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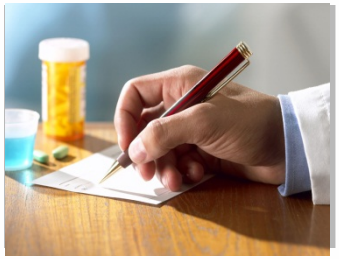
CMS Intensive: Revitalizing HCBS Rebalancing



Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services

Welcome

Alissa DeBoy

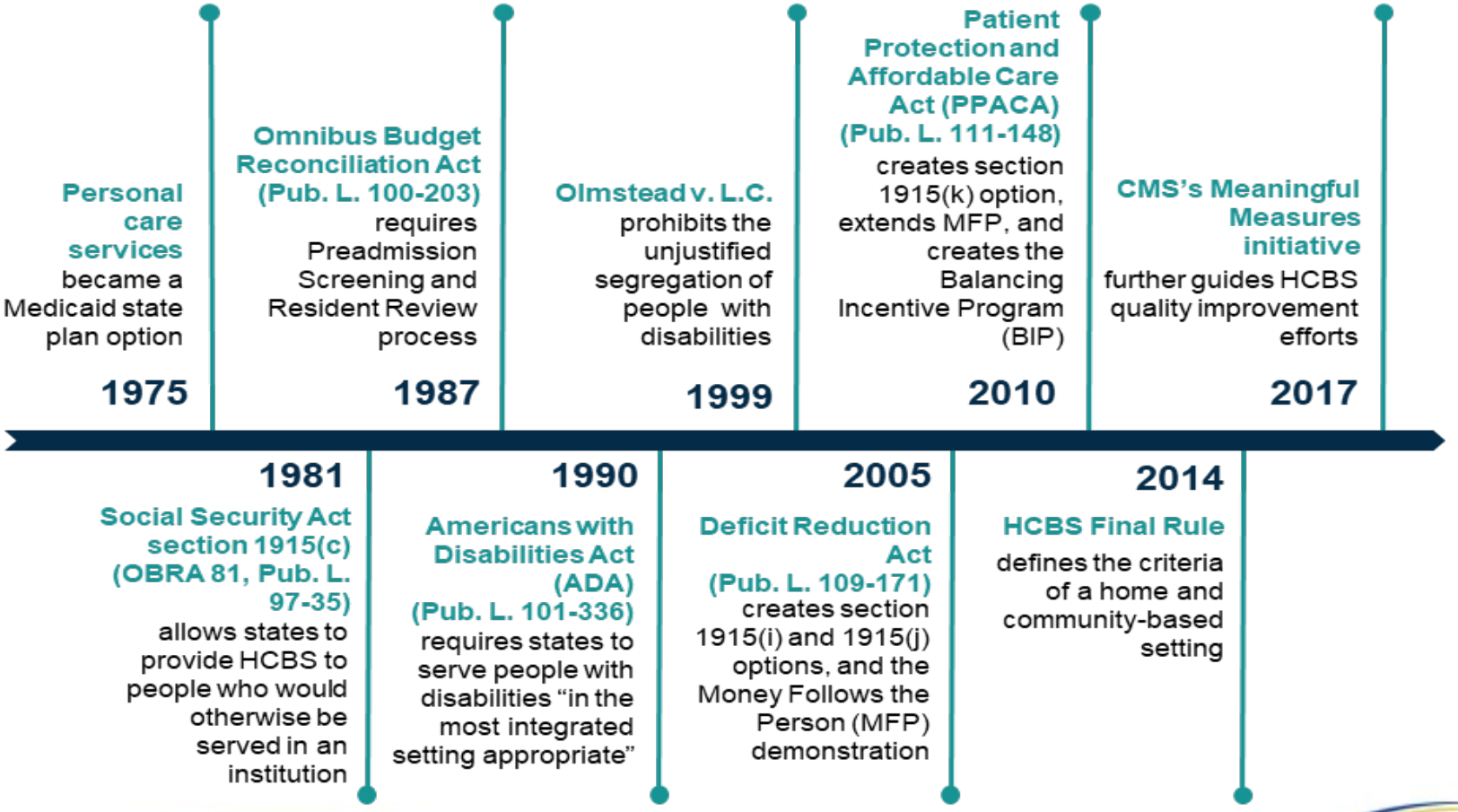
Acting Deputy Director

Center for Medicaid and CHIP Services

Agenda for Today's Session

- Brief history of rebalancing
- The rebalancing equation
- Rebalancing in light of COVID-19
- Opportunities to accelerate rebalancing of HCBS (authorities, programs, and flexibilities granted under PHE)
- LTSS rebalancing toolkit and other recent releases
- ACL efforts
- State presentations – CT, WA and RI
- Q&A

Brief History of Rebalancing



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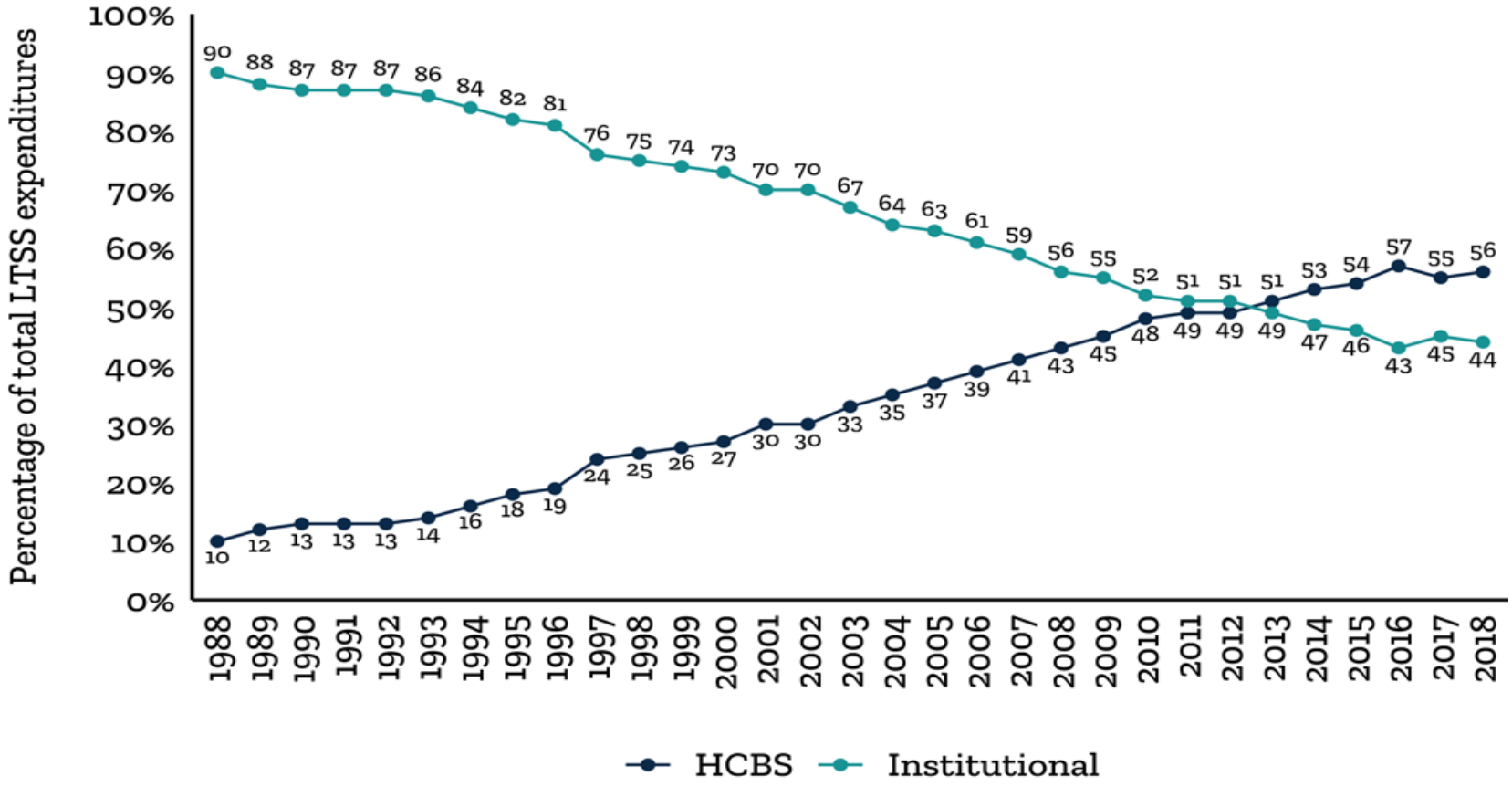
Rebalancing Trends



The Rebalancing Equation

Melissa Harris

Acting Director, Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

Tools and Resources that Can Support Institutional Diversion and Transition

- Diversion and Transition
  - Preadmission Screening & Resident Review (PASRR)
- Transition
  - Discharge requirements and guidance for nursing facility mandatory benefit
  - Minimum Data Set (MDS)
  - Money Follows the Person (MFP) demonstration

Community-Based Tools that Can Support Rebalancing Strategies

Addressing social determinants of health

- Optimal utilization of Medicaid HCBS authorities
- Strengthening state partnerships with social supports and housing agencies
- Investing in employment supports
- Furthering educational supports
- Utilization of funding streams across disparate programs to implement a coordinated strategy

Rebalancing in Light of COVID

Jodie Sumeracki
Senior Policy Advisor
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services

Rebalancing in Light of COVID

- People in institutions are higher risk of COVID-19 infection and death
  - Statistically the percentage of infection rates and deaths from the COVID-19 pandemic have been disproportionately large among individuals residing in Nursing Facilities
  - Data as current as 11/1/2020 demonstrates that while 0.4% of Americans reside in SNF/NFs, this cohort of individuals account for over 25% of COVID-19 deaths
- In addition, the impact of stay at home orders upon individuals in institutions has resulted in isolation from familial supports during a time of high need for emotional support from a network of families and friends

Rebalancing in Light of COVID (cont'd)

- Hospital discharges to NFs as opposed to HCBS in the community is a common practice
- Due to the impact of the pandemic it became increasingly difficult to discharge to NFs particularly if they had a cohort of individuals already quarantined or isolated.
- In HCBS settings, states had the authority, if requested and approved, to authorize family members to render services to individuals residing in the home
- This ability to supplement a workforce reeling from infection and/or threat of infection allowed HCBS a greater degree of flexibility to continue to provide services during the pandemic.

Rebalancing Roundtables

- During the last 2 weeks of June, CMCS convened 6 roundtable meetings with the following groups to solicit actionable ideas around the future of long-term services and supports:
  - Federal partners including staff from Medicare & Medicaid Coordination Office (MMCO), Center for Clinical Standards and Quality (CCSQ), Department of Housing and Urban Development (HUD), Agency for Health Research and Quality (AHRQ), Assistant Secretary for Planning and Evaluation (ASPE), Office of Civil Rights (OCR), Department of Labor (DOL), Department of Justice (DOJ), Department of Veteran's Affairs (VA) and Medicaid and CHIP Access and Payment Commission (MACPAC)

Rebalancing Roundtables (cont'd)

- State Medicaid Directors and their operating agency staff who work on HCBS and have done innovative activities in this space, as well as states who are eager to further rebalance their systems
- State associations including NAMD, ADvancing States, National Association of State Directors of Developmental Disabilities Services, etc.
- Medicaid health plans

Rebalancing Roundtables (cont'd)

- Provider associations including those that represent nursing facilities and assisted living providers (American Health Care Association (AHCA), National Center for Assisted Living (NCAL), Leading Age, Society for Post-Acute and Long-Term Care Medicine (AMDA), etc.), American Network of Community Options and Resources (ANCOR)
- HCBS Advocacy Coalition (cross-cutting group of disability advocates)
- LTSS Expert Panel (researchers, academics, Medicaid financing experts, etc.)

Rebalancing Roundtables (cont'd)

- The team asked stakeholders to share ideas around:
  - Nursing home/institutional setting diversion including advanced screening, informed discharge planning, options counseling, etc.;
  - Building out HCBS infrastructure and capacity to be able to support a shift to more home and community-based care;
  - Innovations to drive care model diversification and institutional culture change in an effort to shift to more a person-centered, community living focus; and
  - Alignment of financial incentives to improve quality and drive better outcomes for individuals needing skilled nursing and/or long-term services and supports.

What We Heard

- Some of the main themes were heard across the discussions were that CMS should:
  - Focus on diversion of individuals into institutional and congregate settings to stop the pipeline of people entering institutions;
  - Develop or share training materials for hospitals, rehabilitation facilities, and nursing facilities regarding HCBS options to inform discharge planning for individuals;
  - Create a program or demonstration that would flip the institutional bias in statute and require HCBS be explored/accessed prior to institutional-based care;

What We Heard (cont'd)

- Develop guidance to share best practices and provide technical assistance in multiple areas including, but not limited to:
  - Engaging in informed choices for community options,
  - Transitioning from institutional and other congregate settings, including highlighting positive practices that are continuing during COVID-19 and strategies to use transitions as a safety measure;
  - Leveraging Money Follows the Person (MFP) grants and Medicaid funding for housing-related services to transition individuals out of institutions;
  - Leveraging telehealth and use of technology;
  - Identifying state strategies used in nursing home model diversification and provider transformation.

What We Heard (cont'd)

- Build upon the work of the past partnership of CMS and HUD, as well as the work through Innovation Accelerator Program (IAP), to focus on housing options for individuals who want to receive HCBS;
- Work with ACL, HUD, and other federal partners to highlight other opportunities that dovetail with CMS HCBS efforts to help support states in building out HCBS infrastructure;
- Work with colleagues in Medicare to modernize long-term care models and payment structures;
- Consider a program that would provide supports to individuals to avoid them having to spend down to Medicaid; and
- Better track COVID-19 infections, deaths and changes in placements across all settings due to COVID-19.

Medicaid Benefits and Programs that Advance the Availability of Community-Based Services

Ralph Lollar

Director, Division of Long-Term Services and Supports

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

Medicaid Benefits and Programs that Advance the Availability of Community-Based Services

State plan benefits that include HCBS	HCBS authorities	Research and demonstration programs	Integrated care programs	Managed long term services and supports (MLTSS)	Medicaid administrative activities
• Home health • Personal care services • Case management and targeted case management • Section 1945 Health Home	• Section 1915(c) • Section 1915(i) • Section 1915(j) self-directed personal care services • Section 1915(k) Community First Choice	• Section 1115 demonstrations • Money Follows the Person (MFP) demonstration	• Programs for All-Inclusive Care for the Elderly (PACE) • Accountable care organizations (ACOs) • Integrated care for people dually eligible for Medicare and Medicaid	• Including those authorized under Section 1915(a) or 1915(b) waivers	• Partnership development • Data and information technology

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CARES Act

- Section 3715 permanently authorizes the provision of Medicaid-funded HCBS during an inpatient stay in an acute care hospital.
- Applies to services authorized under section (c), (i), (j) and (k) state plan and waiver programs, and 1115 demonstrations.
- HCBS must be:
  - Authorized in the individual's person-centered service plan;
  - Provided to meet the needs of the individual that are not met through the provision of hospital services;
  - Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and
  - Designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.

Retainer Payments

- CMS has permitted the use of retainer payments in the 1915(c) HCBS authority since 2000 to allow for parity with institutional bed hold days, not to exceed 30 days.
- CMS recently clarified in FAQs that states can also provider retainer payments in:
  - The 1915(k) benefit through the use of backup systems, as defined in 42 CFR 441.505.
  - The 1915(i) benefit through Section 1915(i)(1) of the Act, which permits states to include HCBS that are within the scope of services at section 1915(c)(4)(B) of the Act.
- In periods of disaster, such as this PHE, multiple periods of retainer payments may be utilized in HCBS programs, not to exceed 90 days. Guardrails apply.

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Innovations from Appendix Ks

- Standalone appendix that allows states to request temporary changes in their approved 1915(c) waivers in order to prepare for or respond to an emergency.
- May be applied retroactively by the state.
- Changes are time limited and tied specifically to individuals impacted by the emergency.
- States may consolidate multiple 1915(c) waivers into one Appendix K submission and may update their initial submissions to include additional changes as needed.

Innovations from Appendix Ks (cont'd)

- Public notice requirements normally applicable under 1915(c) do not apply.
- The Appendix K cannot be used to exceed statutory or regulatory authority for 1915(c) waivers, so some activities may require the use of other authorities, such are Section 1115 demonstrations or Section 1135 authorities.

Options That Can Be Extended

- Examples of common changes in Appendix Ks that may be approved in a standard 1915(c) waiver application include:
  - Use of telehealth or other electronic methods of service delivery for:
    - Case management, personal care services that only require verbal cueing, in-home habilitation, and other services that may be facilitated by telehealth
    - Evaluations, assessments and service plan meetings (note: in these cases there is a need for the state to establish a process for electronic signatures)

Options That Can Be Extended (cont'd)

- Home-delivered meals, assistive technology, and other services the state feels will be beneficial to their waiver population going forward*
- Rate increases for waiver services to enhance the provider pool*
- Retainer payments for personal care services and/or habilitation services that include personal care when a waiver participant is hospitalized or absent from his/her home (not to exceed the lesser of NF bed-hold days or 30 days)

*Public notice and prospective effective dates required for amendments with substantive changes.

Options That Cannot Be Extended

- Examples of common changes in Appendix Ks that are **NOT** approvable in a standard 1915(c) waiver application include:
  - Provision of waiver services in institutional settings (excluding respite and services provided in accordance with section 3715 of the CARES Act);
  - Extension of timeframes for level of care re-evaluations
  - Suspension of quality improvement system activities

Options That Cannot Be Extended (cont'd)

- Enforcement discretion for non-compliance with the HCBS settings requirement at 42 C.F.R. 441.301(c)(4)(vi)(D) stating that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014
- Authorization of case management entities to serve as the only willing and qualified provider under 42 C.F.R. 441.301(c)(1)(vi) due to the PHE (i.e., waiving conflict of interest requirements due to the PHE personnel crisis)
- Changes approved via the 1135 authority including, but not limited to, extensions of person-centered service plan (PCSP) recertifications, verbal signatures for PCSPs, and waiving settings requirements for settings added after March 17, 2014.

Keeping it Going: CMS Commitment to Rebalancing

Jennifer Bowdoin

Director, Division of Community Systems Transformation

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

Recent Releases to Support Rebalancing

- Joint Informational Bulletin – Living at Home in Rural America: Improving Accessibility for Older Adults and People with a Disability
- MFP Supplemental Funding Opportunity
- Request for Information – Recommended Measure Set for Medicaid-Funded HCBS
- LTSS Rebalancing Toolkit

LTSS Rebalancing Toolkit

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LTSS Rebalancing Toolkit

- Four modules
  - Module I: Background
  - Module II: Advancing State Home and Community Based Services Rebalancing Strategies
  - Module III: Current Flexibility under Medicaid to Support State Rebalancing Strategies
  - Module IV: State Strategies to Rebalancing LTSS Systems

Key Elements and Aspects of an Effective System to Advance HCBS

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Key Elements of an Effective System to Advance HCBS

- Person-centered planning and services
- No Wrong Door systems
- Community transition support
- Direct service workforce and caregivers
- Housing to support community-based living options
- Employment support
- Convenient and accessible transportation options

Aspects of an Effective HCBS System Foundation

- Data-based decision-making
- Stakeholder engagement programs
- Financing approaches
- Quality improvement

ACL Rebalancing Initiatives

Andrea Callow
Program Analyst
Office for Policy Analysis and Development
Administration on Community Living

December 2, 2020

ACL's Mission *Is* Rebalancing

- **Mission:** Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.
- **Vision:** For all people, regardless of age and disability, to live with dignity, make their own choices, and participate fully in society.

How ACL Does Its Work

- General Policy Coordination
- Unique Programmatic Functions
  - Federal, State and Local
  - Aging and Disability Network
  - Consumer Assistance
- Research
  - National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR)

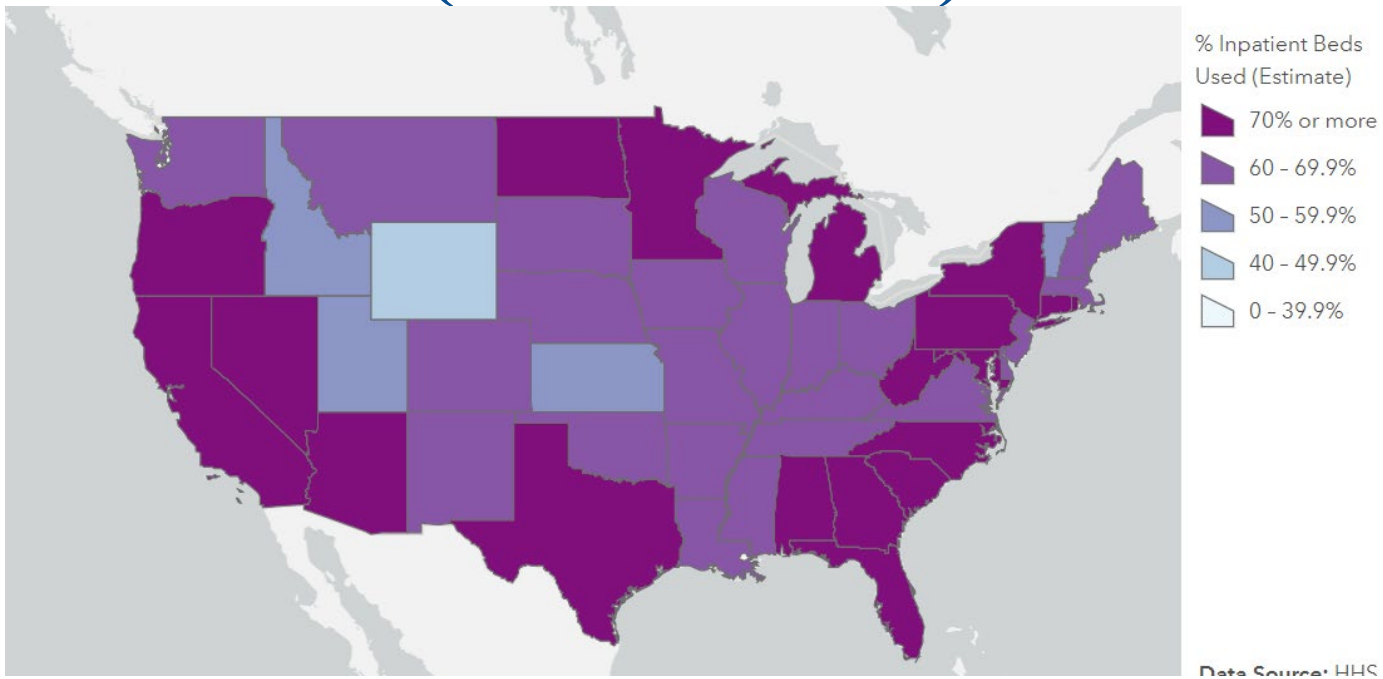
Achieving Rebalancing: Program and Policy

- Care Transitions During COVID-19
  - Nursing home diversion at the hospital
  - Moving people into the community, and keeping them there

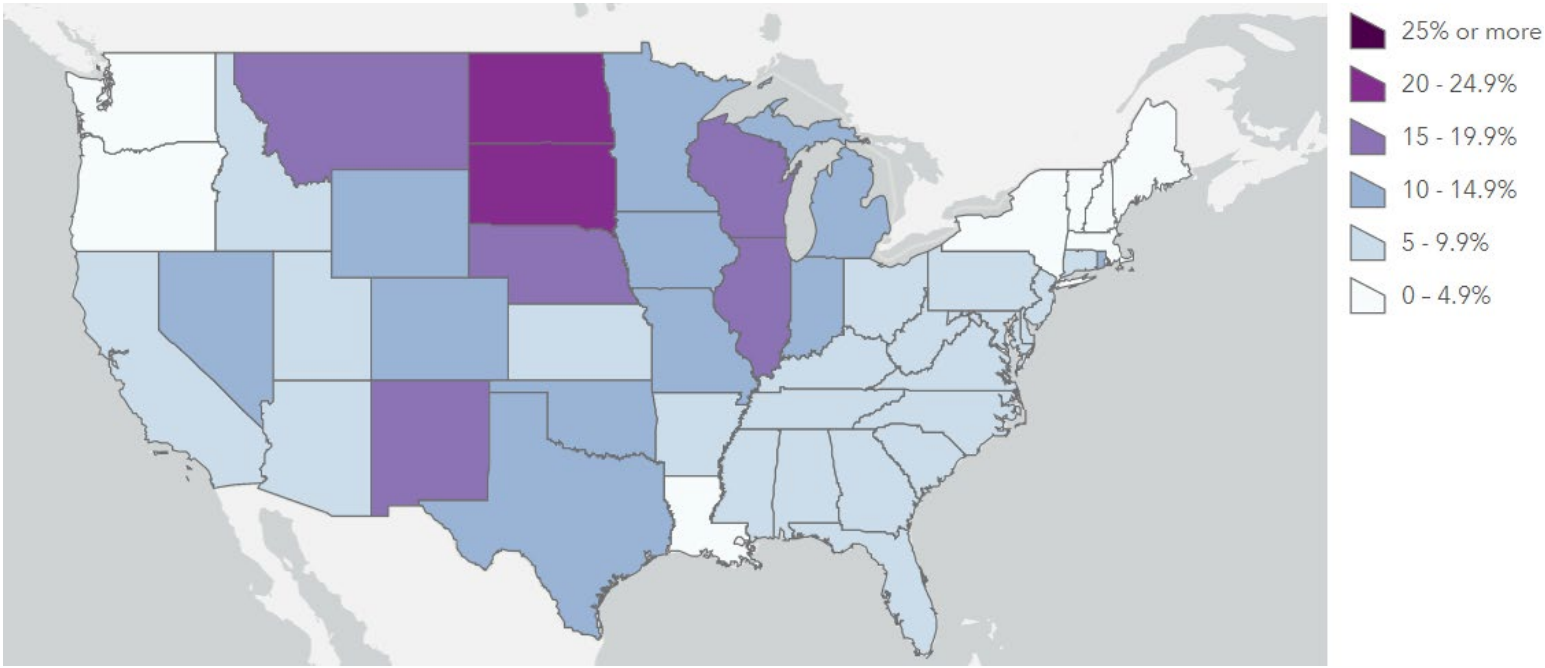
- Community Living Across Domains
  - Interconnected systems that either facilitate or hinder the full integration of older adults and people with disabilities into the broader community.
  - White paper presenting theoretical framework and recommendations

Nursing Home Diversion At the Hospital Due to COVID-19

State Hospital Bed Occupancy
(as of 11/11/20)



State Hospital COVID Bed Occupancy
(as of 11/11/20)



Importance of Hospital/Community Coordination During COVID-19

Likewise, the pandemic has illuminated the advantages of having provider offices, community health clinics, home care services, prehospitalization services (ambulances), **community services**, public health offerings and other parts of the care continuum coordinated with hospitals and health systems.

- June 2020 American Hospital Association

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athways.FINAL-20200611.pdf

Resources

- ACL Technical Assistance Community: Care Transitions Webinars and Supplemental Materials

https://www.ta-cmmunity.com/tag/care-transitions

- ACL Technical Assistance Community: Integration of Health and Social Care (additional care transitions resources): https://www.ta-community.com/category/integration-of-health-and-social-care

Technical Assistance

If you have any additional questions or would like to ask for direct one-on-one technical assistance, please email the ACL care transitions mailbox:

ACLCareTransitions@acl.hhs.gov

Multi-system Institutional Bias: Rebalancing Systems to Support Community Living

Framework

- Capitalize on energy around rebalancing in health care
- Promote broad systems change that rebalances against institutionalization
- Ensure older adults and people with disabilities, particularly those who are in greatest economic and social need (multiply marginalized) can live, work, learn and receive supports and services in settings that facilitate independence and the achievement of their goals

Holistic Rebalancing

Health & Human Services

Housing

Education

Employment

Transportation

ACL Rebalancing Initiatives cont'd

- Companion toolkits to the existing CMS rebalancing toolkit, which will be program and outcome focused
- Medicare Part A self-directed benefit

ACL Rebalancing Initiatives cont'd

What are the programs (in partnership with existing resources and sources of support from other federal Departments, ideally) that you can look to in addition to Medicaid, to help support community living?

Take a Break!

Questions and Answers