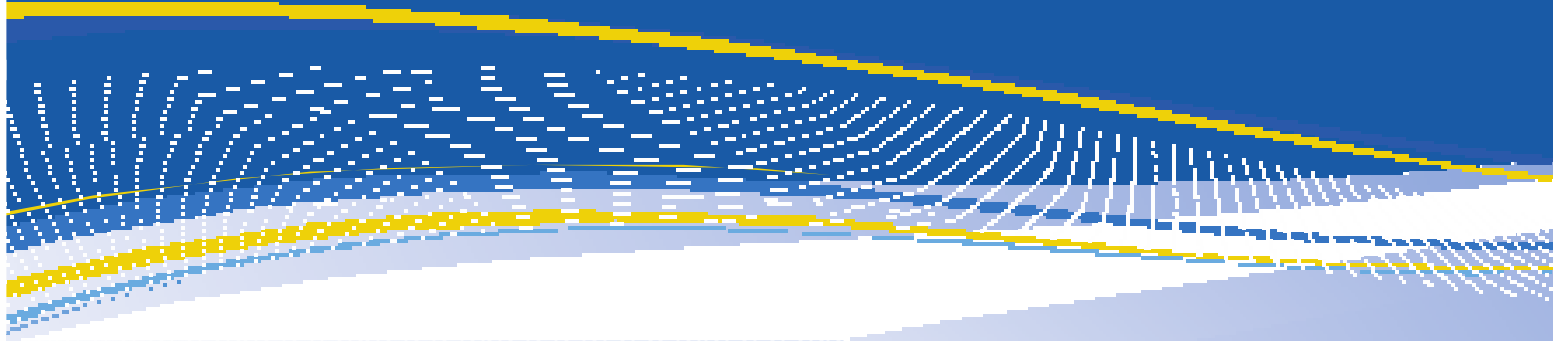




# Finding the Silver Lining: Building on Lessons Learned from the COVID-19 Pandemic to Re-Align HCBS and Ensure Community Integration

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



# Agenda

- Provide an update of the number of approved initial and final Statewide Transition Plans (STPs) as of December 31, 2019 compared to current STP approvals.
- Identify a variety of services initiated by states to support individuals receiving Medicaid home and community-based services (HCBS) during the Public Health Emergency (PHE) using available flexibilities.
- Share some of the creative adaptations initiated by states to balance concerns for individuals' health and safety with the continuing need to deliver HCBS, maintain compliance with the HCBS settings regulation and ensure community integration.

# Agenda (cont.)

- Discuss lessons learned from the adaptations made by states during the pandemic with a focus on how those opportunities can be applied to re-align the states' HCBS delivery system as we move beyond the PHE, while ensuring that participants are re-integrated into their communities in ways that meet their preferences and choices.
- Discuss one state's experience on the modifications made to their HCBS delivery system to promote community integration.




# Comparison: Initial and Final Approvals of Statewide Transition Plans (STPs) Before the Public Health Emergency (PHE) to the Present

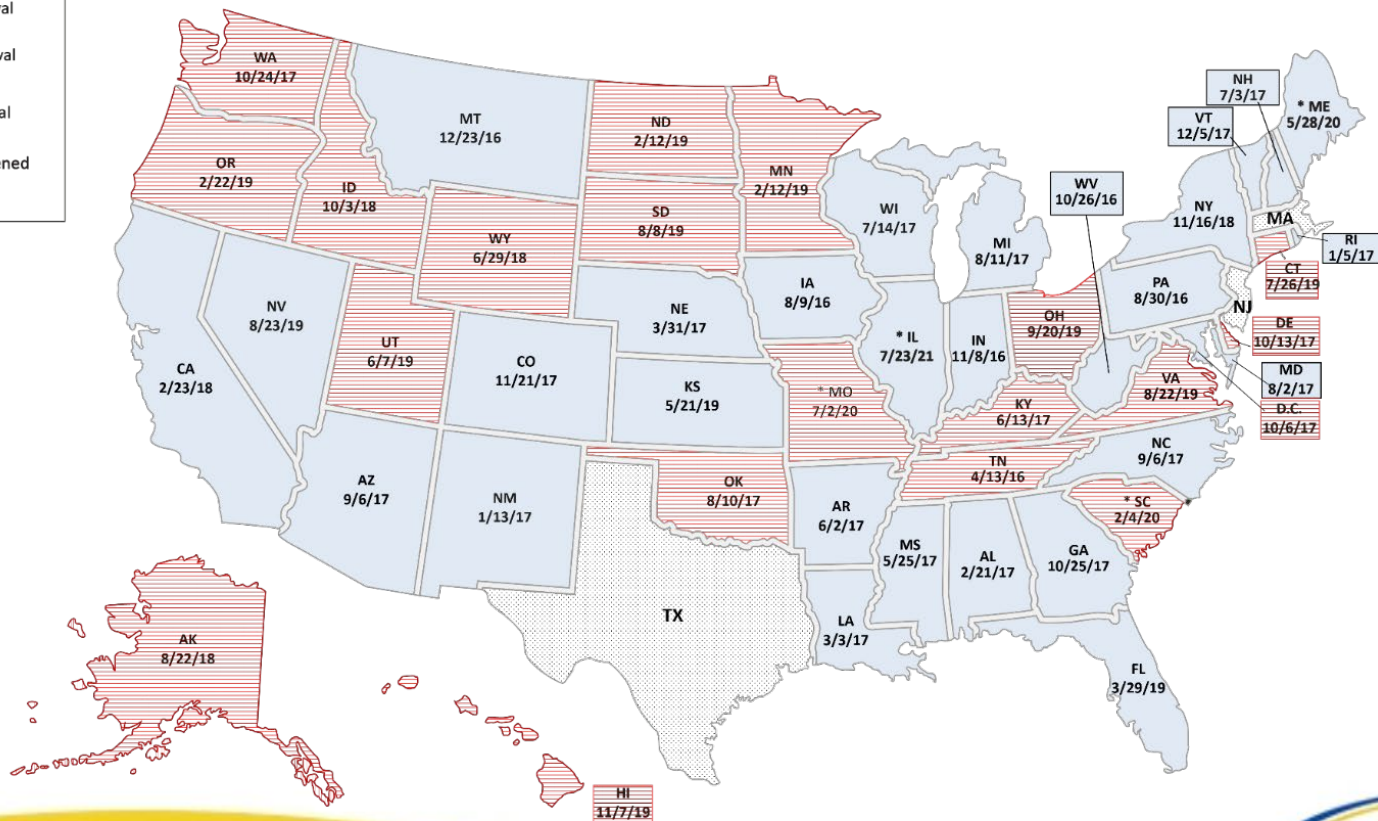
	As of December 31, 2019	Present
<b>Initial Approval</b>	<b>46 States</b>	<b>48 States</b>
<b>Initial and Final Approval</b>	<b>19 States</b>	<b>21 States</b>

# Statewide Transition Plan Status as of November 5, 2021

Statewide Transition Plan Status as of 11/05/2021

**Legend**

-  Final Approval Granted
-  Initial Approval Granted
-  Pending Initial Approval
- \* Approval Happened During PHE



# Challenges Balancing Health and Safety With the Delivery of HCBS, Assessing Compliance with the Settings Regulation and Ensuring Community Integration

The initiation of the Public Health Emergency (PHE) on January 27, 2020 imposed safety requirements and restrictions:

- Created significant barriers for states to accurately evaluate how an individual is experiencing community integration when actual site-specific assessments of settings were curtailed or eliminated;
- Forced states to shift their priorities from the delivery of HCBS with a focus on community integration and achieving compliance with the HCBS settings regulation to a basic preservation of participants' health and safety;
- Highlighted delays in effectively assessing settings and determining needed remediation to ensure compliance.

# Changes to the Delivery of HCBS Triggered by Restrictions Imposed Due to the PHE (1 of 3)

As a result of the restrictions imposed by the PHE, states were forced to make significant changes to the delivery of home and community-based services:

- Delivering services in alternative settings and, in some cases, non-compliant HCBS settings;
- Altering implementation activities for settings rule compliance:
  - Planned on-site validation and monitoring visits now had to focus on remote reviews of provider policies and interviews with participants;

# Changes to the Delivery of HCBS Triggered by Restrictions Imposed Due to the PHE (2 of 3)

- Closing congregate day services or reducing the number of participants in attendance;
- Curtailing or eliminating participant employment opportunities as mandated by businesses/employers in the community;
- Limiting or eliminating on-site, face-to-face participant contact with Case Managers, Service Coordinators, Quality Assurance and Licensing and Certification staff;



# Changes to the Delivery of HCBS Triggered by Restrictions Imposed Due to the PHE (3 of 3)

- Re-aligning Direct Service Workers' (DSW) staffing patterns to ensure participant coverage where it was needed the most;
- Leveraging technology to continue priority work whenever possible including conducting evaluations and re-evaluations over the phone, providing covered services via telehealth, and establishing remote monitoring of participants to ensure health and safety and to reduce social isolation.

# Available Flexibilities to Assist States to Protect Individuals' Health and Safety, Deliver HCBS and to Maintain Community Integration Within the Constraints of the PHE

States pursued flexibilities provided through a variety of authorities including:

- 1915(c) Waiver Appendix K Amendments;
- Attachment K for an approved 1115 HCBS Demonstrations (affording the same flexibilities as the 1915(c) Appendix K);
- 1135 Waiver;
- Disaster Relief State Plan Amendment (SPA)

# Focus on Health and Safety, Community Integration and Compliance with the Settings Regulation: State Strategies and Creative Adaptations During the PHE

In order to maintain focus on individuals' health and safety and community integration, and to continue efforts to assess provider compliance with the settings regulation, states quickly adapted these flexibilities to adjust to the new normal imposed by the PHE by initiating state strategies and creative adaptations for the delivery of HCBS.

# State Strategies and Creative Adaptations During the PHE: Expanding the Use of Technology (1 of 7)

- Expanding the use of technology and technology accessibility during the pandemic: States developed technology approaches to serve state staff, providers and consumers during the PHE and have implemented programs to make technology more accessible and useful to participants.
- The following slides provide examples of actions undertaken by states to ensure service delivery and continue progress on key activities.

# State Strategies and Creative Adaptations During the PHE: Expanding the Use of Technology (2 of 7)

- ✓ Maintain regular contacts with participants:
  - Expanded the use of technology to facilitate Case Manager and Service Coordinator virtual contact through phone calls and video conferencing.
  - Used technology to allow Case Managers to conduct wellness checks, developed help lines and support groups for participants and caregivers.

# State Strategies and Creative Adaptations During the PHE: Expanding the Use of Technology (3 of 7)

- ✓ Use remote delivery of services:
  - With the closure/reduction of many on-site interactions, especially in day program services, states initiated the use of remote delivery of services.
  - Examples include Adult Day Health, Day Program Services, Prevocational Services, Behavior Consultation, Therapies, Discovery and Customization Employment, Independent Living Skills/Skills Building, Family and Caregiver Training, to name a few.

# State Strategies and Creative Adaptations During the PHE: Expanding the Use of Technology (4 of 7)

- ✓ Expand the use of telehealth/remote delivery of services:
  - To access health care and long-term care supports including case management, personal care services that only require verbal cueing, in-home habilitation, and other services that may be performed via telehealth while still facilitating community integration.
  - Includes evaluations, assessments and service planning meetings (note: in these cases, there is a need for the state to establish a process for electronic signatures).

# State Strategies and Creative Adaptations During the PHE: Expanding the Use of Technology (5 of 7)

- ✓ Provide remote monitoring of participants' status:
  - Allows an off-site provider to monitor and respond to a person's health, safety or other needs.
  - The participant can communicate with their provider when needed using real time communication via electronic technology.
  - Adaptations can lessen social isolation and allow participants to remain connected when a stay-at-home order would otherwise have eliminated contact with their support group.



# State Strategies and Creative Adaptations During the PHE: Expanding the Use of Technology (6 of 7)

- ✓ Expand the use of assistive technology:
  - Used to maintain or improve participant independence, to help ensure health and safety when face-to-face contact is not an option and to promote full participation in home, work, school or community.
  - Examples of assistive technology that states might use: supports to take medication in a timely manner and reach out for emergency assistance, robotic cleaning aids, dressing and cooking aids.
  - Allows a person who chooses to live alone to still receive support without having a DSW present in their home.

# State Strategies and Creative Adaptations During the PHE: Expanding the Use of Technology (7 of 7)

- ✓ Conduct assessment of provider compliance with HCBS settings regulation
  - Innovative state strategies for the use of technology included regulation compliance assessment activities to provide alternatives to on-site monitoring and validation visits:
    - Used on-line virtual tools to collect provider information without going on-site.
    - Used Survey Monkey to collect self-assessments or launch their own on-line provider assessment tools.

# State Strategies and Creative Adaptations for the Delivery of HCBS: Person-Centered Service Planning

- Person-Centered Service Planning (PCSP):
  - ✓ Use of verbal consents;
  - ✓ Allow remote/virtual options for PCSP meetings;
  - ✓ Allow for delayed PCSP meetings;
  - ✓ Allow PCSP meetings to occur with less than full team participation.

# State Strategies and Creative Adaptations for the Delivery of HCBS: Day Programs

- Day Program Options Utilized by States During the Pandemic:
  - ✓ States pursued creative options to keep participants connected, reduce social isolation, and continue community integration options whenever possible.
  - ✓ Remote delivery of services promoted an assessment of individual needs and created more opportunities for individualized approaches to meet evolving needs. Examples include:
    - Peer to peer supports, learning opportunities, apps for facilitating positive mental health, remote volunteers to facilitate communication and skill building, and recreational and instructional activities, all geared to meet individual needs and preferences.

# State Strategies and Creative Adaptations for the Delivery of HCBS: Employment Services

## ➤ Employment Services Options Utilized by States During the Pandemic:

- ✓ Many individuals lost their jobs or had reduced work hours and pay reductions. Technology provided the opportunity to share instructional information with participants.
- ✓ States offered remote learning on career discovery, completing job applications, resume building, learning about job expectations, and looking for other or additional employment opportunities.

# Lessons Learned: How These Adaptations Can Be Applied to Re-Aligning the State's HCBS Delivery System Beyond the PHE

- Finding the silver lining in our experiences over the last 18-24 months may well originate in the opportunities states have created during the pandemic to continue to reinforce both achieving compliance with the HCBS settings regulation and ensuring community integration.
- As states begin to unwind the flexibilities used during the pandemic, many of these adaptations have laid the groundwork for determining which should be retained or made permanent and are helping states to identify how to adjust the delivery of HCBS built on lessons learned.

# Lessons Learned: How These Adaptations Can Be Applied to Re-Aligning the State's HCBS Delivery System Beyond the PHE (cont.)

- Using the person-centered service planning process, and input from stakeholders, states are mapping out how to deliver services that are in alignment with individual preferences and choices and that assist with re-integration at each person's own pace and comfort level.

# Lessons Learned: Expanding the Use of Technology (1 of 4)

It is critical that we don't lose what we have learned during the pandemic. What are some of the lessons learned that have evolved from the viable, innovative and resourceful opportunities that states implemented during the pandemic?

- Expanding the use of technology has greatly enhanced the opportunities individuals have to facilitate community integration, balancing the use of technology with in-person services based on the identified needs, preferences and choices identified in the person-centered service plan.



# Lessons Learned: Expanding the Use of Technology (2 of 4)

- ✓ The challenge is to ensure that the purpose of an individual's use of technology is not as a tool to avoid community interactions and reinforce fear of disease and infection, but is used:
  - To create connections and engagement in community life;
  - To ensure that technology does not replace in-person, meaningful engagement; and
  - To provide individuals with the training and support needed to enhance re-integration into their community, supported, in part, through technology.

# Lessons Learned: Expanding the Use of Technology (3 of 4)

- Technology can provide options to individuals to determine how they would prefer to receive services, including a hybrid approach of in-person experiences coupled with remote delivery of services.
  - States should support providers to develop training programs to assist individuals to adjust to any new technology or methods implemented.
- Safety checks and wellness activities can be increased through the continued use of remote monitoring of participants' status in addition to in-person visits.

# Lessons Learned: Expanding the Use of Technology (4 of 4)

- Expand the use of telehealth: states can consider the continuation and expansion of increased access to health care and long-term services through telehealth.
- The hybrid approach of using in-person and remote delivery of services can assist an individual in a moderated movement back into community interactions and involvement.
- And as states continue and enhance assessments of provider compliance with the settings rule, a hybrid approach allows states to combine remote, electronic reviews of provider self-assessments with onsite monitoring and validation visits.

# Lesson Learned: The Person-Centered Service Planning Process

- Person-Centered Service Planning Process: Several options implemented during the pandemic to ensure the continuation of the person-centered service planning process may be used by states to enrich the process for participants going forward:
  - ✓ Permit the use of remote/virtual options for person-centered service planning meetings, when preferred by the individual;
  - ✓ Continue and/or develop the use of a process for electronic signatures.

# Lessons Learned: Changes to Provider Qualifications and the Use of Assistive Technology

- Changes to Provider Qualifications and the Use of Assistive Technology to maintain or improve participant independence and to help ensure health and safety:
  - ✓ Use family members as caregivers to supplement the use of DSWs, given provider shortages.
  - ✓ Consider the use of assistive technology to supplement caregiving responsibilities, as long as there is not a requirement for physical interaction for self-care needs.
    - Assistive Technology can help participants feel less isolated from peers and family, support them to become more integrated into their communities and have improved access to healthcare and mental health services.

# Lessons Learned: Day Program Options

States adapted many creative flexibilities to ensure community integration for individuals receiving day program home and community-based services.

## ➤ Day Program Options:

- ✓ States thought outside the box, moving beyond facility-based options toward virtual/remote delivery of services, either individually or in groups.
- ✓ States are expanding options for how individuals embrace community re-integration, reinforcing a hybrid approach balancing on-site, in-person experiences coupled with remote delivery of services based on identified needs, preferences and choices of individuals.

# Lessons Learned: Employment Support Options

## ➤ Employment Support Options:

- ✓ States used virtual/remote delivery of services to work with participants on a variety of supportive job skills.
- ✓ Lessons learned can be built into the state's HCBS delivery system going forward to include job interviews, video resumes, and the creation of employment supports.
- ✓ Technology can help individuals blend more easily into their work environment, including the general workforce, making participants' learning experiences less obtrusive on the job.

# State Perspective

Arizona will share their experience on modifications made to their home and community-based services delivery system to promote community integration.

Joining us today to share their work is:

Dara Johnson, Program Development Officer with the Arizona Health Care Cost Containment System.



# A Fresh Look at Re-Integration Strategies as a Result of the COVID-19 Pandemic: Arizona (1 of 3)

Assessments of compliance with the settings regulation remained in the forefront for the state, prioritizing community integration and engagement:

- The state revised its compliance monitoring tools to accommodate for curtailed provider practices to mitigate risk;
- Added assessment elements to ensure providers made plans to resume or add practices when CDC guidelines said it was safe to do so;
- Challenged providers to plan for new programs or practices that strengthen compliance with the HCBS settings regulation and improve members' experiences.

# A Fresh Look at Re-Integration Strategies as a Result of the COVID-19 Pandemic: Arizona (2 of 3)

COVID-19 Transition Plan component of the assessment process:

Note: These are all usable elements both in remote and actual delivery of services:

- ✓ How are you teaching individuals to advocate for themselves to determine what risks they are willing to take?
- ✓ How are you teaching individuals to mitigate risk?
- ✓ How are you communicating what safety measures your staff is taking?
- ✓ How are you helping individuals to connect with friends and family in a safe way?
- ✓ How are you keeping members informed about current practices and future plans so they can plan?
- ✓ How are you planning to phase re-integration back into the setting?

# A Fresh Look at Re-Integration Strategies as a Result of the COVID-19 Pandemic: Arizona (3 of 3)

## Provider Engagement and Training:

- ✓ Sessions held for specific program setting types.
- ✓ Introductory reflective questions posed: “Have you experienced social isolation in the past year due to COVID?”
  - This question sets the staff’s perspective to better understand how individuals felt---everyone was isolated!
- ✓ Included facilitated peer to peer discussions.
- ✓ Future sessions to consider challenges/barriers to providers to comply with the HCBS settings regulation.

# Resources

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

❖ [HCBS@cms.hhs.gov](mailto:HCBS@cms.hhs.gov)

To request Technical Assistance:

❖ [HCBSsettingsTA@neweditions.net](mailto:HCBSsettingsTA@neweditions.net)