



LTSS Lunch and Learn: LeadingAge

Date

Friday, April 23: 12:00 PM-1:00 PM, virtual meeting

Presenters

Eric Essley – President/CEO, LeadingAge Indiana

Alex Kiefer – President/CEO, Lutheran Life Villages

Josh Bowman – Administrator, Bethel Manor

Learning Topics

Discussing not-for-profit experiences in Medicaid Continuing Care Retirement Communities (CCRCs) as a guide for mLTSS design features

Agenda

1. Welcome and Meeting Purpose
2. LeadingAge Indiana Panel Discussion
3. Questions and Discussion

The presentation slides will be shared along with the minutes.

Summary of important facts from the presentation

Josh Bowman, Administrator, Bethel Manor

Not for profit – mission-focused organization

Concerns:

- **Inter-Governmental Transfer (IGT) program** – Want to find ways to incorporate into managed care (very important to the quality at their facility); IGT has been very helpful during COVID (helped with PPE, building projects).
- **Managed Care** – In experiences with Humana and other managed care programs, much time is spent on pre-certifications and providing constant updates on individual residents (spends hour per week, which takes away time from patient care). We fight with the managed care organization over payment and have concerns that care decisions will be driven by MCEs who do not truly know people under our care.
- **Satisfaction** – Everyone wants to get mLTSS right and to operate as smoothly as possible; worry that problems with MCEs fall on providers to address; Maintain focus on the individual member and impact of an mLTSS program on them (along with their family members).



- **Staffing** – This is the number 1 concern right now (since they are competing with other companies in other sectors offering higher wages); Consider how to staff additional care settings given the existing staff shortage.

Hopes:

- **People staying at home** – We need to increase opportunities for people to stay in their homes. We are doing a good job over the past few years and need to continue the progress; need to keep people fully educated on programs and opportunities – especially thinking about people who have no connection to the industry and can get lost.
- **Efficiency** – We want to implement something that is both efficient and allows choice for individuals (for the provider, the member, the payor, and FSSA)
- **Appropriate Funding** – Big goals require good funding; lots of potential for cost savings, but must not come at the expense of patient care

Design Ideas:

- **Quality Metrics** – Recommendation to stick with metrics that are already used (e.g. use the tracking data collected already for an Accountable Care Organization)
- **Administrative Simplification** – Credentialing is a hot topic we aim to minimize layers of complexity
- **Claims Management** – Recommendation to simplify the number of portals providers must use to submit claims

Alex Kiefer, President/CEO, Lutheran Life Villages

Non-profit “For-Community” organization

Operate Continuing Care Retirement Communities/Life Plan Communities (CCRCs/LPCs), and pocket neighborhoods (individual cottage style homes such as the Piper Trail Community)

Resident stories

- Experience of residents
 - People who use these communities are planners and caretakers
 - They value expertise, experience, and solutions; want to know things will be taken care of
- Experience of staff:
 - Social workers, nurses, therapists, PCAs – do the hands-on care
 - Financial navigators/insurance experts – behind the scenes billing and helping families navigate their financial situation and health insurance)
 - Wellness coaches, dieticians, chefs – help residents engage with everyday life

There are strengths to the CCRC philosophy that should be leveraged for mLTSS

- Maintain a true member-focus in talking to the social workers through to executive directors in the apartment, staff ask how residents how they want to live and their lifestyle
- Providing the right care, right place, right time
- Taking into consideration all types of care – social, emotional, physical, mental



- CCRCs are largely private pay, those in the Medicare/Medicaid space have the same wants and desires (when we think about funding side, how do we look at home beyond just single-family home?)

Emphasized supporting people to get the treatment they want (lifestyle) vs. what they need (health) and to balance out the funding challenges

- Funding should not get in the way of what these individuals want out of life and we must ensure we take care of the whole person

Questions/Answers

Josh Bowman (Bethel Manor) Presentation:

FSSA: When you look at staffing, what makes it most difficult from a salary point to get people?

Bethel Manor: There is very little margin available (staff are paid, at minimum, \$10 per hour); Competing for staff against other industries with similar wages but the work is perceived as easier than healthcare.

Lutheran Life Villages: The type of work makes a difference (harder than competing fields); Margins are tight between hiring enough people to build stability and accounting day-to-day variability. We have to work towards consistency but be prepared for different events every day and there are just not enough workers out there.

IAAAA: As a non-profit, do you do any outside fundraising? Nursing facilities have different payment issues compared to the Area Agencies on Aging (AAAs), but AAAs struggle to get contracts fully funded and have many unfunded clients. Do you fundraise to try and cover residents when there is no reimbursement rate available?

Lutheran Life Villages: We lack purchasing power on the managed care side with the bigger carriers. When you support our facilities, the funding goes toward a variety of needs (capital, buildings, staffing, programming, financial needs)

IHCA: Margins are very small across the board for nursing facilities (for-profits and not-for-profits) and it is important to consider this when thinking about appropriate rates.

Bethel Manor: We have a very limited amount of private pay individuals, and we compete with other organizations that can increase their prices but we are essentially locked in place based upon the reimbursement rates.

Alex Kiefer (Lutheran Life Villages) Presentation:

LeadingAge: this is a good discussion about making sure we get people to the appropriate “home”.

FSSA: Is the Piper Trail community similar to Green House communities? (linked to Health Affairs article - <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00081>)

Bethel Manor: Small house model (Cottage Homes) are like the greenhouse model but we did not go through the Green House accreditation to call it that model

Lutheran Life Villages: Piper Trail is residential-focused, not set up for Medicaid beneficiaries and not medical care-focused. The community is made up of single-family



homes so as residents age and require home and community-based services (HCBS), they are in a consolidated area.

From Stakeholder Chat: Does Medicaid pay for the Green House model?

Bethel Manor: It depends on how Medicare certifies the model

From Stakeholder Chat: What is your experience with coordinating your health care needs with physicians to prevent hospital admissions/readmissions?

Bethel Manor: We have nurses who coordinate with physicians

LeadingAge: For managed care, care coordination is very important

From Stakeholder Chat: In a Medicare Advantage Plan, is there more care coordination?

Bethel Manor: More in the sense of micromanagement from the health plan as opposed to more help with care coordination. The focus is on continuing to provide care for residents that qualify for the stay and then getting those that do not qualify anymore out quickly.

Lutheran Life Villages: As we move through rebalancing, we will see more need for care coordination which is why this is such a crucial piece. Care coordination has a significant impact on recruitment as well. Regardless of what managed care looks like, we do need to find ways for smaller providers to have the ability to compete and to continue to serve their mission. Navigating multiple systems is an administrative nightmare and we want to focus the resources on taking care of people and not filling out paperwork.

Stakeholder Attendees

Alex Kiefer, Lutheran Life Villages

Cara Veale, Indiana Rural Health Association (IRHA)

Dan Kenyon, Indiana Assisted Living Association (INALA)

Elizabeth Eichhorn, Indiana Health Care Association (IHCA)

Ellen Burton, University of Indianapolis Center for Aging & Community (UIndy CAC)

Ellen Miller, University of Indianapolis Center for Aging & Community

Eric Essley, LeadingAge Indiana

Josh Bowman, Bethel Manor

Kelli Tungate, Caregiver Homes of Indiana

Kristen LaEace, Indiana Association of Area Agencies on Aging

Lisa Bennett, Caregiver Homes

Mark Lindenlaub, Thrive Alliance

Michelle Stein-Ordonez, IAHHC

Sarah Waddle, AARP Indiana



Sherri Hampton, American Senior Communities (ASC)

Tauhric Brown, CICOA Aging & In-Home Solutions

Teresa Lorenz, Thrive Alliance

Zach Cattell, Indiana Health Care Association (IHCA)

FSSA Attendees

Allison Taylor

Andrew Bean

Cathleen Nine-Altevogt

Dan Rusyniak

Darcy Tower

Elizabeth Peyton

Erica Ng

Erin Wright

Jesse Wyatt

Kathy Leonard

Kim Opsahl

Lucy Morrell

Lynn Clough

Maggie Novak

Matt Foster

Meredith Edwards

Michael Cook

Michael Gargano

Mindy Flowers

Natalie Angel

Reiko Osaki

Sarah Renner

Sarah Waddle

Steve Counsell