Beyond the Pandemic: How Technology Influences and Ensures an Integrated Life in the Community Part 2

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Recap of Topics Covered in Part 1 of this 2 Part Series

Part 1 of this two-part webinar covered several technology topics:

✓ How technology can influence and support an integrated community life
✓ Person-centered approaches, self determination and informed choice
✓ Balancing technology and in-person services
✓ Technology solutions during and beyond the pandemic
✓ Types of technology solutions
✓ Research
Today's Webinar will Cover (1 of 2):

- Technology First states
- Technology across populations
- Technology framework considerations:
  - Technology solutions to address social isolation
  - Payment strategies and considerations for future technology implementation
  - Lessons learned from state 1915(c) waiver Appendix K amendments and questions raised from the public health emergency (PHE)
Today's Webinar will Cover (2 of 2):

- Considerations for next steps to increase technology
  - Building strong stakeholder engagement
  - Identifying which services to offer through technology with a focus on how the service will facilitate community integration and independence
  - Strong practices for provider involvement in decisions, quality, oversight, and data collection on individual satisfaction

- Considerations for innovation, evaluation and research

- Support from federal partners through an overview of the CMS Telehealth Toolkit
Technology First began as a movement but has transformed to a “framework for systems change where technology is considered first in the discussion of support options available to individuals and families through person-centered approaches to promote meaningful participation, social inclusion, self-determination and quality of life” (Tanis, 2019)

Seventeen states have reported Technology First movements which created a “framework for systems change that involves the coordination of policy, practice, and advocacy across stakeholders and authorities. “ Tanis 2020
On May 24th, 2018 then Ohio Governor Kasich signed an executive order to make Ohio the first Technology First state

Ohio Benchmarks

As of March 2020, Ohio increased the number of people using remote supports from its baseline of 170 to 685, and assistive technology users to 1,100

- Ohio used National Core Indicators (NCI) which is a voluntary effort by public developmental disabilities agencies to measure and track their own performance

- Questions regarding technology have been added to the 2019 NCI survey in Ohio with the opportunity to add additional questions in the future. The purpose of adding these questions to the survey process is to gather data on the utilization, satisfaction, and impact of technology
Missouri Technology First

https://dmh.mo.gov/dev-disabilities/technology-first/initiative

On February 14, 2019, Mark Stringer, Director of the Department of Mental Health (DMH), announced that Missouri is becoming a Technology First state
Technology Framework Considerations
Balancing Technology and Integration

- Technology First, not technology only
- Human contact and interpersonal relationships are critical aspects of HCBS provision
- The goal of using technology is not to replace human assistance, but to maximize the use of technology to support people where appropriate
- The goal of technology is to increase autonomy and quality of life, enhancing opportunities to be in the community
Many technological interventions can apply to multiple populations, such as:
  - Remote medication management
  - Telehealth

Population specific concerns may also apply:
  - Studies indicate that some older adults resist utilizing assistive technology due to perceived stigma
  - Some LTSS providers, family members and clinicians may assume that older adults are unable to use technology such as smartphones or computers

Other interventions may need to be tailored to the needs of specific populations:
  - Ongoing remote vital sign monitoring for individuals with chronic conditions
Technological Solutions to Address Social Isolation

- The COVID-19 pandemic has exacerbated existing challenges with social isolation for older adults and people with disabilities.
- Many technological and remote programs to address social isolation and promote interconnectedness were in place prior to COVID-19.
- Expansion of existing models and implementation of new models are likely to remain.
- Methods for engagement vary based upon each individual’s preferences, needs, and available technology.
Technological Solutions to Address Social Isolation: Connecticut Stay Connected Program

✔ Implemented in Area Agencies on Aging and Centers for Independent Living across the state

✔ Utilizes a validated screening instrument to identify individuals who would benefit from technology for access to social and medical supports

✔ Assesses individual needs through the state’s Assistive Technology Act program

✔ Identifies available funding to support acquisition of assistive technology, including Medicaid HCBS resources
Senior Centers without Walls has been a concept predating the pandemic restrictions, but were often focused on outdoor activities and community trips.

Additional strategies to expand remote offerings:

Translation of health and social service delivery from center-based settings to remote delivery:

- Fairfax County Virtual senior center – partnership between many local entities to provide socialization, health promotion, and educational classes remotely.
Technological Solutions to Address Social Isolation: Promising Practices

- Implement questions that can be used to identify individuals who are socially isolated or at risk of isolation.
- Partner with existing entities to support services, such as:
  - Aging and Disability Resource Centers and No Wrong Door Systems
  - State Assistive Technology Programs
- Engage through multiple mediums, such as telephone, internet, and television.
- Leverage a variety of funding sources, such as Older Americans Act funding, in addition to Medicaid reimbursement.
- Ensure technology is additive to other social engagement opportunities.
Considerations for Technology Now and in the Future

✔ Payment strategies that include the use of technology in the delivery of virtual supports require some analysis of what is currently built into the rate for the service to determine if a new cost component is required

✔ Some of the analysis may include: the type of equipment, training on the equipment, oversight and planning
✔ Financial assistance to access the internet through non-Medicaid resources

✔ Re-configuring how supports and services are delivered to incorporate techniques and strategies implemented during the pandemic that support the changing needs of participants and providers.
Considerations for Technology Now and in the Future (Cont.)

- Determining the need for new service codes for payment rates
- Prepping for the specific learning approach, which differs from in person services
- Updating applications, equipment and ongoing training
Appendix K: Lessons Learned and Questions Raised During the Public Health Emergency
## COVID-19 Addendum Electronic Service Delivery Options
Selected as of 12/3/2020

<table>
<thead>
<tr>
<th>Option</th>
<th>Number and percentage of states (out of 43)</th>
<th>Number of HCBS programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management</td>
<td>37 (86 %)</td>
<td>172</td>
</tr>
<tr>
<td>Monthly monitoring</td>
<td>35 (81 %)</td>
<td>162</td>
</tr>
<tr>
<td>Personal care</td>
<td>31 (72 %)</td>
<td>124</td>
</tr>
<tr>
<td>In-home habilitation</td>
<td>28 (65%)</td>
<td>100</td>
</tr>
</tbody>
</table>
CMS Appendix K Electronic Service Delivery Requests Added (1 of 2) Data as of 12/3/2020

**Total Number of States Selecting Certain Services for Electronic Delivery through the Appendix K**

- Behavior Consultation, Therapies: 0
- Adult Day Health, Adult Day Program, Day Program Services: 0
- Discovery, Supported Employment: 0
- Independent Living/Skills Building, Semi-independent Living: 0
- Family and Caregiver Training, Youth Support: 0
- Nurse Consultation, Nursing, Wellness Coordination: 0
- Participant-Directed Services, Support Broker: 0
- Community Support, Community Participation: 0
- Attendant Care, Companion, Personal Supports: 0
- All services except transportation and accessibility: 0
- Case management: 0

- Total Number of States Selecting: 21

- Adult Day Health, Adult Day Program, Day Program Services: 19
- Discovery, Supported Employment: 15
- Independent Living/Skills Building, Semi-independent Living: 12
- Family and Caregiver Training, Youth Support: 9
- Nurse Consultation, Nursing, Wellness Coordination: 9
- Participant-Directed Services, Support Broker: 7
- Community Support, Community Participation: 7
- Attendant Care, Companion, Personal Supports: 7
- All services except transportation and accessibility: 6
- Case management: 5
Colorado requested electronic service delivery for 22 services offered in at least one of their waiver programs.

Additional services requested by only one state included:

- Substance abuse services,
- Assistive technology,
- Personal care and respite supervisory visits,
- Extended services,
- Interpreter services, and
- Recovery assistant and life coach services.
Promising Practices for Utilizing Technology Learned During the PHE

- States expanding the use of virtual job coaching through the provision of supported employment
- States enhancing remote delivery of services
- Providing peer supports
- Increasing everyday technology solutions to provide learning/habilitation, communication, job skills, recreation
- Driving/directing person centered plans
- Developing job interviews and video resumes
- Ensuring confidential conversations while in a home environment
CMS Considerations For Approval of Virtual Delivery of Services

• Describe when the virtual service delivery option will be utilized
• Ensure HIPAA compliance
• How will this delivery option enhance the individual’s integration into the community
• Ensuring health and safety
• Ensuring individual’s rights to privacy
• Rate methodology
Services where telehealth could be an option for the delivery of the service include:

- Employment Supports
- Day Programs
- Community Navigation
- Community Exploration
- Peer to Peer Supports
Considerations for Long-Term Planning (1 of 3)

- Development of a task force or committee with broad representation to help steer change
- Defining general terms and setting expectations about the availability and responsiveness of how and when remote service delivery may be used as a method of service delivery within a state
- Determining what supports are available for those who would like to learn to use technology but may need assistance to do so
• Mapping availability of broadband access across the state; knowing who in state government is leading public access to or promoting broadband access as a utility and engaging with them
• Identifying technology-related state resources, partners and initiatives
• Identifying related policies that may require modernization
• Investing in loan libraries to reduce technology abandonment
Consideration for Long-Term Planning (3 of 3)

- Assisting in developing potential specifications and obtaining personal success stories and public input
- Determining if changed definitions would open new possibilities
- Determining how to improve and expand the use of telehealth options, through different hardware and software needs as well as internet access through non-Medicaid financial resources
- Considerations for broader scale implementation that include acceptable practice models and access to technology equipment such as smartphones, tablets, laptops, and software applications
Sharing Your Long-Term Plan

• After discussions occur regarding considerations for long-term planning, share the proposed plans for system design and implementation methodologies with stakeholders to elicit input and feedback, and incorporate viable options into the final plan;
• Support implementation of the service delivery system moving forward;
• Resolve problematic issues as they occur;
• Ensure that participants receive the training, support and technical assistance needed to re-integrate and re-connect with their communities in the most independent, functional way possible, including if they are using new technology to do so.
Stakeholder Involvement

• Encourage and support ongoing collaboration and coordination across the entire service delivery system to share information and data findings, identify potential problems and corresponding resolutions, and evaluate options to move the service delivery system through the transition period and into a re-integrated era;

• Bring all key stakeholders to the in-person or virtual table at the same time if possible: individuals, families, Case Managers, Service Coordinators, licensing, certification, quality assurance staff, providers, transportation experts, other community partners
When designing telehealth/technology solutions, stakeholder involvement is key and a strong practice is to have individual/family engagement to understand the choices and possibilities put forth

- Public forums
- Personal stories and videos
- Displaying a variety of choices
- Utilizing hands on experiences when possible
- Engaging in peer to peer conversations and connections
- Identifying a technology “champion” at the state agency
Provider Feedback

• Solicit information from providers to evaluate the following:
  – The current status of service delivery: in-person, virtual, combination of both;
  – The reactions providers are receiving from participants and family members as re-initiation of in-person service delivery is being considered;
  – Suggestions learned from participants on preferences and choices for re-integration;
  – Immediate capacity or financial challenges that are creating barriers to service delivery.
Provider Feedback (Cont’d)

• Utilize the expertise and on-the-ground experiences of providers to gather the following information:
  – What recommendations does the provider have for moving forward with service delivery?
  – What obstacles or barriers is each provider experiencing in re-integration?
  – What is the status of the direct support professionals’ (DSPs) workforce capacity?
  – Can virtual, remote or assistive technology learning/training alternatives supplement the work of the DSPs without leading to isolation of participants?
– What resources does the provider need to develop training programs:
  • To assist individuals to understand and adapt to potential transitional restrictions in newly re-opened day or employment services, or services provided through virtual means.
  • To adjust to any new technologies or methods implemented for re-integrated delivery of services and supports.
Policies for Case Management and Monitoring

- Work with stakeholders to determine what portions of case management services and monitoring lend themselves to virtual services and why.
- Determine how the use of technology fits within the state’s waiver assurances; this discussion should include details about what the case manager may not have been able to see during the virtual visit.
- Determine how the quality of virtual supports will be measured.
- Analyze monitoring activities that lend to virtual service delivery by asking: What worked during the PHE? What were the trends? How does this inform strong practices moving forward after the PHE?
Does the case manager have a guide handy for reference in user-friendly language with descriptions of how the technology solutions might be used?

Does the case manager have someone to talk to about technology questions, concerns or quality?

Is the case manager confident they can evaluate the delivery of the service remotely?

Do people receiving supports and services have a ready resource for questions and concerns?
Identifying and Measuring Quality (1 of 2)

- Satisfaction measures
- Examining your state’s NCI data to access individual outcome measures
- Determining if goals in the person-centered service plan (PCSP) are progressing and if technology is helping to reach those goals.
- Determine if the individual is communicating more with others or engaging more in the community.
Identifying and Measuring Quality (2 of 2)

- Were PCSP support changes made pre/post technology implementation?
- Systems measures - what does the state want to measure based on the goals of the state’s HCBS program?
- Utilization - which supports have been utilized? Why and why not? What are the lessons learned?
- Data - are any and all ancillary data that is available for the delivery of services being used to provide you with additional pieces of information?
Future research will include all stakeholders and state agencies, focusing on:

- Adoption of technology position/policy statements
- Diversity of funding streams
- Diversity of technology solutions
- User representation
- Cost savings and/or redistribution
- Impact to individuals being served, direct care programs and supports
- Impact of incentives
- Impact of innovations
- Questions in national and longitudinal data sets
Federal Partner Support: CMS Telehealth Toolkit
Telehealth

• States are not required to submit a (separate) state plan amendment (SPA) for coverage or reimbursement of services delivered via telehealth for 1905(a) Medicaid services, if states reimburse for services in the same way/amount that they pay for face-to-face services.

• States must submit a (separate) reimbursement SPA if they want to provide reimbursement for services delivered via telehealth differently from reimbursement for face-to-face services.
CMS Telehealth Toolkit

- Provides states with statutory and regulatory infrastructure issues to consider as they evaluate the need to expand their telehealth capabilities and coverage policies.

- The toolkit describes each of the following areas and the considerations they require, including:
  - Patient populations eligible for telehealth
  - Coverage and reimbursement policies
  - Providers and practitioners eligible to provide telehealth,
  - Technology requirements, and
  - Pediatric considerations

The toolkit also includes a compilation of frequently asked questions (FAQs) and other resources available to states.


Please complete a brief (7 question) survey to help CMS monitor the quality and effectiveness of our presentations.

Please use the survey link to access the survey:

https://www.surveymonkey.com/r/TATechPart2

(The survey link CAN’T be opened within the webinar platform)

WE WELCOME YOUR FEEDBACK!