



Managed Long Term Services and Supports (mLTSS) Stakeholder Update

November 19, 2021

Agenda



- LTSS reform recap & status update
- Updates on the following topics:
 - Quality Framework
- Next steps and upcoming meetings

Why Reform Indiana's LTSS System?



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

From 2010 to 2030 the proportion of Hoosiers over age 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.

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 direct support workforce



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

RFP Trajectory

November/December

- Mix of stakeholder engagement activities focused on co-creating RFP requirements.
- As final design recommendations are shared, the Decision Log will be updated and published.

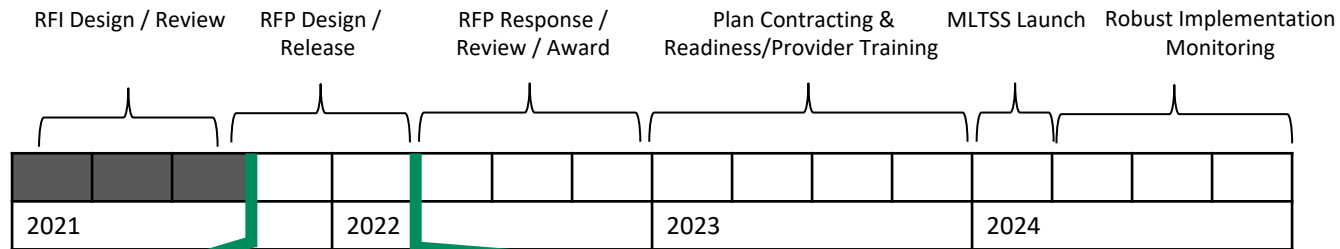
January/February

- Deep dive into Indiana's existing managed care contracts, highlighting standard language and protections in our current approach with managed care entities.
- Reconfirm design recommendations to date, and provide updates, as applicable.

March

- Release Request for Proposal. Requirements included in the RFP will form the basis of contracts for selected vendors.

Managed LTSS Timeline



November	December	January	February	March
<ul style="list-style-type: none"> Discuss RFP requirements with stakeholders: <ul style="list-style-type: none"> - Quality Framework - Provider Protections - Member Protections - Intake and Care Coordination Comprehensive RFI completed Draft capitation payment rates 		<ul style="list-style-type: none"> Review Indiana's existing managed care contracts highlighting standard language and protections Reconfirm design recommendations, and provide updates Develop provider training materials based on results of ADvancing States' environmental scan 		<ul style="list-style-type: none"> Release Request for Proposal (RFP). Begin provider training to continue all the way through 2024



mLTSS Quality Landscape Assessment

Purpose of this Process

FSSA engaged Milliman to perform a landscape assessment to inform our goals.



We are seeking to:

- Strategically plan for a **high quality mLTSS program**
- Develop program goals whose achievement will deliver **meaningful results**
- Identify **robust performance measures** that will enable us to demonstrate our progress toward meeting goals
- Align FSSA, mLTSS MCEs, mLTSS providers and other stakeholders so **all are working to achieve the same goals**
 - Define program goals and performance measures in the mLTSS **MCE RFP**
 - Position FSSA to **effectively manage MCEs** and the mLTSS program as a whole to achieve program goals
 - Establish clear focus areas around which FSSA, MCEs, providers and other stakeholders can collaborate to implement interventions

An Example: Florida Medicaid Model

Quality strategy goals and initiatives were created to accomplish measurable progress on the agency's key priorities.



Priorities:			
Improve the recipient's experience of care	Improve the overall health of the Medicaid population	Continue to bend the Medicaid cost curve	
Goals:			
Reduce Potentially Preventable Events (PPEs): <ul style="list-style-type: none"> • Admissions • Readmissions • Emergency Department (ED) Visits 	Improve Birth Outcomes: <ul style="list-style-type: none"> • Reduce Primary C-Section Rate • Reduce Pre-term Birth Rate • Reduce the Rate of Neonatal Abstinence Syndrome (NAS) 	Improve Access to Dental Care: <ul style="list-style-type: none"> • Increase the percentage of children receiving preventable dental services • Reduce potentially preventable dental-related emergency department visits 	Increase the percentage of enrollees receiving long-term care services in their own home or the community instead of a nursing facility
Current Initiatives:			
<ul style="list-style-type: none"> • PPES Stakeholder Workgroup • Discharge Planning Pilot • ED Diversion Pilot • Super-utilizer Pilot • Housing Assistance Pilot • Health Plan Performance Dashboard • Managed Medical Assistance Physician Incentive Program (MPIP) • Value-based purchasing initiatives • Enhanced data sharing • Improving follow-up after mental illness or substance abuse hospitalization 	<ul style="list-style-type: none"> • Birth Outcomes Stakeholder Workgroup • Florida Award Program for Safely Reducing Cesarean Sections • Long-Acting Reversible Contraceptives (LARC) Increase participation in Health Behavior Programs • My Birth Matters campaign • Family Planning Waiver campaign • Maternity home-visiting program • SBIRT Screening • Mothers in Recovery Hospital Pilot • Maternity Bundled Payment • ASTHO OMNI participation 	<ul style="list-style-type: none"> • Reduce potentially preventable dental-related ED visits • Increase member access to preventive dental services • Reduce transportation barriers to dental services • Increase outreach and follow-up with enrollees after dental-related ED visits • Improve dental access for adults and children in Medicaid 	<ul style="list-style-type: none"> • Ensure person-centered care planning for long-term care enrollees and their caregivers • Quarterly case file reviews • HCBS Reviews • Increase response rate for Medicaid HCBS CAHPS by 10% per plan each year • Increase performance on MTLSS performance measures by 2 percentage points each year • Independent consumer support program

Source:

https://ahca.myflorida.com/Medicaid/Policy_and_Quality/Quality/docs/Comprehensive_Quality_Strategy_Report.pdf

- For each goal, Florida established:**
- ✓ **Performance measures** that were vetted by an independent third-party
 - ✓ **A set of interventions** designed to improve performance
 - ✓ **Measurable performance targets** for each goal (not shown on this slide)

mLTSS Landscape Assessment: General Approach

Intensive review of current state and opportunities for improvement.



Landscape parameters

- Focused on anticipated mLTSS enrollee groups in Indiana
- Conducted over a two-month period



Available sources reviewed

- Interviews of key internal FSSA stakeholders (feedback marked with ‡ throughout this deck)
- Collection and synthesis of readily available data and information



Findings organized into 13 domains

- Some domains are Indiana-specific
- Others generally based on National Quality Foundation (NQF) HCBS Quality Framework



Key findings and takeaways

- Highlight the most relevant findings

Assessment sought to identify:

- Recent Indiana **achievements** and strengths
- Any **opportunities** for improvement
- Areas where **data** is or is not currently available
- Potential **barriers** or obstacles

Participant voices were sought out and heard through many sources.

Input from participants and their circles of support will help us to design interventions that will work for them.



Community Conversations

- Consumer/caregiver input sessions facilitated by ADvancing States

Stakeholder Letters

- Letters sent to FSSA with suggestions for program design

RFI About mLTSS

- Released in July for feedback

NCI-AD Survey

- National survey conducted by State Medicaid, aging, and disability agencies to assess outcomes of services

A&D Waiver Measures

- Some measures request feedback from participants

HCBS CAHPS Survey

- National survey measuring experience of individuals who receive LTSS from Medicaid HCBS programs

Caregiver Survey

- FFSA survey of individuals caring for someone over age 55

A number of themes were evident from the assessment.

These areas emerge as opportunities for improvement. (Themes are not listed in order of priority.)



THEME	WHAT WE HEARD
Participant Choice	•Need for truly informed choice, with real choice of providers and settings
Care Planning	•Could improve consistency in onboarding, coordinating non-LTSS, SDOH, etc.
Transitions	•Many handoffs among settings, waivers, MCEs, Medicare plans
Participant Voice	•Opportunity for balancing with other stakeholders
BH-PH Integration	•Screening rates, referral protocols, network sufficiency and expertise
Mgmt of Chronic Conditions	•Hypertension, pain, others
Disparities/Equity	•Data completeness issues, going beyond measuring disparities
Preventive Care	•Unable to measure without Medicare data
Participant Direction	•Participation rates are low, supports for self-directing participants
Caregiver Support	•Supports needed for informal caregivers
Workforce	•Data not yet available to measure workforce, access concerns
Consistency in Processes	•Variation in care planning and other areas, may lead to disparities

Based on the assessment, FSSA has established three goals to guide the mLTSS program.

These priorities will endure year-over-year to build on initial investments.



1

Person-Centered Services and Supports

Develop service plans and deliver services in a manner that is person-centered, participant-driven, holistic, involves caregivers, and addresses SDOH.

2

Ensuring Smooth Transitions

Ensure continuity of care and seamless experiences for participants as they transition into the mLTSS program or among providers, settings, or coverage types.

3

Access to Services (Participant Choice)

Assure timely access to appropriate services and supports to enable participants to live in their setting of choice and promote their well-being and quality of life.



Landscape Findings: Person-Centered Services and Supports

The care planning process is not always nimble or well-resourced to respond thoroughly or quickly.



Robust tools and processes are not available to service coordinators, and incentives are not in place.

- Service coordinator culture has been to act as "stewards of state funds"[‡]
 - Delays have not always been viewed negatively by some
 - Expediting this process has not historically been a priority of the state
- No incentives for service coordinators to address non-HCBS services in their service plans[‡]
- Potential features to improve service coordinator effectiveness may include:[‡]
 - Coordinator access to a **provider database** showing where availability or capacity exists
 - Process to **share case notes weekly** with HCBS and other providers

Despite high rates of training completion, service coordinators seem to get mixed reviews from participants.

Participants are more likely to express dissatisfaction in a survey response than to their service coordinator directly.



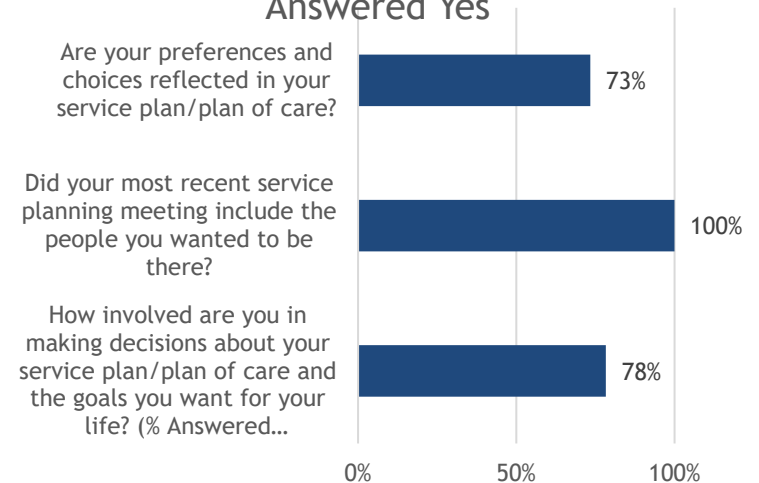
Care Plan Recognizes Participant's Needs, Goals and Choices

A&D Waiver Quality Measures			
	SFY 2019*	SFY 2020	SFY 2021
Participants' service plans found to address participants' assessed needs and personal goals	99.6%	99.7%	99.2%
Participant's service plans which were updated/revised when warranted by changes in the waiver participant's needs	90%	94.6%	95.4%
Participants that are afforded choice between/ among waiver services and providers	32.6%	87.8%	89.4%

*State: first-year final quarter data was not accurate impacting that year's total numbers but is corrected for later years.

Note: 1915(c) waiver measures may not be accurate after transition from Insight to CaMSS.

2018 NCI-AD Survey Responses % of Respondents Aged 60+ Who Answered Yes





Landscape Findings: Ensuring Smooth Transitions

Transitions and transfers among settings often pose challenges.

Participants experience other types of transitions, which also pose challenges.



Among Ombudsman's top consumer issues in 2020 were several transfer/discharge issues, including:

- **Facilities transferring residents** to hospitals without readmitting them
- **County health departments not allowing residents to return** if the resident was transferred to a hospital outside that county
- **Voluntary leaves** (those initiated by the resident) being deemed AMA (Against Medical Advice) by facilities

Also saw increased requests for transition to the community during 2020, often due to COVID[‡]

- Consumers report a need for **greater community supports** (transportation, housing modifications)
- **Lack of information** for participants and caregivers/families noted as a barrier to making informed transition decisions

New initiative underway to help coordinate hospital transitions for Duals.

Many other types of transitions pose challenges

FFS	↔	mLTSS
MCE A	↔	MCE B
D-SNP A	↔	D-SNP B
MA Plan	↔	D-SNP

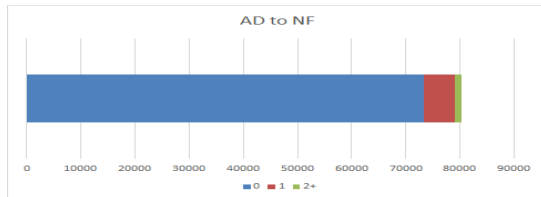
Not all of these situations have a designated person tasked to manage possible transition issues.

Over a 2-year period, ~10% of LTSS participants transition between settings.

Of those, most transition between settings 1-2 times, and ~2% of all LTSS participants transition 3+ times.

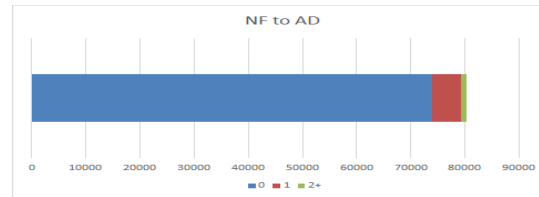


Transitions from A&D Waiver to Nursing Facility



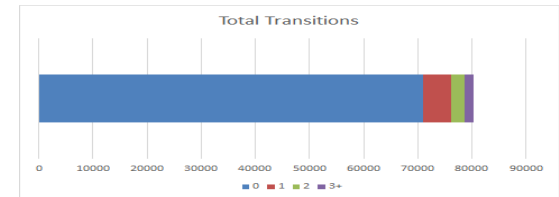
AD to NF	Recipient
0	73,403
1	5,544
2+	1,373

Transitions from Nursing Facility to A&D Waiver



NF to AD	Recipient
0	73,927
1	5,245
2+	1,149

Total A&D Waiver to/from Nursing Facility Transitions Combined



Transitions	Recipient
0	71,075
1	5,178
2	2,427
3+	1,644

Note: Transition counts exclude transitions into LTSS.



Landscape Findings: Access to Services (Participant Choice)

Older Hoosiers want to stay at home but may face obstacles.

From Community Assessment Survey for Older Adults (CASOA) 2017 (distributed to households age 60+)



Respondents are happy with their communities, enjoy living there, and plan to remain there through retirement

- **>75% of older residents gave high ratings to their community as a place to live.**
- Most residents had lived in that area more than 20 years and 9 in 10 planned to remain throughout retirement.

Respondents are not as satisfied with or knowledgeable about services available to seniors

- **2/3 had problems knowing what services were available to them as an older adult.**
- Only 40% reported feeling like services were "excellent" or "good."

Respondents rated their physical health highly but reported problems with independent living

- **37% reported problems with activities of daily living** such as walking, eating, and preparing meals.
- **29% reported falling or injuring themselves** in their homes.

About 20% of Medicaid HCBS participants say services they receive do not meet their needs and goals.

It is unclear whether deficiencies are due to poor service coordination or provider network. The survey instrument did not assess for sufficiency after this question was asked.



ACCESS CONCERNS IDENTIFIED

Hospice

- Some participants might need to travel long distances

Assisted Living

- Less likely to be located in BIPOC communities

HCBS Providers

- Network adequacy is a problem in current MCE programs†

Adult Day and Home Health

- Network adequacy is a challenge today†

Transportation and Affordable Housing

- Lack of access conveyed by stakeholders during listening sessions

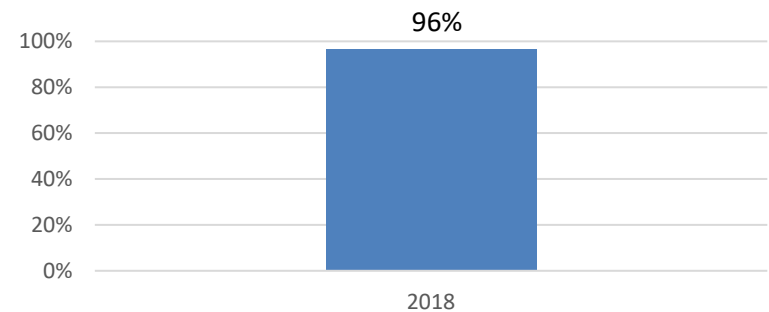
Respite Services

- Stakeholders expressed need for more respite services during listening sessions

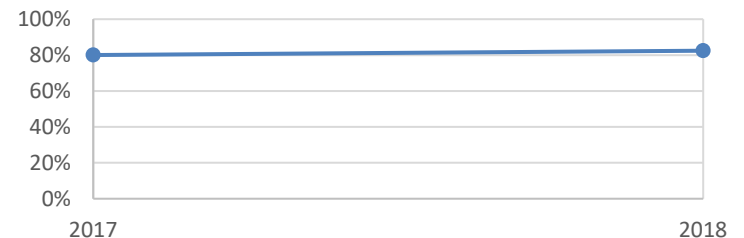
Rural Areas

- Stakeholders identified general access concerns during listening sessions

Percent of respondents answering yes to:
Do the care supports and services you receive help you live a better life?



Percent of respondents answering yes to:
Do the services you receive meet your needs and goals?





Next Steps



Key Upcoming Activities



What steps can we take to improve performance in these areas?



Please submit feedback to the Back Home inbox (backhome.indiana@fssa.in.gov). Feedback suggestions may include contract requirements, program design features, measurable objectives and/or performance measures.

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Workgroup Next Steps



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