Ensuring Continuity of Home and Community-Based Services (HCBS) During the COVID-19 Pandemic

2020 HCBS Technical Assistance Series
April 23, 2020 3:00-5:00 p.m. ET
Agenda

• Welcome (ACL)

• Opening Remarks (CMS)

• Introductions of Guest Presenters and Presentations

• Q&A/Interactive Discussion
WELCOME & OPENING REMARKS

Lisa Bothwell
Program Analyst
Office of Policy Analysis & Development
Center for Policy & Evaluation
Administration for Community Living

Ralph Lollar
Director
Division of Long Term Services & Supports
Disabled & Elderly Health Programs Group
Center for Medicaid & CHIP Services
Centers for Medicare & Medicaid Services
CMS has and continues to take action nationwide to aggressively respond to Coronavirus national emergency.

Resources to aid states in the continued delivery of Medicaid HCBS:

- Disaster Response Toolkit for State Medicaid Agencies
- Section 1135 Waiver Flexibilities
- 1115 Waiver Application Process
- Emergency Preparedness and Response for HCBS 1915(c) Waivers; Appendix K
- 1915(i) Application
- Government Response to Coronavirus; FAQs
- Medicaid State Plan Disaster Relief State Plan Amendments
INTRODUCTIONS OF GUEST PRESENTERS AND PRESENTATIONS

Sharon Lewis
Principal
Health Management Associates

Mary Sowers
Executive Director
National Association of State Directors of Developmental Disabilities Services

Kristin Ahrens
Deputy Secretary for the Office of Developmental Programs
Pennsylvania Department of Human Services

Nicole Jorwic, JD
Senior Director of Public Policy
The Arc

Gabrielle Szarek
Director of Transition Services
St. Louis Arc

Lydia Missaelides, MHA
Executive Director
Alliance for Leadership and Education
Immediate Past Executive Director
California Association for Adult Day Services
State Responses to COVID-19

April 23, 2020

Sharon Lewis, Principal
States and systems are seeking to protect people who rely on home and community-based services, and the direct care workforce who support them.
HCBS TEMPORARY AUTHORIZATIONS: COMMON THEMES

- **Maintaining access and continuity of care**
- **Embracing telehealth delivery, for both case management and direct services**
- **Modifying provider qualifications**
- **Allowing payment for family members and legally responsible individuals**
- **Gaining flexibility in settings requirements**
- **Lifting service limits and allowing caps to be exceeded**
- **Enhancing service payment rates and offering retention payments**
- **Modifying incident reporting or other participant safeguards**

*Across 1915(c) Appendix Ks from 29 states and DC, approved by CMS as of April 19, 2020*
KEY STATE APPROACHES TO HCBS FLEXIBILITIES

- Using Telehealth and Technology
- Expanding HCBS Workforce
- HCBS Payment Enhancements
**KEY APPROACH: USING TELEHEALTH AND TECHNOLOGY**

- Using HIPAA Compliance Flexibility
- Delivering supports remotely
  - Case management/supports coordination
  - Evaluations and assessments
  - Direct services
- Electronic signatures
- Expanding assistive technology access

<table>
<thead>
<tr>
<th>State Examples – Appendix K flexibilities*</th>
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<tbody>
<tr>
<td>Nearly every state is allowing case management services to be delivered by video or phone; many allow provisional approvals through email, phone, video or other means</td>
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<tr>
<td>Eighteen (18) states are allowing electronic/remote delivery of personal care and/or in-home habilitation</td>
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<td>Ten (10) states are allowing remote delivery of prevocational or supported employment services</td>
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<td>Colorado added Remote Supports as a new service</td>
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<td>New Mexico doubled the available assistive technology resource (from $250 to $500) to assist in purchasing/accessing technology for telehealth purposes</td>
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<td>Oklahoma and Utah streamlined access to assistive technology, allowing payment without a referring physician on the claim</td>
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*Among 29 states and DC approved as of April 19, 2020
KEY APPROACH: EXPANDING THE HCBS WORKFORCE

- Waiving background checks and other screening
- Reducing/delaying training; online training
- Extending certification/licensure renewal periods
- Providing for higher ratios of participants to lower numbers of staff
- Waiving certain provider qualifications
- Allowing family or legally-responsible relatives to serve as paid caregivers
- Expanding self-direction opportunities

State Examples – Appendix K flexibilities*

Fourteen (14) states allowing provisional approval of workers awaiting background checks or delaying background checks

Colorado is lowering the age limit for in-home direct care workers for certain services, from age 18 to age 16

Thirteen (13) states are allowing for payment to legally responsible individuals (spouses, parents of children) for services such as personal care

Utah is allowing Home Delivered meals to include restaurant delivery/delivery from services such as Door Dash and Uber Eats; Non-Medical Transportation to include Uber and Lyft; allowing the purchase of environmental adaptations, specialized medical equipment, and assistive technology from nontraditional vendors

*Among 29 states and DC approved as of April 19, 2020
### KEY APPROACH: HCBS PAYMENT ENHANCEMENTS

- Establishing retention or supplemental payments for providers
- Raising or waiving budget limits or service caps
- Allowing for potential rate increases ranging from 5% to 50% for certain services
- Allowing for increased or add-on rates to address shortages, based upon geographic or service needs

#### State Examples – Appendix K flexibilities*

<table>
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<tr>
<td>Twenty-four (24) states are offering retention payments for facility-based HCBS providers (e.g., residential and adult day), aligned with number of days for nursing facility bed-holds.</td>
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<td>Hawaii, Iowa, and New York explicitly include retention payments for consumer-directed workers.</td>
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<td>Nevada and Colorado increased non-medical transportation allowances.</td>
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<td>Arkansas is offering all direct care staff (both HCBS and institutional) a weekly supplemental payment ranging from $125 to $500/week, tiered based upon hours worked per week and whether the person served has COVID-19, paid to the individual direct care workers through April and May.</td>
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<td>Sixteen (16) states are allowing limitations on services to be exceeded, with respite as the most frequently-cited service.</td>
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*Among 29 states and DC approved as of April 19, 2020
QUESTIONS?
PLEASE CONTACT US

Sharon Lewis
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HEALTH MANAGEMENT ASSOCIATES
State System Response
COVID-19

Essential Actions and Emerging Practices
www.nasddds.org

Mary P. Sowers
Executive Director | NASDDDS
Goals for Discussion

- State approaches to authority design decisions (including specific state highlights)
- New strategies for case management and health/welfare
- Engagement approaches with stakeholders (best practices)
- Ongoing implementation considerations - longer range approaches
- Capturing learning
State approaches to authority design decisions

Context

- Top priority is to keep individuals healthy and safe during the pandemic
- Ensure healthcare is available without hindrance to individuals with I/DD - no rationing (NY, LA, CA, others - OCR Guidance has been very helpful!)
- Ensure sufficient number of providers and compensate Direct Support Professionals
  - Almost every state has included DSPs as part of the Essential Workforce
  - Many states have included provisions for “hazardous duty” pay for DSPs
  - Expanding pool of providers
  - More than twenty states (as of 4/20) have included retainer payments in their approved authorities
  - Determining appropriate use of 1135, Appendix Ks, Emergency SPAs and 1115s
State approaches to authority design decisions, continued

Challenges

- Availability of staff
- Availability of PPE
- Availability of testing
- Availability of technology for individuals supported and providers
- Information Technology (state level)
- Congregate settings present challenges for infection control

Key Objectives

- Service continuity during pandemic - Redeploying resources where possible
- Surge Planning, Hospital Capacity (multiple dimensions) and approaches to quarantine
- Post COVID-19 considerations
  - Shoring up the HCBS infrastructure
  - Identifying the contours of returning to “normal”
Key Strategies Afoot to Assure Health and Welfare

- Monitoring of individual health and safety - Use of Telehealth/Remote Tech (Washington, Missouri)
- Wellness and safety check-ins of individuals living alone or with families (Pennsylvania)
- Containment - temporarily defer visitors from physical presence at homes; screening of all staff upon arrival, and limiting locations of staff assignment
- Support for mental health
- Hospital admissions and discharge planning
- Isolating and quarantining requirements when virus is presumed or confirmed
- Reporting data on virus activity - presumed, confirmed, hospitalized, deceased (incident data and health department reporting)
- Reporting data on staffing availability
Stakeholder Engagement Strategies - Best Practice

- Early
- Often
- Timely
- Thorough
- Easy to Understand
Stakeholder Engagement Strategies - Examples

Examples from Washington, Ohio, Missouri, Pennsylvania, Connecticut, Colorado, Oregon

- Partnering with DD Councils, UCEDDs, Disability Rights and other Advocacy Groups (WA)
- Innovation Identification (CT - Innovations in Day/Employment)
- Multimedia approaches - Oregon
- Sharing Stories from the Field (Missouri)
- Using Supporting Families Community of Practice to help shape communications:
  - Integrated Star for Families (Ohio)
Learning and Living Through History

Operational considerations

- Billing guidance to providers
- Information to families who are foraying into self-direction
- Identifying gap areas - tech, staffing

Seizing Opportunities for Long-Term System Improvements

- Designing services that minimize risk to individual health
- Lessons from non-facility-based day services
- Long range goals for the use of technology to support individuals to stay connected/build community
NASDDDS Member Resources

NASDDDS Website
www.nasddds.org

COVID-19: State and Federal Resources

NASDDDS COVID-19 Library of Topical Resources for States
Pennsylvania’s Mitigation and Response Approach: DD HCBS Population

Kristin Ahrens
Deputy Secretary for the Office of Developmental Programs,
Pennsylvania Department of Human Services
Mitigation

• More congregated, greater risk of outbreak
• Apply long-term care facility guidance on visitation, staff screening
• Individual relocations including staying with family
• Close day programs and discontinue community integration activities
• Tele/remote support service delivery expansion
Readiness and Response

• Provider Readiness Assessment
• Weekly provider calls with Administrative Entities
• Identification of vacancies for relocation
• Resource bundles, for individuals and families
• Provider checklist when positive COVID-19 cases
• System partner coordination – Health and emergency management
Flexibilities to Respond

• Appendix K and regulatory waivers

• Workforce
  – Redeploy day/”Community Participation Support” DSPs
  – Allow Community Participation Support remotely and in private homes
  – Expand services allowable by relatives in type and scope
  – Modify training requirements to support redeployment
  – Modify staffing requirements (not staffing for full individual plans)
Flexibilities to Respond (cont.)

• Expand locations and parameters where HCBS provided
  – Modify size limits of homes
  – Hotels, private homes
  – Adult Training Facilities, Intermediate Care Facilities (pending)

• Expand limits on necessary HCBS
  – Lift annual funding caps on 1915(c), respite

• Modify Approach Regulatory Oversight
  – Licensing piloting remote inspection protocols
  – Remote inspection currently in use for complaint investigations and plan of correction validations
Focus on Wellness During the Emergency

- Weekly wellness checks through Supports Coordination – special attention to adults who live on their own
- Community Participation Support providers - structured activities remotely
- Tele delivery behavioral support services
- Resources specific for individuals, families and DSPs
- COVID-19 Warm line
Post Surge/"Stay at Home" Preparedness and Response

• Testing availability is critical
• Individual Transition Planning
  – Contraction risk (including behavioral)
  – Co-morbidities risk
  – Preferred activities risk
  – Accommodations and support based on identified risks and needs
• Trauma Response
Challenges and Opportunities for Service Delivery in the Face of COVID-19

Nicole Jorwic, J.D.
Senior Director of Public Policy,
The Arc of the United States
Inspiring, Engaging and Motivating Virtually
The Mission of the St. Louis Arc is to empower people with intellectual and developmental disabilities and their families to lead better lives by providing a lifetime of high-quality services, family support and advocacy. We are also guided by our core beliefs of Respect, Collaboration, and Empowerment.

Gabrielle Szarek is the Director of Transition Services for the St. Louis Arc and oversees programs for teens and young adults to successfully transition from high school into adulthood.
We’re All In This Together

- Check-In Meetings
  - Increase staff meetings
  - Directors/Exec Team – frequent update meetings
- Sharing Ideas/Resources
  - Emails, SharePoint
  - Weekly collaboration meeting
  - Shadowing other departments’ virtual supports
Transition Services - Initiatives

- Launch
- Bounce Forward Events
- Family Workshops
- Launch Family Support Group
- Link Sessions for University of Missouri – St. Louis’ Succeed Program
Launch

• Teens/Young Adults – 16 to 25 years old
• Goals of getting a job in the community, living on their own, pursuing post secondary education, and/or meeting new people
• Newer Program – Started June 2019
• Private Pay

• Individual Coaching Sessions
• Group Classes
• Daily Boost!
Launch Goes Virtual

• Quick Turnaround
• Utilize Zoom for both individual and group sessions

• Priorities
  • Keep the goals for each individual a priority
  • Keep individuals and families happy
  • Don’t lose sight of our vision for Launch
  • Strong communication (individuals, families, staff)
  • Gain feedback throughout entire experience
  • Keep everyone engaged, motivated and positive
Virtual Features

• Transforming Hands-on activities into a virtual experience
• Extra training with Transition Advisors
• Implementing Daily Boost!
  • Scavenger Hunts
  • Family Feud
  • Escape Room
  • Gratitude & Positive Thinking
**What do I need to find? – Round 2**

- A food you can cook in the microwave – 10 points
- Something an artist would use – 30 points
- An item you would use to cook with – 10 points
- Something you would use in the bathroom – 10 points
- An item used to do laundry – 20 points
- A piece of mail – 30 points
- Something small – 20 points
- Something festive – 20 points
- Something green – 20 points
- Something pink – 20 points
- An item you use outside – 40 points
- A picture – 30 points
- A type of soap – 10 points
March 31st Launch – Daily Boost

Escape Room

0331

Door with gummy bear symbols around it.
Bounce Forward events provide an opportunity for individuals (16 -25) to network with other young adults looking to find a friend, a roommate, an apartment, or to just start thinking about the future. Young adults and their families are both encouraged to attend.
Bounce Forward – Virtual Events

- What to do at home?
- Scavenger Hunt
- Trivia Night
- “Exploring Careers” Panel Discussion
- Resource sharing via Facebook group
Be Positive!
- Keep a routine
- Make a plan for the day
- What inspires you?

Learn Something New
- Virtual Tours
- E-Library
- Home projects
- Cooking Classes
- Learn a new language
- Discover your art!

Connect with Family/Friends
- Ways to connect
- Dedicate time
- Set up weekly get-togethers
- Get Creative!

Community Classes on Facebook

Virtual Tours
Thank you!

Gabrielle Szarek

Director of Transition Services - St. Louis Arc
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California’s Adult Day Health Care Experience in the Time of COVID-19

Lydia Missaelides, MHA
Executive Director, Alliance for Leadership and Education
Immediate Past Executive Director, California Association for Adult Day Services
Planned Congregate services (minimum 4 hours)

Minimum staff

– Program Director
– Activity Director
– Registered nurse, with additional nursing based on ratios
– Social worker, with additional social work based on ratios
– Program Aides, based on daily attendance
– Physical therapist, based on need
– Occupational therapist, based on need
– Licensed Behavioral Health Clinician, based on need
– Dietician, based on need
Congress
ADHC Services

Core Services:
– Nursing
– Social Work
– Personal Care
– Therapeutic and person-centered activities
– Congregate Meal(s)
Other Services per Individual Plan of Care

• Physical Therapy
• Occupational Therapy
• Speech therapy
• Behavioral Health
• Special diet orders
• Transportation
Managed Care and Reimbursement

- Participants must be enrolled in one of 22 Medi-Cal Managed Care Plans (MCPs) to access ADHC/CBAS
- Must meet medical necessity criteria
- Services and frequency of attendance are authorized by MCP
- Reimbursement is per diem for a bundle of services
- Reassessment and reauthorization at 6 months
ADHC/CBAS in the Time of COVID-19

• March 15 - Governor Newsom issues order limiting gatherings to 10 or fewer
• March 16 - Congregate services cease at most ADHCs
• March 19 – Governor issues shelter in place order and Department of Health Care Services sends request to CMS for flexibility to allow ADHC to offer temporary alternative services (TAS) under 1135 authority
• March 21 - Executive Order waives in-center ADHC staffing to allow centers to assist in care and protection of participants
• Additional state directives are issued in April to authorize additional flexibility so that centers can continue to operate “alternative temporary services” that we call Center without Walls
Emergency elevates health and safety of this vulnerable group as the state seeks to flatten the curve and avoid overwhelming hospitals.

Rapid response - communication, collaboration among three state departments, provider network and managed care plans - is unprecedented.

Important goal is to maintain center infrastructure throughout state while meeting emerging needs of participants and families sheltering in place.

Rapid response aim is to protect this vulnerable population.
Center Without Walls Is Quickly Designed

Congregate model no longer in play. With safety of participants and staff foremost, center operations quickly shift to:

- Telehealth
- Doorstep Delivery
- Telephonic Care Management
- Limited in-center 1-1 service (only if PPE & staff trained)
Contours of the Temporary Alternative Services

<table>
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<th>Safety first – participants and staff</th>
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<td>This is not regular ADHC – redeployment of staff and services</td>
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<tr>
<td>Individual plan of care informs needs but short-term action planning and targeted interventions are the focus – meeting immediate and urgent needs</td>
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<tr>
<td>Minimum of one service for each prior authorized day</td>
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Examples: COVID wellness check in; arrange for delivery or doorstep delivery of household or medical supplies; meals; food; medical equipment; activity packets; telehealth (health education; nursing assessment, etc.)
Approvals and Reimbursement

Centers submit Plan of Operation for Temporary Alternative Service (TAS) to State Department of Aging (CDA certifies for Medi-Cal) and Staffing Arrangements Plan

- CDA approves or disapproves/modifies
- CDA notifies managed care plans

Reimbursement

- Continue per diem rate – same claims codes
- Same authorized days – can ask for increase or decrease in days
Partnerships have been key

Three state departments plus Health and Human Services Agency and Governor’s office

- Working with each other and providers to coordinate guidance

County government operations

- Adult Protective Services; In Home Supportive Services, meals, etc

State Association and A.L.E.

- COVID-19 rapid response team working with state partners to design TAS
- Weekly webinars (1-2 per week)
- Learning community sharing templates, innovations, best practices
Building a Durable Re-Design for the Future

Strong foundation for any future emergency operations

Long term disruption to congregate model likely means defining ADHC differently when shelter in place is modified

Hybrid model will likely be the norm for some time to come

- Modified in-center operations
- In home visits
- Telehealth
- Modified hours (staggered) with physical distancing and smaller groups

Continued regulatory flexibility will be needed to continue person-centered and safe services
For more information

Lydia Missaelides, MHA
Lydia@caads.org
Questions?
Feedback

Please complete a brief survey to help ACL monitor the quality and effectiveness of our presentations.

Please use the survey link: https://www.surveymonkey.com/r/ACLPromPracCOVID19

WE WELCOME YOUR FEEDBACK!