions of MCE network adequacy requirements
- Revisions to utilization management expectations

## How to Read the Scope of Work Excerpts

- Upcoming meetings will review excerpts from the MLTSS SoW
- SoW excerpts will be emailed to the workgroup and posted to the LTSS website for public access 2 business days ahead of meeting
- We will share excerpts chronologically as much as possible, to match the order found in the SoW

# How to Read the Scope of Work Excerpts

## Managed Care Entity SoW

- Is reflective of requirements placed on the MCE
- Does not describe:
  - Requirements for providers and other MLTSS partners
  - Eligibility and intake work or other supports provided outside of the MCE
  - Workforce efforts being led by the State
- Contains placeholders for the future program name (“[MLTSS program name]”)
- We will discuss SoW excerpts during our scheduled meetings



# Other Engagement Opportunities

MLTSS RFI Codesign Workgroup 4.0: Expect to schedule another series of meeting post-RFP release to help inform implementation planning. Will blend high-level updates with in-depth sessions on specific topics of interest

## For Providers

- April 19 - ADvancing States will host a webinar “Why mLTSS/Managed Care 101”
- Summer 2022 - ADvancing States will host provider training webinars on business acumen with a second round in fall/winter 2022. The topics are as follows:
  - May: Managed Care Contracts
  - June: Managed Care Claims Payment
  - August: Managed Care Values Based Payment
- Monthly "office hours" where providers collectively will be able to meet over Zoom and ask questions.
- ADvancing States may meet with individual providers upon request or as needed
- Additionally, OMPP reimbursement will continue to engage on finance specific topics such as provider rates and the UPL

For Consumers: Consumer engagement (“community conversations”) sessions will restart in the Fall 2022

# Workgroup Next Steps

- Next stakeholder sessions:
  - March 30, 2022, at 9:30 a.m.
  - April 7, 2022, at 11:00 a.m.
  - April 14, 2022, at 9:30 a.m.
  - April 19, 2022, at 12 p.m.
  - April 27, 2022, at 12 p.m.