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# Status of LTSS reform activities (as of Oct. 19, 2021)

**Purpose:** Share and track key policy decisions related to the Family and Social Services Administration Long-Term Services and Supports effort. Details on the implementation of those decisions will be determined through the agency's ongoing stakeholder engagement. Decision points are reflective of input from older Hoosiers, caregivers, provider and industry groups, and other stakeholders.

FSSA's Medicaid-managed care plans ("health plans") are responsible for ensuring access and quality care for their members. Existing managed care foundational principles and protections will be integrated into the mLTSS program design and implementation.

## Foundational managed care principles and protections

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| **Member flexibility and choice in plan** | Members have the opportunity to choose their health plan at enrollment and there are protections in place to ensure have the ability to switch health plans under a defined set of circumstances when their health plan is not meeting their needs ("just cause"). MLTSS members can choose where they want to receive services. FSSA is also considering other mLTSS-specific flexibilities. |
| **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. |
| **Commitment to quality providers** | FSSA health plans may only credential providers who are enrolled with the Indiana Medicaid program (IHCP). |
| **Service authorization timeframes** | To ensure services are authorized in a consistent, efficient, and timely manner, FSSA health plans are required to meet standard authorization timeframes and process requirements. This includes using a standard authorization form. Additionally, FSSA is moving towards requiring plans to use certain standard authorization criteria when making decisions. |
| **Provider choice and continuity of care** | Federal and state rules require members to have a choice of providers and settings and access to services in a timely manner. FSSA's current Hoosier care connect health care plans must ensure that members have continuity of care with previous Medicaid enrolled (IHCP) providers and honor past authorizations for at least 90 days. FSSA is moving towards requiring this as a minimum standard for all programs. |
| **Subcontract requirements** | FSSA health plans cannot subcontract without first providing a 60-day notice to FSSA. Additionally, plans must submit annual subcontractor reports to the state including information on performance and member outreach. |

## Policy decisions complete or nearly complete

| Primary key result | Policy decision | Final recommended decision | Decision date |
|---|---|---|---|
| **MLTSS (KR2)** | When will the mLTSS program begin? | FSSA is planning for the mLTSS program to begin in the first quarter of 2024. | March 2021 |
| **MLTSS (KR2)** | Who is included in the mLTSS program? | The new mLTSS program will include qualifying adults 60 years of age and older, including those on the Aged and Disabled waiver or living in a nursing facility. It will not include anyone currently enrolled in any of DDRS' waivers. | June 2021 |
| **MLTSS (KR2)** | Will the mLTSS program be statewide? | Yes—mLTSS health plans will be required to operate statewide. | June 2021 |
| **MLTSS (KR2)** | Will mLTSS coordinate care for duals (Medicaid and Medicare members)—which are over 80% of the proposed population? | Yes—this is foundational. The new mLTSS program will encourage all Medicaid and Medicare Advantage (duals special needs plans) benefits to be administered like a single benefit package and every member will have a care coordinator assisting them to navigate their care. | June 2021 |

## Policy decisions under consideration

| Primary key result | Policy decision | Considerations | Next steps | Anticipated decision timeframe |
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| **MLTSS (KR2)** | How will services for older adults be coordinated under mLTSS? | Robust care coordination is a key mLTSS benefit to ensure equitable access to critical services and supports. FSSA is considering what elements are needed for holistic care coordination design that reflects the needs of older adults including but not limited to the types of different member assessments. | Establish minimum requirements for how mLTSS plans provide care coordination (including coordination of LTSS services) to ensure maximum benefit to members. | Fall 2021 |

| Primary key result | Policy decision | Considerations | Next steps | Anticipated decision timeframe |
|---|---|---|---|---|
| **MLTSS (KR2)** | Under what CMS authorities will FSSA operate the mLTSS program? | FSSA plans to operate the mLTSS program utlilizing a 1915(b)/(c) combination. This allows for HCBS to be provided through managed care and has less burdensome reporting and administration requirements than other managed care authorities. | Public hearings will be held on these waivers prior to submission to CMS. The timeline for waiver development and public hearings is approximately in late 2022. | Fall 2021 *(to finalize CMS approval path decision)*<br>Winter 2022–2023 *(for waiver development and public comment)* |
| **MLTSS (KR2)** | What benefits and services will be included in the comprehensive mLTSS benefits package? | To deliver holistic services that support individuals in aging at home, FSSA is "carving in" services to include nursing facility services and current home and community-based waiver services with a heavy emphasis on self-direction and structured family caregiving in the benefits package. These would be in addition to traditional Medicaid coverage (e.g., hospital care, labs, preventive care).<br>Medicaid Rehabilitation Option, Adult Mental Health Habilitation Program and Behavioral and Primary Care Coordination will remain available to members and be offered outside of the mLTSS benefit package. | Service package was discussed in spring with stakeholders. Complete discussions on this topic. | Fall 2021 |
| **Expedited eligibility (KR1)** | How will eligible Hoosiers enroll in mLTSS and choose a plan? | FSSA is exploring options for standardizing, speeding up and simplifying the enrollment process to make it easy for members to enroll and to comply with federal intake guidelines. The expedited waiver eligibility pilot is ongoing. | Evaluate expedited eligibility pilot efficiency and results and continue to identify ways to reduce time to services. | Winter 2021–2022 |

| Primary key result | Policy decision | Considerations | Next steps | Anticipated decision timeframe |
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| **Medicaid finance/mLTSS** | How will LTSS reimbursement rates be restructured to drive quality, alignment, transparency, person-centeredness, and sustainability, and to provide forward compatibility with managed care? | In approaching LTSS rate setting methods, FSSA is prioritizing:<br>• Bringing continuity and alignment across LTSS rate methodologies<br>• Facilitating adequate access to quality LTSS services<br>• Aligning provider and participant incentives to achieve access to person-centered services and drive healthy outcomes and participant satisfaction<br>• Reducing disparities in access, quality, site of care and person-centeredness<br>FSSA intends to preserve the current aggregate amount of nursing facility funding across the existing base reimbursement and upper payment limit program. | Continue meeting with providers, industry representatives, and other stakeholders to obtain their feedback on future provider rate structures | Winter 2021–2022 |

## Future policy decisions for consideration with stakeholders

| Primary key result | Policy decision | Topics for consideration | Anticipated decision timeframe |
|---|---|---|---|
| **Expedited eligibility (KR1)** | What will the general structure of permanent expedited eligibility look like and when will it be implemented statewide? | • Evaluate key take-aways from expedited eligibility pilot | Winter 2021–2022 |

| Primary key result | Policy decision | Topics for consideration | Anticipated decision timeframe |
|---|---|---|---|
| **MLTSS (KR2)** | What member supports and protections will be required to ensure smooth transition to managed care and high-quality care once the program is in place? | • Standards for member choice<br>• Member rights Continuity of care<br>• Network adequacy and access<br>• Enrollment and transitions between plans<br>• Cost sharing requirements<br>• Caregiver assessment, supports and training<br>• Ombudsman requirements<br>• mLTSS member advisory committee<br>• Member satisfaction<br>• HCBS waiver monitoring activities, such as incident reporting | Fall–winter 2021–2022 on a rolling basis |
| **MLTSS (KR2)** | What provider protections will be required under the new mLTSS program? | • Provider credentialing processes including standardized provider and health plan contract<br>• Claims submission and payment standards<br>• Prior authorization and utilization management process, staffing and clinical criteria requirements | Fall–winter 2021–2022 on a rolling basis |
| **MLTSS (KR2)** | What will the cultural competency requirements be for mLTSS plans and participating providers? | • Equity<br>• Language accessibility<br>• Accessibility for individuals with disabilities | Fall–winter 2021–2022 on a rolling basis |

| Primary key result | Policy decision | Topics for consideration | Anticipated decision timeframe |
|---|---|---|---|
| **MLTSS (KR2)** | How will the area agencies on aging participate in the new mLTSS program? | • Role in mLTSS intake and enrollment<br>• Role in care and service coordination<br>• Options to provide additional services, such as home delivered meals | Winter 2021–2022 |
| **MLTSS (KR2)** | How will health care services/treatments within the covered benefits be approved? | • Update utilization management requirements and procedures to evaluate medical necessity, appropriateness and effectiveness<br>• Prohibition on subcontracting of utilization management functions | Winter 2021–2022 |
| **MLTSS (KR2)** | What other requirements will be placed on mLTSS plans to ensure quality and transparency? | • Performance measures<br>• Reporting requirements<br>• Subcontracting standards<br>• Staff experience requirement | Fall–winter 2021–2022 on a rolling basis |
| **Quality framework for LTSS program (KR3)** | How will quality be defined and measured? | • Definition of key LTSS program goals and effective interventions to ensure a high-quality program<br>• Data used to measure the program goals<br>• Value-based purchasing updates or new initiatives | Winter 2021–2022 (VBP at a later date) |

| Primary key result | Policy decision | Topics for consideration | Anticipated decision timeframe |
|---|---|---|---|
| **Integrated data systems (KR4)** | How will FSSA use and link data to measure outcomes across the continuum of services? | • Data necessary and essential to developing, incentivizing and monitoring LTSS quality<br>• Data collection requirements related to member and caregiver assessments | Winter 2021–2022 |
| **Workforce (KR5)** | How will FSSA grow the pipeline of direct service workers to ensure sufficient provider support of mLTSS members? | • Strategies for direct care workforce recruitment and retention<br>• Methods for including DSWs and consumers in action items and decisions | Spring 2022 |

As of September 2021, FSSA has engaged over 100 different stakeholders in over 130 meetings spanning topics ranging from mLTSS program design to Medicaid finance considerations. Recently, additional outreach was launched in partnership with advancing states and the Indiana Minority Health Coalition to directly engage older Hoosiers and caregivers. Please see the LTSS webpage for more information on the engagement efforts and presentations from many of FSSA's engagements.

This document will be updated on average monthly or as needed. All decisions and recommendations are subject to change as we continue discussions with stakeholders, review request for information responses, and learn from colleagues across the country with mLTSS programs. Interested stakeholders are welcome to email backhome.indiana@fssa.in.gov with questions or comments. FSSA is continuing to gather input from stakeholders on the recommendations noted below.