Case Study: Project Management, Family and Social Services Administration, Medicaid Waiver Program

CHALLENGE

In late 2023, the Family and Social Services Administration (FSSA), which administers the Indiana Medicaid program, learned of an unanticipated increase in Medicaid expenses. Much of this increase could be traced back to the Aged and Disabled and Traumatic Brain Injury Medicaid waiver, which allowed a legally responsible individual, such as a family member, to support the personal care needs of Medicaid recipients. As a result, FSSA implemented a new service model designed to reduce costs while better supporting the needs of caregivers.

PROBLEM

In January 2024, FSSA announced that waiver members who received care from a legally responsible adult would need to transition to another form of care by July 1, 2024. The announcement explained that recipients would need to work with their care manager to develop a plan for transitioning to a new form of care by June 15, 2024.

By June 1st, the FSSA had not received confirmed plans for 759 clients, who were at risk of losing their services. FSSA needed to get quickly in touch with these recipients to assess where they were in the process and assist them in developing a transition plan.

SOLUTION

netlogx is currently supporting the State of Indiana's 211 Contact Center, which provides Hoosiers with information and referrals to social services and other assistance. FSSA turned to netlogx to leverage our experience with the 211 Contact Center to gather the needed information from the unaccounted-for Medicaid waiver recipients.

SOLUTION (Continued)

The netlogx team:

- Developed an outbound call script designed to capture the missing information, using information provided by FSSA, Department of Aging

- Designed a daily report of information gathered from waiver recipients to FSSA

- Created and maintained a Master Spreadsheet to ensure data integrity

- Developed a "Frequently Asked Questions" (FAQ) document to help Contact Center agents respond to questions from recipients

- Created an escalation process to capture information from respondents who wanted to express their opinions about the process or who had questions about the pending lawsuit. This information was forwarded to FSSA for follow-up

RESULTS

The Contact Center agents attempted to reach each recipient three (3) times. Although we had anticipated that the project would take eleven (11) days to complete, Contact Center agents were able to contact 52% of Medicaid recipients in a six-day period. During this timeframe, Contact Center agents completed 614 client Microsoft forms, gathering the information FSSA needed to update the recipient's file.

ADVANTAGES

- netlogx' familiarity with Indiana's 211 Contact Center operations enabled us to quickly develop outbound calling scripts to begin the project

- netlogx' familiarity with Medicaid policies and procedures enabled us to create an FAQ document to respond to most of the recipients' questions

- netlogx' understanding of the FSSA reporting requirements enabled us to quickly create daily reports to meet the agency's needs