

Managed Long-Term Services and Supports (MLTSS) Stakeholder Update

April 14, 2022

Agenda

- Welcome
- MLTSS Reform Overview
- Timeline
- Scope of Work Excerpts
- Next Steps

LTSS Reform Overview

We are reforming our Long-Term Services and Supports (LTSS) 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"> •RFI Codesign Workgroup •RFI Released (July '21) •RFI Codesign 2.0 & 3.0 Workgroups
Competitive MLTSS Procurement Preparation for MCE Onboarding	May '22 - Q1 '23	<ul style="list-style-type: none"> •RFP Release (May '22) •Readiness Review Project Preplanning & Project Initiation (Q3 - Q4 '22) •RFI Codesign Workgroup 4.0 •MLTSS RFP Awards (Q1 '23)
MCE Readiness Review & Onboarding	Q1 '23 - Q1 '24	<ul style="list-style-type: none"> •MCE IT System Testing (Q2 - Q3 '23) •Member & Provider Transition and Communication (Q1 '23 - Q4 '23) •CMS Waiver Submission (Q2 '23) •Continued stakeholder engagement
Robust Implementation Monitoring	Q1 '24	<ul style="list-style-type: none"> •MLTSS Go-Live (Q1 '24) •Continued stakeholder engagement

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

MLTSS Scope of Work Excerpts

- Distributed for the purpose of sharing how stakeholder feedback has been incorporated
- Excerpts are available here in near-final draft form
- The State's process has been focused on internal development of detailed scope content based on the topical feedback we have received from stakeholders
- The State is focused on ensuring materials are kept free from the influence of potential bidders
- “State” means the Family and Social Services Administration and “Contractor” with a capital “C” means the managed care entity

Member Information, Education, Outreach, and Materials (Sections 5.1, 5.4, 5.7)

Stakeholder Feedback

- Consumer-facing materials should be easily understandable and be culturally and linguistically appropriate
- Ensure inclusiveness and accessibility for all beneficiaries by fully complying with the Americans with Disabilities Act (ADA) at all levels, functions and operations within the MLTSS program
- Send multiple written notices about the program to consumers before they become participants as part of member education

Addressed in the SoW

- Any member or marketing material shall be presented and conducted in an easily understood manner and format, at a fifth-grade reading level or lower
- Marketing and member materials shall be available in the member's preferred language and/or format then the MCE shall deliver future materials in that manner
- Language has been incorporated throughout the scope of work on inclusivity and access for members with disabilities. Noted sections with emphasis on ADA include Member Advocate/Non-Discrimination Coordinator and accessibility of member information.

Member Information, Education, Outreach, and Materials (Sections 5.1, 5.4, 5.7) Continued

Stakeholder Feedback

- Consumer-facing materials should be easily understandable and be culturally and linguistically appropriate
- Ensure inclusiveness and accessibility for all beneficiaries by fully complying with the Americans with Disabilities Act (ADA) at all levels, functions and operations within the MLTSS program
- Send multiple written notices about the program to consumers before they become participants as part of member education

Addressed in the SoW

- Marketing materials shall be designed to reach a broad distribution of potential members across age and gender categories, and in a geographically balanced manner, paying special attention to rural areas
- The Contractor is required to provide materials including member handbooks, provider directories, quarterly member newsletters and identification cards
- Within 5 days of a new member's full enrollment with a Contractor, the Contractor must send a welcome letter and member handbook with relevant and detailed information

Member Enrollment, Contractor Selection, and Contractor Communications (Sections 5.2, 5.3)

Stakeholder Feedback

- Encourage MCE outreach and education to incorporate community advocates, community health workers, support agencies, health departments, other governmental agencies and public health associations
- Use multi-modal means of communication with members

Addressed in the SoW

- The Contractor will be responsible for developing and maintaining member education programs designed to provide members with clear, concise and accurate information about the Contractor's program, the Contractor's network and the MLTSS program. This should be delivered in a multimedia format that does not exclusively consist of telephonic and written correspondence outreach.
- The Contractor is expected to incorporate community advocates, community-based organizations, community health workers, support agencies, health departments, other governmental agencies and public health associations in its outreach and member education programs

Member Services Helpline and 24-Hour Nurse Line (Section 5.3.1)

Stakeholder Feedback

- Stakeholders have emphasized the importance of MCE staff being available to members and multiple and accessible modes of communication

Addressed in the SoW

- Member services helpline staffed with local, trained personnel knowledgeable about the program who are equipped to handle a variety of member inquiries, including the ability to address member questions, concerns, complaints and requests for PMP changes.
- Members and individuals they authorize to speak on their behalf (e.g. a family member, informal caregiver, supported decision maker(s), legal guardian, or other designated representative) can call their health plan at one number.

Member Services Helpline and 24-Hour Nurse Line (Section 5.3.1) Continued

Stakeholder Feedback

- Stakeholders have emphasized the importance of MCE staff being available to members and multiple and accessible modes of communication

Addressed in the SoW

- The MCE must have a “Live voice” call center at a minimum, a twelve (12)-hour business day, from 8 a.m. to 8 p.m. Eastern, Monday through Friday
- Shall offer language translation services and Telecommunications Device for the Deaf (TDD) services for members who have impaired hearing
- 24-Hour Nurse helpline is available for medical advice

Member and Stakeholder Education and Engagement (Section 5.5)

Stakeholder Feedback

- Require MCE advisory committees for members and facilitate them in a way members can safely shared feedback and be heard
- Require MCEs gather and incorporate informal caregiver feedback and feedback from the Indiana disability community as part of participant advisory committees

Addressed in the SoW

- MCEs will be required to convene local and regional member and caregiver advocacy committees quarterly as part of member education and engagement
- Every effort shall be made to include a cross representation of members, families/representatives, and advocacy groups that reflect the population and community served
- The purpose of the committees is to provide member, informal caregiver, and advocate input into program development and feedback on the member experience

Member and Stakeholder Education and Engagement (Section 5.5) Continued

Stakeholder Feedback

- Require MCE advisory committees for members and facilitate them in a way members can safely share feedback and be heard
- Require MCEs gather and incorporate informal caregiver feedback and feedback from the Indiana disability community as part of participant advisory committees

Addressed in the SoW

- The committee shall review member materials, including the member handbook and website, and review the Contractor's Health Equity and Cultural Competency plan
- The committee shall review trends and summaries of member grievances and appeals
- Requirements for MCE to make the meetings accessible including hosting meetings in various regions, varying the meeting format, giving advance notice to participants, and providing language interpretation

Member Rights (Section 5.11)

Stakeholder Feedback

- Stakeholders have expressed interests in learning about safeguards that protect members and how member rights will be reinforced.

Addressed in the SoW

- Member rights are detailed in the scope of work.
- The Contractor shall guarantee and have written policies that protect members rights.
- The Contractor shall have a plan in place to ensure that its staff and network providers take member rights into account when furnishing services to the Contractor's members.
- Members shall be free to exercise protected member rights, and the Contractor shall not discriminate against a member that chooses to exercise his or her rights.

Member Provider Communications (Section 5.10)

Stakeholder Feedback

- Stakeholders have expressed interests in learning about safeguards that protect members and how member rights will be reinforced.

Addressed in the SoW

- The Contractor must not prohibit or otherwise restrict a healthcare professional, acting within his or her lawful scope of practice, from advising or advocating on behalf of a member who is his or her patient regarding the following:
 - The member's health status, medical care, treatment options, or social supports;
 - Any information the member needs in order to decide among all relevant treatment and service options;
 - The risks, benefits, and consequences of treatment or non-treatment; and
 - The member's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions

Member Inquiries, Grievances, Appeals Process, and Ombudsman (Section 5.14, 5.14.3, 5.14.8, 5.14.9) Definitions

Grievance and Appeal System - The processes the Contractor implements to handle appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them. [42 CFR 438.400(b)]

Inquiry – a concern, issue or question that is expressed orally by a member that will be resolved by the close of the next business day.

Grievance – A complaint or an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by the MCO, PIHP or PAHP to make an authorization decision. See 42 C.F.R. §438.400(b).

Appeal - A review by an MCE of an adverse benefit determination.

Member Inquiries, Grievances, Appeals Process, and Ombudsman (Section 5.14, 5.14.3, 5.14.8, 5.14.9) Definitions

Adverse Benefit Determination - As defined in 42 CFR 438.400(b)

- (1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- (2) The reduction, suspension, or termination of a previously authorized service.
- (3) The denial, in whole or in part, of payment for a service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a “clean claim” at [§ 447.45\(b\) of this chapter](#) is not an adverse benefit determination.
- (4) The failure to provide services in a timely manner, as defined by the State
- (5) The failure of an MCO, PIHP, or PAHP to act within the timeframes provided in [§ 438.408\(b\)\(1\)](#) and [\(2\)](#) regarding the standard resolution of grievances and appeals.
- (6) For a resident of a rural area with only one MCO, the denial of an enrollee's request to exercise his or her right, under [§ 438.52\(b\)\(2\)\(ii\)](#), to obtain services outside the network.
- (7) The denial of an enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

Member Inquiries, Grievances, Appeals Process, and Ombudsman (Section 5.14, 5.14.3, 5.14.8, 5.14.9)

Stakeholder Feedback

- MCEs must have standard denials and appeals processes
- MLTSS beneficiaries should also receive accessible information (in plain language) on the appeal process and resources available to them on an annual basis
- Create an MLTSS ombudsman or beneficiary support services program

Addressed in the SoW

- The MCE is required to provide specific information about the grievance and appeal process and timeframes to members on a yearly basis.
- Grievance and appeal information must be included in the member handbook and all notices of action.
- Standard timelines are included in the contract for resolution of member grievance and appeals

Member Inquiries, Grievances, Appeals Process, and Ombudsman (Section 5.14, 5.14.3, 5.14.8, 5.14.9)

Continued

Stakeholder Feedback

- MCEs must have standard denials and appeals processes
- MLTSS beneficiaries should also receive accessible information (in plain language) on the appeal process and resources available to them on an annual basis
- Create an MLTSS ombudsman or beneficiary support services program

Addressed in the SoW

- The State shall operate or contract with a statewide Ombudsman - program, "Beneficiary Support Services," for the benefit of individuals in the MLTSS program
- The Beneficiary Support Services are available to help these individuals, their informal caregivers, and families resolve questions or problems and serve as a source of assistance, advice, and advocacy

Health Equity and Cultural Competency (Section 5.16)

Stakeholder Feedback

- The State and MCEs should consider equity and inclusion and ensure MCEs provide culturally competent care

Addressed in the SoW

- Contractor shall create and submit a Health Equity and Cultural Competency plan for FSSA approval which incorporates the Office of Minority Health's National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Contractor must have Health Equity and Cultural Competency Workgroup that includes the Contractor's Equity Officer, and members of the Contractor representing the diversity of the MCE's membership, including individuals with disabilities.

Health Equity and Cultural Competency (Section 5.16)

Continued

Stakeholder Feedback

- The State and MCEs should consider equity and inclusion and ensure MCEs provide culturally competent care

Addressed in the SoW

- Must conduct a foundational assessment of health equity within the Contractor's membership population, including detail on inequities in accessing care in the member's setting of choice
- The Contractor shall participate in the State's efforts to promote the delivery of services in a culturally competent, trauma-informed manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds

Workgroup Next Steps

Next stakeholder sessions:

- April 19, 2022 at 12 pm. Topics we plan to include: LTSS Network Development and Management Plan, Workforce Development, Provider Qualifications, Enrollment, Credentialing, Agreements, Communications, Website, and Helpline.
- April 27, 2022 at 12 pm

LTSS email and webpage - backhome.indiana@fssa.in.gov and <https://www.in.gov/fssa/long-term-services-and-supports-reform/home/>

ADvancing States' hosting an Introductory Provider Training Webinar on April 19 at 3 pm.

More upcoming provider education and Business Acumen workshops information can be found at <http://www.advancingstates.org/inform-indiana>