

# What's Next in Home and Community Based Services?

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JUNE 17, 2022

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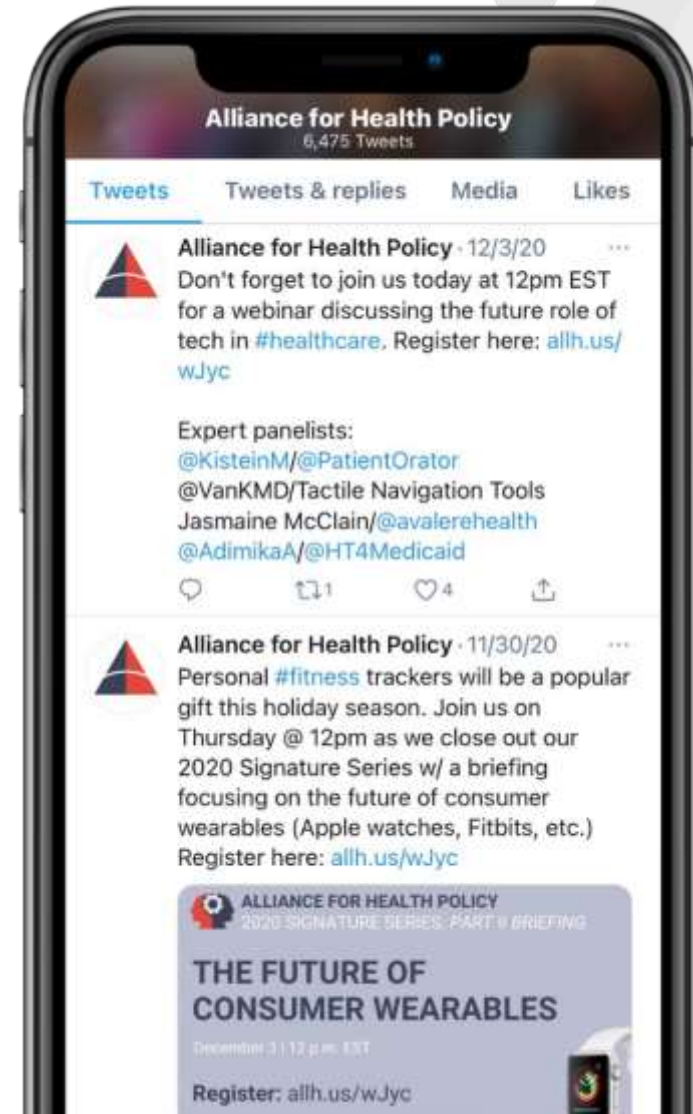


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# PARTNERS





@AurreraHealth

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Director of Medicaid Policy & Programs  
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Health Justice Policy Analyst, Researcher  
Disability Policy Consortium

# Home and Community-Based Services: Linchpin of Civil Rights



# Origin of HCBS

- Ed Roberts - "Father of the disability rights movement"
- Home and Community Based Services (HCBS) first became available in 1983 when Congress added section 1915(c) to the Social Security Act, giving States the option to receive a waiver of Medicaid rules governing institutional care. In 2005, HCBS became a formal Medicaid State plan option.<sup>1</sup>
- The "Community First Choice Option" allows States to provide home and community-based attendant services and supports to eligible Medicaid enrollees under their State Plan. This State plan option was established under the Affordable Care Act of 2010.<sup>2</sup>
- 



# Home and Community-Based Services

- Home- and Community-Based Services (HCBS) are types of person-centered care delivered in the home and community.<sup>3</sup>
- HCBS programs address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing.
- HCBS are often designed to enable people to stay in their homes, rather than moving to a facility for care.
- HCBS programs generally fall into two categories: **health services** and **human services**.
- HCBS programs may offer a combination of both types of services and do not necessarily offer all services from either category.

# HCBS Demographics

The HCBS population is heterogeneous and so is important to be cautious of making broad generalizations about the population. <sup>4</sup>

- mean age 56 (dual eligible mean 67 and Medicaid-only mean 33)
- most are non-Hispanic white and the majority are female
- 44% are older adults
- 26% have intellectual/development disabilities
- 13% have a diagnosis of serious mental illness
- 24% are under 65 and have a physical disability

# Subpopulations

The (65+) subpopulation mean age is 79,

The I/DD subpopulation mean age is 34

The SMI subpopulation mean age is 49

Those under 65 without I/DD or SMI have a mean age of 42

# HCBS about people, not patients

"Before we were just patients in a hospital. It makes me so mad when I hear a disabled person called a patient. It shows that stereotyping still exists. We're people. My patience is running out!"

Participant in 1981 Consumer Unity  
Conference<sup>5</sup>





# People benefiting from HCBS

- Nationally, 3.0 million people receive HCBS through waivers, and over 2.5 million people receive HCBS as part of the state plan benefit package (primarily home health and personal care services)<sup>6</sup>
- Two-thirds of the HCBS population are dually eligible for Medicare and Medicaid. The overall mean age is 56.<sup>7</sup>
- Most of the HCBS population is non-Hispanic white and the majority are female. Older adults make up the largest subpopulation (44%), with I/DD at 26 percent, SMI at 13 percent; and under 65 with physical disability at 24 percent<sup>8</sup>



# HCBS waiting list

- 820,000 across United States or on HCBS waiting lists<sup>9</sup>
- Long wait times could increase an applicant's risk of:
  - entering a nursing home
  - being hospitalized
  - harm consumers and potentially increase total Medicaid spending<sup>10</sup>





# HCBS Should not be

- One-size-fits-all
- Restricted to limited medical codes
- Expected to result in direct ROI or savings
- Solely determined by MCOs, ACOs, PACE etc.





# HCBS should address social determinants of health

- Isolation and loneliness
  - People with disabilities report more than double the rates of social isolation and loneliness than people without disabilities.
  - Rural people with disabilities report significantly fewer social connections but similar rates of loneliness compared to urban people with disabilities.
  - Structural barriers related to employment and transportation may play a role in social isolation and loneliness disparities among people with disabilities.<sup>11</sup>
- Intersection of housing, food, and other drivers of instability





# Person-centered HCBS

The supports and services must reflect that the setting in which the individual resides is chosen by the individual, and that the individual is fully supported and integrated in the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community. However, these items are only included in the plan if they are areas which the consumer decides they need additional support or services.<sup>12</sup>

Consumer directed<sup>13</sup>



# Personal definition of HCBS

Home and Community-Based Services are those services that assist people across the lifespan carry out Activities of Daily Living (ADLs) and Independent Activities Daily Living (IADLs). When provided in an integrated manner that advances health equity and independent living principles of consumer choice, control and dignity of risk, HCBS services:

- Maximize independence and autonomy and make possible the opportunity for consumers to realize their fullest potential to live a meaningful life in the setting of their choosing
- make possible the opportunity for HCBS recipients to realize their civil rights as enumerated under the Americans with Disabilities Act, and rights including those protected under The Civil Rights Act of 1964, Fair Housing Act of 1964 and Voting Rights Act 1965
- reduce isolation and loneliness, positively impact SDOH and reduce health disparities correlated with inequity.

# Barriers to HCBS

- Institutional bias
- Reductionistic medicalization of HCBS
- Short-term ROI and cost reduction
- Population algorithms
- Bias that leads to disparities

# Endnotes

1. <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/index.html#:~:text=Home%20and%20Community%20Based%20Services,formal%20Medicaid%20State%20plan%20option.>
2. <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/community-first-choice-cfc-1915-k/index.html>
3. <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/hcbs>
4. <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/hcbs/findings/find2.html#:~:text=The%20overall%20mean%20age%20is,physical%20disability%20at%2024%20percent.>

# Endnotes Con't

5. <https://aspe.hhs.gov/reports/consumer-directed-models-personal-care-lessons-medicaid-0#background>
6. <https://www.kff.org/medicaid/issue-brief/medicaid-home-community-based-services-people-served-and-spending-during-covid-19/>
7. <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/hcbs/findings/find2.html>
8. <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/hcbs/findings/find2.html>
9. <https://www.kff.org/report-section/state-variation-in-medicaid-ltss-policy-choices-and-implications-for-upcoming-policy-debates-issue-brief/>



# Endnotes Con't

10. <https://aspe.hhs.gov/reports/impacts-waiting-periods-home-community-based-services-consumers-medicaid-long-term-care-costs-iowa-0#:~:text=Long%20wait%20times%20could%20increase,than%20offset%20increased%20HCBS%20spending>.

11. <http://www.advancingstates.org/sites/nasuad/files/Social%20Isolation%20and%20Loneliness%20Among%20Rural%20and%20Urban%20People%20with%20Disabilities.pdf>

12. <https://www.ncil.org/wp-content/uploads/2013/08/2014-Presentation-What-Does-Person-Centered-Planning-Mean-for-the-IL-Paradigm.pdf>

13. <https://aspe.hhs.gov/reports/consumer-directed-personal-assistance-services-key-operational-issues-state-cd-pas-programs-using-1>



@ADvancingStates

## **Damon Terzaghi, MSA**

Senior Director of LTSS Policy  
ADvancing States

# What's Next in Home and Community Based Services?

June 17, 2022

# ADVANCING STATES



Leadership, innovation,  
collaboration for state  
Aging and Disability agencies.



# ADVANCING STATES



Our mission is to design, improve,  
and sustain state systems  
delivering long-term services and  
supports for older adults, people  
with disabilities, and their  
caregivers.



# Agenda

Additional Context on HCBS and Medicaid

State Fiscal Controls

Rescue Plan Act Enhanced Funding

# Additional Context on HCBS and Medicaid

## Different “Options” Have Different Rules/Requirements

### 1915(c) Waivers

- Most common HCBS option
- 46 States and DC have them
  - Others use 1115 for many of the same purposes
- Must be targeted to specific population(s):
  - Older Adults & Physical Disabilities
  - Intellectual/Developmental Disabilities
  - Mental Illness
- States set the number of people served in the application to CMS
- Extremely flexible service options, including state-defined/CMS approved services to prevent institutionalization

# Additional Context on HCBS and Medicaid

## Different “Options” Have Different Rules/Requirements

### 1915(i) State Plan Option

- Clinical eligibility criteria must be less stringent than institutional/1915(c)
- States may choose to, but are not required to, target population(s)
- Same service package as 1915(c)

### 1915(k) Community First Choice

- Clinical eligibility tied to institutional level of care
- More limited set of services than 1915(c)/(i)
- Additional FMAP for service

### Other HCBS in 1905(a)

- Home Health
- Personal Care
- Private Duty Nursing (in a home)
- Rehabilitative Services



# State Fiscal Controls

1915(c) and 1115 waivers allow waiting lists

Not allowed in other HCBS options

Targeting groups in 1915(c), 1915(i), 1115

Not allowed in 1915(k) or 1905(a)

Provider rates, amount/duration/scope, included benefits

Reductions prohibited due to ARPA MOE

# ARPA HCBS

Provided 10% increase in FMAP for HCBS provided April 1, 2021 – March 31, 2022

Must submit spending plans to describe use of funds

- CMS must approve spending plans prior to project initiation
- State spending plans demonstrate priorities

States have until March 2025 to expend the funds

- A lot of planning, collaboration, and program development remains to be done

Changes are ongoing

- Initial actions largely focus on provider payment
- Longer-term structural changes require more time

# Summary of Plans

Compilation  
of all plans:



Analysis of plans  
available at:



# State ARPA Activities



## New/Expanded Services:

- Caregiver Supports: 24 states
- Home Modifications: 19 states
- Assistive Technology: 19 states
- Behavioral Health: 15 states



## Additional waiver “slots”

- 13 states



## Provider rate increases

- 28 states



## Provider bonuses

- 15 states

# State ARPA Activities



Provider training/certification:

- 38 states



Recruitment/retention bonuses

- 29 states



LTSS EHRs

- 10 states



Health and welfare technology

- 15 states



Housing supports

- 12 states

# Questions?



# THANK YOU!

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@TheRealANCOR

## **Shannon McCracken**

Vice President of Government Relations  
American Network of Community Options and  
Resources (ANCOR)



# What's Next in Home and Community Based Services?

Shannon McCracken, Vice President of Government Relations

June 17, 2022 - Alliance for Health Policy



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[ancor.org](https://www.ancor.org)

# Direct Support Workforce in Crisis



Stagnant  
Reimbursement  
Rates

Inability to  
compete with  
other industries  
for employees

# ANCOR surveyed members in February 2020

- Staggering shortages
- Devastating impact to service infrastructure
- Closing and downsizing programs prior to the pandemic





# And then, came the pandemic...



# 2021 Outcomes vs. 2020 Outcomes

MEASURE	2020	2021	CHANGE
"My organization has <b>turned away new referrals or stopped accepting new referrals</b> due to high turnover or ongoing vacancies among direct support professionals."	66%	77%	↑ 16.7%
"My organization has <b>discontinued programs or service offerings</b> due to high turnover or ongoing vacancies among direct support professionals."	34%	58%	↑ 70.6%
"My organization <b>has delayed the launch of new programs or service offerings</b> due to high turnover or ongoing vacancies among direct support professionals."	65%	84%	↑ 29.2%
"My organization has <b>experienced difficulties achieving required quality standards</b> due to high turnover or ongoing vacancies among direct support professionals."	69%	81%	↑ 17.4%
"My organization <b>has experienced a higher frequency of reportable incidents</b> due to high turnover or ongoing vacancies among direct support professionals."	40%	41%	N/A***



## **FACT: The Significant Financial Costs of High Turnover are Unsustainable**

Nearly 3 in 10 (29%) of providers reported spending more than **\$500,000** annually

More than 1 in 6 (18%) of respondents reported spending more than **\$1,000,000** annually

**FACT:** 92% of Providers Continue to Grapple with the Impact of the Pandemic on Recruitment and Retention



# Rate Determination Methodology



CMS approves waiver application



States determine the payment amount providers will receive



Payments should account for wages

# CMS Request for Information on Access

- ☐ *State reporting on direct care workforce metrics*

*Recommendation*



- ☐ *Minimum standards for reimbursement rate methodology*

- ☐ *Creation of a designated access complaint process*

# Thank you! Questions?

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**Hany Abdelaal, D.O.**

President, Health Plans  
VNS Health



@VNShealth

# What's Next in Home and Community Based Services?

Hany Abdelaal, D.O., President, Health Plans, VNS Health  
June 17, 2022 - Alliance for Health Policy



# Agenda



- 3-4** — **Overview of VNS Health**
- 5** — **Significance of Dually Eligible Population**
- 6-8** — **The Health Plan Role in HCBS**  
Integrated Care Options, Provider Partnerships
- 9** — **Continued Challenges and Opportunities**

# Overview of VNS Health

The future of care. The comfort of home.

## Our Mission

To improve the health and well-being of people through high-quality, cost-effective healthcare in the home and community.

## Our Legacy

For more than 125 years, we were known as the Visiting Nurse Service of New York. Through all those years, we have had nonstop commitment to our neighbors.

Like the communities we serve, we have changed and grown through the years to meet our neighbors' needs.



## We Have Over 125 Years of Experience

Home Care

Professional Solutions

Hospice Care

Community Outreach

Care Management

Behavioral Health

Health Plans

Personal Care

# CHOICE Health Plans\*

Specialized plans for people with complex health needs primarily due to chronic illnesses and/or aging



**30,000** Members, mainly in NYC area



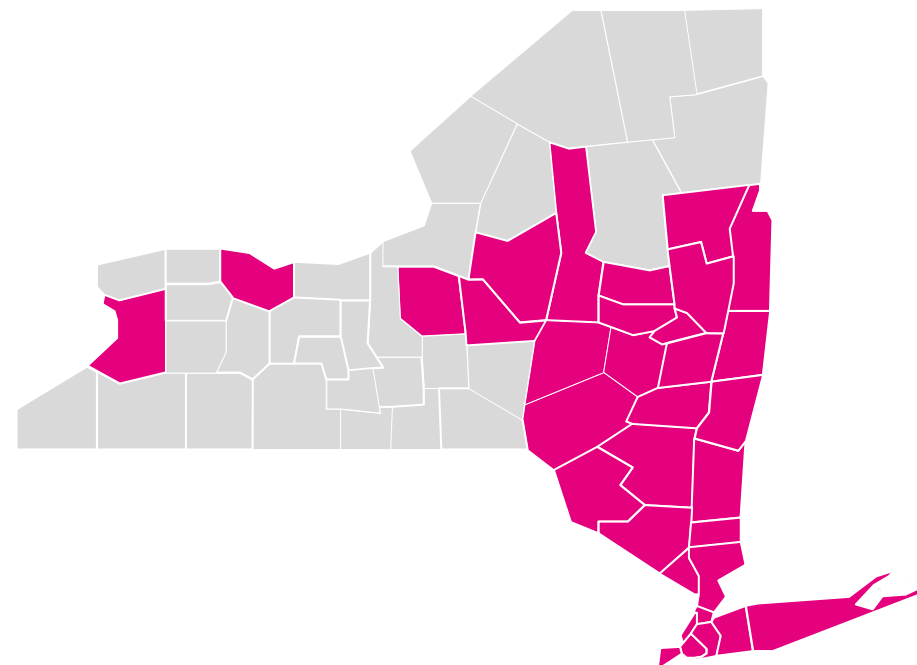
**24,500** Require long-term services and supports



**3,000** Living with HIV, identify as transgender or homeless



**90%** Medicaid or dually eligible







## Significance of Dually Eligible Population

More than 3X more likely to be hospitalized with COVID-19 complications than Medicare-only



60% have multiple chronic conditions



10-31% higher readmissions than Medicare-only



More than 75% of Medicaid LTSS beneficiaries (including HCBS) are dually eligible



41% have at least one mental health diagnosis



Disproportionately the highest cost enrollees in both Medicare and Medicaid



Duals status was typically the most powerful predictor of poor performance among social risk factors



# The Health Plan Role in HCBS – Integrated Care Options

Integrating Medicaid HCBS and other long-term services and supports with Medicare can lead to better outcomes for people and less government spending.

## Managed Long-Term Services & Supports (MLTSS)/ Dual Eligible Special Needs Plans (D-SNP)

- Provide all Medicare benefits and provide or coordinate Medicaid benefits through separate contracts with CMS and state
- Alignment opportunities exist; fragmentation persists

## Fully Integrated D-SNP (FIDE SNP)

- Provide all Medicare and all or most Medicaid LTSS, behavioral health in some states, and other Medicaid benefits
- Most integrated D-SNP option

## Medicare-Medicaid Plan (MMP)

- Provide all Medicare and Medicaid benefits under a three-way contract with CMS and state
- Demonstration offered under CMMI's Financial Alignment Initiative

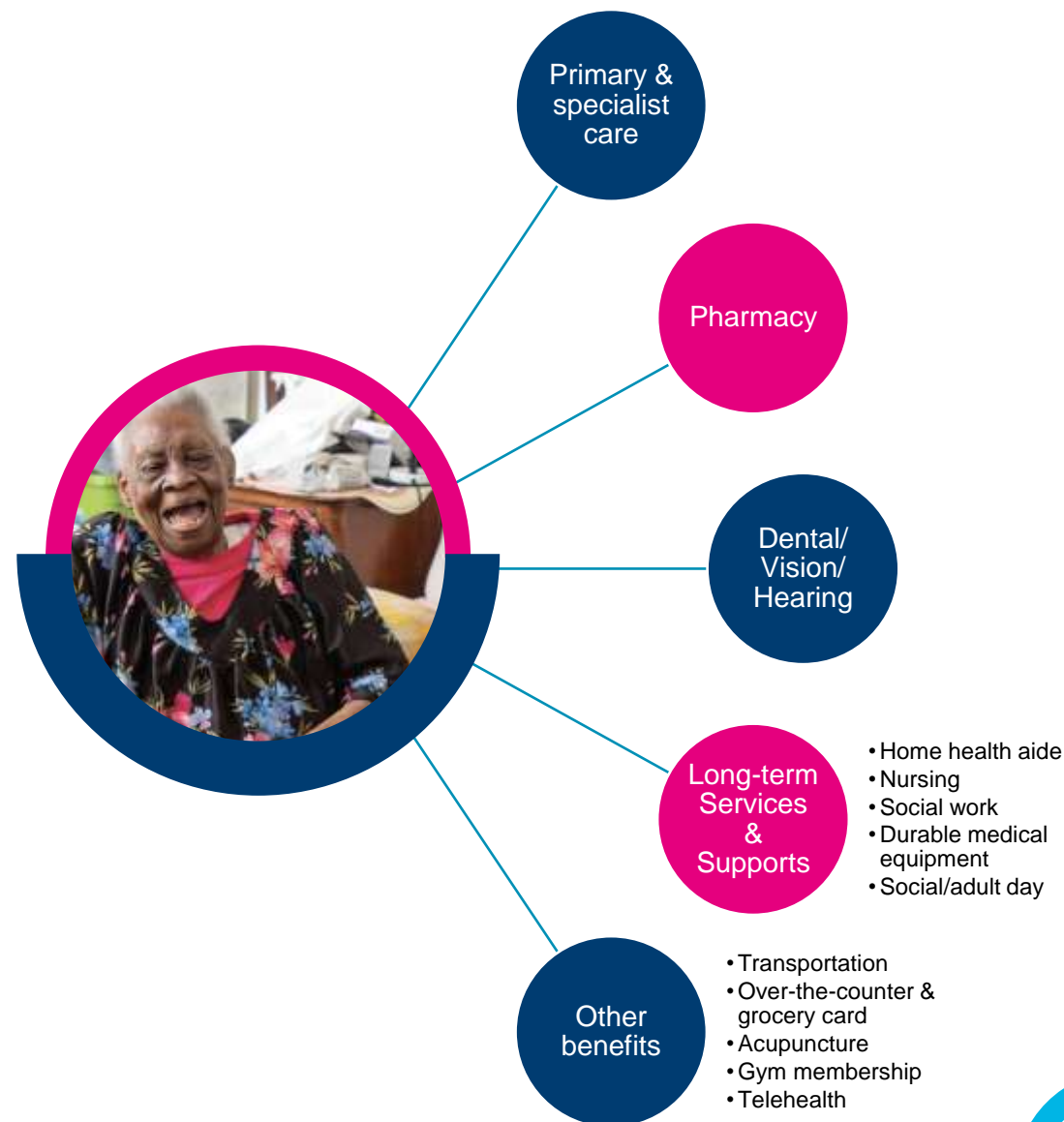
## Program for All-Inclusive Care for the Elderly (PACE)

- Provide all Medicare and Medicaid benefits through separate contracts with CMS and state
- Most services provided through PACE centers

# The Plan Role in HCBS

Managed care is organized to manage cost, utilization, and quality, and plays a critical role for members in HCBS.

- Dedicated care management and personalized care plans
- Engagement and connection with members and their providers to provide and coordinate benefits (e.g. assistance with daily activities, telehealth, meals, transportation)
- Innovate and reach members in times of need, particularly during the pandemic
- Improve quality outcomes and member satisfaction, measure examples include:
  - › Flu and pneumococcal vaccinations
  - › Dental/hearing/eye exams
  - › Member involved in making decisions about plan of care
  - › Home health aide/personal care aide/personal assistant services on time
  - › Rating of home health aide/personal care aide/personal assistant
- Member rewards and incentives
- Partnerships with HCBS/LTSS providers through quality initiatives



# The Health Plan Role in HCBS - Provider Partnerships

Examples from CHOICE Health Plan's experience

## Workforce Training

Targeted HCBS workforce training can support quality improvement and workforce development efforts.\* Training programs offered include Value-Based Payment Measures in MLTC; Health Coaching; Behavioral Health Training; etc.

Data and info exchange between plan and providers (quality collab, member at-risk reports, clinical workgroups)

Trainings tied to value-based payment measures, at-risk members

Develop, pilot, and evaluate new care/staffing models

Evaluation found overall positive impact on members/patients

## Value-based Payment (VBP)

HCBS providers and plans can engage in VBP via quality-based payment incentives. Potential to impact the total cost of care in fully integrated programs.

### Examples of MLTC Quality Measures to Tie to VBP\*\*

Flu vaccination	Pain intensity improved/stable
No ER visit	Dyspnea (shortness of breath) improved or remained stable
Pain controlled	
No falls with injury	Urinary continence improved or remained stable

VBP incentives and collaboration needed for HCBS providers

HCBS providers have significant engagement with complex, high-need populations

Potential for states to pursue Medicare shared savings arrangements with CMS based on avoidable hospital use that result from integrated Medicare-Medicaid management

# Continued Challenges & Opportunities

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**Severe HCBS  
workforce  
shortage**

Investments in workforce development that support recruitment, retention, employment sustainability, comprehensive training, career mobility

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**Barriers in  
access to care**

Address public safety as a social determinant of health, as it directly impacts health and impedes ability to staff cases and recruit direct care workers

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Use telehealth opportunities to address cultural and geographic needs

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**Direct care  
workers aren't  
always integrated  
into patients' care  
teams**

Invest in technology for home health aides

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**HCBS can be  
fragmented with  
rest of care  
needs**

Advance fully integrated care for dually eligible beneficiaries with LTC needs

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**Inadequate  
Medicaid rates to  
support long-  
term care  
(including HCBS)**

Invest in adequate Medicaid rates to support qualified and compensated workforce and meet LTC sector demand

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# UPCOMING EVENT

June 29, 2022 | 12:00 pm ET – 1:30 pm ET

## **FDA Approval Pathways 101**

During this session, panelists will provide an overview of the role of the FDA particularly focusing on the approval process required to bring new medical products to market. The session will review the traditional stages the FDA takes to approve various types of new drugs, the various pathways for drugs to be rapidly approved, as well as how the FDA monitors safety in the post-market “fifth phase”. Panelists will also share insights about the FDA’s role in new drug approval within the context of other federal agencies, such as the U.S. Patent and Trademark Office (USPTO), Centers for Medicare and Medicaid Services (CMS), and the Federal Trade Commission (FTC).

[allh.us/events](https://allh.us/events)

# THANK YOU FOR ATTENDING!