After the Public Health Emergency: Changes to Home and Community-Based Services and Delivery Methods

Division of Long-Term Services and Supports
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services

Overview

- Discuss changes states anticipate making to 1915(c) Home and Community-Based Services (HCBS) Waivers as a result of positive learnings and state experiences during the Public Health Emergency (PHE) resulting from changes made through the 1915(c) Waiver Appendix K Amendment process.
- Share additional changes states are planning as a result of broader stakeholder experiences during the COVID-19 pandemic.
- Hear from Nevada and Massachusetts about their experiences and plans for ongoing changes and initiatives.

Sources of Information

- 1915(c) Waiver Appendix K Amendments made through June 30, 2021 were reviewed to identify states that made changes to services and delivery methods, including the use of self-direction.
- Twenty-three states participated by answering a series of questions exploring state experiences with selected flexibilities.
- Sixteen states completed the survey.

Measuring the Effectiveness of Appendix K Flexibilities

- States first responded to a question regarding whether they developed any metrics to measure the effectiveness of any Appendix K flexibilities approved for their state that supported whether those flexibilities should be continued.
- Five states reported the use of new metrics primarily to monitor the use of Appendix K flexibilities, assess utilization data comparisons, evaluate quality of alternative service delivery methods, and track specific impacts of COVID-19 on beneficiaries and programs.

Indiana State Metrics

- For Indiana's Family Supports Waiver (FSW) and the Community Integration and Habilitation (CIH) waiver, their Bureau of Developmental Disabilities Services (BDDS) utilized surveys with providers and individuals/families to ascertain which flexibilities have been used.

Massachusetts State Metrics

- Massachusetts changed the Level of Care (LOC) assessment to record the method used to complete the assessment, adding telephonic, virtual-only (Zoom, etc.), and hybrid (virtual and in-person visit that may be through doorway or window) capabilities.
- The Aging Division monitored service utilization of peer support services for comparison of telehealth service delivery against in-person service delivery.
- The state completed quality reviews of remote LOC assessments and now the Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) waivers are offering members the option to choose in-person or remote methods to complete the current LOC assessments.

Pennsylvania State Metrics

- Pennsylvania's Office of Developmental Programs (ODP) conducted After Action Reviews (AAR) in September and October 2020 of their specific Appendix K flexibilities that evaluated the effectiveness of ODP's pandemic response.
- ODP also collected COVID-19 related information (not specific to Appendix K) by adding questions to quality assessment and improvement (QA&I) participant interviews, the National Core Indicators (NCI) survey, and the state's AAR process. This data focused on participant experience through the pandemic.

Oklahoma State Metrics

Oklahoma tracked a number of metrics including:

- Number of service recipients in isolation due to confirmed COVID-19, through June 2021;
- Number of Employers of Record (EOR) hiring siblings or persons within the home during this emergency (self-direction);
- Number of service recipients accessing remote supports in residential daily living settings, non-residential settings or supported employment settings; and
- The number of individuals that were in need of emergency residential services because their caretaker was hospitalized or unable to care for them as a result of COVID-19 or unable to access alternative placement.

Changes in Services Considered for Addition to Base Waivers

Based on learnings and experiences during the PHE, states are considering adding new services to base waivers in several areas. For example:

- To increase the number of available options for the monitoring of beneficiary health and welfare, states are considering continued use of assistive technology devices for remote monitoring and medication management (including reminder services).
- States are also considering services found to be effective while supporting beneficiaries in the pandemic environment including: individual directed goods and services, caregiver training, behavioral services, home delivered meals, companion services and nursing respite.

Most Effective Changes to HCBS Service Delivery During the PHE

- There was an overwhelming response related to the availability of virtual supports and how they allowed individuals to stay connected in spite of isolation experienced from quarantine restrictions. Eleven of the sixteen responding states identified virtual service delivery as one of the most effective changes made.
- Five states identified virtual assessments, case manager visits and/or virtual person-centered planning meetings as highly effective.
- States that initiated virtual supports and services during the PHE through the Appendix K reported receiving positive informal feedback including that there was flexibility in accommodating varying needs.

Changes in Service Delivery Considered for Addition to Base Waivers

Based on the experiences gained during the PHE, states are moving to make changes to base waivers including:

- Virtual service delivery – nine states plan to add
- Paying legally responsible adults – two states plan to add
  - Two states are considering this addition
- Self-direction – two states plan to expand self-direction options
  - Three states are considering this addition

Additional Efforts Planned to Assist Providers to Transform Business Models

States reported whether they planned additional efforts (beyond adding services to base waivers) to support providers to move toward more individualized, person-centered services. Ten states planned initiatives and two were considering initiatives including:

- Expanding supportive housing models through state funding initiatives;
- Expanding access to technology equipment and devices;
- Offering incentive payments and value based payments for providers with an emphasis for employment providers to move toward competitive integrated employment;

Additional Efforts Planned to Assist Providers to Transform Business Models (cont.)

- Increasing staff retention by offering one-time bonuses, funding towards education and curriculum development to strive for direct support professional (DSP) capacity building, and gaining new skills for career ladder advancement;
- Increasing direct-support training in areas including person-centered thinking, the HCBS settings rule, and supporting people with complex needs through state funded training supports; and
- Changing the rate structure for services, allowing for more provider flexibility and increased rates.

Additional Changes Contemplated to Advance Community Integration

In addition, states are considering the following additional changes to advance their community integration efforts:

- Moving away from congregate day and residential settings;
- Increasing transportation options for participants to access community activities;
- Adding staff to decrease staff to participant ratios; and
- Utilizing rates as an incentive for more integrated service options.

Plans to use ARP Section 9817 to Support Change Initiatives (1 of 3)

Thirteen of the sixteen states planned to use American Rescue Plan Act (ARP) Section 9817 funds to build HCBS capacity and infrastructure. For example:

- California included plans to increase provider rates to stabilize service access, increase funding for the No Wrong Door system, eliminate waiting lists in the Assisted Living Waiver and implement an Access to Technology initiative;
- Florida, Oklahoma, and Pennsylvania plan to increase access to technology.

Plans to use ARP Section 9817 to Support Change Initiatives (2 of 3)

- Indiana, Maine, Mississippi, and Nevada have plans for workforce development;
- Nevada also intends to use funds to add Home Delivered Meals and provide a bonus for Personal Care Attendants;
- Oklahoma is looking to support provider transformation initiatives by offering "Innovation Grants" to vocational providers who propose innovative ideas to increase capacity and job placements, including the adaptation of technologies for virtual support;
- North Dakota is planning to assist case managers with resources to facilitate remote activities and efficient work from home and community-based settings.

Plans to use ARP Section 9817 to Support Change Initiatives (3 of 3)

- Utah is planning to provide some financial relief for providers by increasing rates through a new rate methodology once approved via a waiver amendment;
- Mississippi plans to include improvements to technology infrastructure to support data-driven program decisions and coordination of care for members enrolled in HCBS; and
- Maine plans to support the development of Support Brokers.

State Discussion

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After the PHE: Changes in HCBS Offering and Delivery Methods

Aging and Disability Services Division

Megan Wickland, Crystal Wren, Jennifer Frischmann

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Helping people. It's who we are and what we do.

PHE Impact – Increased Isolation

- Personal care attendants were reluctant or refused to enter homes to provide in home care
- Many individuals went without services if they tested positive for COVID-19
- Congregate sites were closed including Senior Centers, meal sites and libraries
- Jobs and Day Training (JDT) and Adult Day Cares were closed
- Reduced service delivery for direct service providers including adult companion, personal care, homemaker and chore
- Places of worship were closed
- Many individuals had limited internet access and were unfamiliar with how to access services using technology
- Many individual supports including family and friends fell ill or were concerned about becoming ill, so they often kept their distance

PHE Impact – Overall Health / Welfare

Residing in their own home

- Health Care access was limited creating additional health concerns
  - Health care facilities were closed
  - Hesitation to go to medical offices in person
  - Unable to use/access telehealth options
  - Lack of access to routine and preventative care
  - Telehealth mental health treatment for some was not as effective as person-to-person mental health treatment

Residing in Congregate Settings

- Individuals residing in congregate settings faced issues with care due to staffing shortages
- Residents' rights were impacted
- Lack of person-centered care
- Homes closed or had to consolidate
- Providers not accepting new individuals
- Lack of visitation by most agency staff
  - Impacted staff's ability to address care concerns timely
  - Some concerns could not be addressed effectively using the phone

Program Flexibility In Response to the PHE

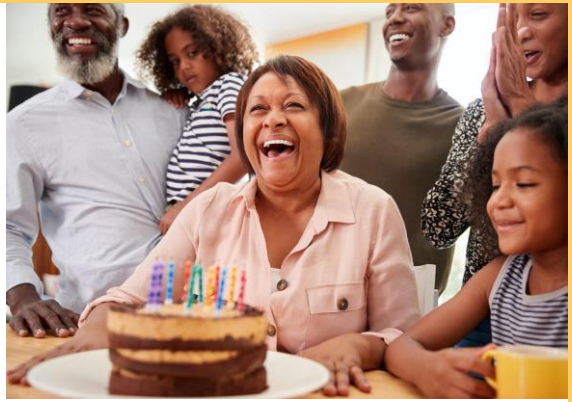
- Allowing legally responsible individuals (LRI's) to support individuals
- Allowing Jobs and Day Training and Adult Day Care services to be provided in the home
- Relaxing provider enrollment requirements
- ZOOM and Teams Meetings as a substitute for face to face
- Modified all face-to-face requirements for the development, implementation, and monitoring of the person-centered plan
- Allowed retainer payments to Jobs and Day Program providers
- Use of increased FMAP and other ARP funds to assist and incentivize providers
- Home delivered meals funded by Older American Act as all seniors met the criteria of home bound during the lock down
- Implementation of Nevada COVID Aging Network Response
  - Telehealth
  - Companionship
  - Resources

Ongoing Changes to Services and Delivery

- Continuing to allow LRI's to provide paid support
- Add remote monitoring
- Adding home delivered meals to other waivers
- Providing more self-directed services and options
- Adding assistive technology and internet access to services
- Rate studies to address staffing shortages and assist providers
- Adjusting rates codes to be more reflective of services provided (ex: daily rate versus hourly for 24 hour supported living arrangements)
- Additional person-centered thinking training
- Olmstead Survey and state plan to address needs of individuals served

Lessons Learned

- Individuals and providers did not take advantage of many flexibilities
  - Better outreach and education is needed
- Nevada should focus on emergency preparation for future situations
- Education on how to access and use technology



Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

After the PHE: Changes in HCBS Offerings and Delivery Methods

AFTER THE PHE: CHANGES IN HCBS OFFERINGS AND DELIVERY METHODS

Massachusetts Discussion:

Lynn C. Vidler and Devon Garon

Massachusetts Discussion

- Measuring the effectiveness of the Appendix K flexibilities
- New services
- Most effective Appendix K flexibilities
- Additional efforts to assist providers
- Use of Section 9817 funding to support changes
- Enhancing community integration opportunities

Measuring the Effectiveness of the Appendix K Flexibilities (1 of 2)

- Electronic methods for conducting level of care (LOC) and care planning assessments
  - Created mechanism to record specific method of assessment
  - Monthly reporting
- Waiver Service Provision
  - Telehealth delivery & utilization
  - Utilization is reviewed and shared regularly
  - Tracking suspensions of services related to COVID

Measuring the Effectiveness of the Appendix K Flexibilities (2 of 2)

- Waiver Service Increased Rates
  - Increased rate for service provision to COVID Positive consumers
  - Utilization is reviewed monthly
  - Quarterly data trend and utilization
- Suspension of routine provider monitoring
  - Suspension and/or electronic modes for conducting routine provider monitoring
  - Allowable when not considered monitoring as the result of abuse, neglect or immediate jeopardy for health and welfare

New Services

- Services currently permissible under Appendix K:
  - Assistive Technology Device
  - Telehealth Service Delivery: Companion, Certified Older Adult Peer Specialist
  - Bulk Delivery of Meals
  - Necessity Shopping
- Services not in Appendix K being considered:
  - Enhanced Technology Communication Device
  - Electronic Comfort Pets
  - Alternate Setting Day Program Service
  - SOAR (Service Older Adults Remotely) Model for Certified Older Adult Peer Specialist

Most Effective Appendix K Flexibilities

- Telehealth Delivery of services has increased access to programming
- Wellness Checks, two-way communication with a consumer when a consumer declines service at point of delivery
- Increased rates for services delivered to COVID positive consumers
- COVID Care services provided additional support to consumers with COVID-19
- Bulk Meal Delivery to minimize contact
- Assistive Technology Devices provided to consumers
- Assessment mode flexibilities

Additional Efforts to Assist Providers

- Training structure
  - Massachusetts has launched a free online training curriculum called PHCAST (Home Care Aide Training)
    - Previously provided in-person only
  - Free curriculum benefits providers
    - Reduced cost to them
    - Reducing overhead
    - Helps to transform business models to web-based training for staff
- Efforts to explore changing how workers are scheduled
  - Group geo clustering
- Work with state sponsored workforce platforms
- Development and implementation of a pending provider process
  - Streamline and aggregate consumers needing care

Enhancing Community Integration Opportunities

- Inclusive of all Community Services, Programs, and Resources
- Exploration virtual engagement
  - Support groups,
  - Council on Aging Programming,
  - LGBTQ Activities, and
  - Other services outside a consumer's immediate city or town.
  - Previously geography would have been a barrier in access

Questions

Resources

- CMS Baltimore Office Contact—Division of Long-Term Services and Supports:

  HCBS@cms.hhs.gov

- To request Technical Assistance:

  http://hcbs-ta.org

Feedback

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https://www.surveymonkey.com/r/9CPWL9C

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