# LTSS Reform Update
# MAC Meeting
# August 23, 2022

# Agenda

- LTSS Reform Project Overview
- Updates by Key Result (KR)
  - Data
  - DSW Workforce
  - Duals
  - Finance
  - Quality
  - Self-Direction
  - Expedited Waiver Eligibility

# LTSS Reform Overview

Long-Term Services and Supports (LTSS) program reforms align with our values of Participant **Choice**, **Quality**, and **Sustainability**.

**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**

1. 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. Integrated LTSS data system linking individuals, providers, facilities, and the state
5. Recruit, retain, and train of direct support workforce

MLTSS Quality Framework Goals:

- Person-Centered Services and Supports
- Ensuring Smooth Transitions
- Access to Services (Participant Choice)

# Integrated LTSS Data (Key Result 4)

**KR4 Objective**: Create an integrated LTSS data system linking individuals, providers, facilities, and the state

## Why integrated data?

- Integrating siloed and fragmented systems gives providers a complete picture leading to better clinical outcomes
- Integration allows for metrics analyzing appropriate data which leads to better quality of care

## Surveillance Plan

- Created a nimble cloud environment to integrate LTSS data
- Developed a LTSS surveillance plan and currently working to map measures to data sources

# Direct Service Workforce (Key Result 5)

**KR5 Objective**: Create and implement a person-centered, statewide plan – the Indiana Direct Service Workforce (DSW) Plan – to improve the recruitment, training, support, and retention of direct service workers in home and community-based settings.

- Engaged the Bowen Center to develop an Indiana DSW Plan focused with the purpose of better recruiting, training, retaining, and supporting DSWs in HCBS
- Created Indiana's first Direct Service Worker Advisory Board
- Focusd on intentional & frequent engagement including a 6-hour stakeholder workshop on 7/26


**Key Categories in Indiana DSW Plan**

# Duals

FSSA is committed to increasing the coordination for dual eligible individuals (Medicaid and Medicare) who are key population impacted by LTSS reform. Increased coordination of Medicare and Medicaid services and systems is critical to improving dual eligible quality of care and health outcomes.

## Key Progress:

| Enhanced Contracting | Medicare Data | Building Sustainable Partnerships |
|---|---|---|
| • Growth of Indiana Dual-Eligible Special Needs Plans (D-SNPs) from 5 in 2021 to 9 in 2022<br><br>• New CY2022-23 D-SNP contract requirements focusing on care coordination, data/info sharing, social determinants of health, and stakeholder collaboration | • Collection of Medicare Encounter data from current IN D-SNPs<br><br>• Growth in FSSA capacity to use Medicare data and identify dual eligible member health outcomes | • FSSA/Area Agency on Aging/D-SNP care coordination touchpoints (twice monthly)<br><br>• Monthly meetings with Indiana State Health Insurance Assistance Program (SHIP)<br><br>• Increased coordination and collaboration with Indiana DSNP partners |

# Medicaid Finance Key Result

**Medicaid Finance Objective**: strategically transition current fee-for-service LTSS reimbursement structures to drive quality, alignment, transparency, person-centeredness, and sustainability, and to provide forward compatibility with managed care.

## Key Updates

**Formed a steering committee composed of IHCA, Leading Age, HOPE, IHA, and FSSA to continue the work related to updating:**

- Nursing facility base rates and Quality Assessment Fee (QAF)
- Nursing Facility Supplemental Upper Payment Limit (UPL) Program
- Quality Metrics for inclusion in the UPL Program

**Guiding principles for the work include:**

- Supporting person-centeredness, equity, and positive impact to quality of life
- Driving quality and improvement
- Alignment and transparency.
- Sustainability
- Supporting a robust workforce
- Creating administrative simplification
- Designing for underserved areas and special populations
- Providing a runway for change
- Balancing LTSS reimbursement continuum

# Quality Framework Overview

Following a comprehensive landscape assessment, FSSA identified three goals to guide MLTSS/LTSS reform. These priorities will endure year-over-year to build on initial investments.

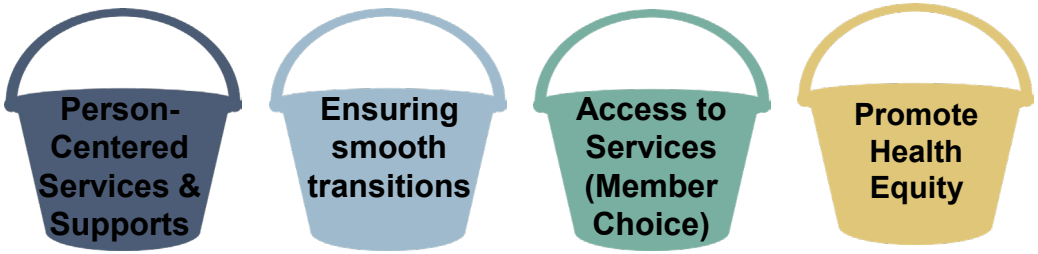
| | |
|---|---|
| 1 | **Person-Centered Services and Supports**<br>Develop service plans and deliver services in a manner that is person-centered, participant-driven, holistic, involves caregivers, and addresses SDOH. |
| 2 | **Ensuring Smooth Transitions**<br>Ensure continuity of care and seamless experiences for participants as they transition into the MLTSS program or among providers, settings, or coverage types. |
| 3 | **Access to Services (Participant Choice)**<br>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. |

# Value Based Purchasing (Key Result 3)

**KR3 Objective**: **Overall: Link provider payments to member outcomes (value-based purchasing)**

- Created and finalized LTSS quality framework and goals
- Developed MLTSS Pay for Outcome measures
- Following an information gathering period, CMS released first ever HCBS Quality Measures in July
- Currently, reviewing planned surveys and other metrics to help define VBP using Quality Goals as a guide. Engaging national VBP expertise.

**Our Quality Goals**



# Self Direction

Through consumer engagement, FSSA received feedback to re-design self-direction for older Hoosiers and those living with an intellectual/developmental disability.

## 1915j Waiver

### Current Self-Direction Model

1) Aged and Disabled Waiver

a) Consumer Directed Attendant Care

b) Participant Directed Home Care Attendant

### Technical Assistance

1) Applied Self Direction

2) NCAPPS Learning Collaborative

### Populations

1) Aged and Disabled Waiver Participants (and MLTSS).

2) Division of Disability and Rehabilitative Services.

### Design Elements

1) Personal care services

2) Goods and Services

3) Support broker

4) Fiscal intermediary

# Expedited Waiver Eligibility (Key Result 1)

**KR1 Objective**: Ensure Hoosiers have access to home and community-based services within 72 hours

## Expedited Waiver Eligibility (EWE) Pilot

- Began October 13, 2020
- Operates under federal PHE authority and can continue for up to 6 months after the PHE ends
- To date, have approved over 4,100 applications
- Working with CMS to develop a long-term program