Enrollment Services & Member Services Policy Update

July 27, 2022

Agenda

- Welcome & Updates
- Recap - Where We've Been
- Defining Our Topic Area
- What We Heard from You
- Enrollment Services
- Member Services
- Wrap-up

- A new 3rd party vendor will provide several services:
  - LOC Assessments
  - Options Counseling
  - Health Plan (MCE) Selection
  - Benefit Supports
    - Assist NF and AL in completing IHCP application process for members who come into program with no Medicaid and needing MLTSS.
    - Outreach to help members understand the IHCP application process.
    - Support members in grievance process with MCEs

(From 6/16/21 presentation)

Today - Defining Terms

Before Enrolling in LTSS

"Enrollment Services"

- Nursing Facility Level of Care (NFLOC) assessment and determinations
- PASRR
- Intake counseling for PACE and MLTSS
- Referrals to community resources
- Long-term care Medicaid application support

For Those in MLTSS

"Plan Selection"

- Support in selecting and enrolling in an MLTSS health plan
- OMPP currently operates for all other managed care programs
- Also called "choice counseling" (fed. regs) or "enrollment broker"

"Member Support Services"

- "Ombudsman-like" support for MLTSS members
- MLTSS issues, complaints, grievances and appeals

What We Heard from You

- Minimize silos and handoffs for members navigating enrollment into LTSS and MLTSS
- Maintain and leverage Indiana's existing aging and disability networks including AAAs and other CBOs to effectively and efficiently support individuals entering the LTSS system
- Ensure separation of eligibility and level of care determination from the managed care entities (MCEs)
- Support for an "MLTSS ombudsman" that assists MLTSS members in understanding and accessing their MLTSS services and resolving problems related to their MLTSS coverage
- Reduce member burden in the grievance and appeal process

Guiding Principles for Enrollment Services & Member Services

- Honor the varied experiences of individuals & provide services through a lens of person-centeredness
- Offer choice, enhance quality, and ensure smooth transitions
- Maintain valuable, local, & accessible support in the community that is fulfilled today by the AAAs & other community-based partners
- Ensure services offered are culturally competent
- Ensure MLTSS members have access to resources to navigate issues with MCEs
- Support duals (Medicare and Medicaid) in navigating the complexities of both programs
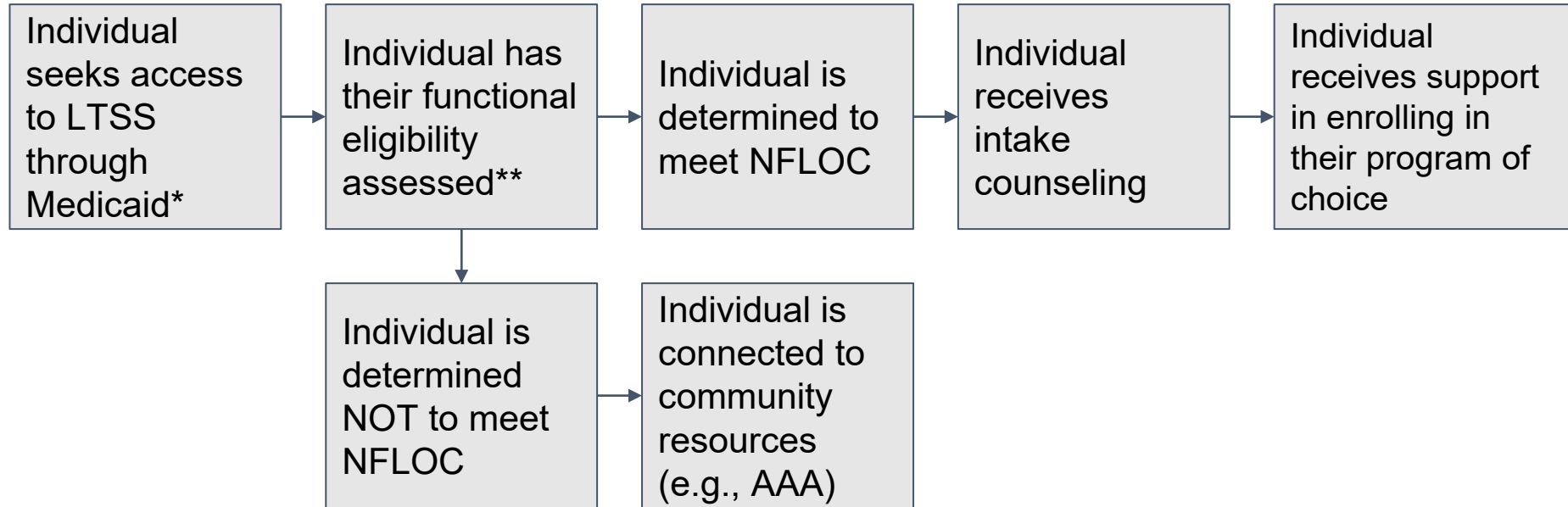- Hold partners accountable for timely and quality services

Enrollment Services Overview

- <u>Who</u>: Anyone seeking Aged & Disabled (A&D) or Traumatic Brain Injury (TBI) Waiver Level of Care (LOC) or Nursing Facility Admission regardless of age

- <u>Why</u>: Prior to receiving LTSS through Medicaid, an individual must meet Indiana Medicaid's functional (and financial) eligibility criteria

- <u>How</u>: An individual receives a functional assessment and intake counseling to help them understand and navigate the program and settings choices available to them based on their needs, preferences, and eligibility. This includes PASRR for those seeking NF admission.

Enrollment Services Key Guiding Principles

- Promote person-centered approaches in the functional assessment process and intake counseling
- Provide "intake counseling" which is helping individuals potentially eligible for MLTSS or PACE to understand the choices available to them, including settings and program options and opportunities for self-direction (*does not replace AAA options counseling*)
- Support individuals in understanding and navigating eligibility requirements and application processes for their programs of choice
- Connect individuals with resources and community partners to address social determinants of health
- Connect those eligible for MLTSS to plan selection support

High-Level Enrollment Services Process Flow

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Individual          Individual has      Individual is        Individual          Individual
seeks access    →   their functional →  determined to    →   receives        →   receives support
to LTSS             eligibility         meet NFLOC           intake              in enrolling in
through             assessed**                               counseling          their program of
Medicaid*                │                                                       choice
                         ↓
                 Individual is          Individual is
                 determined        →    connected to
                 NOT to meet            community
                 NFLOC                  resources
                                        (e.g., AAA)
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*For simplicity, this process flow assumes the individual has Medicaid financial eligibility
**PASRR is included in this process for individuals who would like to reside in nursing facilities.

Member Support Services

- <u>Who</u> - Members enrolled in MLTSS (ages 60+)
- <u>Why</u> - FSSA is committed to assisting MLTSS members navigate their plan and resolve issues. Further, CMS requires states to provide "beneficiary support services" to enrollees who use, or express a desire to receive, LTSS under 42 CFR § 438.71
- <u>How</u>- MLTSS members will have access to an independent advocate who can assist them with understanding and navigating their coverage and rights in an MLTSS system, including support in resolving MCE issues and navigating the grievance and appeal process

Member Support Services Key Guiding Principles

- Provide education about MCE operations and responsibilities and MLTSS member rights
- Serve as an access point for member complaints and concerns and support the positive resolution of member issues
- Ensure members have access to covered benefits and receive care and services according to their needs and preferences
- Advocate for members and support them in navigating the grievance and appeals processes - including State fair hearings
- Help the State identify and resolve any systemic issues with MLTSS to improve overall program quality and member experience

Conflict Mitigation in MLTSS Environment

Enrollment Services & Members Services:
- Cannot be fulfilled by Managed Care Entities or Medicare plans
- Cannot be fulfilled by anyone with a direct or indirect professional, employment or financial relationship with an MCE or Medicare plan
- Cannot be fulfilled by providers of Medicaid services (e.g., HCBS waiver services)

Wrap Up

Next steps:

- Procurement activity to begin this summer (see [previously published FAQ](#))
- Related topic – Continued conversation with CMS to develop an long-term Expedited Waiver Eligibility process

Upcoming engagement opportunities:

- ADvancing States will be leading Community Conversations and Provider webinars in September
- MLTSS Codesign Engagement 4.0 – send your ideas for implementation and readiness topics!