



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

Resources and State Options for Flexibilities Available in Medicaid HCBS Programs

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

HEALTH
MANAGEMENT
ASSOCIATES

State Responses to COVID-19

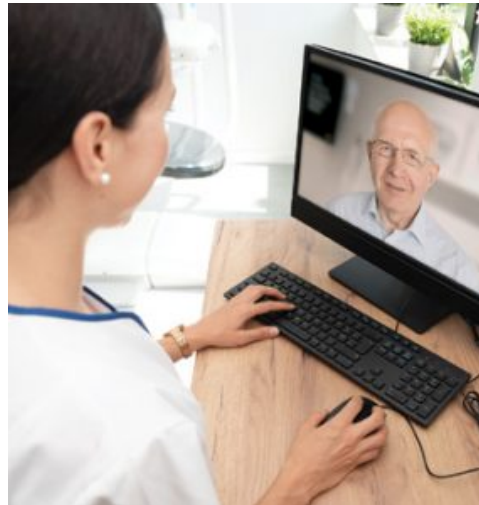
April 23, 2020

Sharon Lewis, Principal

■ PANDEMIC EMERGENCY RESPONSE: HOME AND COMMUNITY BASED SERVICES



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**

State Examples – Appendix K flexibilities*

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

Eighteen (18) states are allowing electronic/remote delivery of personal care and/or in-home habilitation

Ten (10) states are allowing remote delivery of prevocational or supported employment services

Colorado added Remote Supports as a new service

New Mexico doubled the available assistive technology resource (from \$250 to \$500) to assist in purchasing/accessing technology for telehealth purposes

Oklahoma and Utah streamlined access to assistive technology, allowing payment without a referring physician on the claim

*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*

Twenty-four (24) states are offering retention payments for facility-based HCBS providers (eg residential and adult day), aligned with number of days for nursing facility bed-holds

Hawaii, Iowa, and New York explicitly include retention payments for consumer-directed workers

Nevada and Colorado increased non-medical transportation allowances

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

Sixteen (16) states are allowing limitations on services to be exceeded, with respite as the most frequently-cited service

*Among 29 states and DC approved as of April 19, 2020

QUESTIONS?
PLEASE CONTACT US



Sharon Lewis
Principal
slewis@healthmanagement.com
202-617-1536

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

<https://www.nasddds.org/news/covid-19-state-resources-and-materials>

NASDDDS COVID-19 Library of Topical Resources for States

<https://www.nasddds.org/news/nasddds-resource-page-covid-19>

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

Residential Provider Preparedness Assessment for COVID-19


We recommend the following assessment be conducted on a weekly basis to assist with risk mitigation for residential providers operating within the counties and completed before cases of COVID-19 are identified in your agency if possible. If cases are then identified, this information will be helpful to you and your team and will assist ODP with providing support. Which of the following situations apply to the agency? (Select all that apply)

- No cases of COVID-19 currently reported in their community
- Cases reported in their community
- Sustained transmission reported in their community
- Cases identified in their agency (either among Staff or residents)

How many days supply does the agency have of the following PPE and alcohol-based hand sanitizer (ABHS)?

Facemasks:
N-95 or higher-level respirators:
Isolation gowns:
Eye protection:
Gloves:
ABHS:

Please describe any emergency or contingency plans for ill residents and/or staff in the event of COVID-19 cases in the agency?
Does the agency have a method to ensure that individuals information regarding health and safety is




Social Distancing

This resource provides a visual guide for individuals with autism about social distancing and why it's important when people are sick.

This social story is also available in Russian, Chinese, Spanish and Arabic.

[Social Story](#)



Isolation

This resource provides a visual explanation of what it means for someone to be in isolation due to coronavirus.

[Social Story](#)

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



Gabrielle Szarek
Director of Transition Services
St. Louis Arc



RESPECT • COLLABORATION • EMPOWERMENT

○ 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

0 3 3 1





Speaker View



David Rohlmann



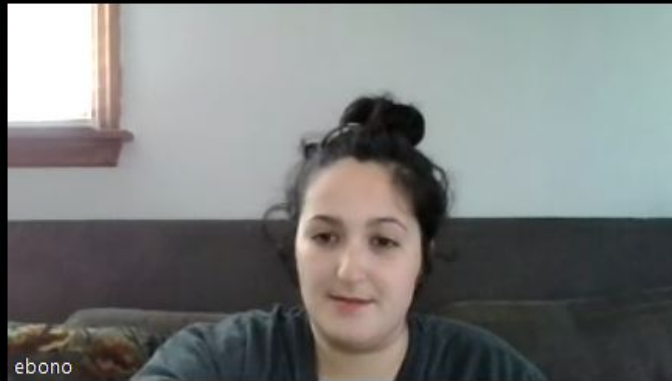
Gabrielle Szarek



Ashley



Naomi Holland



ebono



TJohnson



Mute



Stop Video



Invite



Participants 6



Share



Chat



Record

Leave Meeting

Bounce Forward

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?

Connect with Family/Friends

- Ways to connect
- Dedicate time
- Set up weekly get-togethers
- Get Creative!

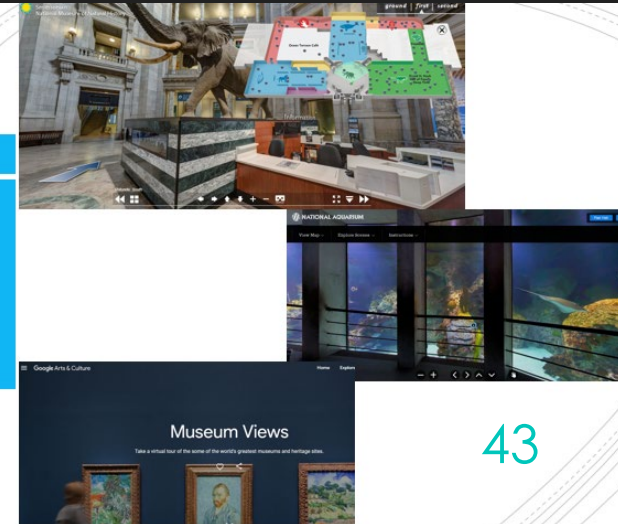
Learn Something New

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

Community Classes on Facebook



Virtual Tours



Thank you!

Gabrielle Szarek

Director of Transition Services - St. Louis Arc

314-814-2255

gszarek@slarc.org





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

Adult Day Health
Care in California
is called
Community
Based Adult
Services (CBAS)
under Medi-Cal

Congregate ADHC Services

Core Services:

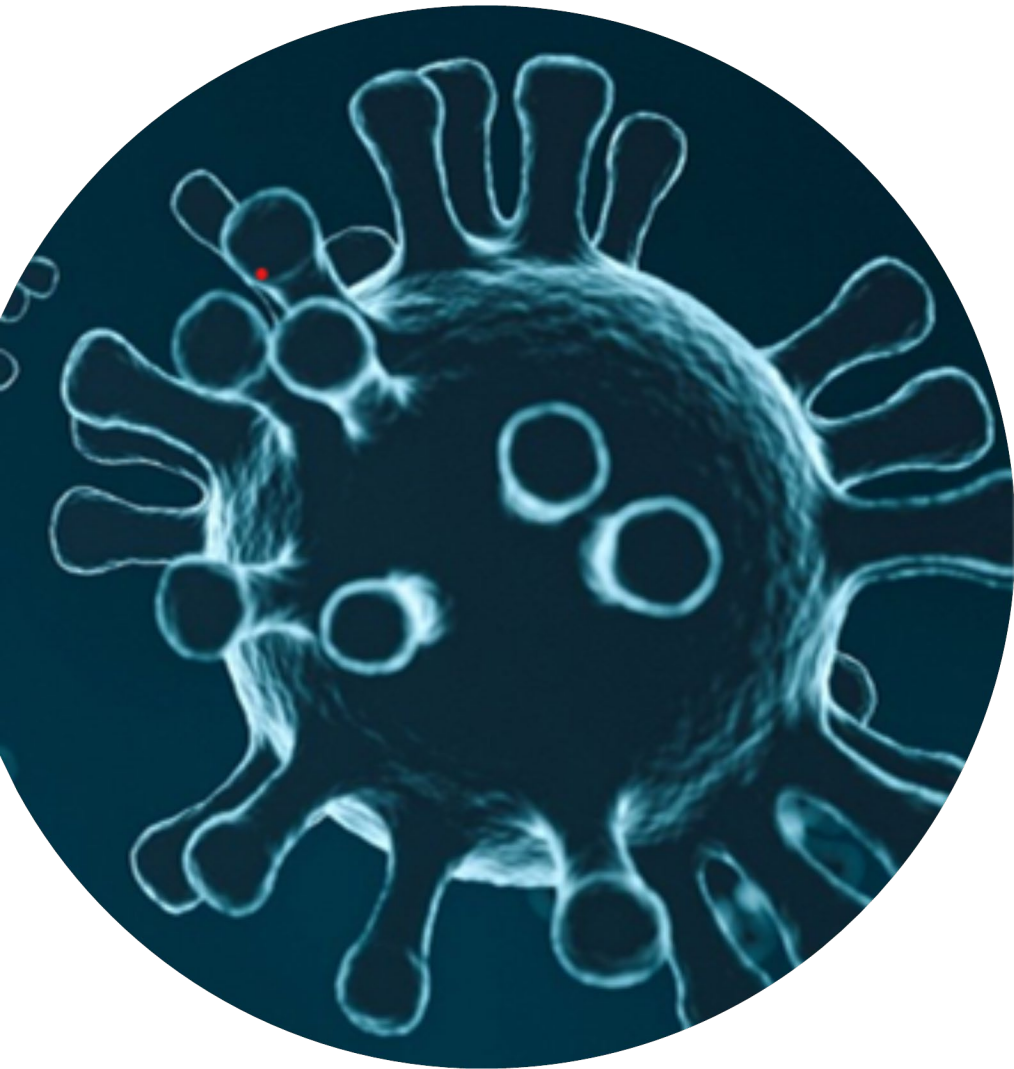
- Nursing
- Social Work
- Personal Care
- Therapeutic and person-centered activities
- Congregate Meal(s)

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



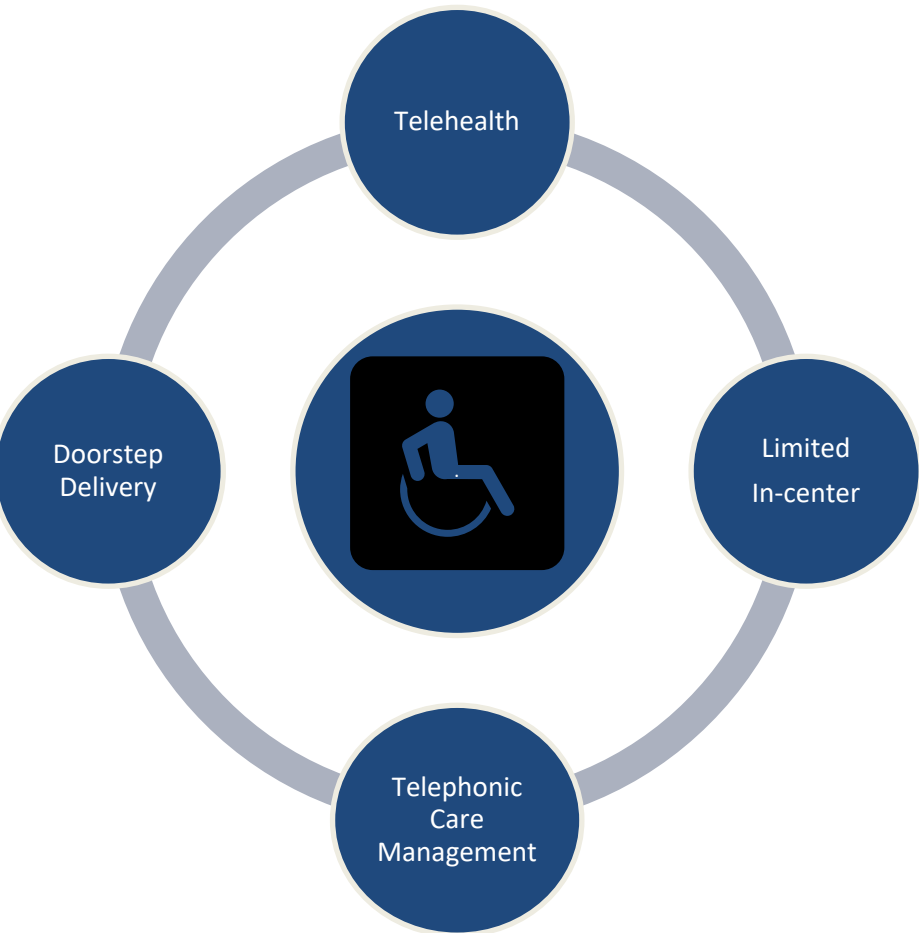
Rapid response - communication, collaboration among three state departments, provider network and managed care plans - is unprecedented



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

Safety first – participants and staff

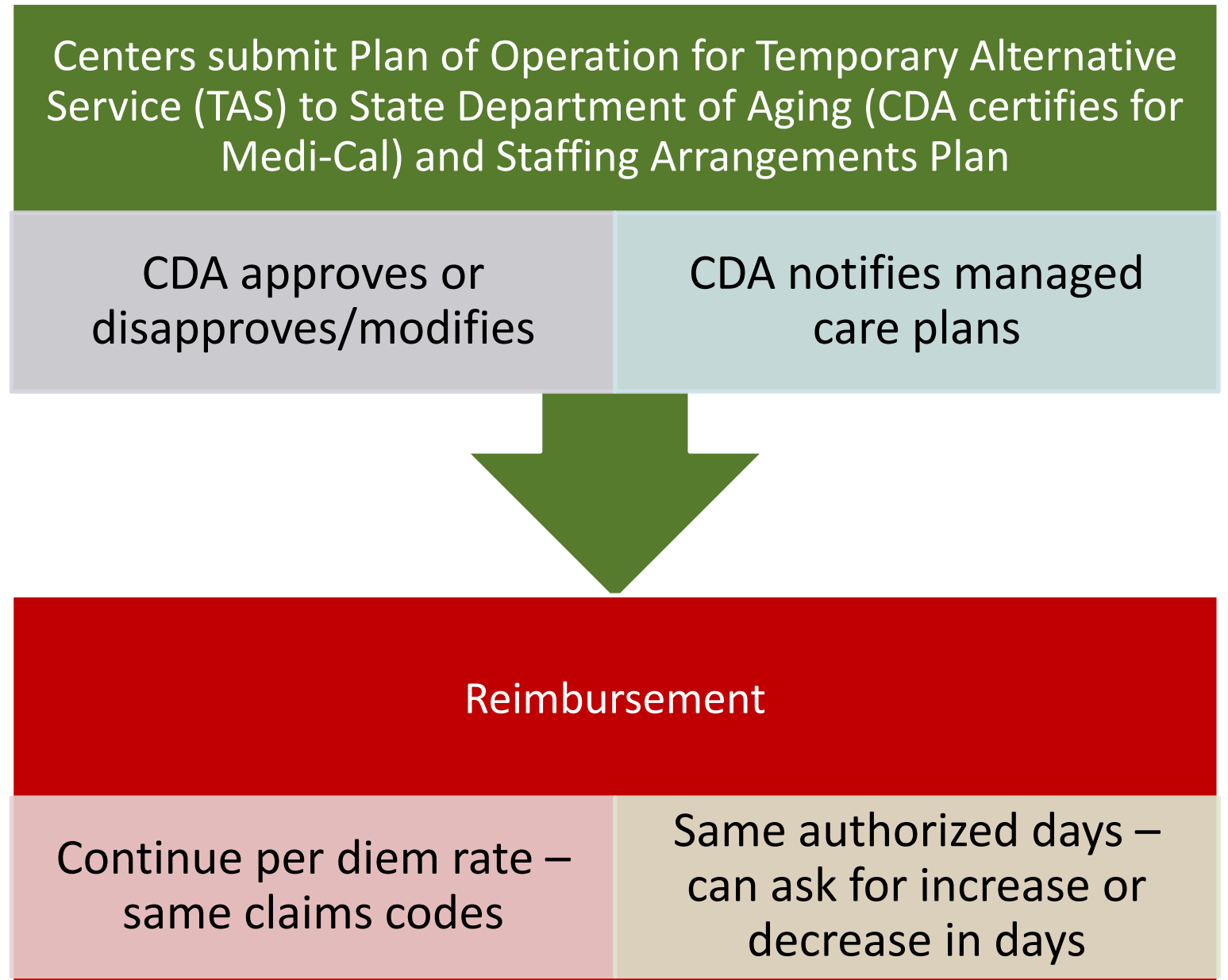
This is not regular ADHC – redeployment of staff and services

Individual plan of care informs needs but short-term action planning and targeted interventions are the focus – meeting immediate and urgent needs

Minimum of one service for each prior authorized day

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



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



1107 9th Street, Ste. 701

Sacramento CA 95814

O 916.552.7400

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!