



*To compassionately serve
Hoosiers of all ages and
connect them with
social services, health care
and their communities.*

WWW.FSSA.IN.GOV



Secretary's Call Winter 2020



Topics for today

1. New faces! New teams!
2. Program updates
3. Policy updates
4. 2020 priorities



New Faces! New Teams!



Maria Finnell, MD, MS





Lindsey Lux, MHA, SPHR





Medicaid office transformation

Natalie Angel

Operations
Indiana Health
Coverage
Programs, Project
Management
Office, Managed
Care /Q&O

Nonis Spinner

Member Services
Eligibility,
Government
Affairs, HCBS
Waiver Liaisons

Lindsey Lux

Chief of Staff
Development and
Training, Vendor
Management,
Business Strategy,
Provider Services,
Program Integrity

Maria Finnell

Clinical Operations
Pharmacy,
Coverage and
Benefits, Clinical

Kathy Leonard

Reimbursement
Actuarial Services,
Capitation Rate
Setting,
Reimbursement
Strategy



Program updates

1. Humanizing campaign
2. IEDSS
3. NEMT
4. NDI
5. OMW Pre-K
6. SUD workgroups/grants
7. VR Order of Selection update



Humanizing campaign relaunch

- Real Hoosier recovery stories
- Broader messaging relatable to other substance use disorders
- “Know the Facts”
- Through Sept. 2020

Outreach tools available at
www.KnowTheFactsIndiana.org





NEMT

Process Improvement Initiative Work Streams

Initiative	Goal	Status
Provider recruitment	To access state resources to conduct a transportation provider recruitment campaign and augment transportation brokers' efforts	IDOI and DWD instrumental in helping Medicaid support transportation providers' challenges of rising insurance costs and workforce recruitment issues
Expansion of Medicaid transportation provider types	To increase the opportunities for non-traditional transportation providers to enroll in Indiana Medicaid	Nursing facilities: implemented Transportation Network Companies: in process Broker fleets: in queue



NEMT

Process Improvement Initiative Work Streams, Cont'd.

Initiative	Goal	Status
NEMT rates	To utilize the appropriation for the biennium	Wheelchair transportation rates increased 25% Oct. 1, 2019; 51 additional w/c-capable vehicles
EMS providers	Identify opportunities for system improvements and provider education	Through claims analysis identified opportunities for improvement, program updates and system updates



NEMT

Process Improvement Initiative Work Streams, Cont'd.

Initiative	Goal	Status
Dialysis solutions	Increase options for dialysis treatment that would reduce dependence upon member transportation	First nursing facility has started providing in-facility dialysis for its residents
Member engagement and education	To improve utilization management consistently between members and brokers	Member materials developed; state agencies and stakeholders assisting to educate member on how to use the Medicaid benefit



NEMT

By the numbers

2019

Q1-Q4

Q1	Q2	Q3	Q4	
1,301	1,146	1,179	1,150	Avg. # calls for ride requests/day
2,781	2,502	2,509	2,452	Avg. # all calls handled/day
11,670	11,249	11,083	9,399	Avg. # members served/month
53,321	50,777	45,199	44,454	Avg. # rides/month
85%	88.64%	88.72%	88.37%	Need met
3.14%	3.00%	3.04%	2.65%	Non-compliant send-backs
1,633	1,651	1,677	1,620	Active drivers
1,539	1,518	1,574	1,572	Active vehicles
168,006	167,150	172,381	181,830	Claims received
165,946	165,742	171,844	171,921	Claims paid
37.60%	39.37%	35.91%	54.79%	Ridership - high risk members
25.11%	21.61%	22.52%	18.11%	Provider no-show rate
74.89%	78.39%	77.48%	81.89%	Member no-show rate
93%	93%	93%	94%	Positive approval rating
7%	7%	7%	6%	Negative approval rating
94.13%	96.07%	95.63%	96.07%	Call center satisfaction rate



NDI one-year anniversary

- Adult admissions 95, discharges 80
 - ALOS of 165.5 days
- Adolescent and child admissions 50, discharges 24
 - ALOS of 117.6 days
- 10-bed adolescent unit for those with Autism Spectrum Disorders, summer of 2020
 - Total capacity for children and adolescents to 52
- 50 EEGs and approximately 85 MRIs

NDI 
**NEURODIAGNOSTIC
INSTITUTE**

Est. March 2019



On My Way Pre-K

On My Way Pre-k applications for the 2020-2021 School year will be open mid March!

The application process has been improved by:

- An updated online application
- Virtual Appointment options
- Document upload through the use of mobile technology
- Increased communication through the use of email and texting





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Welcome to Early Ed Connect!


Need Help? [\(800\) 299-1627](tel:8002991627) or solutioncenter@earlylearningindiana.org



Apply Online for On My Way Pre-K or Child Care Assistance

[Create My Account](#) [Sign In](#)



 Help	 Find Child Care
 Find My Eligibility Office	 Common Questions



Substance Use Disorder Updates

- Increased bed capacity by 259 beds since December 2017 resulting in 1059 residential bed
- Drafted Indiana Levels of Care for Addiction Services
- 1758 individuals were engaged by a Peer Recovery Coach in the Emergency Department with 59% connected to treatment
- Increased number of prescribers offering buprenorphine by over 8% allowing additional 3,000 Hoosiers access to treatment



Substance Use Disorder

Total Number of Medicaid Population with a SUD Services
 Analysis Period : January-2018 Thru January-2020

Services	Recipient Count	Amount
Medication Assisted Treatment	7,720	\$28,674,101
Early Intervention	834	\$13,005
Outpatient Services	42,343	\$211,144,026
Intensive Outpatient Services	1,764	\$1,522,170
Partial Hospitalization	74	\$114,338
Low-Intensity Residential	227	\$703,425
High-Intensity Residential	2,645	\$14,778,759
Inpatient	9,206	\$61,036,742
Peer Supports	1,080	\$526,776
Total	65,893	\$318,513,342



Order of selection update

- Implemented Aug. 1, 2017
- Eligible individuals with the most significant disabilities (MSD) are prioritized to receive services
- 80% of eligible individuals are MSD and are being served
- Ongoing assessment of capacity and resources to work toward expanding VR services to more eligible individuals





Order of selection update

February 2020

- VR expanded services by releasing 200 eligible individuals from delayed services status
- Individuals were identified based on earliest application date
- 2700 eligible individuals remain in delayed status

FAQ: www.in.gov/fssa/files/FAQ%20updated%20January%202020.pdf

More information: www.in.gov/fssa/ddrs/5285.htm





Updates and initiatives

WIOA combined state plan

- www.in.gov/gwc/2363
- Public comments welcome through March 8

Visionary Opportunities for Increasing Competitive Employment (VOICE)

- VR/DMHA collaboration
- Improving employment services and outcomes for individuals with mental health disabilities
- 300 hours of training and technical assistance through Department of Labor





Hoosier Healthwise rebrand!



Hoosier Healthwise

Support & Services
for Pregnant Women,
Babies, Children & Teens



Policy Updates



SMI waiver

- Third in the U.S.
- Effective 1/1/20
- Covers full continuum of services



Drug Felon Legislation

Indiana passed legislation (IC 12-14-30-3), effective Jan. 1, 2020, that allows for SNAP applicants and recipients who have a drug-related felony to be considered for SNAP eligibility.



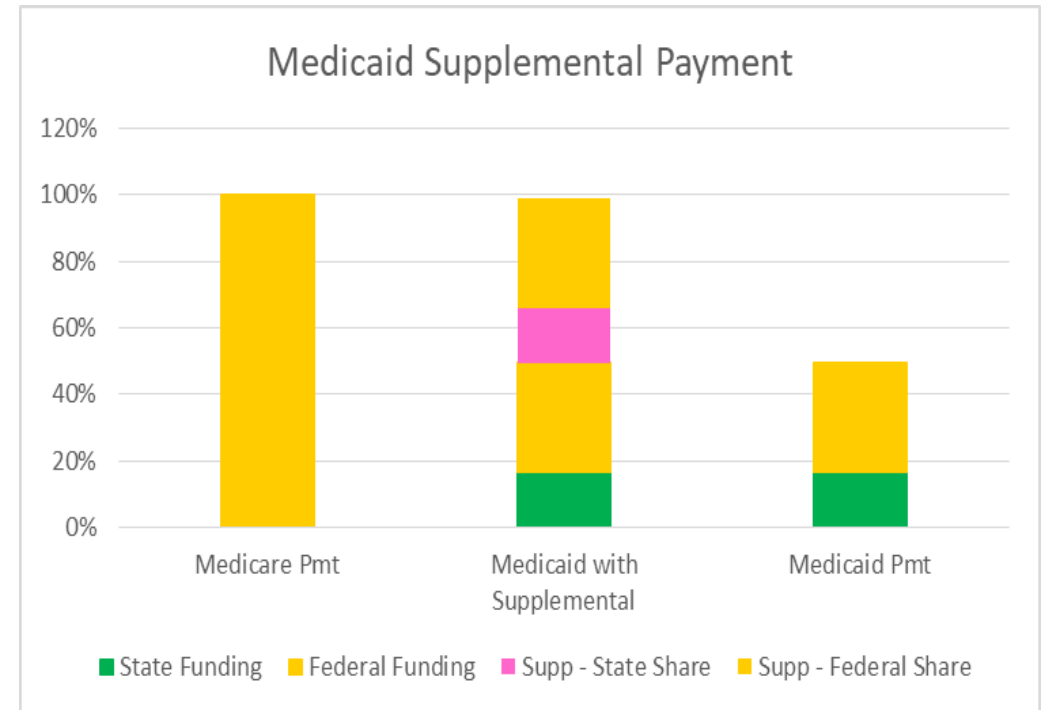


Background Medicaid Supplemental Payment Programs

- Supplemental payments close the gap between Medicaid and Medicare reimbursement levels
- Supplemental programs are often referred to as Upper Payment Limit (UPL) programs

Current Federal requirements for supplemental programs include:

- Public Funds can be used to pay State share of supplemental payments
- Non-State Government Owned or Operated (NSGO) nursing facilities are able to receive supplemental payments





Medicaid Fiscal Accountability Rule State Response to CMS

Implementation timeline

- The state requested a minimum of five years be provided to implement the proposed regulations in order to:
 - Minimize member disruption
 - Collaborate with stakeholders on program changes and
 - Obtain needed funding through the biennial budget cycle
- The extended timeline is key to coordinating ongoing State efforts to transform Long Term Supports and Services (LTSS) and to provide Hoosiers with timely access to these services in their homes and communities

Additional comments

- State share of financial participation: Clarification requested on proposed restrictions
- Health care-related taxes: Clarification requested on “undue burden” and “net effect tests” as they would create uncertainty for the state and providers
- Reimbursement differentials: Impact of proposed changes were outlined with support for maintaining those programs
- The full text of the response is at www.regulations.gov/document?D=CMS-2019-0169-3746



Community Health Worker/ Community Paramedicine

- July 1, 2018, the Indiana Health Coverage Programs (IHCP) began providing reimbursement for services provided by CHWs
- Services are delivered under the supervision of IHCP-enrolled providers
- Future plan
 - Expanding the umbrella policy for community-based providers
 - Determine reimbursement for additional provider types
 - Get the word out!



Division of Aging update

- The Division of Aging amendments to the A&D and TBI Waivers effective Feb. 1. These amendments include updated reimbursement rates for most of these waiver services and will bring an estimated \$63 million additional dollars to providers of the A&D and TBI waiver.
- In Oct. 2019, the Adult Protective Services (APS) program hosted its first learning collaboration about multi-disciplinary teams and vulnerable adult issues.
- The Division of Aging and Office of Medicaid Policy and Planning are moving into Phase 2 of the Long Term Services and Supports reform initiative.





2020 Agency Priorities

1. 2-1-1/Social needs
2. HCBS Waiver DDRS
3. LTSS system implementation
4. MOM grant
5. Mental health network/justice collaboration
6. HIP re-approval
7. HIP Bridge approval/implementation
8. Credentialing reboot



What is HCBS waiver redesign?

- Multi-year process to redesign the Community Integration and Habilitation Waiver and the Family Support Waiver
- Primary goal: Build a support services structure that is a launch pad to a full life as each individual defines it by:
 - Improving waiver structures
 - Modernizing service array



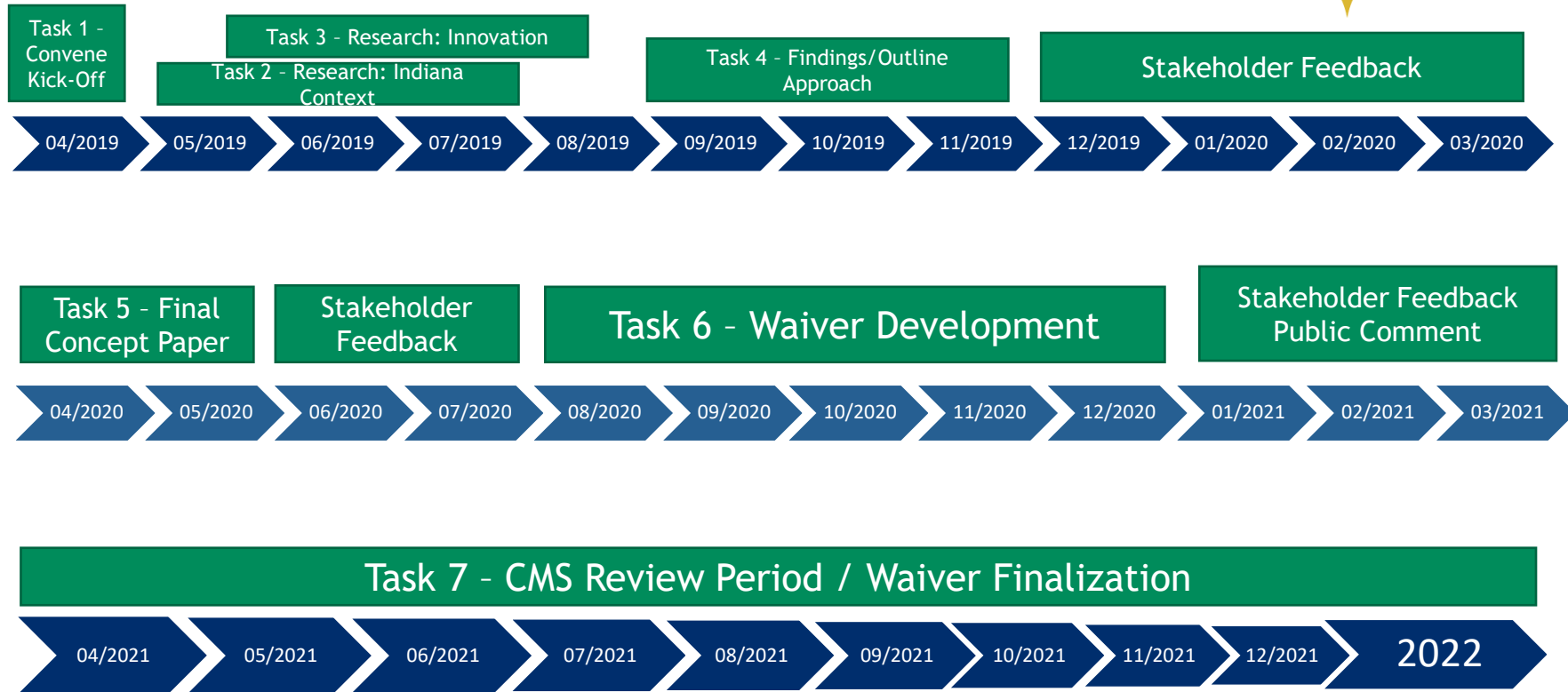
Ways to provide feedback

- Electronic survey
- DDRSwaivernoticecomment@fssa.IN.gov
- BDDS Facebook page
- Building Bridges
- Self-advocate forums

Stay up to date by visiting the BDDS waiver redesign page at www.in.gov/fssa/ddrs/5733



Waiver Re-Design Timeline





Building Bridges

Supporting families
and self-advocates
through engagement





MOM grant

Governor Eric Holcomb

 **NextLevel**

The "NextLevel" logo icon consists of a stylized yellow "N" with a vertical line extending upwards from its top right corner, ending in an arrowhead.

2018 Agenda



Pillar IV
Attack the
Drug Epidemic





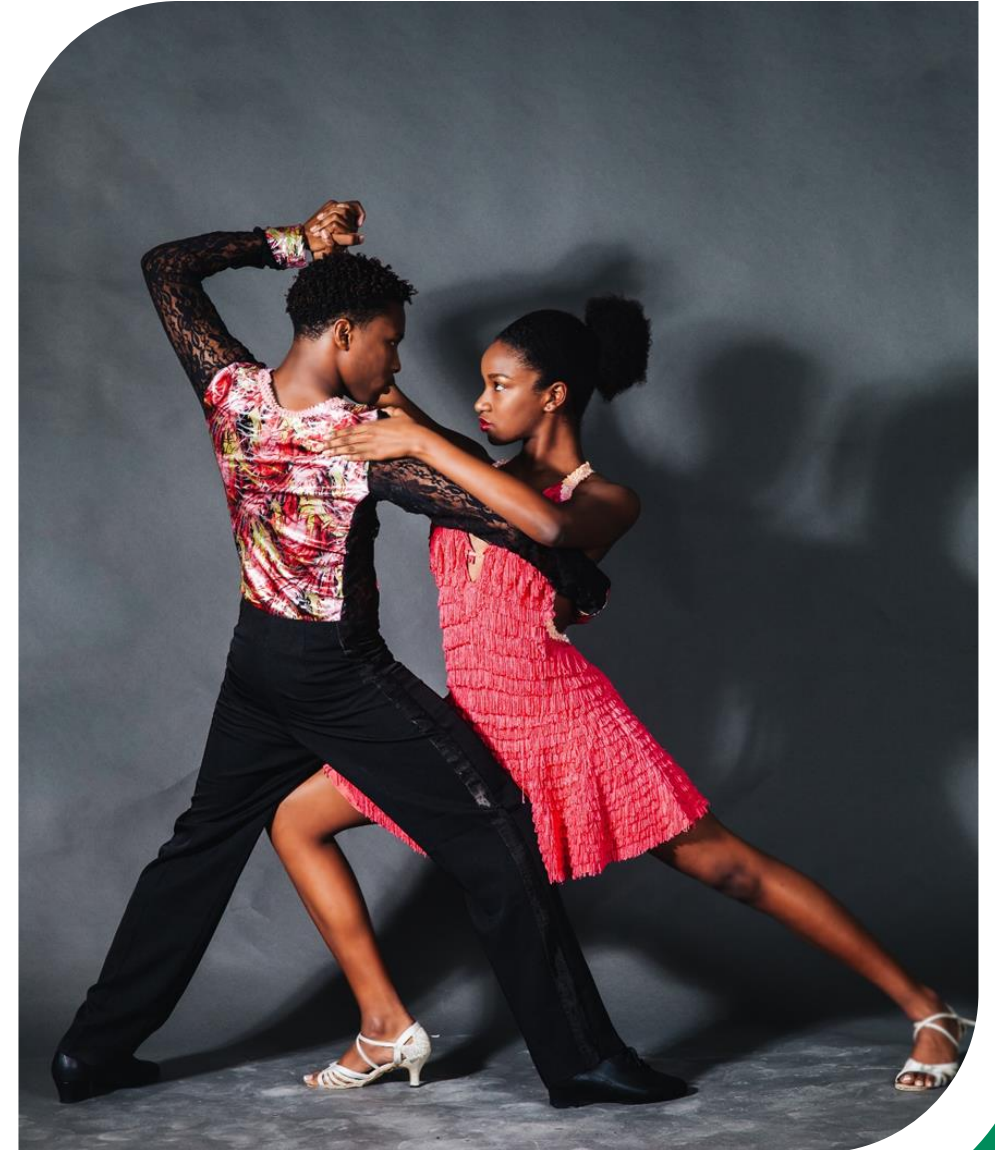
4 Pillars

- Cooperative Comprehensive Care Coordination
- ECHO
- Technology/SDOH
- Coverage



Choreography

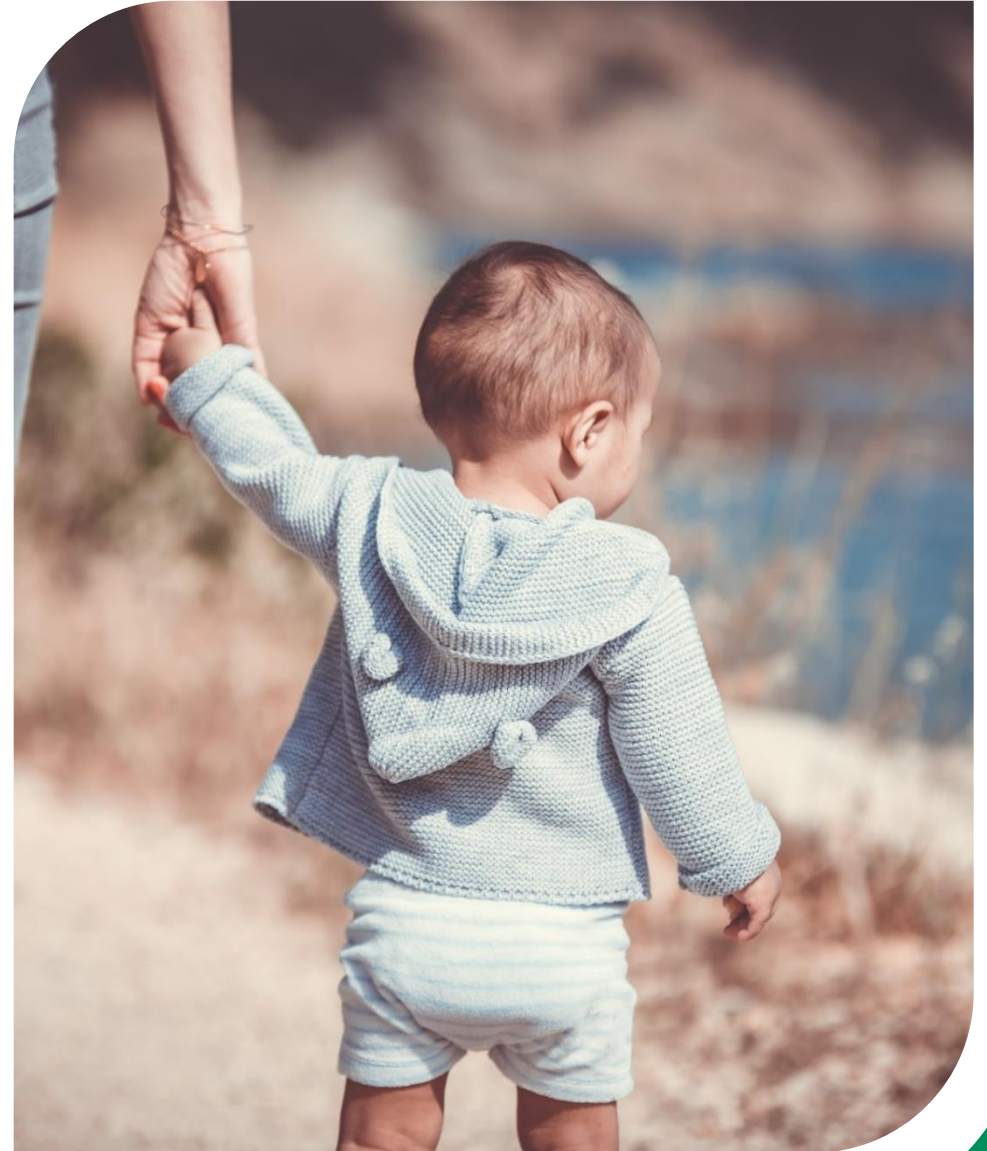
- OB Navigator
- SUD grant
- ISDH
- DMHA
- MCE





Questions

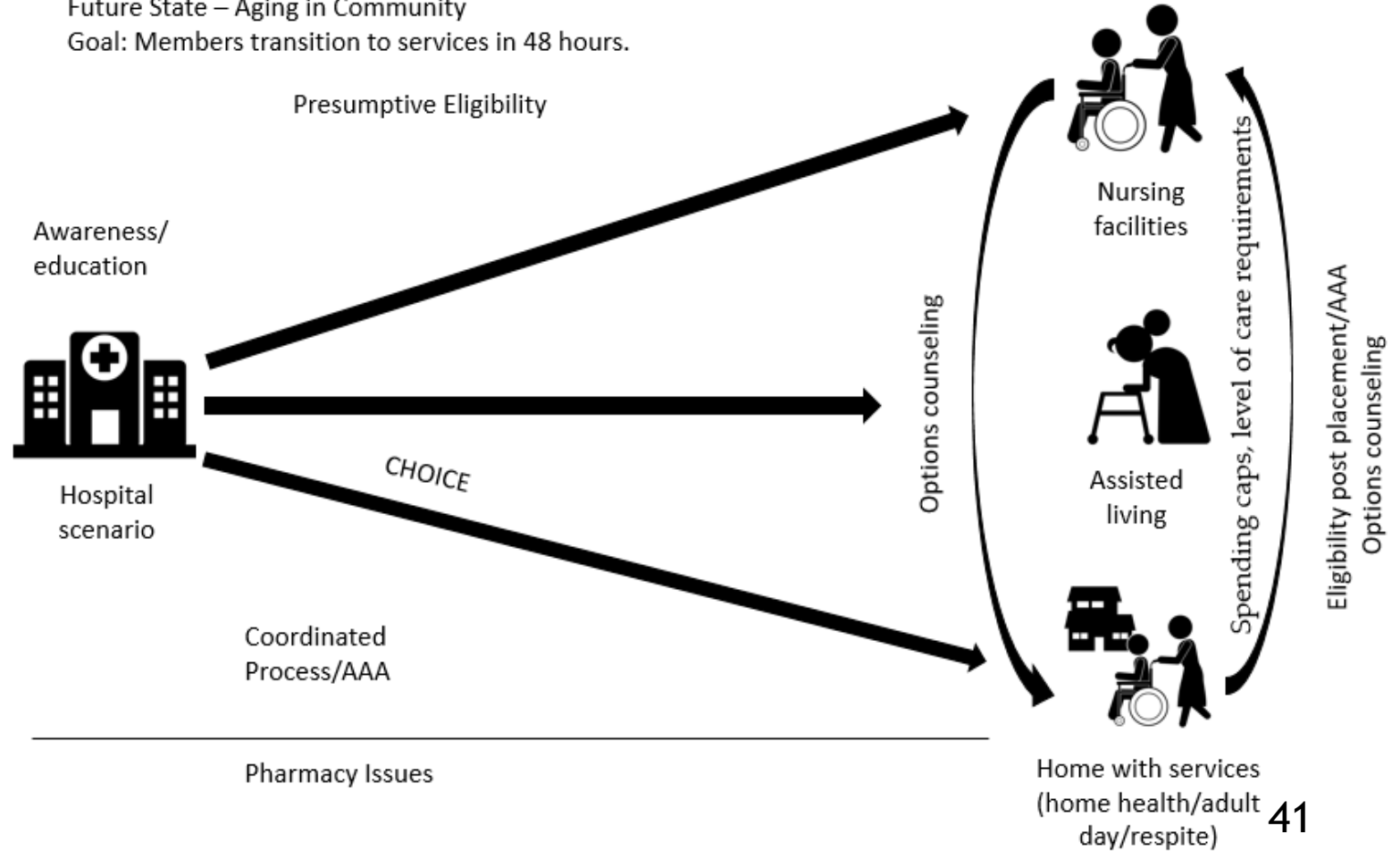
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LTSS system integration discussion

Future State – Aging in Community
Goal: Members transition to services in 48 hours.





LTSS system reform, Phase 1 overview

Beginning in July 2019 through December 2019, FSSA convened stakeholders to examine Indiana's Long Term Services and Supports (LTSS) system for the purpose of recommending reforms that promote equity of access.

Themes discussed by workgroups:

- Awareness, education, communication and data
- Capacity building
- Eligibility and prevention
- Options counseling, care planning and coordination of key entities
- Payment

Workgroup recommendations:

- Develop a rapid eligibility process (48 hours)
- Utilize hospital-embedded staff
- Leverage existing resources and partnerships
- Review and update statute/rule
- Reconsider who may also conduct eligibility
- Support caregivers
- Initiate preventive efforts
- Improve data systems and sharing



LTSS system reform, Phase 2 update

Phase 2 of the LTSS system redesign will occur over the next five years and focus on operationalizing the following goals:

1. Build a LTSS HCBS environment where clients may become eligible for and receive stabilizing services within 48 hours.
2. Design a LTSS HCBS environment that improves the quality of life for caregivers and their loved ones.
3. Support a LTSS HCBS environment that increases the availability of safe, affordable, and accessible housing to a range of vulnerable populations.
4. Enhance the LTSS HCBS environment by improving healthcare integration through 1) workforce capacity, 2) health information exchange and interoperability and 3) care coordination to deliver integrated care.

Key reform considerations include person-centeredness, quality, capacity, sustainability, stakeholder input, and most appropriate and least restrictive setting.



Thank you!

Send questions to:

AskTheSecretary@fssa.in.gov