Rethinking Day Services in the COVID-19 Era

September 16, 2020
Presentation Overview

1. Pandemic-Related Changes to Day Services
2. COVID-19 Payment Flexibilities and Provider Adaptations
3. Innovation in 3 States (with Guest Speakers)
4. Moving Toward Value-Based Payments for Day Services
5. Q&A
PANDEMIC-RELATED CHANGES TO DAY SERVICES
Employment and Day Services: A National Snapshot

- Estimated 5,000 – 6,000 providers nationally
- Mostly non-profit organizations
  - Non-profit: 85%
  - For profit: 6%
  - Public (state or tribal): 7%
  - Other: 2%
- Most were regional providers
  - County or regional scope: 51%
  - Local scope: 36%
  - Statewide: 8%
  - Multi-state: 5%
- Average operational budget (in 2014-15) $3.0 million
- Average number of people served: 2,019
- 60% were funded 51% or more by Medicaid or State I/DD Agency

Use of Day Services Has Grown Dramatically

Source: ICI National Survey of State IDD Agencies

ThinkWork!
Day Services Depend on Multiple Sources of Funding

State-only dollars
Example: California Lanterman Act

Medicaid-financed LTSS
1915(c) waivers
1915(i) State Plan option
1115 demonstration waivers
Local coordinating agencies
(Example: Colorado Community-Centered Boards)

Grants
To CBOs, including local chapters of The Arc

County-based levies
Example: Missouri SB40 boards
COVID-19 May Shut Many Disability Services Programs for Good

- ANCOR surveyed 191 organizations nationwide.
- 77% have shut down or discontinued programs.
- 16% do not plan to reopen their programs.
- Employment and day services most affected.
- Causes: ↑ costs (PPE, testing); ↓ revenue.

COVID-19 Has Hit Day Services Providers Especially Hard

% of Providers No Longer Providing Services

- Pre-Employment Transition Services
- Customized Employment
- Supported Employment
- Adult vocational skills training
- Job placement
- Individual placement and support
- Facility-based pre-vocational supports
- Community-based prevocational supports
- Facility-based day habilitation
- Community-based day habilitation

ATTITUDES TOWARD RETURNING TO DAY SERVICES
Most Respondents Were Family Members

n = 395 respondents

- Parent/Family Member: 80%
- Person with I/DD: 10%
- Residential or Support Staff: 5%
- Other (please specify): 5%
Most Individuals Live at Home

n = 395 respondents

- With Family: 70%
- Supported Living Services: 10%
- Independent Living Services: 5%
- Group Home: 10%
- Other (please specify): 5%
Vast Majority Want to Return to Day Services

n = 395 respondents
Some Who Want to Return to Day Services Want Safety Measures

n = 395 respondents

- Yes, ready to go back right away
- Maybe, depending on safety procedures and Covid-19 data
- No, it’s still too early to return
Some Survey Answers are Hard to Interpret

• Unclear what individuals and families want:
  – A desire to do something during the day, whether technically “day services” or not?
  – Pre-pandemic, facility-based day services?
  – Integrated, individualized day services?

• States and providers wishing to duplicate the survey should add questions to distinguish these possibilities.
Medicaid Provides Pandemic-Related Payment Flexibilities

• Families First Coronavirus Response Act (FFCRA)
  – Enhanced FMAP (6.2%)

• Appendix K waiver amendments to support providers:
  – Retainer payments
  – Rate changes

• Time limited
  – Enhanced FMAP: duration of public health emergency
  – Appendix K amendments
    ▪ Three 30-day periods for retainer payments
    ▪ Must end by March 31, 2021
# States with Appendix K
Amendments for Day Services

- Modified provider qualifications: 5 states
- Authorized institutional day services: 12 states
- Authorized family caregivers: 18 states
- Increased payment rate or max hours: 23 states
- Expanded telehealth/electronic service delivery: 26 states
- Authorized retainer payments: 29 states
- Modified certification, incident reporting, or participant monitoring: 33 states
- Expanded where day services are provided: 35 states
## Reopening Poses Challenges

<table>
<thead>
<tr>
<th>Condition of Reopening</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social distancing &amp; space changes</td>
<td>Reduced revenue, increased costs</td>
</tr>
<tr>
<td>PPE and cleaning supplies</td>
<td>New cost center</td>
</tr>
<tr>
<td>Transportation</td>
<td>Cost-inefficient disability-specific transit; Reduced or eliminated public transit</td>
</tr>
<tr>
<td>Workforce return</td>
<td>Direct support staff ill, laid off, caring for family, or switched professions for safety</td>
</tr>
<tr>
<td>Contingency plans in case of outbreak; plans for continuity of operations</td>
<td>Additional planning for individuals and staff; disruptions in revenue and service delivery</td>
</tr>
</tbody>
</table>
3Ps: A Framework for Systems Adaptation & Change

How are changes shaped by?

How do changes affect?
HARNESSING TECHNOLOGY TO ADAPT AND IMPROVE SERVICES: 2 EXAMPLES
Online classes in exercise, music, cooking, dance, etc.

Remote Learning Center
PathPoint (Southern California)
https://www.pathpoint.org/
Remote Supports

Ohio State University Nisonger Center:
https://nisonger.osu.edu/adult/resources/technology-project/remote-supports/
Innovations in 3 States

1. St. Louis Arc: Virtualizing Services
2. The Arc of Tri-Cities, WA: Supplementing workforce with volunteers
3. Managed Resource Connections, Inc. (MRCI) of MN: Moving away from brick-and-mortar model of day services
Guest Speakers

• St. Louis Arc: Gabrielle Szarek, Director of Transition Services

• Arc of Tri-Cities
  – Cindy O’Neill, Executive Director
  – Monti Franckowiak, mother and advocate

• MRCI: Brian Benshoof, CEO
St. Louis Arc Has Successfully Virtualized Many Service (1/2)

• Daily Boost
  – 30-minute segments, 2-3x weekly
  – Short mental breaks for teens and young adults to share positive messages and related content
    ▪ Virtual escape rooms
    ▪ In-home scavenger hunts

• Teach Something/Learn Something
  ▪ 30-minute segments, 1x weekly or more
  ▪ Helps participants work on communication and public speaking skills

• “Launch” Program
  – Combination of individual coaching sessions and group classes for transition-aged teens and young adults
  – Because Launch is paid for privately, it can be taken nationwide – increasing revenue.
St. Louis Arc Has Successfully Virtualized Many Service (2/2)

• Virtual family workshops
  – Tips and activities that can be done at home
  – Resources in the St. Louis area that can be accessed for free or nearly free

• Facebook Live Q&A
  – Every Tuesday hosted by Director of Family Supports
  – Attendance ranges from 500-900
Uses Volunteers to Grow its Workforce

- Dedicated group of youth who volunteer during the summer, often moving over successive summers toward full-time employment.
- Local teenagers not going to school on campus, so won’t have access to typical extracurricular activities.
- Plan to have teenagers supplement full-time staff: paid staff 2:1 or 3:1, with additions of volunteers to bring the ratio down further.
Testimonial: Yuriy Moved from Volunteer to Staffer at Tri-Cities
Reducing Costs by Closing Brick-and-Mortar Locations

• MRCI serves more than 2,000 individuals across Minnesota with employment and day services.
• Plans to sell buildings or not renew leases on rentals.
• Reductions in expenses for:
  – Maintenance
  – Heating/cooling
  – Insurance, etc.
• Reduced use of transportation getting individuals to and from these facilities.
• Long-term move to “day services without walls.”
Adaptation and Innovation Benefit Providers and People

<table>
<thead>
<tr>
<th>Benefits to Providers: Lower Costs, More Sustainable Business Models</th>
<th>Benefits to People: Improved Choice and Community Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced brick-and-mortar costs</td>
<td>Greater independence through remote supports</td>
</tr>
<tr>
<td>Selling private pay services on a national scale to grow revenue</td>
<td>Enhanced choice: virtual or in-person</td>
</tr>
<tr>
<td>Using volunteers to diversify workforce and lower labor costs</td>
<td>Enhanced choice: pathways for personal growth and the pursuit of individual interests</td>
</tr>
<tr>
<td></td>
<td>Enhanced integration: virtual communities</td>
</tr>
<tr>
<td></td>
<td>Enhanced integration: in-community day supports</td>
</tr>
</tbody>
</table>

**Reminder**: Day services are *services not places*. 
Innovation Poses Challenges

• Remote/virtualized services won’t be a good fit for everyone.
  – Uneven access to/comfort with broadband & devices
  – Can induce behavioral challenges
    ▪ Hunger strikes
    ▪ Refusal to leave house or elopement
    ▪ Increased risk of institutionalization

• Day services offered in the community don’t guarantee meaningful integration.

• The question is *what to keep, for whom, when.*

AN OPENING TO REINVENT SERVICES?
“GUIDEPOSTS” FOR QUALITY SERVICES
Changing Language is the First Step to Making Day Services More Integrated

- Names reflect values
- Two common alternatives:
  - “Community inclusion”
  - “Community life engagement” (CLE)
CMS Has Released Guidance on Value-Based Payments & Medicaid

- Released September 15, 2020
- State Medicaid Directors Letter
- Fact Sheet
Value-Based Payment Systems Can Take Several Forms

<table>
<thead>
<tr>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
<th>CATEGORY 3</th>
<th>CATEGORY 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee for Service - No Link to Quality &amp; Value</td>
<td>Fee for Service - Link to Quality &amp; Value</td>
<td>APMs Built on Fee-for-Service Architecture</td>
<td>Population-Based Payment</td>
</tr>
<tr>
<td>A</td>
<td>A</td>
<td>A</td>
<td>C</td>
</tr>
<tr>
<td>Foundational Payments for Infrastructure &amp; Operations (e.g., care coordination fees and payments for HIT investments)</td>
<td>APMs with Shared Savings (e.g., shared savings with upside risk only)</td>
<td>Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</td>
<td>Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</td>
</tr>
<tr>
<td>B</td>
<td>B</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</td>
<td>APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</td>
<td>Integrated Finance &amp; Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay-for-Performance (e.g., bonuses for quality performance)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Common Pathways:**
Category 1 → Category 2B → Category 4

---

VBP for HCBS Roadmap

<table>
<thead>
<tr>
<th>Policy Objectives &amp; Aim Statements</th>
<th>• A successful VBP strategy starts with a shared vision and strong foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholders</td>
<td>• Communicate, communicate, communicate and communicate some more</td>
</tr>
<tr>
<td>Measurement System</td>
<td>• Select measures that are important and realistic</td>
</tr>
<tr>
<td>Baseline Data</td>
<td>• Data availability often drives the selection of measures</td>
</tr>
<tr>
<td>Financial Model</td>
<td>• Money can motivate change</td>
</tr>
<tr>
<td>Performance</td>
<td>• Measurement and reporting can be a burden to organizational resources</td>
</tr>
<tr>
<td></td>
<td>• Keep it simple</td>
</tr>
<tr>
<td>Monitoring &amp; Adjusting</td>
<td>• Ongoing monitoring and refinement is fundamental to the long term success of a VBP strategy</td>
</tr>
</tbody>
</table>

1. Individualize supports for each person
   - Show understanding of personal preferences, interests, and skills
   - Emphasize person-centered planning and discovery
   - Consider creative grouping, staffing, and scheduling
2. Promote community membership and contribution
   - Start with inclusive settings and activities
   - Ensure staff presences does not limit connections with other community members
3. Use human social capital to decrease dependence on paid supports
   – Create natural supports (e.g., yoga class)
   – Individuals can bootstrap into other integrated activities, including supported employment

4. Ensure that supports are outcome-oriented and regularly monitored
   – Emphasize individuals’ goals rather than processes (# of hours on an activity)
   – Should lead to or complement employment
Draft Driver Diagram to Advance State System Rebalancing Goals

**AIM**

- Draft AIM 1: Increase competitive integrated employment by XX% within X years
- Draft AIM 2: Increase System Rebalancing goals (i.e. Towards HCBS — Away from Institutional, towards Integrated Competitive Employment — Away from Institutional Day Services)

**PRIMARY DRIVERS**

- Build appropriate incentives and supports to encourage community integration
- Build opportunities that are appropriate for each individual
- Monitor agency and case manager successes

**SECONDARY DRIVERS**

- Create Value Based Payments — (i.e. Implement Outcome Payments based on Quarterly Outcomes reported at individual level by provider. VBP models need to be based on timely, accurate data feeds)
- Develop policy changes to include new service descriptions
- Strengthen person centered planning process
- Individuals access to appropriate Behavior and Behavioral Health Services
- Enhance case management and provider training and support in regards to competitive integrated employment
- Planning Team identify and access appropriate Assistive Technology/Remote Supports
- Use area surveys and agency performance surveys to monitor and remediate compliance
- Measure authorizations paid for services rendered
- Strengthen role of HIE with Care Coordination/Case Management Entities
Move Ahead Despite an Absence of Standards

- No standards yet exist for the quality of day services.
- The lack of standards need not prevent progress.
- Better to move ahead with what you have: Some progress is better than none.
Determine Which Data To Collect (Guideposts for Quality Services)

1. Are supports individualized?
2. Do supports promote community membership and contribution?
3. Do supports use social capital to decrease dependence on paid supports?
4. Do supports help individuals achieve their personal goals?
Additional Resources

• California’s DD System Plans to Move to Value-Based Purchasing (VBP)
  – Governor’s budget for FY2021 included a shift to VBP for its ID/DD services.
  – Proposal analyzed by non-partisan Legislative Analyst’s Office (LAO) – California’s equivalent of the Congressional Budget Office (CBO).

• Medicaid HCBS VBP Website

• Quality measures
Q & A Discussion
What’s Next?

▪ To request additional information or contact a panelist, email AOD@acl.hhs.gov
▪ Registered participants will receive a link once slides are publicly posted
▪ Email to come to evaluate this webinar
▪ Next month:
  ▪ Transportation Services, September 30
  ▪ Different time: 3pm Eastern/12pm Pacific