

American Rescue Plan of 2021 (ARP) Section 9817 : Expanding, Enhancing and Strengthening Home and Community-Based Services Workforce



Topics to Cover

- State Medicaid Director Letter (SMD# 21-003): Implementation of American Rescue Plan Act of 2021 Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency
- Enhancing, Expanding, and Strengthening the Home and Community-Based Services Workforce
- State Workforce Strategies under ARP Section 9817

ARP Section 9817

- Provides states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for home and community-based services (HCBS)
 - Increased FMAP for HCBS for any state or territory cannot exceed 95 percent.
 - Federal funds attributable to the FMAP increase under section 9817 will not be applied to the territories' payment limits.
- State Medicaid Director Letter (SMDL) released on 5/13/2021 provides guidance on implementation of ARP section 9817, including:
 - Eligible services for which states can claim the increased FMAP
 - Requirements for states to receive the increased FMAP
 - Process of claiming the increased FMAP
 - Examples of activities that states can implement to enhance, expand, or strengthen HCBS
- SMDL is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>

Requirements to Receive the FMAP Increase

1. States must supplement but not supplant state funds expended for Medicaid HCBS in effect as of April 1, 2021.
 - To demonstrate compliance, states must:
 - Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
 - Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
 - Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.
 - CMS will not apply penalties or non-compliance restrictions on the receipt of the increased FMAP once the authority for temporary changes expires or if a state needs to implement changes to comply with other federal statutory or regulatory requirements.

Requirements to Receive the FMAP Increase

2. States must use state funds equivalent to the amount of additional federal funds they receive as a result of the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.
 - States must submit initial and quarterly spending plans and narratives.
 - States must comply with the reporting requirements in order to receive the increased FMAP.

States' spending plans and CMS's letters to states are available at <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/strengthening-and-investing-home-and-community-based-services-for-medicaid-beneficiaries-american-rescue-plan-act-of-2021-section-9817-spending-plans-and-narratives/index.html>

Activities to Enhance, Expand, or Strengthen HCBS

- States can implement a variety of activities under section 9817.
 - Examples in appendices C and D of the SMDL are not exhaustive.
- States have until March 31, 2024, to fully expend funds on activities to enhance, expand, or strengthen HCBS.
 - If states are making changes to an HCBS program that operates under a Medicaid authority, states should follow the applicable rules and processes that apply to the Medicaid authority.
 - CMS will do our best to process these action as expeditiously as possible, particularly if they are flagged as 9817-related actions.
- If states provide additional Medicaid-covered HCBS, they may be eligible for the increased FMAP on those expenditures one additional time.
 - States should not claim the HCBS increased FMAP for subsequent expenditures between April 1, 2021, and March 31, 2022.

Enhancing, Expanding, and Strengthening: Workforce and Reimbursement

- Increasing rates and wages
- Offering recruitment and retention bonuses
- Making one-time supplemental payments in fee-for-service and 438.6(c) compliant state directed payments in managed care
- Offering student loan forgiveness for direct support professionals, including behavioral health providers
- Implementing training and certification programs for direct support professionals
- Purchasing personal protective equipment and offering routine COVID-19 testing for direct service workers
- Implementing vaccination clinics for direct support professionals



American Rescue Plan and Work Force Development Efforts in Arizona

Jakenna Lebsock

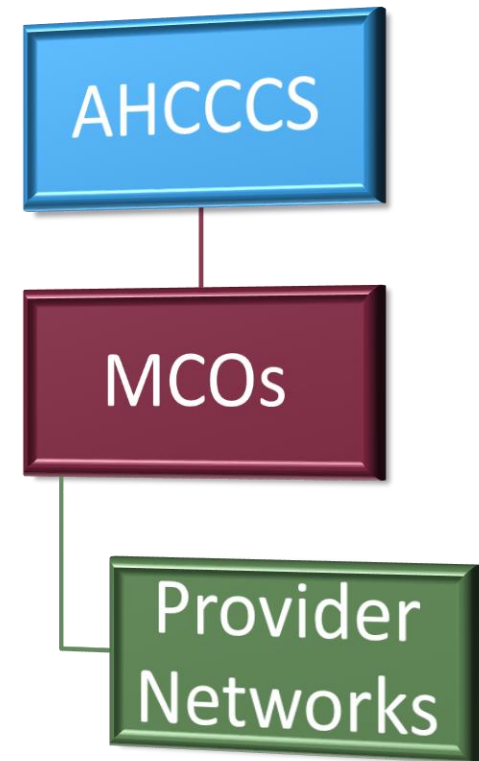
Assistant Director, Division of Health Care Management

Today's Topics

- AZ's Medicaid Program
- Current Workforce Requirements and Progress
- Workforce ARPA Proposals and Intended Outcomes

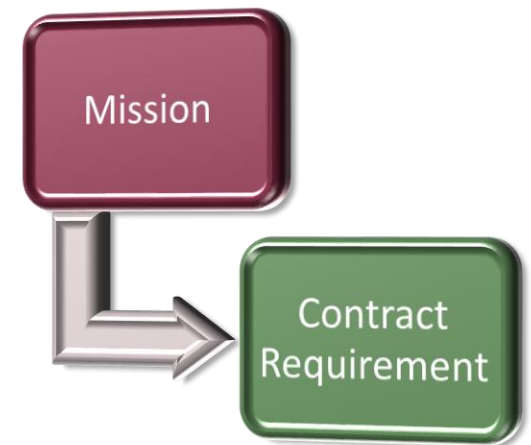
Brief Overview of AHCCCS Medicaid Program

- AHCCCS operates under an **1115** waiver
 - Integrated care focus
- **2.2M** AHCCCS members
 - **88%** served in managed care
- AHCCCS contracts directly with Managed Care Organizations (MCOs), who contract their own provider networks
- Over 90% of MLTSS members are served in HCBS settings



Approach to Workforce Development

- Fulfilling AHCCCS's mission requires:
 - Workforce Capacity
 - Worker Capability and Commitment
 - Workplace Culture and use of best practices, processes and technologies
- As of 2017, AHCCCS requires that all MCOs:
 - Maintain a dedicated Work Force Development (WFD) Administrator
 - Implement a WFD Operation specific to population and/or regional needs



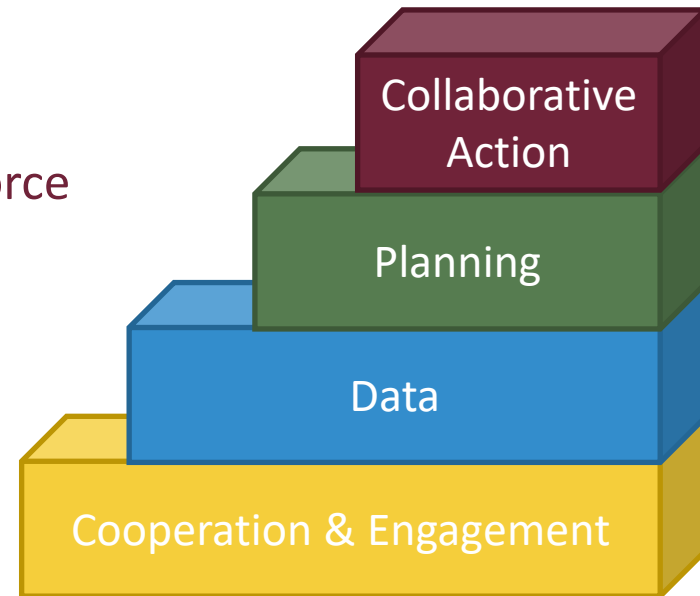
Approach to Workforce Development

- Created a policy that requires each health plan's WFD Operation to:
 - Be functionally integrated across various units within the MCO,
 - Produce an annual WFD Plan,
 - Collect workforce data,
 - Conduct workforce assessments,
 - Monitor workforce capacity and capability, and
 - Work as a cooperative Alliance on common workforce issues.

Progress

Working together, AHCCCS and the four ALTCS MCOs have:

- Created a Workforce Development Advisory Committee,
- Developed a uniform set of workforce metrics,
- Established a portal for providers to enter workforce data,
- Surveyed in-home care – DCW workforce, and
- Are beginning to develop a strategic WFD plan to mobilize collective efforts of many parties to mitigate LTC workforce challenges.



Arizona's ARPA Proposal At-A-Glance

HCBS Funding Priorities for

Arizona's Seniors, Individuals with Disabilities, Individuals Living with Serious Mental Illness, and Children with Behavioral Health Needs

Strengthening and Enhancing Arizona's Home and Community Based System of Care

1. Empowering Parents and Families,
2. Funding Local Initiatives,
3. Assessing Member Engagement,
4. Expanding access to a highly skilled workforce,
5. Promoting stabilization & retention.

Advancing Technology to Support Greater Independence and Community Connection

1. Utilizing new care coordination & communication technologies,
2. Strengthening quality monitoring tools,
3. Connecting members to technologies to support self-sufficiency and independence.

Strengthening the Workforce

5 concepts describe Arizona's intended use of ARPA resources to strengthen the workforce:

- Careers
- Competency
- Continuing Education
- Continuous Assessment & Development
- Compensation

Expanding Access to a Highly Skilled Workforce

Initiative	Gain
Caregiver Pathway Technology	Increased recruitment & retention
Career/Training/Education	Increased skill expertise & career mobility
CEU & CME Eligible Training in Behavioral Health Practice Tools & I/DD Best Practices	Incentivizing practitioners to participate in training that increases their expertise and improves services to members
Continuous Workforce Monitoring & Improvement	Processes that enable identification of workforce capacity and capability issues and collaborative intervention

Promoting Workforce Stabilization & Retention

Initiative	Gain
Time-limited payments to providers to attract & retain the workforce	Funding for wage increases, benefits, recruitment and retention bonuses, payments, mileage reimbursement, reimbursement for tuition or continuing education, reimbursement for childcare and/or enhanced insurance coverage
Provider Rate Surveys	Evaluation of the current state of provider reimbursement after years of significant change in AZ's labor market
Comprehensive Workforce Development Plan	Incentive payments to providers for developing comprehensive Provider Workforce Development Plans aimed at recruiting and retaining workers – particularly from under employed populations

Thank You.



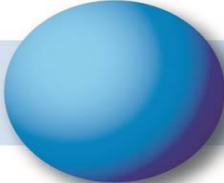

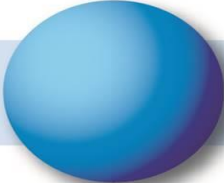
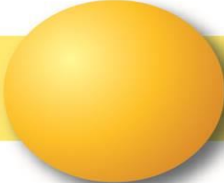
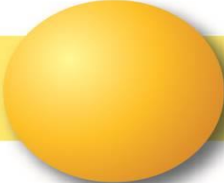
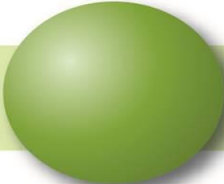
**Wisconsin ARPA HCBS plan
Home and Community Based Services Conference
December 9, 2021**

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Examples of Wisconsin's LTC Program Services

Note: The groups shown are a representative list of services only and are not fully inclusive.

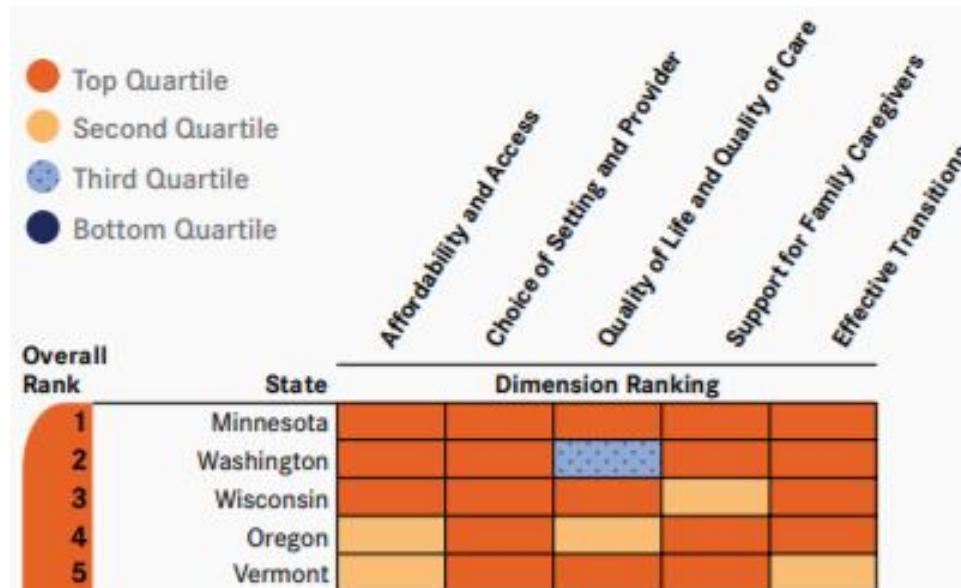
	IRIS	Family Care	Partnership/PACE
MA Waiver Services Supportive Home Care Home Modifications Home-Delivered Meals Lifeline Assisted Living Employment			
MA LTC Card Services Home Health Medical Supplies Nursing Home Personal Care Mental Health Alcohol or Other Drug Treatment	Accessed Through Medicare or Medicaid Card		
Acute and Primary Medicare or MA Emergency Room Visit Hospitalization Doctor Visits Lab Tests Prescription Drugs Dental Care	Accessed Through Medicare or Medicaid Card	Accessed Through Medicare or Medicaid Card	

6/2014

Protecting and promoting the health and safety of the people of Wisconsin



AARP Long-Term Services and Supports State 2020 Scorecard





Current Policies Related to Ensuring Robust Workforce

- Self Direction
- Robust State Plan and 1915(c) benefit packages
- Managed care - network adequacy reviews
- Entitlement to Medicaid Home and Community Based Services
- National Core Indicators (IPS and AD) and State LTC Scorecard
- Customer satisfaction surveys
- Aging and Disability Resource Centers
- WisCaregiver Career Program



Wisconsin ARPA HCBS Plan Initiatives

- **Initiative 1: Medicaid HCBS Rate Reform**
 - 5% rate increase for all qualifying HCBS services; development of a statewide HCBS rate schedule; rate implementation smoothing
- **Initiative 2: Direct Care Workforce (DCW) Reform and Analysis**
 - DCW credentialing and training, progressive Medicaid rates supporting a career ladder incentivizing professional HCBS credentialing; staff stability survey, DCW registry
- **Initiative 3: Grants to Enhance, Expand, or Strengthen HCBS Under Medicaid**
 - Grant implementation team; grant dissemination review/award committee
- **Initiative 4: Tribal Long Term Care System Enhancements**
 - System development; Aging and Disability Resources Specialists for Wisconsin Tribes



Overview of Wisconsin's ARPA HCBS Plan

- **Initiative 5: Independent Living Pilot**
 - Independent living supports pilot program to supporting older adults at risk of entering Medicaid long-term care; unpaid caregiver assessment, training, and resources
- **Initiative 6: Virtual Aging and Disability Resource Center (ADRC) & ADRC Outreach and Education**
 - Virtual aging and disability resource platform; ADRC outreach and education
- **Initiative 7: Access for Children**
 - Resource center for families of children with disabilities
- **Initiative 8: Assisted Living Reporting, Member Assessment, and Certification**
 - Assisted living reporting tool/survey; member assessment; 1-2 bed adult family home certification
- **Initiative 9: Adult and Child Protective Services Enhancements**
 - Protective services improvements and coordination



Goals for ARPA HCBS Workforce Reforms

- Improve caregiver competencies
- Create a pathway for advancement
- Increase number of direct care workers
- Improve accountability
- Ensure members supports to live in their home and community
- Increase retention/reduce turnover
- Establish a way to monitor and assess workforce needs



Initiative 1: Medicaid HCBS Rate Reform

- **5% Rate Increase:** Provide a 5% rate increase effective January 1, 2022 through March 31, 2024 on all services that qualify for the 10% enhanced federal funding when appropriate.
- **Adult HCBS Fee-Schedule:** Establish a fee-schedule for adult long term care service. The fee schedule would be the floor of what should be paid for services in Wisconsin's managed long term services and supports (MLTSS) programs.
- **Rate Smoothing:** Utilize ARPA HCBS funding to mitigate significant rate changes as the fee-schedule is implemented.



Initiative 2: Direct Care Workforce Reform and Analysis

- **Direct Care Career Ladder:** Revise waiver and state plan definitions and requirements for supportive home care and personal care to create a progressive career track with increasing reimbursement based on skill levels.
- **Direct Care Registry:** Develop a registry of direct care professionals that lists their credentials and specialties. Exploring specifically ConnectToCareJobs and potentially EVV data.
- **Portability of Training Requirements:** Ensure training requirements are developed and required in a way that avoids duplication and repetition. Work to create a system to develop trainings, maintain the records of trainings workers have received.



Initiative 2: Direct Care Workforce (DCW) Reform and Analysis

- **Staff Stability Survey:** Development and implementation a staff stability survey to assess the HCBS workforce across Wisconsin. This survey would include factors such as direct care workforce participation (FT/PT), turnover, worker tenure, wages, benefits, and existing agency recruitment/retention strategies.
- **WisCaregivers Careers Expansion:** Expand the current WisCaregiver Career program to include HCBS. This includes an employer locator map, aggressive marketing program to promote DSP work, and vouchers for direct care professional training and bonuses for being a DPS for 6 months and 1 year.



Initiative 3: Grants to Enhance Strengthen and Improve HCBS Under Medicaid

- **HCBS Grant Program:** This would allow providers, grassroots organizations, counties and other entities to receive grants to strengthen enhance and improve Medicaid HCBS. Initiatives could include COVID recovery, DSP trainings, building capacity for complex behavioral support, and community resource development.



Challenges and Obstacles Identified

- Financial claiming requirements
- March 2024 deadline
- State Statute and legislative requirements
- Implementing reforms across all Medicaid program models
- Implementing reforms outside of the Medicaid program
- Time for proper stakeholder engagement
- Competing priorities (HCBS Settings rule, EVV, waiver renewals)
- Staff resources
- Sustainability



Contact

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Questions?

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