

Indiana Family & Social Services Administration

# IHCP Works

10/24/2023





# 2023 Priorities

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Aging  
Medicaid  
population

2023 PRIORITY

Mental  
health  
infrastructure

2023 PRIORITY

Access  
to affordable,  
quality child  
care





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# Key Tenets of the Program

MLTSS builds on Indiana's long-standing, statewide partnerships offering comprehensive benefits to Hoosiers – **80+% of current Medicaid members receive services through managed care plans.**




### CHOICE

- Creates **better opportunities** for Hoosiers **to age at home**
- MLTSS plans responsible for making sure every **member** has **access to all eligible services**
- Promotes **integration** with the community and **consumer access** to LTSS



### QUALITY

- Single point of **accountability**
- MLTSS is the **best path** for **aligning benefits** and improving experience for **duals** (80% of program)
- Extending care coordination to older Hoosiers and offering **single point of contact** for every member
- Comprehensive monitoring of **member satisfaction**



### SUSTAINABILITY

- Creates **financial incentive** to improve health outcomes, especially for members receiving services in two programs: Medicaid and Medicaid
- Drives **system accountability**
- Promotes **rebalancing** of expenditures
- **Prevention** of waste & abuse





# Long-Term Services and Supports Reform

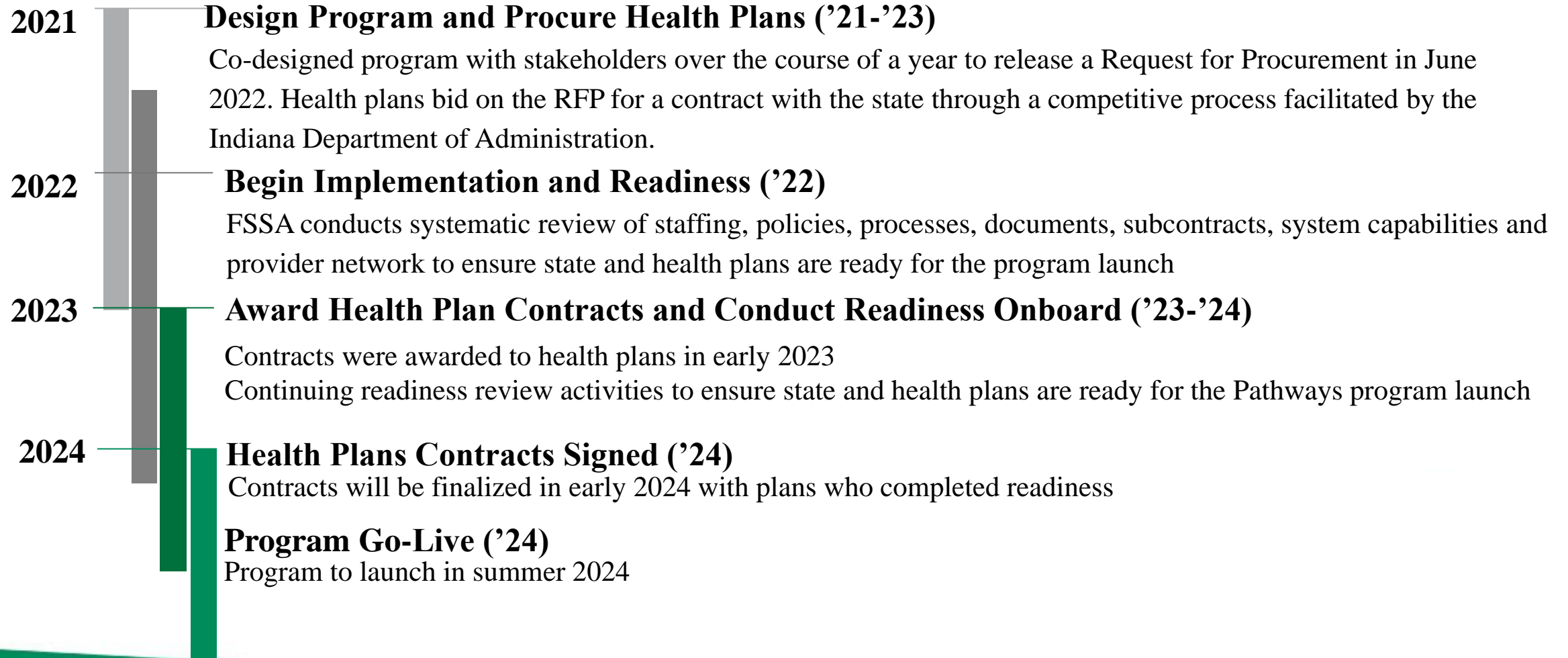


**Overall Objective:** 75% of new LTSS members will live and receive services in a home and community-based setting

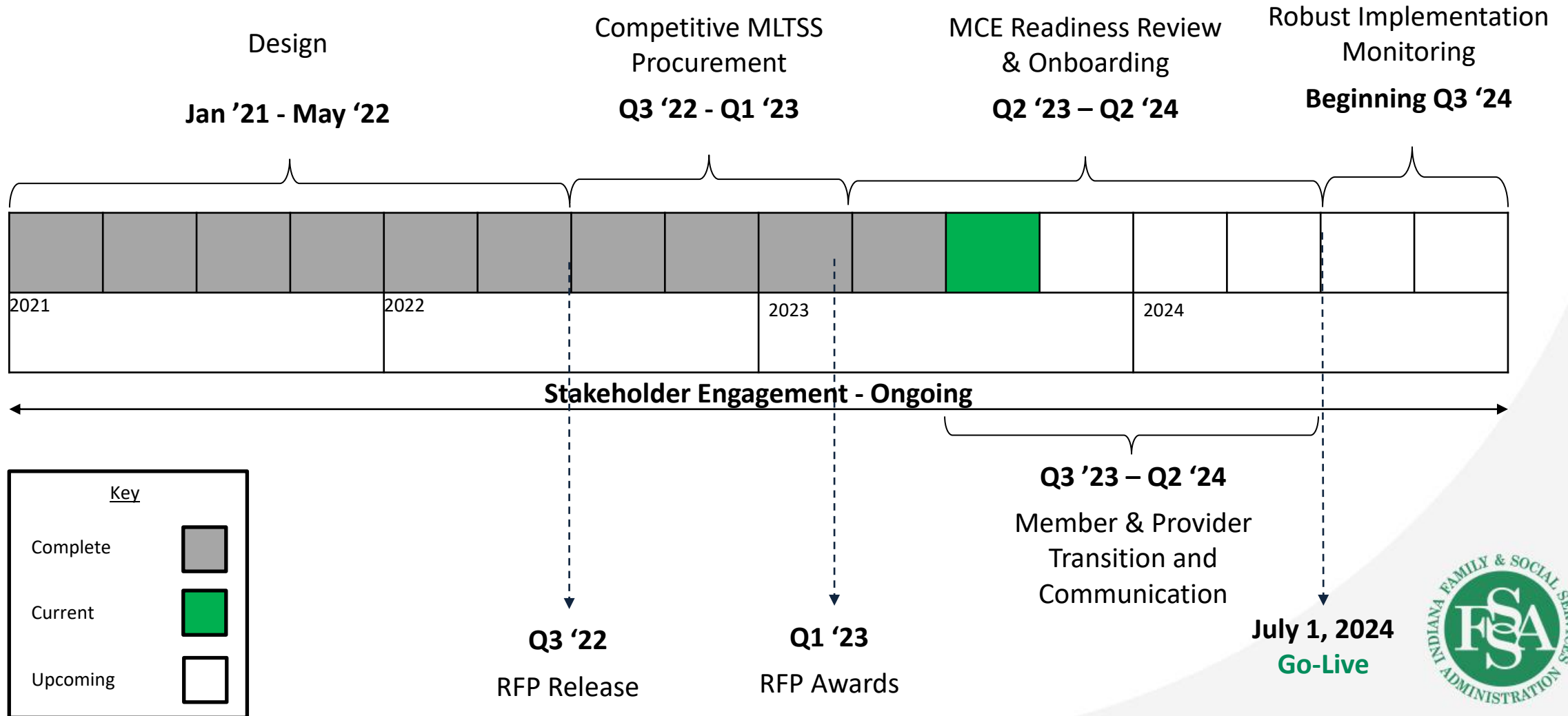
- Faster eligibility
- Move to **Indiana PathWays for Aging** in 2024
- Pay for outcomes, not transactions
- Integrate LTSS data systems
- Support the growth, retention and training of the HCBS direct service workforce
- Create Home Health Roadmap
- Integrate HCBS waivers



# Indiana Pathways for Aging Milestones



# PathWays Implementation Timeline





# “Faster Eligibility” Update



## **Expedited Waiver Eligibility**

- Initially authorized in Aged & Disabled Waiver as a pilot under the Public Health Emergency. The pilot is authorized under Appendix K through November.
- CMS approved permanent Expedited Waiver Eligibility process in Aged & Disabled waiver for targeted populations.
- Currently working to develop a plan for statewide rollout of permanent process.

## **Level of Care Assessor Representative (LCAR, previously “Enrollment Services Vendor”)**

- Goal of LCAR is to streamline and enhance access to Level of Care determinations in a timely and effective manner.
- RFP awarded earlier this year.
- Will continue with steady state for the near-term and rollout LCAR in July 2025.





# Indiana Ranking on AARP National Scorecard



AARP Scorecard ranked Indiana 27th in the country, up from 44th in 2020, for how well it delivers care for older adults and people with disabilities, as well as supports their caregivers.

- Affordability and access
- Choice of setting and provider
- Safety and quality
- Support for family caregivers
- Community integration

[On the web: Home | Long-Term Services and Supports State Scorecard \(aarp.org\)](#)



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# Build Mental Health Capacity



**Overall Objective:** Build an integrated behavioral health system that can respond to and prevent crisis.

- Build a statewide crisis response system
- Decrease intersections between mental health and justice system
- Expand services for children
- Expand community capacity through payment reform

## Indiana's Future 988 Crisis System

### Someone to Contact



A collaborative network of 988 centers will respond to every call, chat, and text in a standardized and informed manner to resolve crises



### Someone to Respond



Mobile Crisis Teams (MCTs) will be stationed across Indiana, ready to be dispatched by 988 centers for individuals who need in-person support



### A Safe Place for Help



Crisis Stabilization Units (CSUs) across the State will be open to receive individuals whose crises cannot be resolved over the phone or by an MCT



State Infrastructure & Technology Connecting the Three Pillars



# Indiana 988



- One year after launch IN 988 is in top 5 of states for in-state answer rate
- Statewide outreach and marketing effort launched in September to make all Hoosiers aware of critical resource.
- Average of 3,200 to 3,800 calls per month.
- A resource toolkit, accessible in multiple languages at [988indiana.org](https://988indiana.org), includes a collection of promotional tools to help spread awareness of the lifeline.



# Indiana 988



The screenshot shows the homepage of the Indiana 988 Suicide & Crisis Lifeline website. At the top, there is a dark blue navigation bar with the "988 SUICIDE & CRISIS LIFELINE" logo on the left, "FAQs" and "Resource Toolkit" in the center, and a "GET HELP" button on the right. Below the navigation bar is a large hero section with a dark background. On the left side of the hero section is a profile view of a man's face, looking slightly to the right. On the right side, there is white text that reads: "It's nonjudgmental. It's a way forward. It's whatever help you need, when you need it." Below the hero section is a light blue footer area. On the left, it says "Get help now." followed by a paragraph: "If you or someone you know is currently experiencing thoughts of suicide, or a mental health or substance use crisis, please call 988 to reach Suicide & Crisis Lifeline and speak with a trained crisis specialist 24/7." On the right side of the footer, there is a dark blue "GET HELP" button.



# Investing in Mobile Coverage

## Develop teams through current CMHC CRSS Partners - \$30M

Amend existing crisis receiving and stabilization services (CRSS) grants with current CMHCs to add funding to MCTs. This is the quickest way expand the amount of counties with full crisis continuum coverage.



Covered by at least 1 MCT

**GOAL:**  
**50%**  
of the State population will be covered by at least one MCT

## Develop teams through a Community Accelerator Program - \$20M

For counties with higher populations and/or historically underserved populations, DMHA plans to work with trusted community partners to recruit, train and support additional MCTs.

Identify community needs



Develop, train, and integrate MCT teams in crisis system



Teams ultimately become Medicaid providers and/or affiliated with CCBHCs



# CCBHC in Indiana



National Council for Mental Wellbeing

**The CCBHC model is a proven outpatient model that:**

- Ensures timely access to quality services including 24/7 crisis response and care coordination
- Meets strict criteria regarding access, quality reporting, staffing, and coordination with social services, justice, and education systems
- Receives funding to support the real costs of expanding services to fully meet the need for care in communities through a Prospective Payment System (PPS) rate





# WHO can access CCBHC services?

- Anyone who requests care for mental health or substance use
- Accessible regardless of one's ability to pay, place of residence, or age
  - Includes developmentally appropriate care for children and youth



## Nine Core Services



Crisis Services



Screening, Diagnosis, & Risk Assessment



Psychiatric Rehabilitation Services



Outpatient Primary Care Screening & Monitoring



Targeted Case Management



Peer, Family Support, & Counselor Services



Community-Based Mental Health Care for Veterans



Person- & Family- Centered Treatment Planning



Outpatient Mental Health & Substance Use Services



# Treatment Atlas



- Free, confidential, first-of-its-kind tool to connect Hoosiers in need with appropriate addiction treatment and deliver user-friendly information about the quality of available programs
- Easy-to-use dashboard to allow individuals seeking treatment for substance use disorders to search for and compare participating programs using criteria such as location, services offered, populations served, and insurance accepted so they can make an informed decision.

On the web: [Home | ATLAS \(treatmentatlas.org\)](#)



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# Robust Access to Child Care



**Overall Objective:** Work across state agencies to develop a unified approach to supporting high-quality, affordable child care and early learning

- Eligibility
- Regulation and licensure
- How and what we pay for
- Quality systems



# Grants to Expand Access



## **Child Care Expansion Grants**

- Will add 1,728 seats in centers across 19 Indiana counties

## **Employer-Sponsored Child Care Fund**

- \$25 million grant program to help seed the creation and expansion of employer-supported child care benefits for working Hoosier families
- In partnership with the Indiana Chamber of Commerce
- Applications opening later this month



# On My Way Pre-K



- Record enrollment: 7,800 children enrolled so far this school year
- 25% enrollment growth over 2022-23 school year



## Return to Normal



**Take action now to keep health care coverage!**

**CHECK YOUR COVERAGE**  
INDIANA

*What should you do?* Anyone who is currently in one of Indiana Medicaid's health coverage programs, including the Healthy Indiana Plan, Hoosier Healthwise or Hoosier Care Connect, **should take action now to help stay covered.** Update your contact information!

- Go to **FSSABenefits.IN.gov**
- Scroll to "Manage Your Benefits" section
- Click on either "Sign in to my account" or "Create account"

**Watch your mail!** Be sure to respond with any info you're asked for. Need help updating your address? Call 800-403-0864.

**HiP** HEALTHY INDIANA PLAN  
**Hoosier Healthwise**  
**Hoosier CARE CONNECT**

A QR code located in the bottom right corner of the graphic, intended for users to scan and access the FSSABenefits.IN.gov website.



# Medicaid Unwind

**Federal public health emergency in place for three years**

- Wait every 90 days for federal decision
- Population growth
- Federal Medicaid share increased

Prior to pandemic 1 in 5 Hoosiers on Medicaid

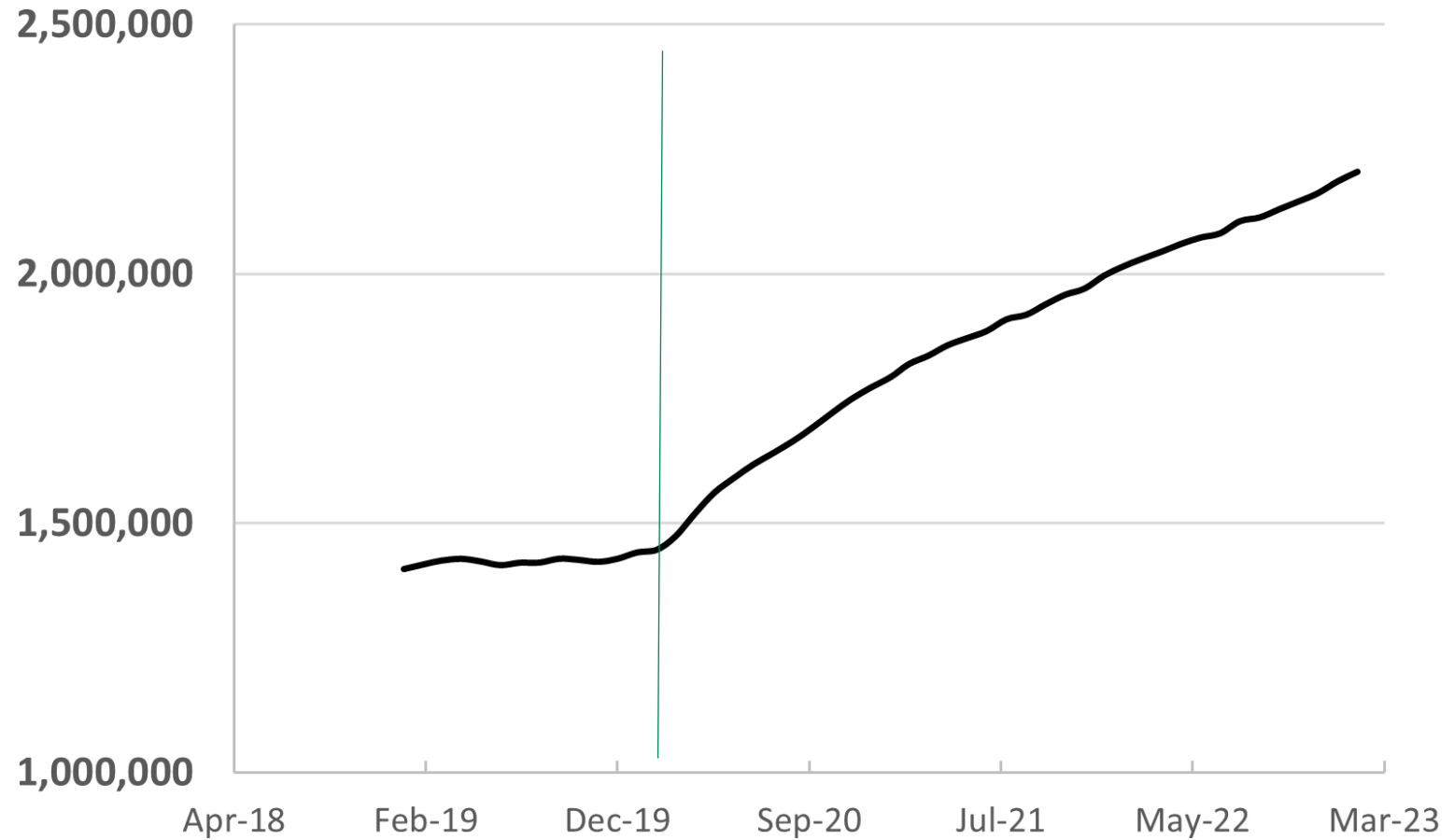
**Now 1 in 3 Hoosiers on Medicaid**







# From 1.4 to 2.2 Million





# Continuous coverage ended

- Redetermination began in April
- Reaching Hoosiers who have never done this
- One of only a few states with no CMS deficiencies
- Extensive outreach to stakeholders and providers continues and television, radio and social media advertisements are running in all counties statewide.

# CMS Unwinding Reports



<b>RENEWALS AND OUTCOMES: Total beneficiaries due for renewal in the reporting period</b>	<b>APRIL % of total due</b>	<b>MAY % of total due</b>	<b>JUNE % of total due</b>	<b>JULY % of total due</b>	<b>AUG. % of total due</b>	<b>SEPT. % of total due</b>
5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled)	41.28%	39.82%	47.99%	51.93%	53.68%	53.88%
5a(1) Number of beneficiaries renewed on an ex parte basis	25.84%	24.97%	37.04%	39.98%	40.91%	42.37%
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e., failure to respond)	29.74%	26.66%	19.20%	19.26%	18.70%	19.03%

# Outreach Efforts, 2023



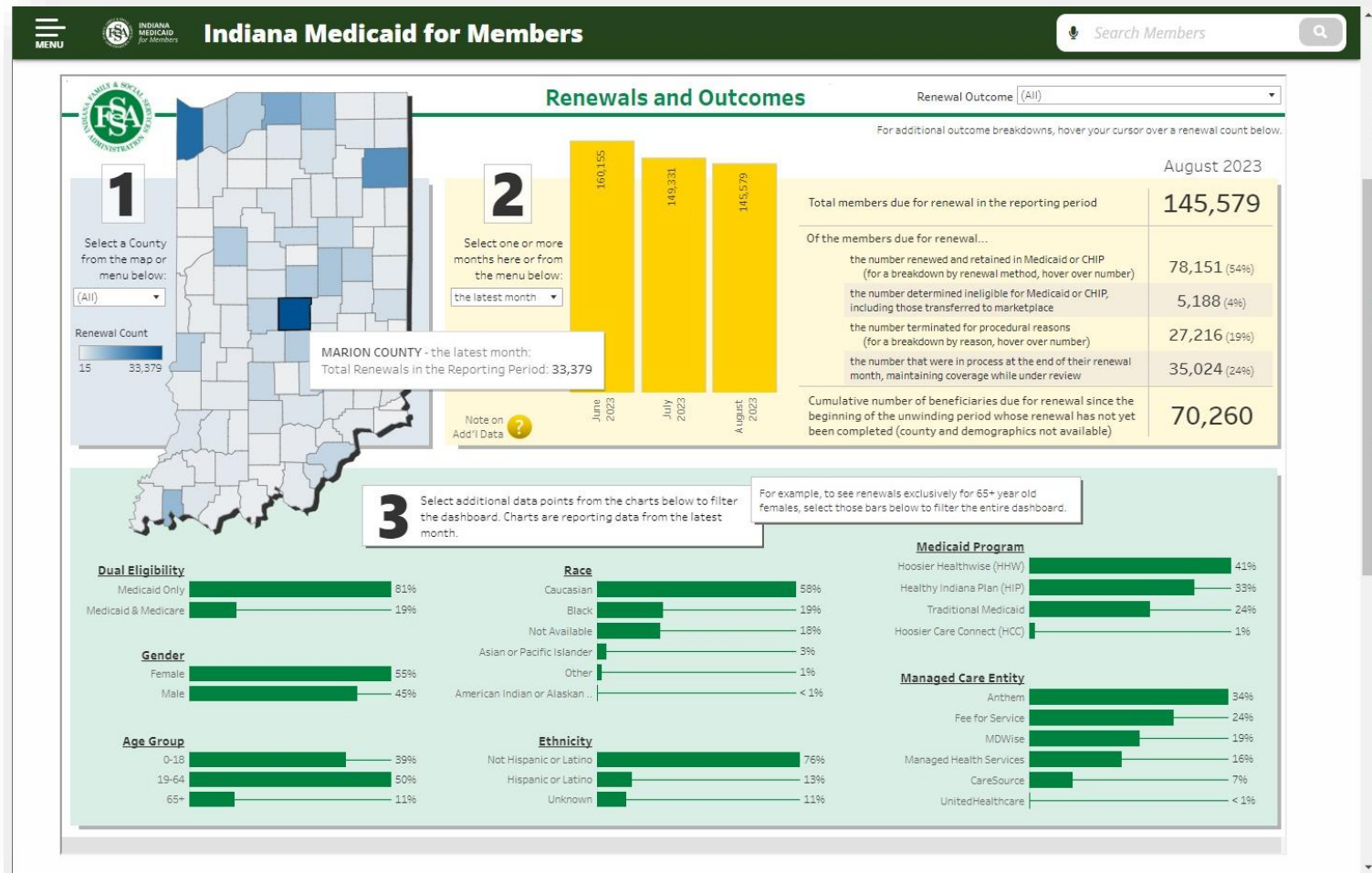
**FSSA made 5 to 7 contact attempts to individuals due for redetermination who did not qualify for auto-renewal.**

	Outreach Method	Items Sent
Advanced Outreach	Postcard	700,000
	211 Outbound Call	49,357
Total Outreach	Warning Letter	324,858
	Renewal Packet (households / members)	455,674 / 624,739
	Text Message	180,030
	DFR Outbound Call	89,202
	Email	81,099
	Postcards Utilizing BMV Data	80,242

**Data Notes:**

- Postcards were sent to all PHE-protected members, who would have lost coverage during the PHE except for the special PHE flexibilities, and 211 Outbound calls were made to all PHE-protected Fee-for-Service members
- Warning letters are sent to PHE-protected members two months before their redetermination paperwork is due
- Renewal Packets are sent to members who do not qualify for ex parte (auto) renewal over a month before their redetermination paperwork is due
- Text Messages are sent to all members who must return their renewal packets, a month before their packets are due.
- Outbound calls were made and emails sent to members who have not returned their renewal packets after the official redetermination due date but prior to the end of the renewal month
- The tables above does not include managed care entity outreach, except for the postcards. In January 2023, MCEs sent postcards to PHE-protected members to prompt them to update their contact information. MCEs are also doing monthly outreach to those who receive renewal packets and those who no longer have coverage
- FSSA is also providing hospitals, nursing facilities and other health care providers with a list of PHE-protected patients/ residents to aid in further targeted outreach efforts.

# Interactive dashboard





# Outreach materials

Outreach materials and commercials are encouraging people to continue to keep this front and center with Medicaid members as we are in the second half of the unwind.





## Mission

To compassionately serve our diverse community of Hoosiers by dismantling long-standing, persistent inequity through deliberate human services system improvement.

## Vision

All Hoosiers live in fully engaged communities and reach their greatest emotional, mental and physical well-being.



# Thank you!

[@AskTheSecretary@fssa.in.gov](https://twitter.com/AskTheSecretary)

FSSA Website: [www.fssa.in.gov](http://www.fssa.in.gov)

Follow us on Twitter @FSSAIndiana



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