



Medicaid Advisory Committee Minutes

August 26, 2021

Virtual meeting via Zoom

Members Present

Dr. Leila Alter, Ms. Tabitha Arnett, Rep. Brad Barrett, Senator Jean Breaux, Senator Liz Brown, Dr. Melissa Butler, Senator Ed Charbonneau, Rep. Ed Clere, Mr. Michael Colby, Ms. Terry Cole, Ms. Elizabeth Eichhorn, Rep. Rita Fleming, Senator J.D. Ford, Ms. Rachel Halleck, Mr. Herb Hunter, Rep. Mike Karickhoff, Mr. Rodney King, Senator Jean Leising, Ms. Barbara McNutt, Mr. Gary Miller, Ms. Audrea Racine, Mr. Evan Reinhardt, Mr. Mark Scherer, Rep. Robin Skackleford, Ms. Katy Stafford-Cunningham, Ms. Allison Taylor (Chair), Ms. Kimberly Williams, and Senator Shelli Yoder. Ms. Maddie Howe Augustus served as delegate for Michael Niland of the Indiana Association of Health Plans.

I. Call to Order/Opening Comments

Medicaid Director and MAC chair Allison Taylor called the meeting to order at 10:07 a.m. and welcomed members and guests. Ms. Taylor asked all MAC members to register their attendance and provided brief instructions about navigating the virtual platforms used today, Zoom for MAC members and presenters and YouTube for members of the public.

II. Approval of May 2021 Minutes

Ms. Taylor invited approval of the May 2021 meeting minutes. Mr. Herb Hunter moved to approve. Mr. Rodney King seconded. The minutes were approved with no changes.

III. MAC Updates

Ms. Taylor provided a brief review of the history of the Medicaid Advisory Committee. The MAC was established by state statute and serves in an advisory role for the Office of Medicaid Policy and Planning. It is comprised of elected officials, provider group representatives, and taxpayer and citizen representatives who share opportunities and challenges with the goal of helping the state run the best Medicaid program. The group meets quarterly and the agenda includes updates about legislation and rules impacting Medicaid, as well as programmatic updates. The group also hosts special forums on Medicaid waivers that are optional for MAC members to attend. All meeting information is available on the MAC website.

Ms. Taylor introduced Senators Jean Leising and Shelli Yoder, two new legislative members of the MAC, and indicated several new provider representatives would be introduced at the November meeting.



Ms. Taylor informed the committee that formal nominations for the role of MAC co-chair will be entertained during the November 30 regular meeting and invited a conversation with any interested members.

The special MAC meeting regarding the HIP post-award forum is Tuesday, August 31, from 10 a.m. – noon and will be conducted virtually. The next regular MAC meeting is Tuesday, November 30, from 10 a.m. – noon and is currently planned to be conducted in person in the IGCS Conference Room B.

IV. Rules

Ms. Taylor introduced Mr. Adrian Bottomly, FSSA staff attorney, who presented a brief overview of several rules impacting Medicaid and where the rule is in the promulgation process.

LSA 19-602 (Eligibility Rule) amends 405 IAC 2 to amend its current rules to impacting Medicaid eligibility. The amendment adds criteria for post-eligibility treatment of income for members receiving home- and community-based service waivers. It creates eligibility criteria for End Stage Renal Disease services for members that are not otherwise eligible under the Medicaid state plan. This rule implements new Medicaid financial eligibility requirements under Modified Adjusted Gross Income standards; updates the real property resource criteria for purposes of determining eligibility; and updates the rule to conform to the most current supplemental security income (SSI) policies. It amends the rule to conform to state law at IC 12-15-3-8 regarding college savings accounts and clarifies policy regarding burial spaces and funeral expenses. This rule establishes a Medicaid eligibility category for former foster care children and removes the expiration date of 405 IAC 2-8-1.1. Finally, this rule updates definitions and terminology and removes outdated references and amends the presumptive eligibility criteria and process. OGC submitted the blue binder to the Office of the Attorney General. The rule was approved by the Office of Attorney General. It was published in the Indiana Register and became effective on July 1, 2021. Mr. Bottomly invited questions. There were none.

LSA 21-162 (3% Rate Reduction 2023) amends 405 IAC 1-8-3 to extend through June 30, 2023 the three percent (3%) rate reduction for covered outpatient hospital services that is currently set to expire on June 30, 2021. It amends 405 IAC 1-10.5-6 to extend through June 30, 2023 the three percent (3%) rate reduction for covered inpatient hospital services that is currently set to expire on June 30, 2021. Effective 30 days after filing with the Publisher. Statutory authority: IC 12-15-1-10; IC 12-15-21-1; IC 12-15-21-2; IC 12-15-21-3. The documents were submitted to SBA for approval. The rule was withdrawn on July 14, 2021, and the withdrawal was published on July 15, 2021. Mr. Bottomly invited questions. Mr. Rodney King asked for clarification. Ms. Taylor indicated the 3% reduction no longer exists.

LSA 21-32 (HIP Bridge Rule). The proposed rule amends 405 IAC 10-13 and adds HIP Workforce Bridge Account guidelines. The HIP Workforce Bridge Account provides \$1,000 for eligible members to use for qualified health care expenses during the 12-month period

following disenrollment from HIP. This account is available to individuals who are no longer eligible for HIP due to an increase in income and who have completed enrollment in commercial insurance or will need to complete enrollment in commercial insurance to have continued coverage. The blue binder for the rule was submitted to the Office of Attorney General for approval and adoption. The rule was published in the Indiana Register and became effective on August 9, 2021. Mr. Bottomly invited questions. There were none.

V. FSSA Updates

1. *FSSA Office of Healthy Opportunities and WISE Partnership – Amy Gilbert, Chief Science Officer, and Megan Lisch, Special Projects Director*

Ms. Taylor reminded MAC members that Dr. Daniel Rusyniak is FSSA's new Secretary following the departure of Dr. Jennifer Sullivan. Dr. Rusyniak's key values are collaboration, simplicity and the prioritization of equity and data-driven decision making to ensure access to and delivery of services. She then introduced Megan Lisch, FSSA's special projects manager, who presented information about FSSA's Office of Healthy Opportunities.

The Office of Healthy Opportunities was formed in 2018 to integrate social drivers of health, including racial and social equity, into FSSA programs, policies and services. It is currently led by the agency's inaugural chief health equity and Americans with Disabilities Act officer Breanca Merritt, Ph.D., and is comprised of a multidisciplinary team of individuals with expertise in public health, advocacy, process and quality improvement, law, and other areas. The office is charged with achieving health equity, which differs from equality. Equity highlights the need to understand our service populations and provide supports to reduce gaps and barriers, especially in communities that have been historically marginalized. (Slides 1-3)

The office has developed a path to guide our work, with the steps being understand, educate, refer, build and prevent and mitigate. To understand the needs of Hoosiers, the office developed the Hoosier Health and Well-being Atlas, which collects data from voluntary assessments completed in the FSSA benefits portal. The questions touch on several domains, including food and housing security, childcare access, personal safety, and transportation. The data is aggregated by county in an interactive dashboard available on the FSSA website and the state's equity data portal. To educate staff on various topics related to the social determinants of health, the office launched an employee awareness campaign titled, "Health is More than You Realize." This microsite features graphics, interviews, articles, and external resources to allow staff to learn at their own pace. This material empowers staff to better understand the Hoosiers we serve. A system that has been built because of the COVID-19 pandemic is Operation Food, a multiagency effort to address food insecurity. Various programs and policies have been initiated by this effort, including the deployment of national guard personnel to assist with food distribution, pandemic electronic benefits transfer for youth, the expansion of SNAP benefits, and SNAP online purchasing. This summer, the office launched various workgroups and teams to build capacity and involve staff throughout the agency in the office's work. The teams and workgroups consist of staff from each FSSA division and central business unit, including OMPP, and incorporate persons with lived experience. The teams focus in areas including community engagement, policy, accountability, capacity building, racial and social equity, and education. (Slides 4-10)

Amy Gilbert, FSSA's chief science officer, introduced herself to share information on the WISE Indiana state academic partnership. She shared that while FSSA is privileged to have numerous subject matter and methodological experts, sometimes external expertise can help with projects involving literature reviews, analyses, and evaluations. This is where the WISE Indiana partnership comes in. WISE Indiana, which stands for well-being informed by science and evidence in Indiana, is a partnership between the Indiana Clinical and Translational Sciences Institute's (CTSI) Monon Collaborative and Indiana FSSA to engage Indiana's nationally recognized academic experts to evaluate and inform Indiana practices, programs and policies. The partnership aligns with and furthers the visions of both organizations by facilitating timely, high-quality evidence-informed research, evaluation and analysis to the benefit of all Hoosiers. (Slides 11-12)

WISE has been involved in a few task orders that involve equity. Since the beginning of the pandemic, the partnership has engaged academic partners inform Indiana's pandemic response. The COVID-19 Daily Digest provides literature reviews and commentaries and answers to frequently asked questions. This project has also provided training to call center staff and other supports to equip individuals with data and evidence to make decisions. Another relevant task order that was completed was an analysis of whether and how pandemic-related changes to SNAP have achieved the goal of increased food access in Indiana. The project was completed in partnership with the POLIS Center and their SAVI tool. Findings from this analysis will be published at a later date and will include interactive maps available in SAVI for public consumption. (Slide 13)

Over the coming months, the office of healthy opportunities is excited to identify learning opportunities on equity and disability-related topics, build resource repositories for use by FSSA staff, and refine agency policies and procedures to incorporate equity. The office will continue to engage WISE for subject matter expertise and expert consultation in program evaluation, policy analysis, curriculum development, and other topics as needed. (Slide 14)

Rachel Lane, FSSA's chief transformation office, will be presenting a during a keynote session at the upcoming Indiana Health Coverage Programs Live Seminar on October 7 to talk more about the office of healthy opportunities and where Indiana stands with various social drivers of health and related outcomes. (Slide 15)

Ms. Gilbert provided contact information for the Office of Healthy Opportunities (Slide 16) and Ms. Taylor commented that this presentation to the MAC was prompted by a question during a past meeting regarding the ways FSSA is addressing equity in its programming. Ms. Taylor invited questions. There were none.

2. SUD/SMI Workgroup Update – Lindsay Baywol, Policy Developer

Ms. Taylor introduced Lindsay Baywol, OMPP policy developer, to present the SUD/SMI workgroup update.

Indiana's 1115 SUD demonstration waiver was established on February 1, 2018 through December 31, 2020. On October 26, 2020, the 1115 and SUD and SMI waiver renewals were

approved for an additional five years, through December 31, 2025. These waivers allow the State to receive federal financial participation (FFP) for short-term inpatient and residential stays for individuals aged 21-64 in qualified facilities that are considered institutions for mental diseases (IMDs) under federal law. These waivers require robust federal monitoring and evaluation to measure success. (Slide 3)

In the summer of 2018, FSSA convened a group of OMPP and DHMA staff to identify key areas for enhanced collaboration. Providers and managed care entities gave feedback through a series of focused discussions. The initial work of this SUD/SMI workgroup led to process improvements around prior authorizations and communication between the state, providers and MCEs. Since 2018, OMPP and DMHA have continued intentional monthly collaboration around SUD and included SMI work when that waiver was approved in 2020. (Slide 4)

The goals of Indiana's SUD waiver are: expanding availability of SUD services and providers; increasing utilization of evidence-based treatment methods; and improving and simplifying administrative processes. (Slide 5)

SUD data shows an increase in members across all ages receiving SUD treatment (Slide 6) in 2020 and trends in emergency department visits in 2019-2020 (Slide 7). There has been an increase in the number of SUD behavioral health providers enrolled since IHCP began including licensed behavioral health professionals in November 2020. Currently, there are 1989 mid-level behavioral health providers enrolled.

Indiana's SMI waiver goals are: (1) reducing utilization and length of stay in emergency departments; (2) reducing preventable readmissions to acute care hospitals and residential settings; (3) improving availability of crisis stabilization services; (4) improving access to community-based services; and (5) improving care coordination and continuity of care in the community post discharge. (Slide 8)

The data on slide 9 shows that the waiver population is utilizing outpatient behavioral health services more than the Medicaid population, so we need to evaluate our current policies to ensure both populations have access to services. Slide 10 shows emergency department utilization in calendar year 2020 and reflects COVID-19 trends. According to DMHA, the expansion of telehealth services has resulted in an increase to adherence to treatment plans.

The SUD/SMI Workgroup achieved notable improvements in the SUD treatment system in 2020 including: (1) COVID-19 response efforts to ensure individuals could continue to access treatment in the rapidly changing environment; (2) modifications to telehealth; (3) EMS for naloxone coverage; and (4) expanded enrollment for licensed behavioral health providers. (Slide 11) In 2020, the SUD/SMI Workgroup focused on key initiatives to increase coverage for and access to SUD treatment. The initiatives included: (1) credential change for addiction counselor in training II (ACIT II); (2) SUPPORT Act grant; (3) OpenBeds treatment connection; (4) coverage of Medicare Opioid Treatment Program (OTP) codes; (5) alignment of program

metrics for dashboard; (6) Medication Assisted Treatment (MAT) policy; and (7) safe care for infants universal SUD screening in pregnancy. (Slide 12)

During 2021, the workgroup has focused on improving access and delivery of SUD treatment through: (1) OTP policies; (2) telehealth; (3) transitions of care; (4) early intervention work; (5) ASAM levels of care guidelines; (6) length of stay and rate differences; and (7) parents receiving SUD treatment. (Slide 13) The larger workgroup meets monthly and smaller workgroups that do the detail work meet regularly.

Ms. Baywol provided a brief update on telehealth policy and thanked Senator Charbonneau for his work on Senate Bill 3, which was signed by Governor Holcomb on April 20, 2021. The telehealth legislation replaced outdated terminology, added language that Medicaid may not impose location requirements, expanded the practitioner list, and allows for audio-only telehealth. (Slide 3) The telehealth definitions are described on slide 4 and the expanded practitioner list is shown on slide 5. Medicaid's next steps are to make updates to the state plan, rewrite the IAC to reflect IC changes, develop the telehealth services code set, rewrite the telehealth services module and publish the changes. (Slide 6)

Ms. Baywol invited questions.

Questions/Comments

Q: Are licensed social workers required to be supervised or can they bill directly to Medicaid?

A: Licensed clinical social workers no longer need supervision. But licensed social workers cannot enroll and are required to have supervision by an enrolled IHCP provider.

A: The bulletin outlining new behavioral health providers can be found here:

<http://provider.indianamedicaid.com/ihcp/Bulletins/BT2020108.pdf>

Q: Senator Jean Leising – Does OMPP monitor county-by-county data for drug addiction deaths or suicide deaths, and if so, where is that data available?

A: Medicaid receives mortality statistics from IDOH.

Q: Senator Leising – With all of the agencies involved, why are we not keeping or disclosing this type of data?

A: Allison Taylor – We will need to check with our DMHA partners about this question.

VI. Public Comments

Ms. Taylor invited additional questions from the MAC and public.

Representative Ed Clere requested an update on LTSS activities and suggested a timeline of activities for MAC members. Ms. Taylor responded that FSSA has launched an LTSS webpage

and is working to fill content. To date, 83 stakeholder meetings have occurred. Moving forward, we will work to provide regular updates to the MAC.

Representative Clere asked for an update about bridging eligibility transition for members ready for discharge going into a weekend, noting staffing challenges for agencies. Ms. Taylor responded that Medicaid has been operating a pilot program for expedited eligibility since October 13, 2020, and nearly 2000 member placements have occurred. We are examining the results and there will be further discussion about this population and issue.

VII. Closing Comments

Ms. Taylor invited thoughts and reflections about the MAC co-chair position and reminded members to watch for an email with details about the HIP post-award forum meeting on August 31. That optional meeting is open to MAC members. The next regular quarterly meeting of the MAC is Tuesday, November 30, from 10 a.m. – noon. It is currently planned as in-person, however we will adjust to a virtual format if conditions warrant.

With no further business to conduct, the meeting adjourned at 11:42 a.m.