

HEALTH
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Reflecting on HCBS Policies and Practices in Response to COVID-19

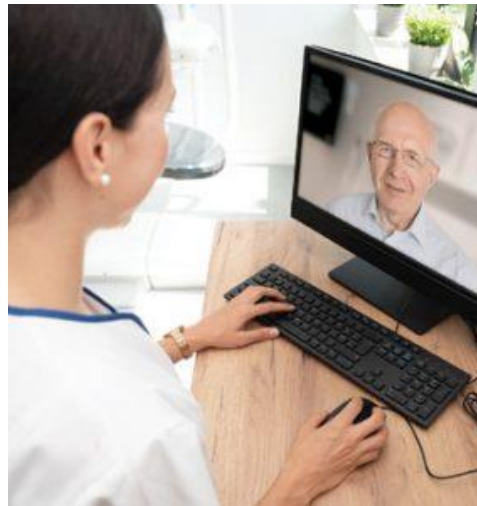
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■ PANDEMIC EMERGENCY RESPONSE: HOME AND COMMUNITY BASED SERVICES



States and systems seeking to protect people who rely on home and community-based services, and the direct care workforce who support them



■ LEARNING OBJECTIVES

- Learn how state Medicaid programs have temporarily modified their **HCBS policies and practices** to protect people during this pandemic through CMS-approved waivers and amendments;
- Understand what these changes mean for **HCBS providers** and what these changes mean for **people who receive services and supports**; and,
- Learn more about how the pandemic may be changing the **future of HCBS**.

MEDICAID HOME AND COMMUNITY-BASED SERVICES

Medicaid home and community-based services (HCBS) are critical to the health and well-being of millions of older adults and people with disabilities of all ages, including people with intellectual/developmental disabilities, physical disabilities, and/or behavioral health conditions.

In FY2018, Medicaid HCBS spending totaled over \$92 Billion, more than half of all Medicaid long-term services and supports (LTSS) expenditures

- Case management
- Care coordination
- Personal care
- Residential supports
- Assisted living
- Shared living
- Adult foster care
- Day habilitation
- Adult day health
- Home health
- Assistive technologies
- Self-directed services
- Supported employment
- Many others



HOW ARE STATES CHANGING HCBS POLICIES AND PRACTICES?

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■ MEDICAID – DISASTER RESPONSE, EMERGENCIES

**Disaster Response
1115
Demonstrations**

**Section 1135
Waivers**

**1915(c)
Appendix K**

**Medicaid Disaster
Relief State Plan
Amendment (SPA)**

- 48 states, DC and most of the territories, have approved 1135 Waivers
- 27 states with approved Appendix Ks
- 9 states with approved Disaster-Relief State Plan Amendments
- Flexibilities through 1115 waivers
- Every state has introduced some provider flexibility
- Nearly every state has expanded telehealth

* As of 4/15/20

■ HCBS TEMPORARY AUTHORIZATIONS: COMMON THEMES

**Maintaining
access and
continuity of care**

**Embracing
telehealth delivery,
for both case
management and
direct services**

**Modifying provider
qualifications**

**Allowing payment
for family members
and legally
responsible
individuals**

**Gaining flexibility
in settings
requirements**

**Lifting service limits
and exceeding caps**

**Enhancing payment
rates and offering
retention payments**

**Modifying incident
reporting or other
participant
safeguards**

■ KEY STATE APPROACHES TO HCBS FLEXIBILITIES



**Using Telehealth
and Technology**



**Expanding HCBS
Workforce**



**Enhancing HCBS
Payments**

■ KEY APPROACH: USING TELEHEALTH AND TECHNOLOGY



- **Using HIPAA Compliance Flexibility**
- **Delivering supports remotely**
 - **Case management/supports coordination**
 - **Evaluations and assessments**
 - **Direct services**
- **Electronic signatures**
- **Expanding assistive technology access**

State Examples

Nearly every state is allowing case management services to be delivered by video or phone; many allow provisional approvals through email, phone, video or other means

Fifteen (15) states are allowing electronic/remote delivery of personal care and/or in-home habilitation

Eight (8) states are allowing remote delivery of prevocational or supported employment services

Colorado added Remote Supports as a new service

New Mexico doubled the available assistive technology resource (from \$250 to \$500) to assist in purchasing/accessing technology for telehealth purposes

Oklahoma streamlined access to assistive technology, allowing payment without a referring physician on the claim

■ KEY APPROACH: EXPANDING THE HCBS WORKFORCE



- **Waiving background checks and other screening**
- **Reducing/delaying training; online training**
- **Extending certification/licensure renewal periods**
- **Providing for higher ratios of participants to lower numbers of staff**
- **Waiving certain provider qualifications**
- **Allowing family or legally-responsible relatives to serve as paid caregivers**
- **Expanding self-direction opportunities**

State Examples

Thirteen (13) states allowing provisional approval of workers awaiting background checks or delaying background checks

Colorado is lowering the age limit for in-home direct care workers for certain services, from age 18 to age 16

Twelve (12) states are allowing for payment to legally responsible individuals (spouses, parents of children) for services such as personal care

Pennsylvania is allowing direct support and clinical staff who are qualified under any service definition to deliver any other non-professional service (within the Community Living waiver)

Under the HCBS DD Waiver, California has expanded self-direction to include Supported Employment, Day Services and Community Living Arrangement services

■ KEY APPROACH: ENHANCING HCBS PAYMENTS



- **Establishing retention or supplemental payments for providers**
- **Raising or waiving budget limits or service caps**
- **Allowing for potential rate increases ranging from 5% to 50% for certain services**
- **Allowing for increased or add-on rates to address shortages, based upon geographic or service needs**

State Examples

Twenty-one (21) states are offering retention payments for facility-based HCBS providers (eg residential and adult day), aligned with number of days for nursing facility bed-holds

Hawaii, Iowa, and New York explicitly include retention payments for consumer-directed workers

Nevada and Colorado increased non-medical transportation allowances

Arkansas is offering all direct care workers (both HCBS and institutional) a weekly supplemental payment ranging from \$125 to \$500/week, tiered based upon hours worked per week and whether the person served has COVID-19

Fourteen (14) states are allowing limitations on services to be exceeded, with respite as the most frequently-cited service



HOW ARE PROVIDERS RESPONDING TO THIS PANDEMIC?

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Telehealth and Technology

Communication and Collaboration

Holistic Approach, Constantly Evolving

HCBS PROVIDERS RESPOND WITH TELEHEALTH AND TECHNOLOGY



Community Partner (CP), providing care coordination

- Serves people with disabilities including I/DD, BH conditions, and/or LTSS needs
- Expanded use of Skype, and other approaches including facetime, text messaging
- Increases in ability to find and engage clients; getting care plans signed



HCBS provider, participates in a CP, providing adult family care, shared living, care management, care coordination, BH counseling, care coordination

- Serves people with disabilities including I/DD, BH conditions, and/or LTSS needs
- Moved rapidly to Doxy.me, and other approaches
- Increases in capacity for clinical services such as behavioral health, efficiency in scheduling



HCBS provider and CP, providing care coordination, clinical and behavioral health services, education, employment, day programs, family and community supports, residential programs

- Serves people with disabilities including I/DD, BH conditions, and/or LTSS needs
- Using ASPIRE!, and many other approaches, e.g. zoom, etc.
- Allows assessments to happen over several sessions, benefit of viewing/hearing home environments
- Provides training and coaching to staff in real time
- Concerns about the “digital divide”

An NCQA-accredited case management organization

Provides intensive in-home and remote care management to 6,500+ Medicaid fee-for-service and consumers covered under Medicaid managed care and their family caregivers across nine states



Using an existing HIPAA-compliant, proprietary platform, Vela, to:

Extend communication and collaboration between family caregivers and Seniorlink care teams

Working with State agency partners to:

Identify flexibilities needed to ensure continuity of care to eligible families

■ HCBS PROVIDERS THINK HOLISTICALLY AND EVOLVE CONSTANTLY



values into action

- Started in 2005
- Serves people with disabilities
- PA: Services and supports including companionship, habilitation, day support, residential services, including life sharing and supports brokering
- NJ: Support coordination to assist individuals through the process of self-direction and empower them to remain in charge of their plans

COVID-19 values

- Be proactive
- Enroll the clients as the experts
- Be transparent and honest
- Build resilience

Values into Action (VIA): Examples of New, Revised, and “In Development”

Established an **Emergency Preparedness Leadership Council** in early February and leveraged the experience of a team member, and former activist in HIV/AIDs epidemic who could bring insights about the potential effects of the virus and the risks of marginalization facing our clients (a human and civil rights perspective)

Direct and honest conversations with each and **every client and their family**

Support for direct care workforce in several ways including: paying employees without change to their benefits if a person or family decided to suspend or shorten services; a daily stipend for staff who are able and available to shelter In place on a moment’s or day’s notice

Health Passports that will be shared via a lanyard should someone without family support and with communication support needs go to the ED or hospital; **outreach to PCPs and to local hospitals** advocating for people to be accompanied by one person who can be permitted to stay with the duration of treatment

In Development: Projecting the costs of **raising the hourly wage** of those providing direct services (now including remote support)

■ HCBS PROVIDERS SHARE INFORMATION AND RESOURCES



“During this time of Social Distancing, Values Into Action wanted to create a space where we can share information and resources with one another. As an organization, we believe in the power of community, and even in this time, we can stay connected to our communities, most importantly to one another, VIRTUALLY! This will be an ongoing list of resources, and if you have anything to contribute, please share with us!”

Resource Guide: <https://spark.adobe.com/page/blwU0ofXv3HMx/>
(a collaborative effort among those using services, family members, and employees)



WHAT ARE THE IMPLICATIONS OF THIS PANDEMIC ON HCBS?

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“Never let a good crisis go to waste” - Winston Churchill

- Reinforcing the importance of **case management**
- Demonstrating the usefulness of **technology and remote supports**
- Testing **new flexibilities** such as electronic signatures and allows qualified staff to be easily redeployed
- Advancing improvements in **emergency and contingency planning** at the system level and at the individual level
- Supporting connections between clients and circles of families and friends to **address social isolation**

HCBS MARKET: SERVICES, PROGRAMS, WORKFORCE, FINANCING



What do these changes mean to the HCBS market at large?

How will this pandemic change the supply/demand for HCBS?

How will programs and services change?

What will happen to congregate facilities, and group programs?

How will the role and value of direct care workers shift?



Where is HCBS financially?

How should we finance HCBS to advance strong and responsive programs?

What are the implications for civil rights, human rights?

How can HCBS providers help to address health disparities?

What role will stakeholders play in overseeing these changes?

Working together to support and strengthen HCBS

Address the financial situation, support HCBS and its direct care workers, address disparities

Expand, refine use of technology, extend to family

Modify policies and procedures, protocols, address civil rights, human rights

Update emergency plans, infectious disease protocols

Identify lessons learned and needed changes in policy, legislation and funding

Quality is defined at the point of interaction between the staff member and the individual with a disability.”

– John F. Kennedy, Jr.

QUESTIONS?
PLEASE CONTACT US



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