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

December 8, 2021

# Agenda

- LTSS reform recap & status update
- Carryover from 12/1 meeting: provider claims payment
- Member-focused design considerations:
    - Caregiver supports
    - Member advisory committee
    - Cultural competency
    - Member satisfaction
- Next steps and upcoming meetings

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# 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

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# 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

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# 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.

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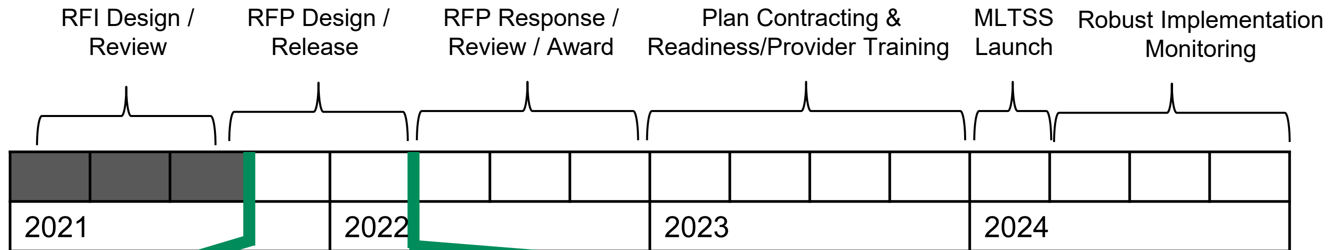
# Managed LTSS Timeline




| November December | January February | March |
| --- | --- | --- |
| • Discuss RFP requirements with stakeholders:<br>- Quality Framework<br>- Provider Protections<br>- Member Protections<br>- Intake and Care Coordination<br>• Comprehensive RFI completed<br>• Draft capitation payment rates | • Review Indiana's existing managed care contracts highlighting standard language and protections<br>• Reconfirm design recommendations, and provide updates<br>• Develop provider training materials based on results of ADvancing States' environmental scan | • Release Request for Proposal (RFP).<br>• Begin provider training to continue all the way through 2024 |

# Provider Claims Payment Recommendations

| Principle | Additional Detail |
|---|---|
| Provider Payment | FSSA health plans are required to pay claims within the same timeframe as fee-for service. Plans issue provider payments at least weekly. |

| Topic | Recommendation |
|---|---|
| Prompt Payment Standards | OMPP currently requires and will continue to require the following in our managed care contracts:<br>• Plan will pay or deny electronically filed clean claims with 21 calendar days of receipt<br>• Plan will pay or deny paper clean claims within 30 calendar days of receipt<br>• Plan must pay the provider interest for failure to pay clean claims timely per IC 12-15-21-3(7)(A) |
| Denial of Claims | • Provider may dispute claims payment with the plan<br>• NCQA and state laws govern the dispute process<br>• State will handle complaints regarding MCEs failure to resolve disputes over claims |

# Member-Focused Design Considerations

- At our 12/1 meeting, we covered some design items that have been key areas of interest for some provider stakeholders
- Today our focus is on some member-centric topic areas highlighted by stakeholders to be particularly important: caregiving and member engagement and satisfaction
- Last month, we covered three key quality goals to guide the mLTSS program:
  1. Person-centered services & supports
  2. Ensuring smooth transitions
  3. Access to services (participant choice)
- Future discussions:
  - Enrollment
  - Care coordination
  - mLTSS ombudsman
  - Grievances and appeals

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# Caregiver Supports

Caregivers are essential. Through mLTSS, we seek to better support caregivers, their work, and in turn, our members through assessment, training, and where appropriate, compensation.

| Recommended Caregiver Supports in mLTSS Program | | |
|---|---|---|
| **Topic** | **Recommendation** | **Action** |
| Caregiver Assessment | Care/service coordinators will assess if a member has caregivers and if so, conduct a caregiver assessment.*<br><br>Additionally, FSSA plans to conduct additional research about national best practices for caregiver assessment as part of the HCBS Enhanced FMAP plan. | Enhanced Feature |
| Caregiver Coaching and Behavior Management Support | Add a new service that provides 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. | New Waiver Service |
| Goal Engagement | Add a new service 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. | New Waiver Service |

*More detail on care coordination is a topic of a future presentation

# Caregiver Supports Cont'd

| Caregiver Supports | | |
|---|---|---|
| **Topic** | **Recommendation** | **Action** |
| Respite Care | Through good care planning, increase member and caregiver's knowledge of the respite service, which provides temporary, direct care to participants receiving Adult Family Care waiver service or Assisted Living waiver service for care in home-and community-based settings. | Continued Waiver Service – Promote Access |
| Structured Family Caregiving | Also through good care planning, ensure members and caregivers are knowledgeable about SFC. This service provides necessary care while fostering and emphasizing the participant's independence in a home environment that will provide the participant with a range of care options as the needs of the participant change. | Continued Waiver Service – Promote Access |
| Self-Direction | Self-directed care gives the ability to hire a person of the member's choosing to provide their care. FSSA intends to review more potential support that might be available through a fiscal intermediary vendor (FMS) vendor and make budget-authority more available. | Expand |

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# Member Advisory Committee

## Current State

- Member advisory committees are required in current managed are programs: HHW, HIP, and HCC
- There is no formal committee for LTSS recipients in fee for service programs
- ADvancing States is currently conducting focus groups to better understand members' thoughts and needs

## mLTSS Recommendation

- mLTSS plan will be required to have a member advisory committee (MAC)
- Envision a holistic, person-centered approach
- Recommend MAC meet quarterly and invite advocacy organizations to participate
- Member advisory committee would review the Health Equity and Cultural Competency plan

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# Cultural Competency Recommendations

Recommendation: MCEs must submit a Health Equity and Cultural Competency plan for approval

- Must be created by a diverse workgroup that includes the Contractor's Health Equity Officer, and members of the MCE representing the diversity of the MCE's membership including individuals with disabilities
- Must include National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- Must include how the health plan will effectively provide services to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes, affirms and respects the worth of the individual members and protects and preserves the dignity of each member
- Must identify inequities and their root cause within the Contractor's membership, targeted interventions and measures to reduce these inequities, and a description of how data to evaluate progress in disparity reduction efforts will be collected and analyzed

Recommendation: MCEs train member facing staff on cultural competency and to provide documentation to the State to verify they are meeting the requirements

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# Member Satisfaction

## Current State

- Current managed care plans for HCC, HHW, and HIP are required to be NCQA accredited:
  - A requirement of accreditation is assessment of member satisfaction
  - Member satisfaction results are reported to the State and can be viewed on the NCQA webpage
- There is not a systemic method of measuring LTSS' recipients' satisfaction with their services.
- State has conducted the NCI-AD survey for the past 6 years. Next NCI-AD administration will be Spring 2022.
- FSSA conducted an HCBS CAHPS survey pilot this year to assess the current landscape – results will be available in early 2022.

## mLTSS Recommendation

- mLTSS plans will be required to achieve and maintain NCQA accreditation. As part of the accreditation, they will be required to conduct the CAHPS member satisfaction surveys pertaining to the plan.
- Additional methods for capturing member input (e.g., HCBS CAHPS, NCI-AD, caregiver survey) are under review and TBD.

# 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 meeting: January 14, 2022

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