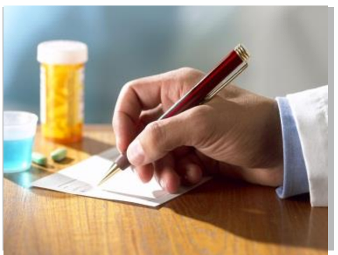
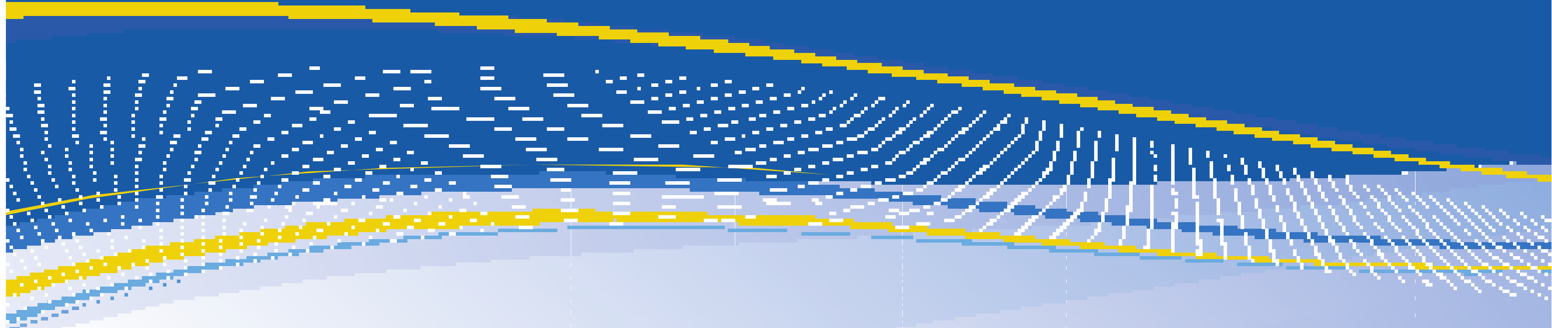
Innovations in Medicaid Home and Community-Based Services Disaster Relief: COVID-19 Related Flexibilities



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



Agenda

- Provide a review of the landscape of disaster relief flexibilities utilized during the course of the COVID-19 pandemic.
- Identify those flexibilities that were most critical during the pandemic, what flexibilities could be most readily ended at the expiration of the 1915(c) Appendix K, and what changes to home and community-based services (HCBS) delivery and oversight may be continued going forward.

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Agenda, cont’d

- Discuss lessons learned to aid states in preparing for and responding to future disasters.
- Discuss ways states may strengthen HCBS to be better prepared in advance of future challenges.
- California and Connecticut will share how their experiences during the pandemic will inform future disaster planning and thinking for future changes to the HCBS system

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Number of State Disaster Relief Approvals

Submissions	8/22/2020	12/3/2020	6/30/2021
1915(c) Waiver Amendment Appendix K Approvals	119	158	260
Number of 1915(c) Waivers Amended	247	249	249
1915(c) Waivers Number of Times Amended	464	588	982
1115 Attachment K Approvals	9	18	19
Number of 1115 Waivers Modified	7	8	9
New PHE 1115(a) Approvals	4	7	7
HCBS Related 1135 Waiver Approvals	44	51	54
1915(i) HCBS Related Disaster Relief (DR) SPA Approvals	11	14	15

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Number of States Approved for Disaster Relief Activities

Submissions	8/22/20	12/3/20	6/30/21
1915(c) Waiver Appendix K	46	47	47
1115 Waiver Attachment K	7	9	10
New PHE 1115(a) Waiver	4	7	7
HCBS Related 1135	35	37	38
1915(i) HCBS Related Disaster Relief SPA	6	9	10

Most Frequent Flexibilities Selected by Number of States

Flexibility Requested	8/22/2020	12/3/2020	6/30/2021
Modify services	49	50	51
Modify provider qualifications	47	48	48
Other/miscellaneous	41	43	44
Allow retainer payments	38	39	42
Modify person-centered planning	37	41	41
Allow virtual Level of Care determinations	34	36	36
Changes to participant safeguards	33	33	33
Allow payment for HCBS in institutional settings	33	34	35
Increase or modify payments rates	33	38	39
Extend dates for Level of Care determinations	31	32	32
Allow payment to family caregivers	28	29	29

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Additional Changes Made After Initial Submissions

Flexibility Requested	Number of States
Other/Miscellaneous	33
Modify and/or Add Services	28
Retainer Payments	25
Modified Rates	22
Provider Qualifications	17
Level of Care Determinations	9
Allow Payment for HCBS in Institutional Settings	6
Add Payment for Family Caregivers	6
Modify Person-Centered Planning	6
Modify Access Requirements	4
Add Self-Direction Options	2

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Electronic Service Delivery

- 48 states requested electronic service delivery to ensure continued delivery of services and supports while minimizing risk of exposure to participants or staff through the Appendix/Attachment K, the COVID-19 Addendum or through a Disaster Relief SPA impacting 223 waivers/state plan services that include HCBS.
  - More than 80% of those states used electronic service delivery for Case Management and Monthly Monitoring
  - More than 60% of those states used electronic service delivery for Personal Care and In-Home Habilitation
  - More than 30% of those states used electronic service delivery for Congregate Day, Behavior Support and other Therapies, and Discovery, Community Day and Supported Employment

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Additional Interventions to Support Health and Safety (1 of 2)

- Facilitate access to Personal Protective Equipment (PPE) through increased rates or direct purchase and distribution by the state.
- Expanded use of family caregivers to create a more secure "bubble" to minimize interactions with others.
- Expanded methods to ensure individuals had access to food and meal preparation and had transportation to essential appointments.

Additional Interventions to Support Health and Safety (2 of 2)

- Changes in surveillance strategies to counter the lack of face-to-face oversight in residential settings, especially where visitors may have been limited.
- Changes to HCBS waiver eligibility requirements to expand HCBS to at risk populations.
- Changes to HCBS disenrollment requirements to ensure ongoing HCBS service delivery by allowing for service interruptions or seamless resumption of services following nursing facility stays.
- Changes to individual cost limits for services.

Provider and Settings Modifications to Support Health and Safety

- Modified new hire requirements to shorten the time needed to get replacement staff on board.
- Allowed new provider types to deliver different services to expand the pool of providers.
- Modified staffing ratios where possible.
- Increased residential capacity to establish quarantine settings.
- Allowed services to be delivered in alternative settings, especially in own/family home and residential settings.

Using Disaster Relief Flexibilities to Support the Provider Network

- Disaster relief flexibilities are important factors in maintaining a provider network during an emergency
- Provider networks, in many places already experiencing workforce shortages, experienced acute initial and long-term challenges as the COVID-19 pandemic evolved.

Modification to Rates

- As of June 30, 2021, 39 states had modified HCBS waiver payment rates.
- Rate modifications included rate increases and new rates for different staffing ratios.
- Rate increases were critical to support costs associated with purchasing personal protective equipment and to address costs associated with overtime.
  - Overtime incurred as a result of efforts to reduce the number of staff entering a single location to mitigate exposure for participants, reductions in available personnel, and the need to use staffing agencies.

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Rate Modifications Over Time

- Twenty-one (21) states followed initial requests to modify rates with subsequent requests.
  - Fourteen (14) states added rate modifications for additional services.
  - Seven (7) states modified rates a second time.
  - Three (3) states modified the unit of service.

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Services Selected by States for Rate Modifications

- 74% of the states used rate modifications for residential services.
- 67% of the states used rate modifications for in-home supports.
- 51% of the states used rate modifications for day and employment services.

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Retainer Payments

- Retainer payments were permitted for states to pay providers when participants could not attend a service, the provider was not permitted to deliver the service, or the participant chose not to participate in a service because of and during the pandemic.
  - Especially critical to support day and employment service networks during stay-at-home orders. (Center-based day services were included 93% of the time by states using retainer payments).
  - Forty-one (41) states utilized retainer payments across 208 HCBS waivers.
  - Twenty-six (26) states were approved for making retainer payments for up to three 30-day periods.

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Supporting the Provider Network and Participants through Changes to Provider Requirements (1 of 2)

- Twenty-six (26) states added or modified provider types.
- The types of changes included:
  - Day service providers authorized to deliver personal care and respite
  - Providers qualified to deliver one service were added as qualified providers for additional services.
  - Providers qualified under one waiver can deliver services in another.
  - New provider types added: case management, home delivered meals, specialized medical equipment and supplies, transportation

Supporting the Provider Network and Participants through Changes to Provider Requirements (2 of 2)

- Forty-eight (48) states modified provider qualifications, including to:
  - Shorten the time needed to onboard new staff
  - Reduce ongoing training requirements to minimize staff time away from direct service delivery.
  - Delay criminal background checks, especially when background check locations were closed.
  - Allow hiring of normally excluded family members who met provider qualifications.

Making Changes to HCBS Waivers to Prepare for Future Emergencies

LESSONS LEARNED

What lessons learned can influence the HCBS that states offer, including service design and service delivery?

Investing in Remote Technology

- Expand access to technology for state oversight strategies. This can include:
  - data systems to capture performance data from providers and
  - equipment for quality review personnel.
- Support provider use of electronic service records. Allows providers and state personnel to engage in ongoing oversight activities.
- Support providers to include remote education and training options for personnel.
- Expand support for participants to obtain and use technology. The pandemic has illustrated the critical role technology played to assist participants to receive services and maintain relationships.

Changes to Person-Centered Planning

- Encourage remote participation in planning meetings when in-person participation is not possible, to support participation of all team members, family members, and allies chosen by the waiver participant.
- Establish authority for electronic approval/signature of person-centered service plans.
- Evaluate how well the system is able to quickly authorize more and/or different services as emergencies evolve and participants' circumstances change.

Strengthen the Provider Network

- Evaluate impact of provider types added during the pandemic to determine if those changes should be made permanently.
- Collaborate across state agencies to increase the direct support workforce.
- Explore assistive technology and remote technologies to add to service delivery options when needed.
- Plan for both the possible need to rely on family caregivers during disasters and to accommodate family caregivers returning to the workforce when the disaster resolves. (Combining assistive technology with a caregiver's responsibilities can help to alleviate some demands on family members.)

Other HCBS Design and Management Considerations

- Evaluate how new services introduced during the pandemic supported HCBS participants and consider if the array of service offerings could be retained and/or enhanced going forward.
- Undertake advanced preparations for distribution of critical supplies.
- Streamline and/or automate eligibility and service authorization pathways to reduce processing time for initiating services for new HCBS participants.
- Maintain varied communication strategies to support participant information and education.

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State Perspective

Jacey Cooper, State Medicaid Director, Autumn Boylan, Assistant Deputy Director for Integrated Systems, and Joseph Billingsley, Chief of the Program Policy and Operations Branch from the **California Department of Health Care Services.**

William Halsey, Interim Director of Health Services, and Dawn Lambert, Co-leader, Community Options Unit, Division of Health Services, from the **Connecticut Department of Social Services**.

State Approaches to Disaster Relief and Future Planning (1 of 6)

- In what ways has your state's previous experience with natural disasters impacted your ability to respond to the COVID-19 PHE?

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State Approaches to Disaster Relief and Future Planning (2 of 6)

- What factors does the state consider in evaluating the effectiveness of flexibilities used during disaster relief and against what goals (e.g. preservation of HCBS provider pool, limiting contact to reduce potential for disease transmission, etc.)?

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State Approaches to Disaster Relief and Future Planning (3 of 6)

- How does the state determine whether or not to modify programs to continue the changes on an ongoing basis after the emergency has resolved?

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State Approaches to Disaster Relief and Future Planning (4 of 6)

- Are there critical infrastructure components developed as part of the state's disaster preparedness that allowed the state to coordinate a rapid response to the COVID-19 PHE, such as communication channels with participants, stakeholders, providers, managed care entities, etc., modifications to eligibility or pre-authorization processes or systems, ability to modify health and welfare IT systems?

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State Approaches to Disaster Relief and Future Planning (5 of 6)

- What lessons learned from the COVID-19 PHE will assist you in disaster relief efforts related to future natural disasters?

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State Approaches to Disaster Relief and Future Planning (6 of 6)

- How has the state considered using American Rescue Plan Act of 2021 Section 9817 funds to implement reforms that will impact disaster relief in the future?

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Resources

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

❖ HCBS@cms.hhs.gov

To request Technical Assistance:

❖ HCBSettingsTA@neweditions.net

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