

VIRTUAL DELIVERY OF FMS FOR SELF-DIRECTION

Solutions for Times of Emergency and Beyond



Panelists



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Session Overview

States and MCOs rely on full-service Financial Management Services providers to assist individuals and families with the responsibilities of self-direction. In response to the COVID-19 pandemic, states and MCOs took maximum advantage of increased flexibility granted by CMS to expand services, allow virtual service delivery, modify provider criteria, and change payment rules. These emergent demands required major changes in information technology systems and service delivery models to ensure timely participant and provider enrollment, service planning and authorization, billing and payment challenges to be met without disruption. Panelists will share lessons learned and implications for the future.

Topics

- Overview of Self-Direction
- Information and Assistance (I&A) and Financial Management Services (FMS)
- CMS Disaster Response Toolkit
- Emergency Response by Pennsylvania Department of Human Services, Office of Long-Term Living
- Emergency Response by PPL
 - Reconfiguration of information technology systems
 - Virtual delivery of I&A
 - Self-service enrollment and customer interface
- Summary of state Appendix K submissions
- Discussion and future directions

What is Self-Direction?



Self-direction offers participants increased **choice and control** over their home and community-based services and supports *(who, what, how, where, when)*



Based on the principles of self-determination



Natural outgrowth of person-centered planning and approaches



Alternative and/or supplement to traditional agency services

*According to the AARP National Inventory of Self-Directed Programs conducted by Applied Self-Direction in 2019, an estimated **1.2 Million** people self-direct their own home and community-based services and supports in the United States.*

All self-directed programs offer participants some level of **Employer Authority** following two basic models:



Co-Employer Model, also known as “Agency with Choice” where participant or representative acts as the managing employer and agency or FMS acts as the co-employer



Common Law Employer Model where participant or representative acts as employer with FMS acting as the Fiscal/Employer Agent (F/EA)

Many self-directed programs also offer **Budget Authority** where the participant has control over an individual budget and the flexibility to mix and match services, negotiate wage rates, and in some cases purchase **Participant-Directed Goods and Services** to ensure health and safety, reduce reliance on paid care, and promote independence and community integration.



Benefits of Self-Direction





Participant Benefits

- ✓ Increased access to authorized services
- ✓ Increased satisfaction with services
- ✓ Improved quality of life



Caregiver Benefits

- ✓ Addresses workforce shortage
- ✓ Reduces family caregiver stress



State/MCO Benefits

- ✓ Budget neutral and cost neutral when well designed (any increases in HCBS offset by reductions in acute care costs such as emergency room visits, and hospital stays)

National Cash and Counseling Demonstration Evaluation Results

SELF-DIRECTED HOME CARE



» Self-Direction is an important tool in state rebalancing efforts

» Self-Direction is an alternative to admittance into restrictive long-term institutional care or using home-care agencies that offer limited choice and control over support workers and services.

Critical Supports for Self-Direction

Information and Assistance (I&A)

Financial Management Services (FMS)



Information and Assistance (I&A)

CMS Core Service Definition

- *Service/function that assists the participant (or the participant's family or representative, as appropriate) in arranging for, directing and managing services.*
- *Serving as the agent of the participant or family, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services.*
- *Practical skills training is offered to enable families and participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication and problem-solving.*

I&A Models

- Component of case management/service coordination
- Medicaid Service (independent or agency)
- Component of FMS

I&A Procurement Methods

- Service (eligible for service match)
- Contracted administrative function (eligible for 50/50 administrative match)

Financial Management Services

CMS Definition

FMS is furnished for two basic purposes:

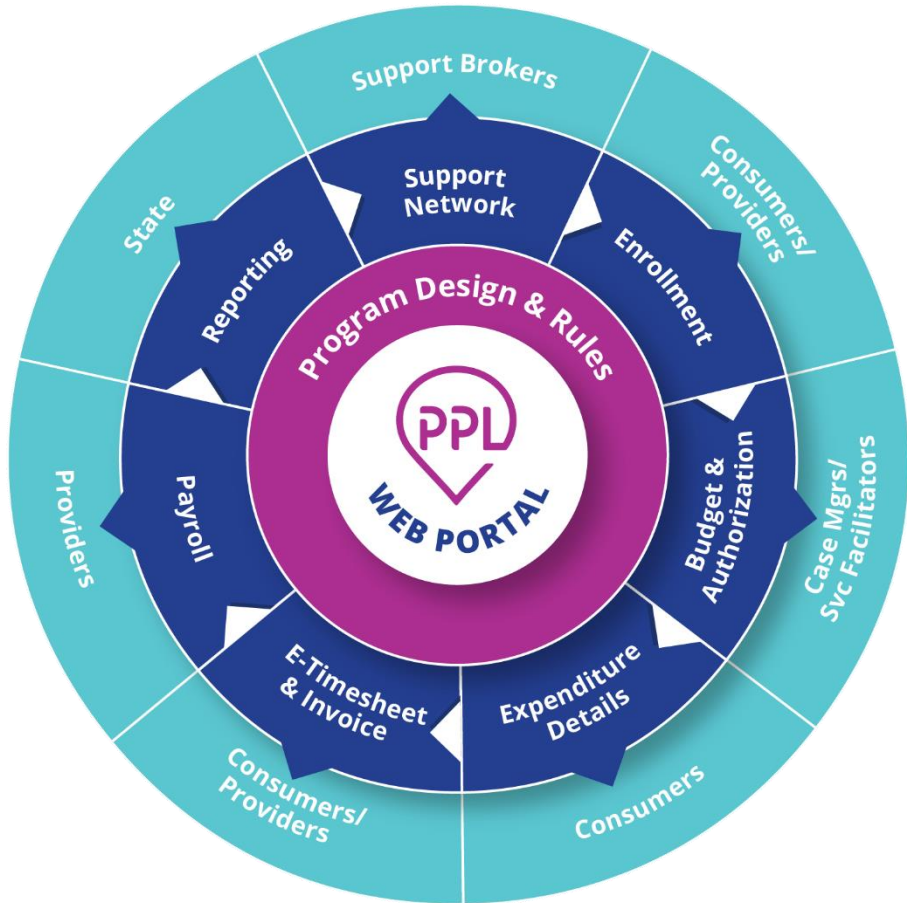
- (a) to address Federal, state and local employment tax, labor, and workers' compensation insurance rules and other requirements that apply when the participant has Employer Authority;*
- (b) to make financial transactions on behalf of the participant when the participant has Budget Authority.*

FMS Models and Procurement Methods

- Medicaid Service (choice of qualified providers, eligible for service match)
- Contracted administrative function (eligible for 50/50 administrative match, state selection or MCO selection)

Full-service FMS providers do much more than payroll...

EXAMPLE: PPL's Information Technology Solutions for Self-Direction



PPL configures a **web portal and user interface** that is fully integrated with our EVV solution and payroll platform at the specific direction of our state and MCO clients, each with their own unique program rules and pay controls.

"If you've seen one self-directed program, you've seen one self-directed program"

EVV and Self-Direction

Time4Care™

- *Full-service FMS providers such as PPL offer fully integrated Electronic Visit Verification (EVV) time capture solutions for self-direction*
- *These FMS providers are exploring new ways to leverage technology and harness the power of the direct care workforce to improve services and outcomes*



Programs served by PPL

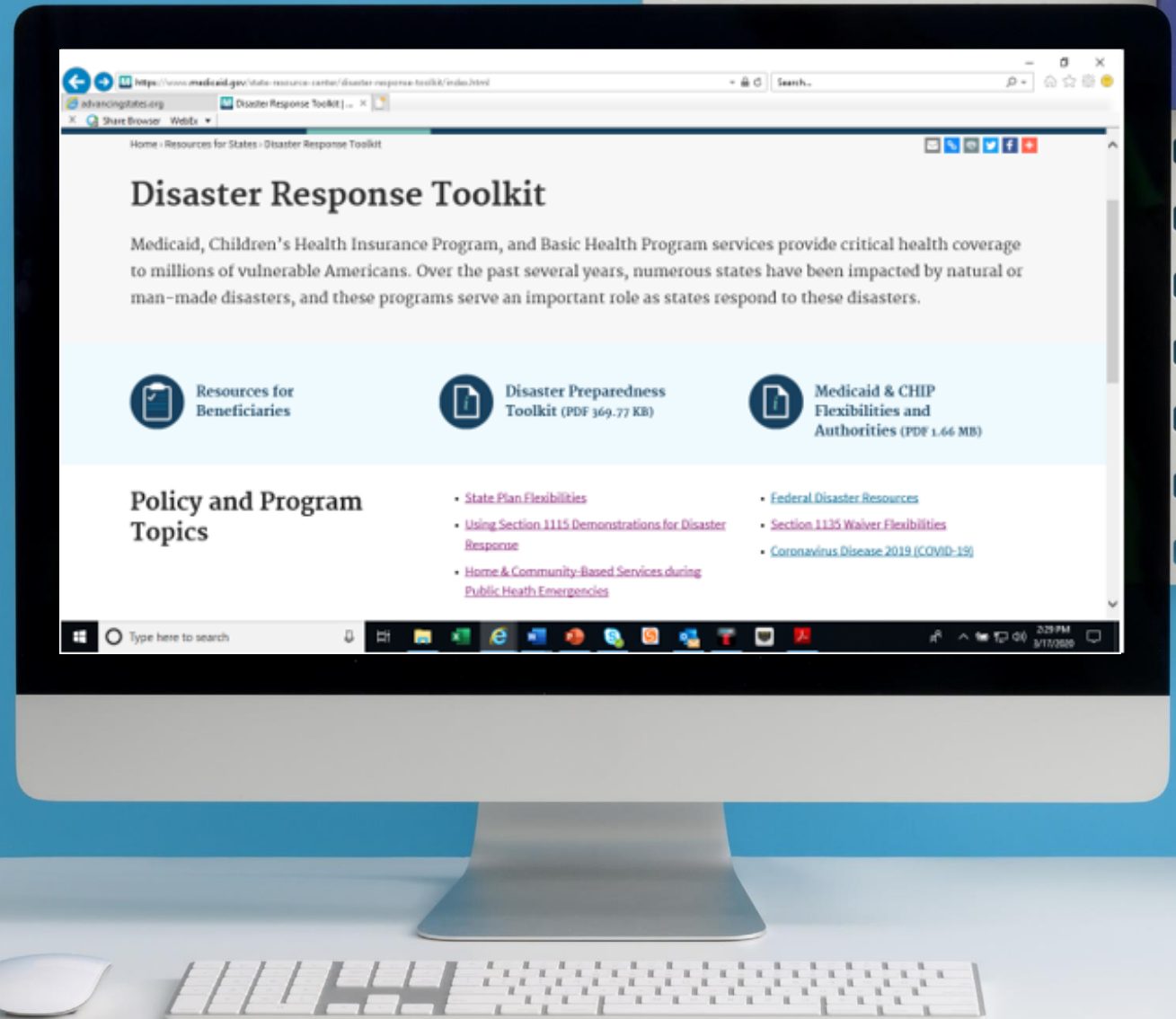
» PPL provides **FMS** for over **125,000** participants in **43** programs in **22** states (RI recently launched, AL and MD pending)

» PPL provides **I&A** for over **25,000** participants in **3** states (NJ, TN, WV)

When the pandemic struck states looked to PPL to reconfigure FMS and I&A systems to ensure seamless participant and provider enrollment, service authorization and delivery, as well as provider billing, payment and claiming activity.



CMS Disaster Response Toolkit



Disaster Preparedness Toolkit for State Medicaid Agencies

Medicaid and CHIP Learning Collaborative

Responding to Specific Disaster-Related Problems

- Bolstering Eligibility and Enrollment Processes
- Ensuring Access to Needed Services: Benefits and Cost Sharing
- Bolstering the Provider Workforce

Overview of Disaster-Related Legal Authorities

- [Medicaid State Plan Amendment](#)
- CHIP Disaster Relief State Plan Amendments
- Verification Plan
- [1915\(c\) Waiver Appendix K](#)
- [1135 Waiver](#)
- [1115 Demonstration](#)

States have broad latitude to make changes within existing waiver authorities without the need to apply for additional waivers or amendments. These tools are for going beyond what is already approved. Also, it's not a one-way street with CMS or "one and done". States can make incremental changes and revise.



<https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html>

1915(c) Appendix K

Temporary or Emergency-Specific Amendment to an Approved Waiver

ACCESS AND ELIGIBILITY

- Temporarily increase individual eligibility cost (income) limits
- Modify additional targeting criteria

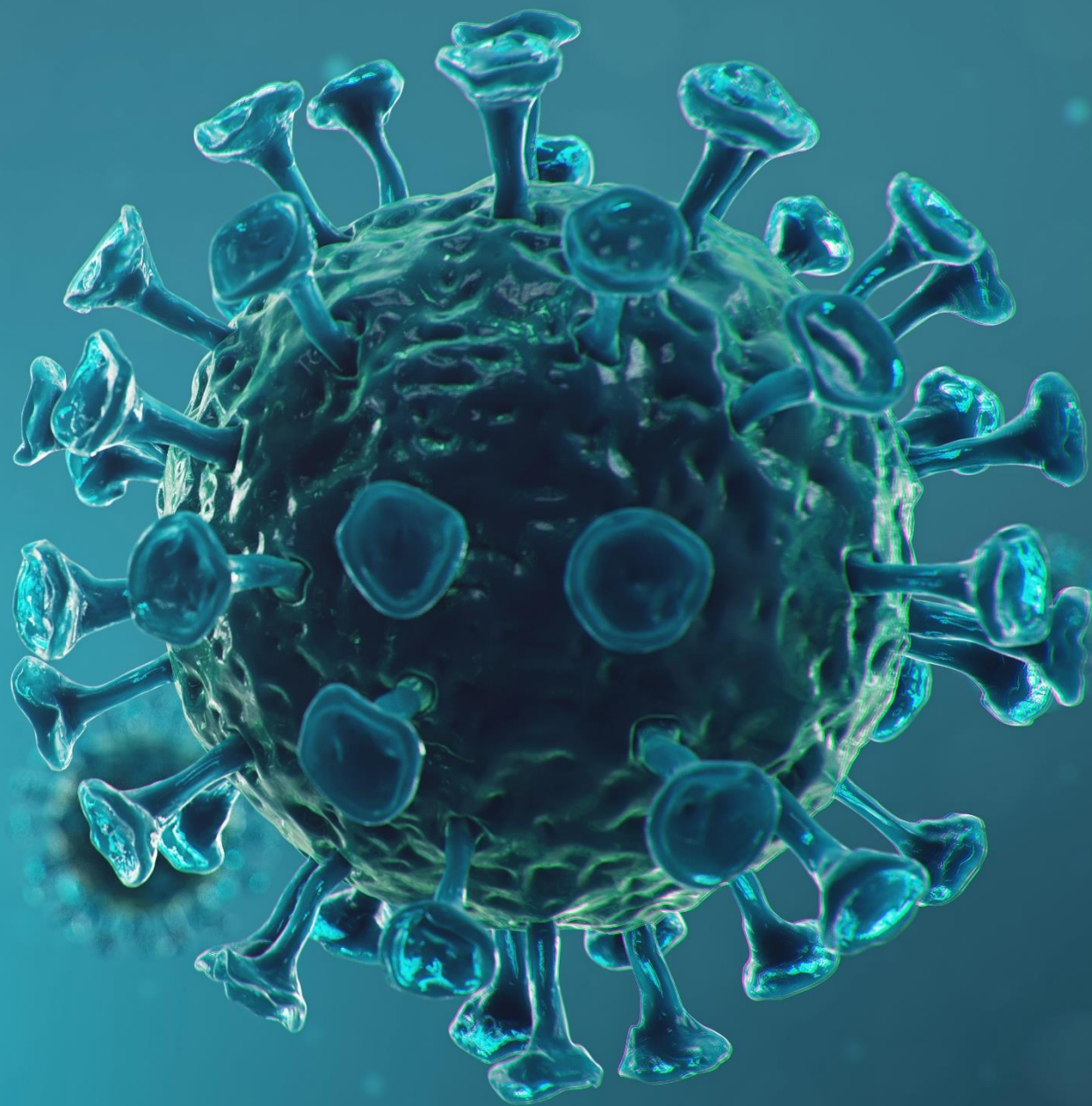
SERVICES

- Temporarily modify service scope or coverage
- Temporarily exceed service limitations (*amount, frequency, duration*)
- Temporarily add services to the waiver (*i.e., Emergency counseling, heightened case management to address emergency needs, emergency medical supplies and equipment, individually directed good and services, assistive technology, emergency evacuation transportation outside the scope of non-emergency transportation or transportation already provided through the waiver*)
- Temporarily expand settings (*i.e., Allow participants to receive services in the provider's home. Allow day program staff to provide services in another location or in individuals' homes.*)
- Provide services in out-of-state settings (*if not already approved in waiver*)

Note: Individuals on the OIG's excluded provider list may not receive Medicaid payment, regardless of the relationship to the individual. CMS is also requiring NPI in Section 1135 Waivers viewed by PPL. See related guidance at www.hcbswaivers.net



**Pennsylvania
DHS-OLTL
COVID
Response**

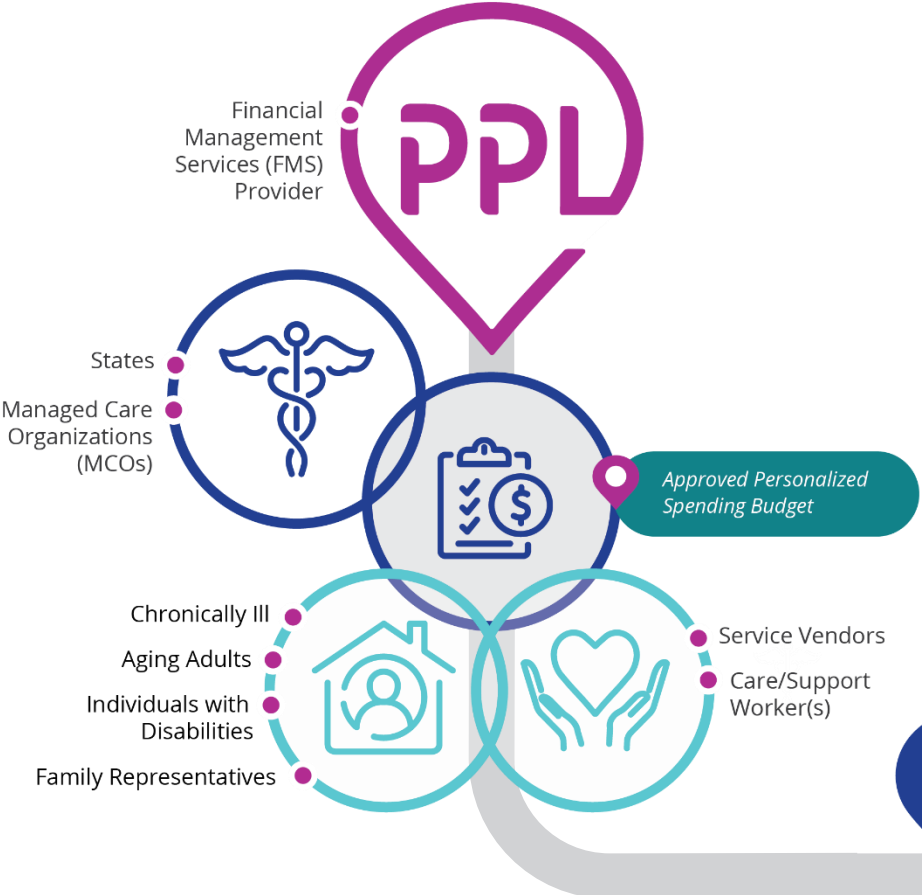


You = We =  =

Mission:

Transform more lives by making self-directed home care easier for all.





Our Role:

We assist eligible recipients and their representatives on their self-directed journey:

- » Preparing them for the role of an employer
- » Enrolling their employees and performing background checks
- » Managing their budgets and approve timesheets of their care/support workers
- » Paying for services such as daily transportation and home modifications

All to their state-approved individual budgets, spending plans and service authorizations.



DISCOVER CHOOSE
easier... to discover and choose the long-term support & care option

GET STARTED MANAGE
easier... to get started, manage, identify and resolve issues quickly

RECOMMEND
easier... to measure self-direction's many benefits and recommend it (and PPL) to others

From the inception of the COVID-19 pandemic, PPL moved into action to ensure swift and accurate implementation of program changes and to ensure no break in services to the individuals we serve.

- Immediate Outreach to Clients Offering Collaboration and Support
- Expedited COVID-19 Change Requests, including:
 - ✓ Facilitating PPE Distribution
 - ✓ Distributed CARES Act Funds to Attendants On Behalf of Clients
 - ✓ Hero Pay
 - ✓ Hazard Pay
 - ✓ Temporarily Modified Program Requirements
 - ✓ Alternative Care Workers
 - ✓ Expedited Enrollment
 - ✓ Created and Distributed Essential Worker Travel Letter
 - ✓ Ensured Understanding of State Executive Orders and Rules

Support During COVID-19

What did PPL do in partnership with states and MCOs?

- Provided Dedicated COVID-19 Related Outreach Resources
 - Email blasts
 - Pop-Up Messages
- Published state updates and bulletins for individuals and families
- Disseminated information to unionized employees regarding safe service delivery, co-branding materials
- Adjusted service level needs and requirements for in-person enrollment visits
- Transitioned In-Home Enrollment meetings to virtual while increasing satisfaction rates



Keeping participants and their families safe and reducing exposure

PPL Information and Assistance (I & A) COVID Response

Nimble, Flexible Support During Crisis



- Full transition to remote consumer support during pandemic, enhancing consumer safety
- Outreach to 100% of consumer population
- Initial and ongoing education on EVV platform and rules through a variety of outreach methods
- Implementation of high touch enrollment process during remote activities
 - Weekly check-ins with individuals
- Creation and distribution of Supports Broker face sheets to connect consumers to their Supports Brokers while virtual, providing a friendly face to the name and service

IT Infrastructure

- **Information Technology Services** – Data Centers (4 co-location centers in Austin, TX and Watertown MA – conforming to SSAE 16 Type II, SOC-2 and other industry standards), Internal / External Systems (AWS and Azure), Business Continuity, Disaster Recovery, Network Engineering, Data Storage Management
- **Information Security** – Policies and Standards (,developed from careful examination and inclusion of National Institute of Standards and Technology (NIST) 800-53 (rev. 4), Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act of 1974 (FERPA), and American Institute of Certified Public Accountants (AICPA) Attestation Standards, Section 101 Service Organization Control 2 (SOC2) controls), Risk Management, Security

PPL IT Software Engineering Department

- **PPL Software Engineering is a matrixed organization comprised of over 100 dedicated resources in PPL offices throughout the USA and in the UK:**
 - **Systems Engineers** – MS Development Stack, Navision, EVV (web and mobile), IVR, OCR, CRM,
 - **Delivery Management** – Project Managers (Agile methodology)
 - **Quality Assurance** – Quality Control, Business Users
 - **Business Architecture** – Tech Analysts, Business Analysts, Systems Analysts
 - **Data Management** – Database Architects and Analysts, Data Analytics, EDI (X12 ASC 5010 HIPPA standard), ETL
 - **Systems Operations** – Infrastructure, AWS Cloud Specialists, Release Management
- **Project Teams maximize specialization on key functional areas of PPLs business and systems:** (i.e., New Products, EDI \ Data Sync, MBS, Proposals and Change Requests, etc.)
 - Each Project Team has a Development Manager, a Delivery Manager, dedicated System Engineers and QA staff. Teams work together as a functional unit throughout the year.

COVID-19 Accomplishments in 2020

Developed, tested, and implemented over 40 Covid-19 Change Requests (CRs) representing several hundred new Features and User Stories across multiple programs for clients in 12 states (CO, FL, KS, MA, MI, MO, NJ, OR, PA, TN, VA, WV)

Common Enhancements:

- ✓ Supplemental pay for program workers
- ✓ Withholding sweep of funds back to the MCOs to Carryover buckets
- ✓ New Service Codes, Pay Controls, Authorization processing
- ✓ Special Hazzard Payments for workers due to hazardous conditions
- ✓ Relaxation of provider credentialing rules, such as criminal background checks on prescreened employees
- ✓ Removing paid Overtime rules to lift OT restrictions
- ✓ New Enrollment types for expedited enrollment processing through the system
- ✓ Increasing Authorization and/or budget amounts to support increases in hours
- ✓ Reducing or removing garnishments

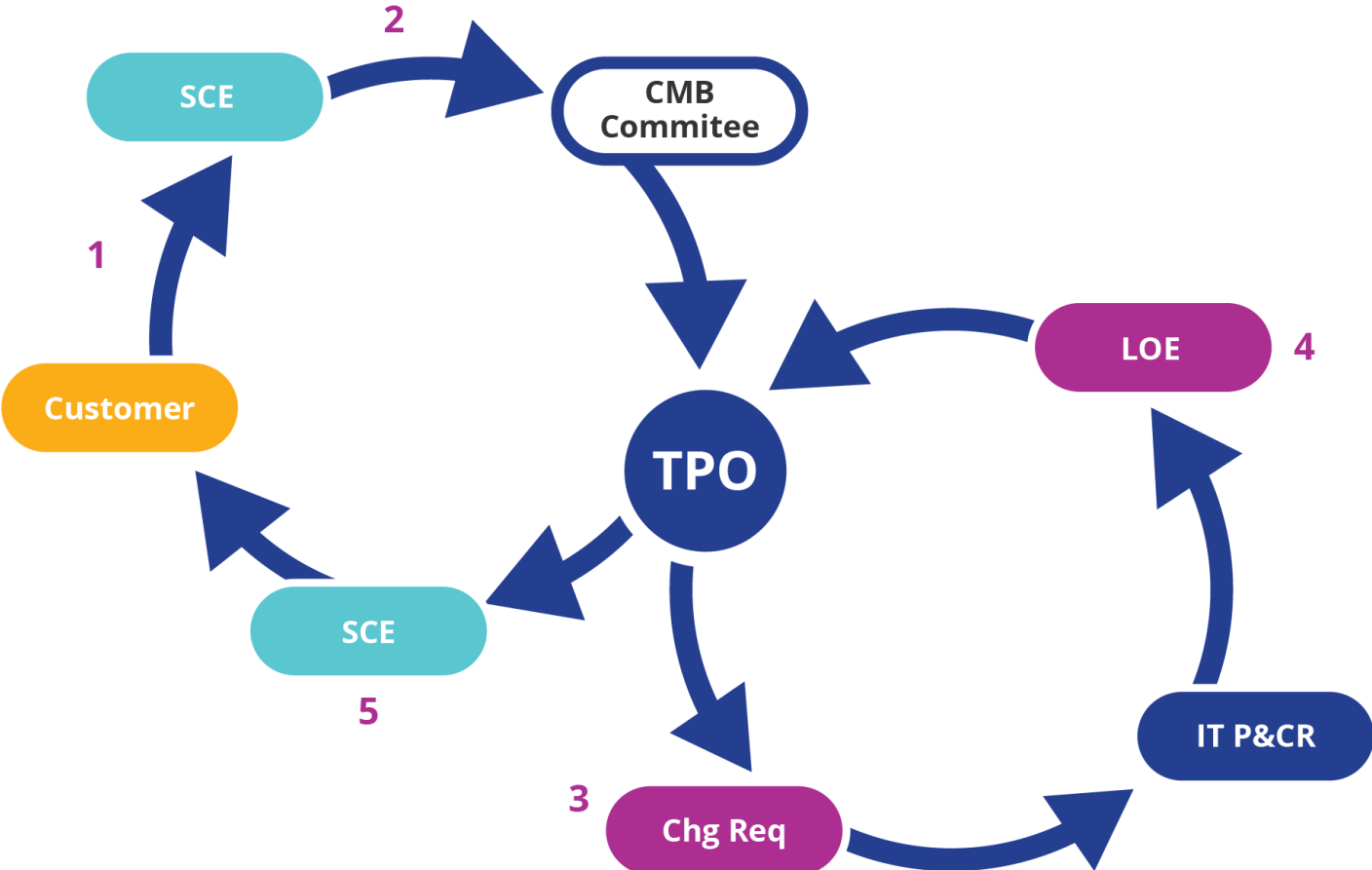
IT Effort Expended

Within the IT Systems Engineering CR Group, PPL has expended roughly 6,000 hours (to date) on Covid-19 Enhancement work:

- **Levels of Effort:** 320 hours
 - **Pre-Dev Analysis:** 350 hours
 - **Development:** 2,500 hours
 - **Quality Assurance:** 2,300 hours
 - **Delivery Management:** 360 hours
 - **Release Management:** 150 hours
-
- Additionally, PPL's Strategic Client Engagement (SCE) and Technical Product Ownership (TPO) groups expended a combined hourly total of approximately 2,500 hours on client meetings, scoping out requirements, CR documentation, internal meetings, administrative and legal
 - These actions occurred as our workforce transitioned from office-based development teams in 3 offices to a 100% remote home-based workforce overnight

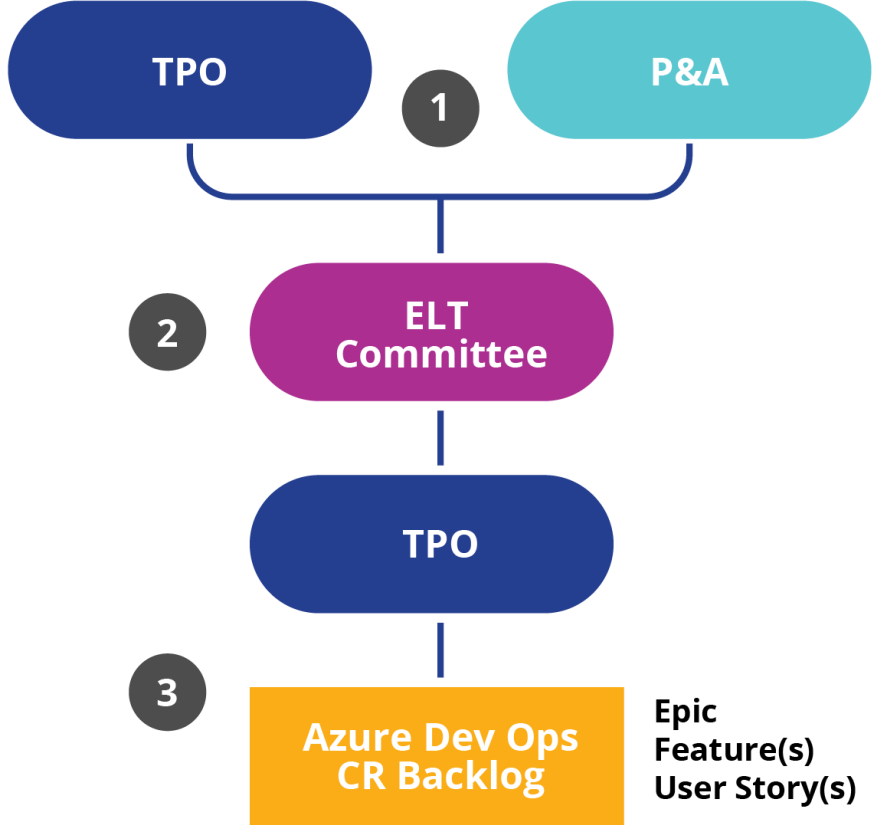
Lifecycle of COVID-19 Change Request

Phase 1 – Converting Client Need to Change Request (CR) w/ Level of Effort (LOE)



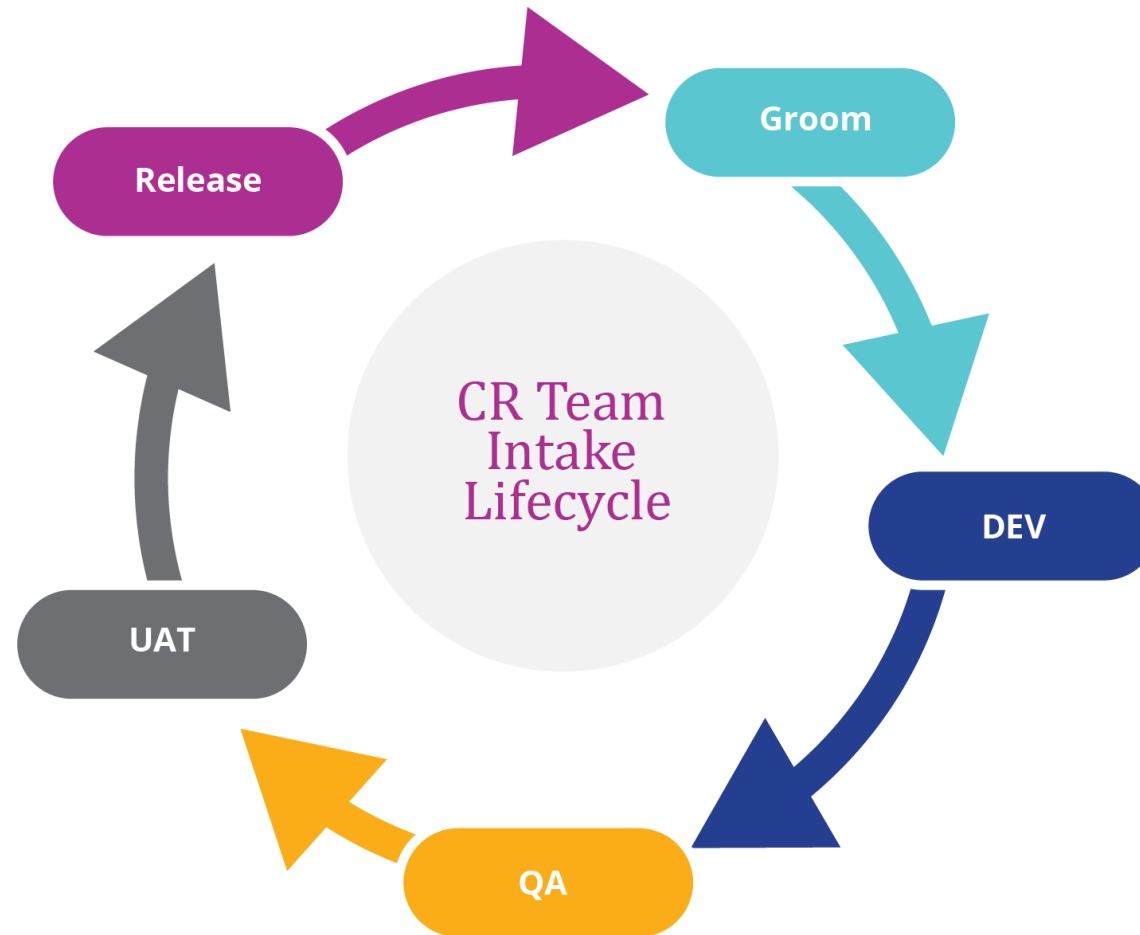
Lifecycle of COVID-19 Change Request

Phase II – Planning and Prioritization



Lifecycle of COVID-19 Change Request

Phase III – IT Change Request Systems Engineering Team SDLC



Organizational Resiliency in Action

COVID-19 impacted all aspects of FMS delivery and self-direction:

- Required immediate action, including moving all non-essential work remote
 - Customer Service Department (maintained hours of operation while going 100% remote)
- All PPL functional units including Escalations, Enrollment, Payroll, and Timesheet teams remained fully operational
- Ensured Care Workers were paid accurately and timely

Direct impacts to in-person service delivery (Enrollment and Information & Assistance)

- Full transition to remote consumer support during pandemic, enhancing consumer safety
- Outreach to 100% of consumer population
- Initial and ongoing education on EVV platform and rules through a variety of outreach methods
- Implementation of high touch enrollment process during remote activities
- Weekly check ins with individuals
- Creation and distribution of Supports Broker face sheets to connect consumers to their Supports Brokers while virtual, providing a friendly face to the name and service

Alternate solutions and partnerships forged across Account Management, Information Technology, and Product Development

Enabled partnerships needed to support significant program and workforce exceptions

Required creative solutions across operations and technology

Cross-functional collaboration and thoughtful redesign

- Developed and enabled solutions that can be used now and again in the future
- This includes rules and conditions that relax certain “state of emergency” and/or “COVID” exceptions to expediate enrollment and/or payroll
- Exception forms and/or call scripts
- Documentation and interim procedures and training materials
- Supplemental services and payments, including overtime

Review PA OLTL operational efforts to support COVID needs.

Provided opportunities to leverage new processes to support remote activities

- Expanded capabilities to include DocuSign
- Increased utilization of online enrollment methods
- Expansion of remote service delivery practices across Enrollment and Information and Assistance teams
 - In-person engagements supported through alternate strategies
 - Over-the-phone
 - DocuSign (enabling consumers to enroll in live time over the phone with electronic signatures)
 - Virtual
 - Alternate organizational structuring offered more efficient and prompt outcomes across:
 - Orientation and training
 - Service planning and development (if applicable)
 - Enrollment
 - First Payroll
 - On-going contacts and reviews (monthly and quarterly)
- Re-distribution of responsibilities for essential work, leveraging key operational resiliency measures and plans

PPL White Paper: State Appendix K Submissions approved by CMS

Suzanne Crisp, PPL Senior Consultant, analyzed 158 Appendix K submissions submitted by 38 states and approved by CMS since March of 2020.

Actions Taken by States

- ✓ Suspending or delaying Criminal Background Checks
- ✓ Modifying provider qualifications
- ✓ Expanding, suspending, or delaying training requirements
- ✓ Allowing hiring of legally responsible individuals
- ✓ Expanding access to goods and services
- ✓ Adding new services
- ✓ Promoting telehealth
- ✓ Expanding allowable service settings
- ✓ Increasing service rates, overtime limits, and hazard pay
- ✓ Increasing individual budget limits and unit/dollar limits
- ✓ Providing retainer payments for providers during periods of participant hospitalization
- ✓ Increasing FMS fees

Visit PPL's website to view white paper on self-direction as emergency response

States often ask PPL: “What are other states doing?”



40 Broad Street
Boston, Massachusetts 02109

This chart represents a summary of Appendix K approvals for HCBS as of 10/01/2020. Thirty-eight states have been approved to make changes to their Waivers or Section 1115 Demonstrations (AZ and RI using the Appendix K template). The states listed in this chart pertain only to self-direction.

| Section 1915 c Appendix K Approved Waivers ¹ | | |
|---|--|-------------------------------------|
| Waiver Provision | Approved State | Comments |
| Expedited Access to Services | | |
| <i>Suspend or Delay Criminal Background Checks to Hire New Workers Sooner</i> | | |
| Begin work before completion of criminal background checks. | DC, NM, SD, VA | |
| Suspend criminal background checks. | DE, DC, IA, KY, MD, NM, SC, TN, YT, WY | |
| Conduct abbreviated criminal background checks. | NH, MD | |
| Suspend national background checks for family members. | SC | The participant must agree to this. |
| Delay revalidation (every 4 years) of criminal background checks. | WI | |
| Allow flexible criminal background checks. | IN | |
| Suspend additional screening required explicitly for immediate family members to approve them as an employee if self-directing. | KY | |
| <i>Suspend or Delay Provider Qualifications to Hire New Workers Sooner</i> | | |
| Suspend the high school education requirement. | IL | |
| Expand the provider pool by allowing any enrolled provider to work in all waivers. | MT | |
| Suspend/extend provider certification. | SC, SD, WY | |
| Waive direct service worker requirement to be licensed with the Nevada Bureau of Health Care Quality and Compliance. | NV | |
| Waive health screening for direct care workers. | MD | |
| Extend all licenses, permits, and registrations to 30 days after the emergency declaration ends. | MD, TN | |
| Lower the age of direct care workers from 18 to 16. | CO | |

New and Noteworthy: *Highlights of state actions taken*

- ✓ **Hiring legally responsible individuals** including relatives and guardians (23 states)
- ✓ **Delaying provider prescreening activity** including allowing providers to begin serving individuals pending provider qualifications, criminal background checks, fingerprinting, and required training (14 states + DC)
- ✓ **Increasing self-directed budgets** (MA, MD, NC, NE, WA)
- ✓ **Telehealth** (CO, DE, HI, MD, MI, PA, WA). NC allows tablets, smart phones, internet connections to be purchased to support Telehealth.
- ✓ **Self-directed meal delivery services** such as Grubhub.com, Uber Eats, Door Dash, etc. or payment of membership fees for grocery delivery (CT, IA, NC, ND, WA)
- ✓ **Expansion of goods and services** including to participants receiving traditional agency-directed services as well as self-directing (NC)

Which emergency flexibilities have demonstrated substantial benefits and should be sustained beyond the pandemic?

*Please use the chat feature
to submit questions*

Discussion and Questions

- Greatest challenges?
- Lessons learned?
- Future directions?





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