**Indiana LTSS Stakeholder Workgroups**

**PRIMARY WORKING GOAL**: Examine current State LTSS infrastructure and systems for the purpose of recommending changes and reforms that promote equity of access to LTSS for all Medicaid-eligible individuals in need of those services. In any proposed future state, the individual in need of LTSS should have equivalent access to all appropriate LTSS services regardless of setting within 48 hours. Considerations should also be given to presumptive eligibility-like processes as a potential mechanism for achieving the 48-hour goal above. Workgroups will develop recommendations over 6-8 weeks and present them to the larger LTSS workgroup in October; with a particular focus on recommendations that could potentially require legislative action and/or support.

1. **AWARENESS, EDUCATION, COMMUNICATION, AND DATA**

Key DA Staff: Elizabeth Peyton (Chair)

Sarah Renner

Steve Counsell

Janet Simpson

Vanessa Convard

Key OMPP Staff: BreAnn Gross-Teague (Chair)

Andrew Bean

Merih Bennett

Connor Norwood

Other Key Staff: Jim Gavin (FSSA Communications)

Stakeholders:

Specific Considerations:

* Promote greater awareness and education about current LTSS systems and the inclusion of both public and provider perspectives
* Improve and standardize communications between consumers, hospitals, nursing facilities, AAAs, medical providers, elder law attorneys, and other LTSS advocates to improve coordination of care for Medicaid enrollees receiving LTSS services (with an emphasis on A&D waiver recipients)
* Optimize data sharing between providers for coordination purposes; and use data to identify and systematically flag persons at risk for LTSS and needing options counseling

Limits to Scope:

* 48-hour parity between NF and HCBS placement

1. **CAPACITY BUILDING**

Key DA Staff:Darcy Tower (Chair)

Janet Simpson

Sarah Renner

Key OMPP Staff: Allison Taylor (Chair)

Michael Cook

Derris Harrison

Stakeholders:

Specific Considerations:

* Workforce capacity
* Informal family support
* Waste reduction (time/clinical skills)
* Technology
* Case management
* Learning collaboratives and training

Limits to Scope:

* 48-hour parity in NF and HCBS placement
* Sustainability (identification of programmatic phases over time)
* Current provider mix/capabilities and programmatic landscape

1. **ELIGIBILITY AND PREVENTION**

Key DA Staff: Steve Counsell (Chair)

Amy Rapp

Erin Wright

Elizabeth Peyton

Sarah Renner

Jesse Wyatt

Key OMPP Staff: Nonis Spinner (Chair)

Ali Bippen

Andrew Bean

Kandace Alexander

Other Key Staff: Katie Hunter (DFR)

Jasmine Holliday (DFR)

Stakeholders:

Specific Considerations:

* Review current functional and financial eligibility determination processes
* Consider PE-like process for HCBS; who and how implemented?
* Consider potential options to leverage existing funding sources
* Prevention of declining to nursing home LOC and/or needing Medicaid services
* Prevention of avoidable service utilization
* Optimize use and coordination of non-waiver HCBS (CHOICE, Title III, SSBG)

Limits to Scope:

* 48-hour parity between NF and HCBS placement

1. **OPTIONS COUNSELING, CARE PLANNING, AND COORDINATION OF KEY ENTITIES**

Key DA Staff: Jesse Wyatt (Chair)

Amy Rapp

Sarah Renner

Steve Counsell

Erin Wright

Key OMPP Staff: Andrew Bean (Chair)

Becky Paul

Carol Sutton

Renée Pryor

Julie Feagans

Stakeholders:

Specific Considerations:

* Interaction/intersection of Home Health and HCBS
* LTSS provider network adequacy (i.e. hospitals, providers, AAAs, pharmacy, care managers, SHIP, options counseling)
* Need for increased integration of care
* Identification of conflicts of interest
* Fostering more robust/comprehensive case management across all modes of service delivery
* 48-hour initial service plan completion
* Defining the role of person-centeredness in future model

Limits to Scope:

* 48-hour parity between NF and HCBS placement
* Current programmatic infrastructure