# Managed Long Term Services and Supports (mLTSS) Stakeholder Update

November 3, 2021

# Agenda

- LTSS reform recap & status update
- Updates on the following topics:
  - Federal waiver authority
  - Population
  - Duals integration
  - Services (including newly recommended services)
- Next steps and upcoming meetings

# Why Reform Indiana's LTSS System?

From 2010 to 2030 the proportion of Hoosiers over 65 will grow from 13% to 20%. Indiana's disjointed system must be reformed to meet growing demand and to ensure Choice, drive Quality and manage Cost.

## Choice: Hoosiers want to age at home

- 75% of people over 50 prefer to age in their own home – but only 45% of Hoosiers who qualify for Medicaid are aging at home*
- The risk of contracting COVID and impact of potential isolation drives an even increased desire to avoid institutional settings

## Cost: Developing long-term sustainability

- Indiana has about 2% of the U.S. population, but over 3% of nursing facilities
- LTSS members are 4% of Medicaid enrollment, yet 28% of spend - only ~ 19% of LTSS spend goes to home and community-based services (HCBS)
- For next ten years, population projections show 28% increase in Hoosiers age 65+ and 45% increase in Hoosiers age 75+

## Quality: Hoosiers deserve the best care

- AARP's LTSS Scorecard ranked Indiana 44th in the nation
- LTSS is uncoordinated and lacks cultural competency
- Payment for LTSS services is poorly linked to quality measures and not linked to outcomes

*Accurate as of January 2020

# Indiana's Path to Long-term Services and Supports Reform

## 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

### Key Results (KR*) to Reform LTSS

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. Recruitment, retention, and training of workforce objective (in development - updates to come)

# Connecting the Dots

Why Managed Long-Term Services and Supports?

## Choice

**Rebalanced systems towards HCBS**

**Allow more people to age in their home and community**

## Quality

**Increase in member satisfaction**

**Improved physical health measures**

## Cost

**Decrease in Medicaid expenditure growth rate**

**Reduction in HCBS waiver wait list**

# Update: Federal Waiver Authority

In early 2021, FSSA presented options for obtaining federal authority to operate the mLTSS program via a waiver. The State's recommendation has not changed.

The State plans to utilize a 1915(b) with a coordination 1915(c) waiver for the implementation of a mLTSS program in Indiana. There will be public comment periods for these waivers.

1915(b)/(c) Waiver will allow for mandatory enrollment of duals into managed care

1915(b)/(c) Waiver will allow for HCBS to be provided via managed care

1915(b)/(c) has less burdensome reporting and administration requirements than a §1115 waiver[1]

[1] FSSA previously presented the pros/cons of an 1115 waiver. The Healthy Indiana Plan is an example of a program operated by an 1115 waiver.

# Recap: mLTSS Timeline

| Milestone | Timeframe* |
|---|---|
| Request for Information (RFI) Co-Design Workgroup | Jan. 2021 to Early-Summer 2021 (Complete) |
| RFI Release | July 12, 2021 (Complete) |
| RFI Responses Received and Reviewed | Late-Summer/ Early-Fall 2021 (Complete) |
| **Continued Stakeholder Engagement on Design Topics** | Fall-Winter 2021 – 2022 (Ongoing) |
| Request for Proposal (RFP) Release | Early 2022 (Q1) to ensure adequate time to incorporate all stakeholder inputs |
| RFP Award | Late 2022 (Q4) |
| Contracting/ Readiness/ Implementation | Late 2022 through 2023 |
| mLTSS Implementation | Q1 2024 |
| Public forums/webinars | Will be held and stakeholder engagement will continue past the implementation |

*All dates are estimates and subject to change.

# Where Have We Been & Where Are We Going?

| RFI Co-Design Workgroup | Request for Information | Workgroup Continues |
|---|---|---|
| • Met 8 times between January and June<br>• 13 organizations contributed feedback for the draft Request for Information<br>• 75% of the RFI was composed of stakeholder suggestions | • Released in July and responses received at the end of August<br>• Summary will be shared with those who previously signed a non-disclosure agreement | • Stakeholder feedback informed the design work<br>• Published draft decision log<br>• Through Fall-Winter of 2021-2022 continue to share design recommendations with this workgroup |

# Upcoming Engagement on Design Topics

| Schedule for Upcoming Engagement | |
|---|---|
| **Date** | **Planned Topics** |
| **November 9** | Continued review of topics discussed in prior engagements |
| **November 19** | Quality framework and managed care plan performance |
| Break - Happy Thanksgiving! | |
| **December 1** | Provider protections and managed care interactions |
| **December 8** | Member protections and State oversight of managed care plans |
| **December 16** | Intake, enrollment, and care coordination |

# Update: Target Population for mLTSS

In Spring 2021, FSSA provided details on the proposed population. The population remains the same with updated and more detailed information provided here.

| Characteristics of Target Population* December 2020 | | | |
|---|---|---|---|
| | **60 +** | **Dual** | **%Dual** |
| *A&D Waiver* | 18,295 | 16,775 | 91.7% |
| *Nursing Facility* | 20,398 | 18,990 | 93.1% |
| *Other ABD 60+* | 67,320 | 51,010 | 75.8% |
| **Total** | **106,013** | **86,775** | **81.9%** |

*This includes individuals 60+ that are currently reenrolled in HCC and those 60+ that are currently enrolled in MED Works.

**mLTSS Population**:

*60+ individuals*:

- w/ Medicaid eligibility linked to age, blindness or disability
- A&D waiver members
- Nursing facility residents
- Other 60+ individuals currently enrolled in FFS or HCC

# Update: Population Characteristics: Intellectual or Developmental Disabilities (IDD)

| **Characteristics of Target Population** December 2020 | |
|---|---|
| | **60+** |
| *A&D Waiver & IDD* | **274** |
| *Nursing Facility & IDD* | **806** |
| **Total** | **1,080** |

- There are individuals in this group who are 60+ and have an IDD diagnosis. Recommend inclusion to allow for better care coordination.
- In addition, a number of the 60+ population will have cognitive disabilities. These individuals may need different services than individuals with physical disabilities.
- Inclusion of this small IDD population creates a focus for the need for these services – care coordination will be the focus of a future discussion

# MLTSS Enrollment Transition Overview

**Expected Annual MLTSS Program Entries**

| Entering From | 2018-2020 Average | % |
|---|---|---|
| No Current Medicaid | 13,335 | 45.6% |
| FFS | 10,411 | 35.6% |
| HIP | 2,879 | 9.9% |
| HCC | 2,617 | 9.0% |
| Total (non-Unique) | 29,243 | |

**Note**: Individuals may have multiple entries per year. Estimate includes both estimated individuals aging in and transitioning to a target category. Exemptions are not applied.

**Expected Annual MLTSS Program Entries**

| Reason for Exit | 2018-2020 Average | % |
|---|---|---|
| Transition to other Medicaid | 2,436 | 10.4% |
| Death | 12,054 | 51.5% |
| Requirements not met | 5,825 | 25.9% |
| Non-Compliance | 3,086 | 13.2% |
| Total (non-Unique) | 23,402 | |

**Note:** From 2018 to 2020, the population age 60+ in HCC and FFS grew by 5 to 6.5% per year. Expected enrollment is higher than disenrollment due to individuals aging into MLTSS. "Requirements not met" means the individual lost eligibility. "Non-compliance" means the individuals did not respond to requests for information.

# Entering Program as New Member or by Re-enrollment

| Number of New & Reenrollment by Level of Care (LOC) | | | |
|---|---|---|---|
| **LOC Type** | **2018** | **2019** | **2020** |
| None | 6,242 | 6706 | 6994 |
| NF | 5,926 | 5,532 | 3,992 |
| A&D | 1,152 | 1,312 | 1,325 |
| IDD | 0 | 1 | 0 |
| Other | 294 | 290 | 240 |
| Total | 13,614 | 13,841 | 12,551 |

| New & Re-enrollment as a Percent of Estimated Entries | | | |
|---|---|---|---|
| **LOC Type** | **2018** | **2019** | **2020** |
| None | 22.95% | 24.01% | 21.46% |
| NF | 21.79% | 19.81% | 12.25% |
| A&D | 4.24% | 4.70% | 4.06% |
| IDD | 0.00% | 0.00% | 0.00% |
| Other | 1.08% | 1.04% | 0.74% |
| Total | 50.05% | 49.55% | 38.50% |

- New and re-enrollments into Medicaid account for 46% of expected program entries.
- For 2018-2020, an average of 18 percent of transitions into the target population as a new Medicaid enrollment or a Medicaid reenrollment are individuals who have a nursing facility level of care.

# mLTSS Population Continued

This table provides further detail on the groups currently served by Indiana Medicaid who will either be included in mLTSS or remain in their current programs.

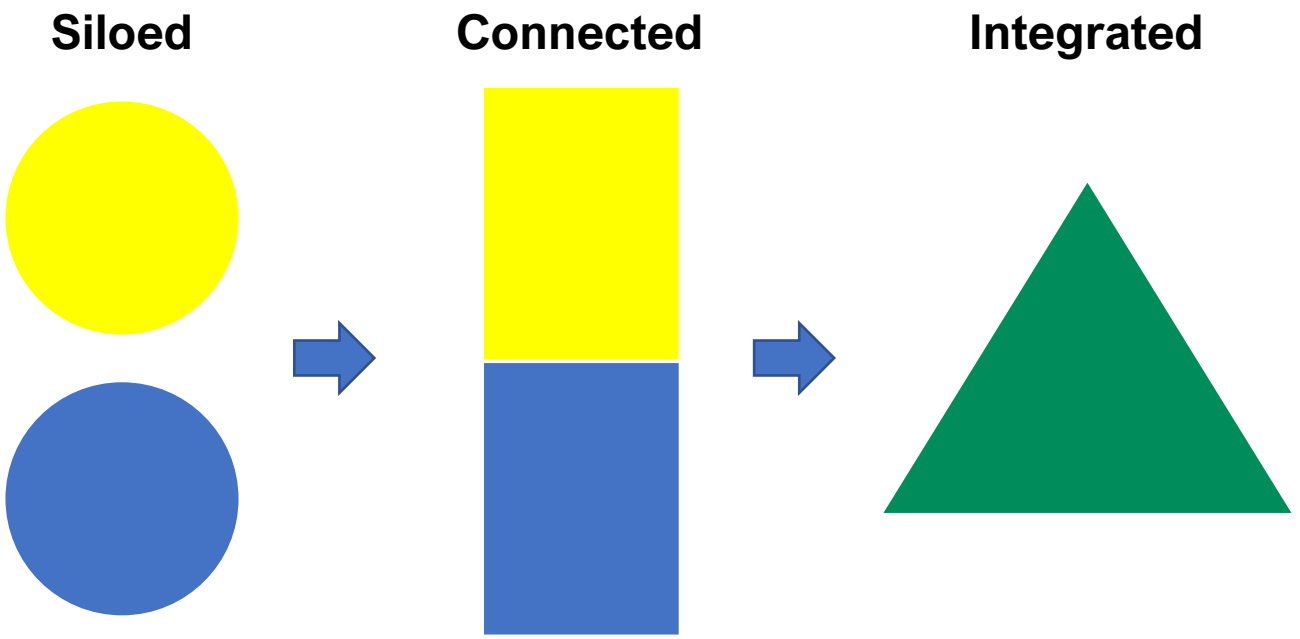
| Additional Details on mLTSS Population | |
|---|---|
| **mLTSS Included Members** | Individuals aged 60 and over who are enrolled in an A,B,D, SI, DW, DI1 categories, including:<br>• MED Works<br>• Eligible for the A&D waiver<br>• In a nursing facility |
| **Remaining in Current Program/Excluded from mLTSS** | • Partial Benefit Dually-Eligible individuals (QMB-only, SLMB-only, QI, QDWI)<br>• Family Support Waiver (FSW) and Community Integration and Habilitation (CIH) Waiver Recipients<br>• Program of All-inclusive Care for the Elderly (PACE) Members<br>• Residential Care & Assistance Program (RCAP) members<br>• End Stage Renal Disease (ESRD) 1115 members<br>• Breast and Cervical Cancer Eligible members (MA 12)<br>• Traumatic Brain Injury (TBI) Waiver Recipients<br>• Traumatic Brain Injury (TBI) In & Out of State Placements<br>• Intermediate Care Facilities for Individuals with I/DD<br>• Comprehensive Rehabilitative Management Needs facility residents<br>• Emergency Services Only Members<br>• Family Planning Only Members<br>• HIP members with Modified Adjusted Gross Income (MAGI) eligibility (or any non A, B, D)<br>• HHW members with Modified Adjusted Gross Income (MAGI) eligibility (or any non A, B, D) |

[1] The table shows Indiana Health Coverage Program (IHCP) aid categories. More information on the aid categories is available in the Policy and Procedure Manual online: https://www.in.gov/medicaid/providers/files/member-eligibility-and-benefit-coverage.pdf

# Update: Alignment of Medicaid and Medicare

In Spring 2021, FSSA presented a strategy for aligning and coordinating services for members receiving both Medicare and Medicaid (duals). The duals alignment effort is underway.

- 45 percent of Indiana duals (over 100,000) have chosen Medicare Managed Care
- Improving the coordination between Medicaid and Medicare is a key component of LTSS reform



# Increased Enrollment in Medicare Advantage D-SNPs

Hoosiers across the state continue to choose dually-eligible special needs plans (D-SNPs). In 2015, only 14 counties had D-SNP enrollment. By 2021, 28% of all dually eligible individuals are enrolled in a D-SNP.

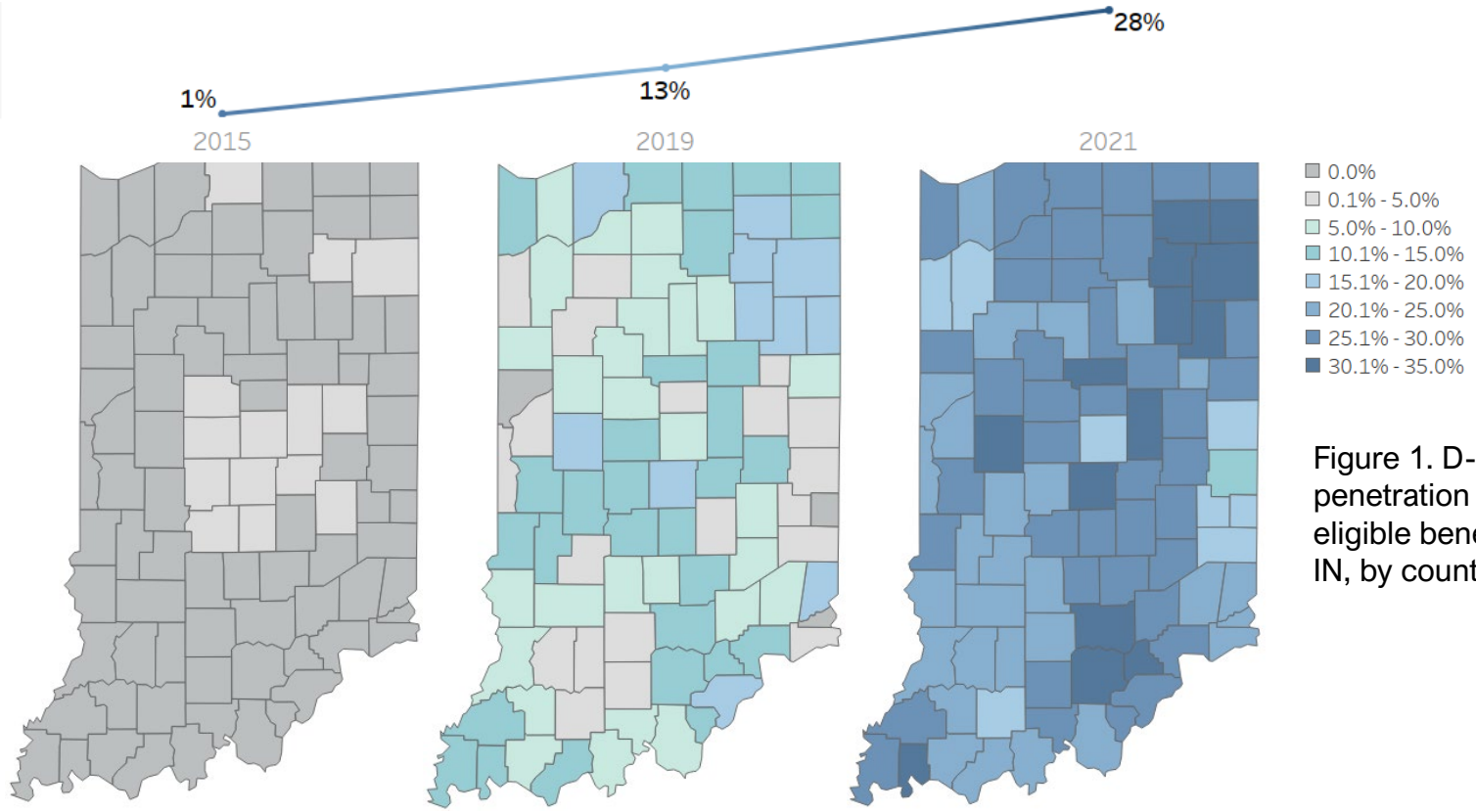



Figure 1. D-SNP enrollment penetration among all dually eligible beneficiaries [1],[2] in IN, by county, 2015 and 2021

[1] This includes both full benefit and partial benefit dually eligible beneficiaries because both are allowed to enroll in D-SNPs in IN.
[2] The total numbers of dually eligible beneficiaries used as the denominator for percent D-SNP enrollment in 2015 and 2019 are from June 2015 and December 2018, respectively.

# Update: Alignment Strategy Progress

Indiana's 2022 CMS required contracts with D-SNP plans ("SMACs") are executed and Medicare Open Enrollment has commenced. 9 D-SNPs will offer benefit plans in 2022.

| Dually-eligible Special Needs Plans Offered in Indiana | |
|---|---|
| CY2021 | CY2022 |
| 1) Allwell (MHS)<br>2) Anthem<br>3) CareSource<br>4) Humana<br>5) United Healthcare | 1) Aetna (new)<br>2) Allwell<br>3) Anthem<br>4) Ascension Complete (new)<br>5) CareSource<br>6) Humana<br>7) MDwise (new)<br>8) United Healthcare<br>9) Zing Health (new) |

Initial alignment steps launching in 2022 include:

- Enhancing care coordination through increased information sharing with the AAAs
- Working more closely with the AAAs and the State Health Insurance Program (SHIP)

# Update: Services for Members in mLTSS

Previously reviewed in January 2021, FSSA's recommendation for included services remains the same. Additional detail is provided in the following tables.

| Dual Eligible Members | All Members |
|---|---|
| Medicare Services* | Traditional Medicaid (partial list) |
| **Part A:** hospital care, SNF, hospice, labs, surgery, home health<br><br>**Part B:** Dr visits, medical, preventive care, DME, mental health (some prescriptions)<br><br>**Part D:** prescription drugs<br><br>**Part C: (Medicare Advantage)** Includes full Part A and Part B benefits. Most also cover Part D.<br><br>These plans also have some flexibility to provide additional supplemental benefits like over the counter drugs, transportation, wellness programs, vision or dental services, home delivered meals or other services. | • Hospital care<br>• Labs/tests<br>• Surgical care<br>• Preventive care<br>• Primary care visits<br>• Prescriptions<br>• Mental health and addiction treatment<br>• DME<br>• Home health<br>• Hospice<br>• Dental<br>• Vision<br>• Hearing aids<br>• NEMT<br>• **Care Coordination – An crucial component of the mLTSS program. A future presentation cover in more detail** |

*Members have access to services based upon the parts of Medicare to which they have enrolled.

# Update: Services for Members in mLTSS Cont'd

For those individuals with a Level of Care (LOC) making them eligible for LTSS, the following services are included in the benefit package. All members receive comprehensive, person-centered care coordination – including duals.

| Members with Nursing LOC | Members with Waiver LOC |
|---|---|
| Traditional Medicaid | HCBS Waiver Services** |
| • Long Term Care (Nursing Facility) | • Adult Day Service & Family Care<br>• Assisted Living<br>• Attendant Care, Self-Directed ATTC, & PDHCS<br>• Caregiving Coaching and Behavior Management<br>• Service Coordination<br>• Community Transition<br>• Environmental Modifications & Assessments<br>• Goal Engagement (Capable)<br>• Home and Community Assistance (FKA Homemaker)<br>• Home Delivered Meals<br>• Nutritional Supplements<br>• Personal Emergency Response System<br>• Pest Control<br>• Respite<br>• Specialized Medical Equipment and Supplies<br>• Structured Family Caregiving<br>• Transportation<br>• Vehicle Modifications |

**These services represent DA's proposed new services and reflect changes to case management due to the enhanced care coordination that will be provide via mLTSS and the topic of future discussions.

# New HCBS Waiver Services Under Consideration

In order to better support members residing in the community and in response to stakeholder feedback, Indiana is considering adding two additional community support options.

| Additional HCBS Services | |
|---|---|
| **Service** | **Description** |
| Caregiver Coaching and Behavior Management Support | To provide training for an informal caregiver of a waiver participant to enhance and equip skills needed to support the participant's chronic medical conditions and associated behavioral health needs. |
| Goal Engagement | To improve Waiver participant's safety and functional independence through highly individualized, person-centered services that identify their strengthens and barriers and address their goals to improve their daily lives. |

# Self-Direction

Stakeholders have indicated increased self-direction is an important component of any future program. FSSA is exploring options in collaboration with CMS.

| Self-Directed Care | | |
|---|---|---|
| Definition & Benefits | Current | Concepts for Future Program |
| • Self-directed care is the ability for a member to hire a person of the member's choosing to provide their care, such as friend or family members ("employer authority")<br>• Increases members satisfaction<br>• Increases available workforce to serve members who desire an HCBS setting<br>• State protection are in place to ensure proper use of self-direction by member and employee. | • Three ways for current self-direction:<br>1. Self-directed attendant care (personal care) program<br>2. Structured Family Caregiving Service (SFC)<br>3. Personal service or home health agency simply hiring a family member or friend as an employee | • Increase access to self-direction for more members<br>• Review more potential support that might be available through a fiscal intermediary vendor (FMS) vendor<br>• Potentially include more waiver services available for self-direction<br>• Make budget-authority (ability for State to budget & member to decide hours & rate) more available for self-direction<br>• Include participants, advocates, and others who are interested in increasing access to self-direction in this process |

# Workgroup Next Steps

- Feedback can be submitted to the Back Home inbox (backhome.indiana@fssa.in.gov)
- FSSA will update and re-share policy decision log
- Next meetings:
  - November 9, 2021
  - November 19, 2021
  - December 1, 2021
  - December 8, 2021
  - December 16, 2021