



FSSA Secretary's Call

Dan Rusyniak, MD
July 12, 2023



Today's agenda

- 2023 agency priorities updates
 - Aging/LTSS
 - Mental Health
 - Child Care
- Rate matrix
- Medicaid eligibility redetermination actions



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

Agency priorities for 2023





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

“Faster Eligibility” Update

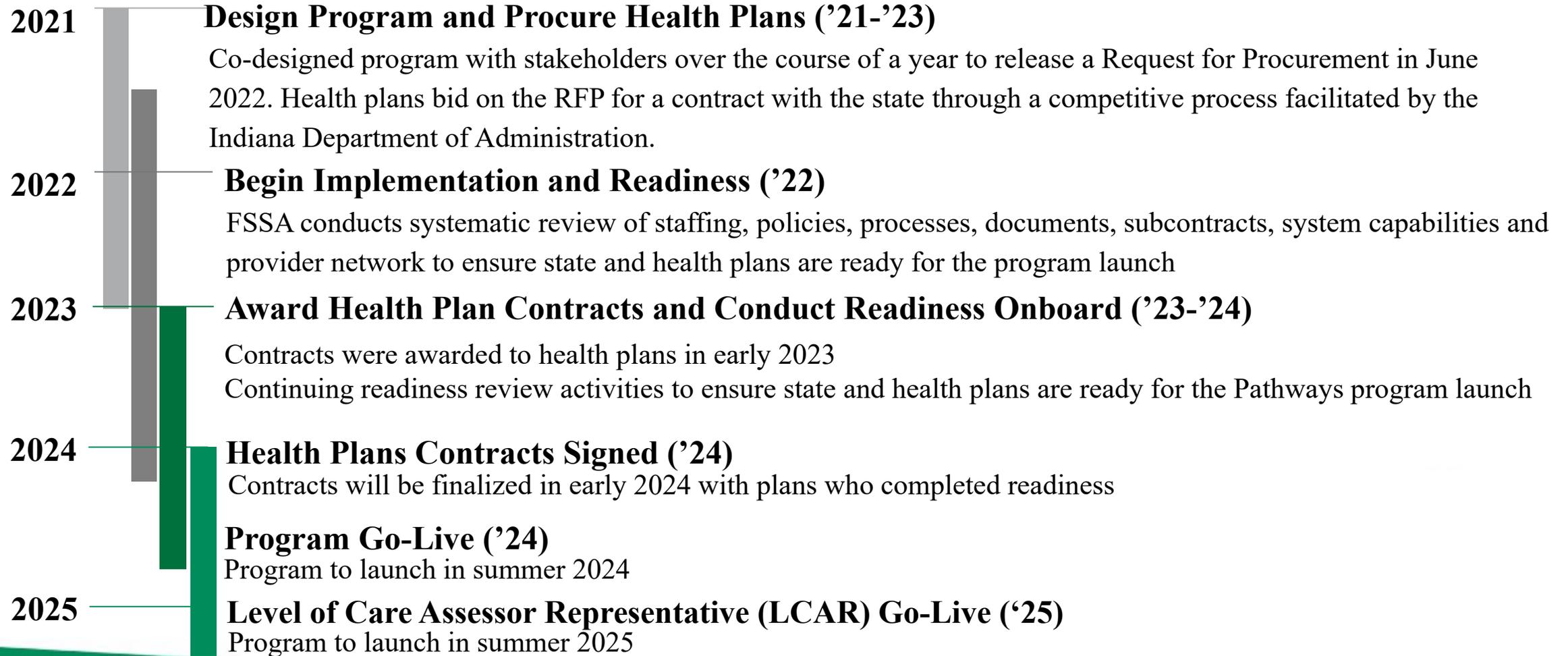
Expedited Waiver Eligibility

- 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 Pathways for Aging Milestones



PathWays Health Plans Onboarding and Readiness Review

What?

Systematic review of health plans' capacity, processes, and provider network, ensure state and health plans are ready for the PathWays launch

When?

- April-June FSSA onboarded health plans
- June: Kicked off Readiness Review with health plans
- July: State began reviewing health plan PathWays-related documents

How?

- At least 3 subject matter experts will review every health plan document
- At least 40 hours of live health plan demonstrations will take place

What's Next?

- August: System testing will begin
- Health plans are engaging in weekly meetings to ensure their systems are ready for launch
- Stakeholders/CMS status updates will be provided throughout process

“Integrate HCBS Waivers” Update

The “How” & Progress to Date:

- Prioritizing smooth transitions for members, HCBS providers, and other stakeholders - achieved through strong collaboration with DA, DDRS, OMPP, and CMS
- Working on HCBS waiver drafts for initial discussions with CMS

Next Steps:

- Continue to engage with consumer groups, providers, AAAs and case managements entities, Commission on Aging, and CHOICE board to incorporate stakeholders into the planning process
- HCBS waiver public comment period targeted for late 2023. Planned submission to CMS is no later than November





Build Mental Health Capacity



Overall Objective: Build an integrated behavioral health system capable of responding to and preventing mental health crisis.

- 988 statewide crisis response system
- Move to CCBHC
- Decrease intersections between mental health and justice system
- Expand services for children

Updates and Accomplishments

- Formally kicked off CCBHC expansion efforts
- All Indiana 988 calls are handled on a single, state furnished telephony platform with an in-state answer rate of 93%
- Issued 15 grants to CMHCs to build or expand crisis stabilization services – totaling \$57M
- In discussions with each CMHC grantees to add mobile crisis teams
- 988 marketing went live in May across radio, print and other channels



Examples of Indiana 988 Marketing

Call or text 24/7 for help.

It's nonjudgmental.
It's the support you need.
It's a reminder you're not alone.

It's whatever help you need, when you need it.

988
SUICIDES & CRISIS LIFELINE

This advertisement features a profile of a man with a beard, looking upwards and to the right. The background is dark with a subtle light gradient. The text is white and teal. The 988 logo is a white outline of the state of Indiana with the text '988 SUICIDES & CRISIS LIFELINE' inside.

It's whatever help you need, when you need it.

988
SUICIDES & CRISIS LIFELINE

Call or text 24/7 for help.

This advertisement features a portrait of a woman with short grey hair, looking upwards and to the right. The background is dark with a subtle light gradient. The text is white and teal. The 988 logo is a white outline of the state of Indiana with the text '988 SUICIDES & CRISIS LIFELINE' inside.



Competency Restoration Update

Our Objective: By July 1st, **2024**, decrease the average wait time for competency restoration services from an average of over **4 months to 4 weeks** for adults needing care in Indiana's State Psychiatric Hospitals (SPH).

Competency Restoration wait time progress in just 1 year



Highlights

- Conducted 55+ stakeholder meetings
- Staffing levels increased bed capacity by 30% over 9 months
- On track to restore 100 patients outside of the SPH network in 2023

Looking Ahead ...

- Leveraging investments in system
- Setting ambitious goals
- Engaging stakeholders



Robust Access to Child Care



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

- Eligibility
- Regulation and licensure
- Strategic investments
- Quality systems

Updates and Accomplishments

- **Expanding Access to Early Learning Opportunities for Hoosier Families**
 - Increased Income Eligibility Threshold for Families to Qualify for CCDF and On My Way Pre-K to 150% of FPL – which equals around \$45,000 in annual income for a family of four.
 - New Cost-Based Child Care Subsidy Reimbursement Rates – open for public comment through July
 - Child Care Expansion Grants to build child care capacity, particularly in our most underserved communities.

HCBS Spend Plan: DSW Grant Impact

As part of the HCBS Spend Plan, FSSA distributed \$131M in Direct Service Workforce (DSW) Investment Grants to qualifying providers. After awards were disbursed, FSSA gathered responses from grant recipients to better understand the impact of these funds at this time.

Overview



In alignment with the IN DSW Workforce Plan wages and benefits strategy, FSSA awarded grants to Direct Service Workers



A total of **\$131M** was awarded to **840** providers



95% of funds were required to be passed through to direct service workers



Allowable grant expenses included **financial compensation, retention efforts, and wraparound benefits** for DSWs

Impact Survey



Of the **840** grant recipients, **758** providers responded to the survey, which represents **90%** of awardees



Respondents represent **87%** of total awards disbursed with the median award amount at **\$60K**



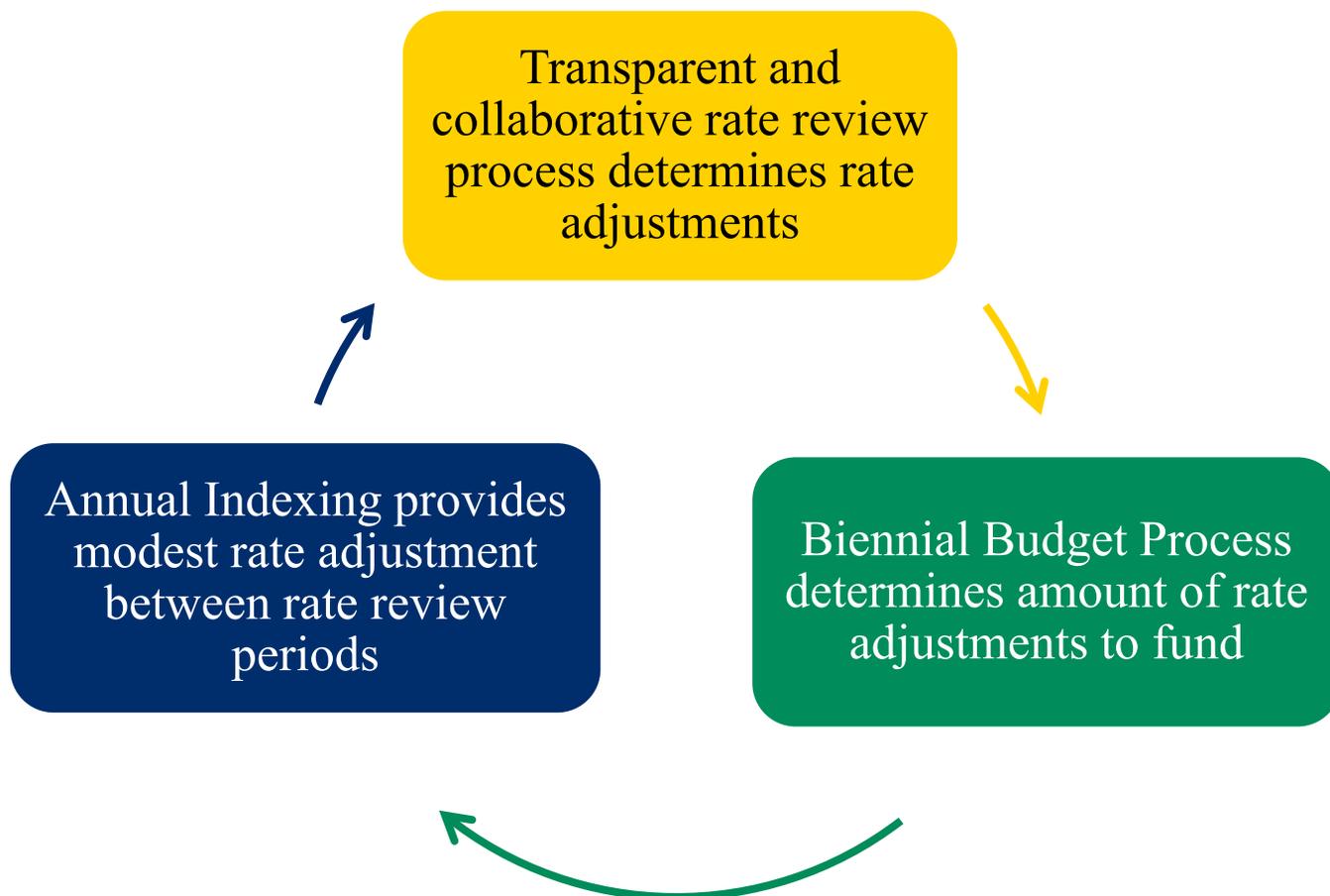
An estimated **46,000** DSWs were impacted across **80** counties statewide



91% of respondents used the funds for **employee bonuses** & **65%** of respondents used the funding for **hourly wage increases**



FSSA Rate Matrix Approach



- Medicaid rates not currently in state or federal code.
- Each rate reviewed at least every four years using an evidence-based rate methodology
- Process includes input from providers and other stakeholders.
- Results approved by the Indiana General Assembly as part of the budget process.
- The matrix will be updated based on the approved biennial budget.
- On the web: www.in.gov/fssa/rate-matrix-for-medicaid-services/



FSSA Rate Matrix Update

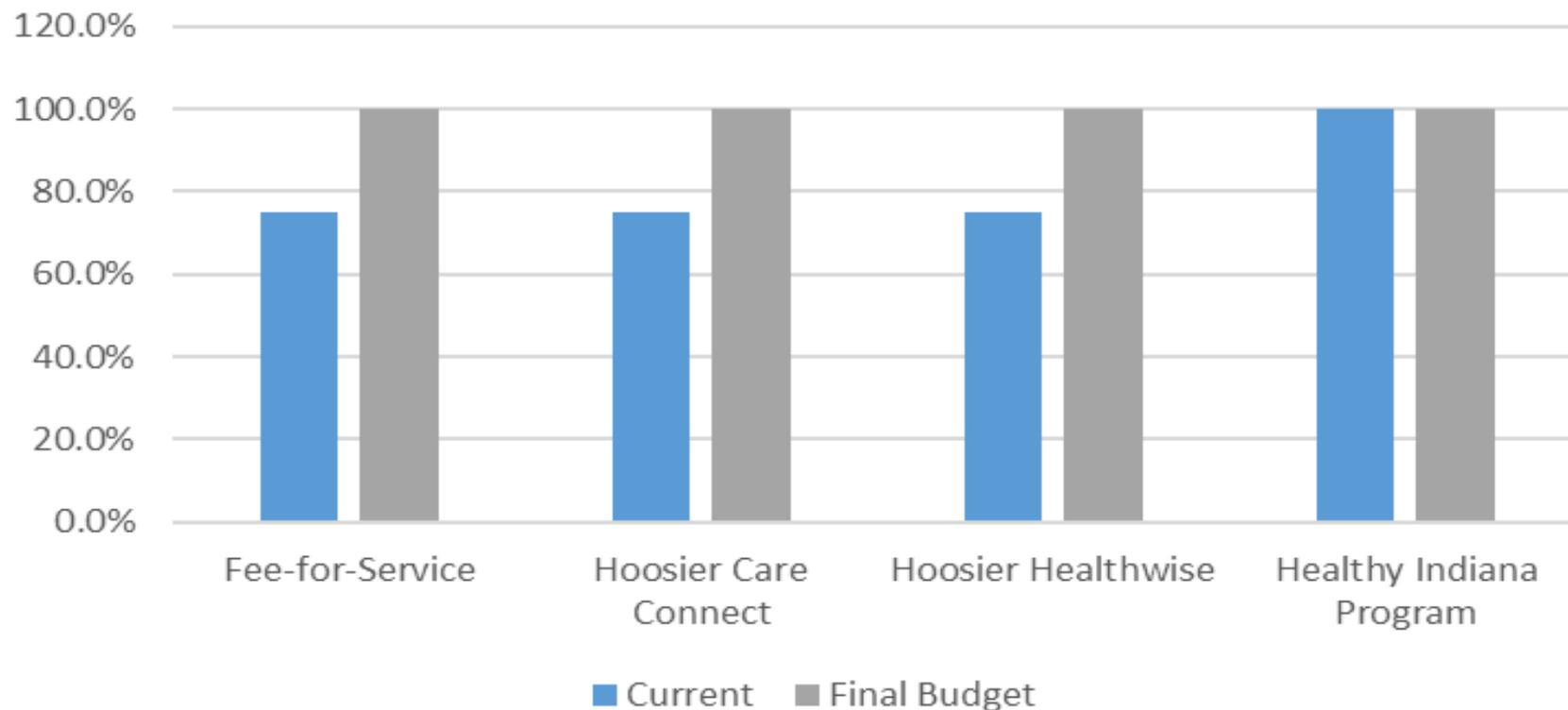
- General Assembly included strategic investments for the following:

Service / Program	Current Status
Home Health Services	Increase implemented on July 1
Aging/DDRS Waivers	Increase submitted to CMS for approval. If approved, increase will be retroactive to July 1
Dental Services	Rate changes related to equalization and 10% investment currently being developed; anticipated implementation 01/01/24
NEMT	Gathering additional data; anticipated implementation by end of year
DMHA 1915(I) Waivers	
Professional/Physician Services	Rates equalized to 100% of Medicare rates; anticipated implementation 01/01/24
Speech/OT/Physical Therapy	Rates equalized to 100% of Medicare rates; anticipated implementation 01/01/24

HIP Equalization *Physician / Professional Services*



Physician / Professional Reimbursement



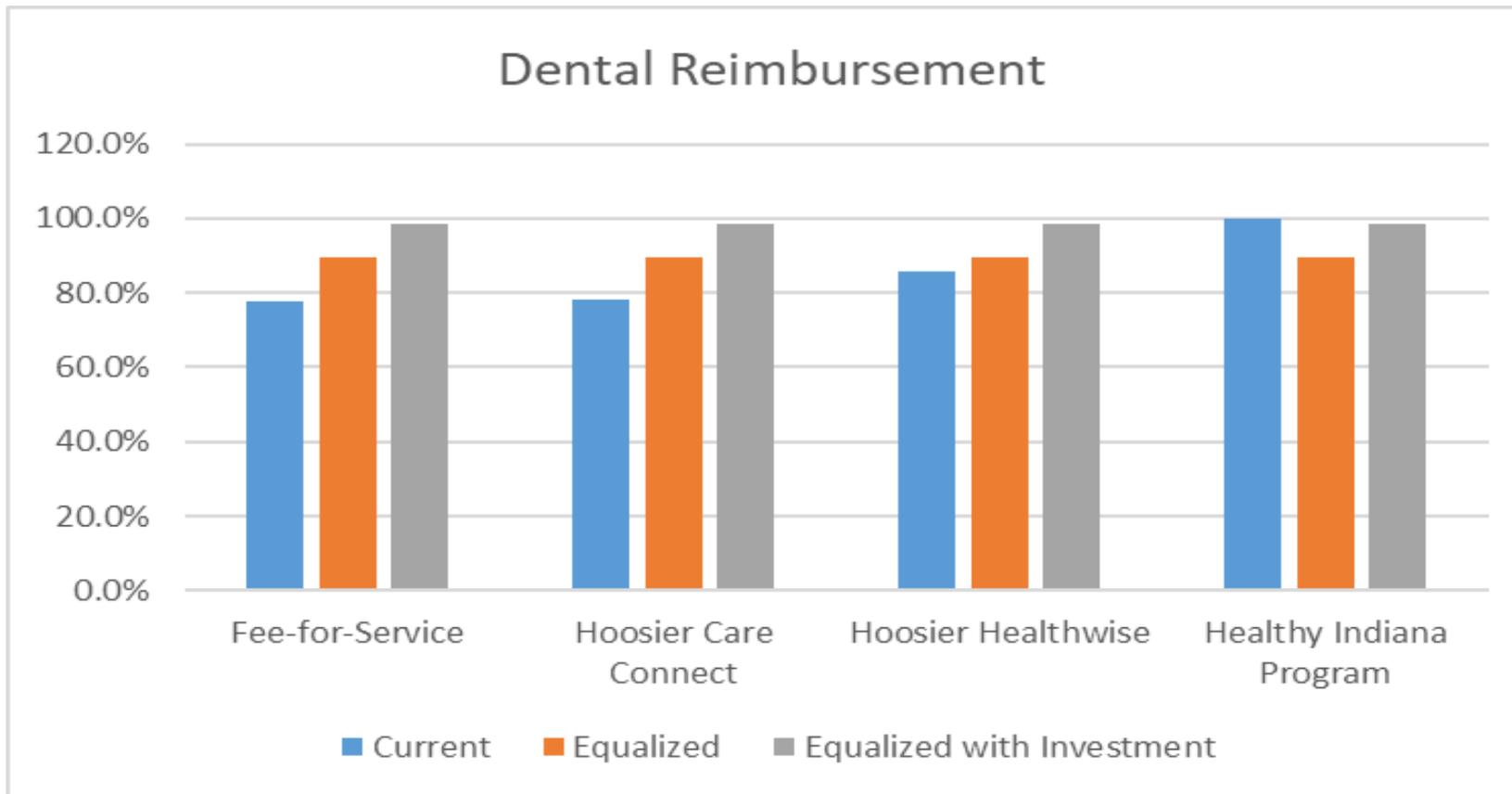
FSSA Proposal:

Physician / Professional Reimbursement to be equalized at 83.0% of current HIP Rates

Final State Budget: Physician / Professional Reimbursement set at 100% of HIP Rates (100% of Medicare)

Note - Physician / Professional fee schedule update will be effective 1/1/24 per compliance plan approved by CMS

HIP Equalization *Dental Services*



FSSA Proposal:

Dental Reimbursement to be equalized at 89.5% of current HIP Rates; Strategic Investment called for a 10% increase which would take reimbursement to 98.4% of HIP Reimbursement

Final State Budget: FSSA proposal was approved

Medicaid 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"



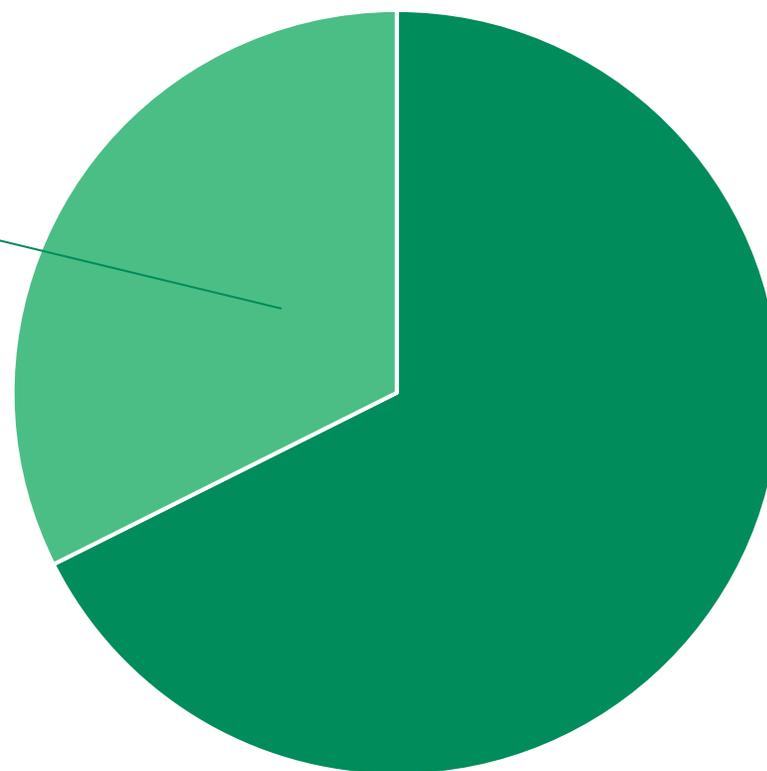
Watch your mail! Be sure to respond with any info you're asked for. Need help updating your address? Call 800-403-0864.





Hoosiers receiving Medicaid in 2023

32% of Hoosiers are currently on Medicaid



■ Medicaid Enrollment

Indiana population: 6,805,985

Medicaid enrollment:
2,205,100



Continuous coverage ended

- Redetermination actions began in April, and we are now in month four.
 - We are trying to reach Hoosiers who in many cases have never completed an annual redetermination or who haven't been in contact with us for this process in as many as four years.
- Indiana is one of only a few states that had no deficiencies in our CMS unwinding plan
- Extensive outreach to stakeholders and providers continues and television, radio and social media advertisements are running in all counties statewide

CMS Reports and Dashboards



Indiana Medicaid for Members

Keep your health. Keep your coverage.

Watch on YouTube

During the COVID-19 federal public health emergency, due to federal requirements, Indiana Medicaid members were able to keep their coverage without interruption.

The most recent federal spending bill ended Medicaid coverage protections, which means Indiana Medicaid is returning to normal operations.

Eligibility redetermination actions began in April 2023, with a 12-month plan to return to normal operations.

Many of these redeterminations are done automatically based on information the state has available. In some situations, the state of Indiana will need to ask the member for information about themselves and their family, such as current address, employment status and income, age and family size.

To be added to the stakeholder communication listserv, please [click here](#).

[Click here to view the CMS reports and dashboards](#)

[Click here to view FAQs](#)

[Click here to order outreach materials](#)

Centers for Medicare & Medicaid Services Reports

INDIANA MEDICAID / INDIANA MEDICAID FOR MEMBERS / RESOURCES / HOW A RETURN TO NORMAL WILL IMPACT SOME INDIANA MEDICAID MEMBERS / CENTERS FOR MEDICARE & MEDICAID SERVICES REPORTS

Indiana submitted its baseline report and State Plan for Renewals to CMS in the month prior to when return to normal operations began (March 2023). The state is also required to submit ongoing monthly reports to CMS which detail how many members were due for renewals in the reporting month, and the results of their renewal process as of the end of the reporting month (whether approved for coverage to continue, disenrolled, or still receiving benefits pending a final determination).

Reports to CMS

- [Guide to reading baseline report](#)
- [Indiana baseline report](#) (February 2023)
- [Indiana State Plan for Renewals](#) (February 2023)

Monthly reports

- [Guide to reading monthly reports to CMS](#)
- [May 2023 report](#)
- [Updated: April 2023 report](#)
- [March 2023 report](#)

Dashboards

- [April 2023](#)
- [May 2023](#)



Understanding CMS Reports

[INDIANA MEDICAID](#) / [INDIANA MEDICAID FOR MEMBERS](#) / [RESOURCES](#) / [HOW A RETURN TO NORMAL WILL IMPACT SOME INDIANA MEDICAID MEMBERS](#) / CENTERS FOR MEDICARE & MEDICAID SERVICES REPORTS

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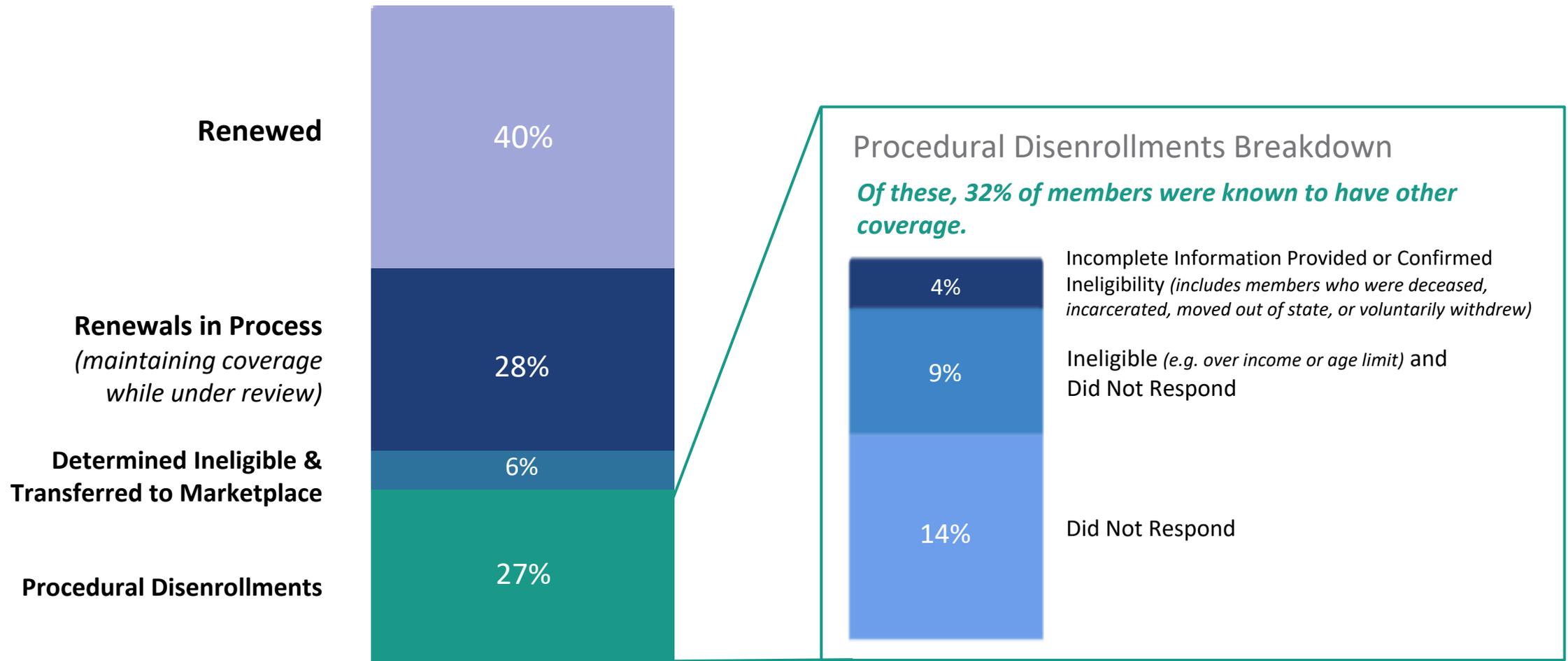
Dashboards

- [April 2023](#)
- [May 2023](#)

- Who is included in procedural disenrollments?
 - Individuals who no longer live in Indiana
 - Individuals who have passed away
 - Individuals over income or resources
 - Individuals who failed to respond

Redetermination Progress

Total Redeterminations Due for May 2023
165,431



Outreach Efforts - May 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
May Outreach	Warning Letter	64,171
	Renewal Packet	74,729
	Text Message	34,873
	DFR Outbound Call	17,738
	Email	17,162

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 are 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 (MCE) 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



Transitions to other coverage

- Individuals who are over the income limit for Medicaid will have their information transferred to the federal Marketplace (www.Healthcare.gov) and be given a Special Enrollment Period to apply for coverage there.
- **NEW!** Those who are closed for failing to verify their income or other eligibility factors will be eligible to apply on the Marketplace due to a new “Unwinding Special Enrollment Period” (March 2023 through July 2024).
- Hoosiers over 65 could look into health coverage through the federal Medicare program at www.Medicare.gov or by calling **800-MEDICARE**. Indiana’s State Health Insurance Program can also help with any questions about Medicare. Find them online at www.medicare.in.gov or call **800-452-4800**.



Key message for members now

We encourage anyone who is currently in one of Indiana Medicaid's health coverage programs, including the Healthy Indiana Plan, Hoosier Healthwise, Hoosier Care Connect or traditional Medicaid, to take action **now** that could help them stay covered. Members can take these steps to ensure we have their current information:

- Go to FSSABenefits.IN.gov
- Scroll down to the blue "Manage Your Benefits" section
- Click on either "Sign in to my account" or "Create account"
- Call 800-403-0864 if you need assistance

Thank you!

AskTheSecretary@fssa.in.gov

FSSA Website: www.fssa.in.gov

Follow us on Twitter [@FSSAIndiana](https://twitter.com/FSSAIndiana)



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.