Mercer

welcome to brighter

The new norm

Where do we go from here…and how do we get there

ADvancing States HCBS Conference 2021

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Kathleen Dougherty, Chief, Managed Care Operations, Delaware Division of Medicaid and Medical Assistance

Today’s agenda and speakers

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Kim Donica, Principal
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Kathleen Dougherty, Chief, Managed Care Operations
Delaware Division of Medicaid and Medical Assistance

1 State measures to respond to PHE

2 Transition from PHE to normal state

3 Evaluating changes made during PHE

4 Delaware’s experience during PHE

State measures to respond to the Public Health Emergency

1

Public Health Emergency | PHE

Required states to quickly pivot

Addressed immediate needs

Put protections in place to ensure health and welfare of individuals

Applied measures to maintain workforce

1915(c) Appendix K amendments

Every state

Every state and the District of Columbia received approval for an amendment

Most states

Most states submitted and received approval for multiple amendments

Source: KFF, *Medicaid Emergency Authority Tracker: Approved State Actions to Address COVID-19*, July 1, 2021
https://www.kff.org/coronavirus-covid-19/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/#Table5

1915(c) waiver programs with Appendix K approvals

AK: 5	IA: 7	MS: 5	PA: 7
AL: 6	ID: 2	MT: 3	RI: 1
AR: 4	IL: 9	NC: 4	SC: 8
AZ: 1	IN: 4	ND: 5	SD: 4
CA: 7	KS: 7	NE: 4	TN: 4
CO: 10	KY: 6	NH: 4	TX: 6
CT: 10	LA: 7	NJ: 1	UT: 8
DC: 2	MA: 10	NM: 5	VA: 4
DE: 2	MD: 8	NV: 3	VT: 1
FL: 4	ME: 5	NY: 3	WA: 8
GA: 4	MI: 5	OH: 7	WI: 3
HI: 1	MN: 5	OK: 6	WV: 4
	MO: 10	OR: 6	WY: 4

1915(c) Appendix K amendments

Key programmatic changes

Eligibility: 1) modify level of care evaluations and reevaluations process, 2) extend reassessment and revaluation dates, 3) virtual evaluations, assessments and person-centered planning meetings in lieu of face-to-face

Covered services: 1) exceed service limits or requirements, 2) add services to address the emergency

Service planning and delivery: 1) modify person-centered plan development process, 2) electronic method of service delivery, 3) adjust prior approval/authorization elements in approved waivers, 4) adjust assessment requirements

All states (and the District of Columbia) have at least 1 approved amendment

1915(c) Appendix K amendments (continued)

Key programmatic changes

Settings: 1) expand settings where services may be provided, 2) allow payment for services to support participants in acute care hospital or short-term institutional stay, 3) not allow visitors at any time

Providers: 1) permit payment for services rendered by family caregivers or legally responsible relatives, 2) modify provider qualifications, 3) increase payment rates, 4) include retainer payments to address emergency related issues, 5) allow case management entities to provide direct services

Oversight: 1) modify incident reporting requirements, medication management or other participant safeguards, 2) extend time for submitting waiver enrollment and spending reports to CMS and/or suspend data collection for performance measures

All states (and the District of Columbia) have at least 1 approved amendment

1115 amendments

Key programmatic changes

The ability to make retainer payments to certain habilitation and personal care providers to maintain capacity during the emergency – **7 states**

Provide long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings – **4 states**

The ability to reduce or delay the need for states to conduct functional assessments to determine level of care for beneficiaries needing LTSS – **3 states**

Allow for self-attestation or alternative verification of individuals' eligibility (income and assets) and level of care to qualify for LTSS – **3 states**

12 states with approved amendments

Arizona
California
Delaware
Hawaii
Massachusetts
Michigan
North Carolina
New Hampshire
Rhode Island
Washington
Texas
Vermont

Transitioning from PHE to normal state

2

Transitioning from PHE

What does this look like?

How to address the evolving needs of the population?

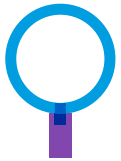
What systematic changes need to be put in place?

How to do this strategically?

What next steps are needed?

Assessment strategy

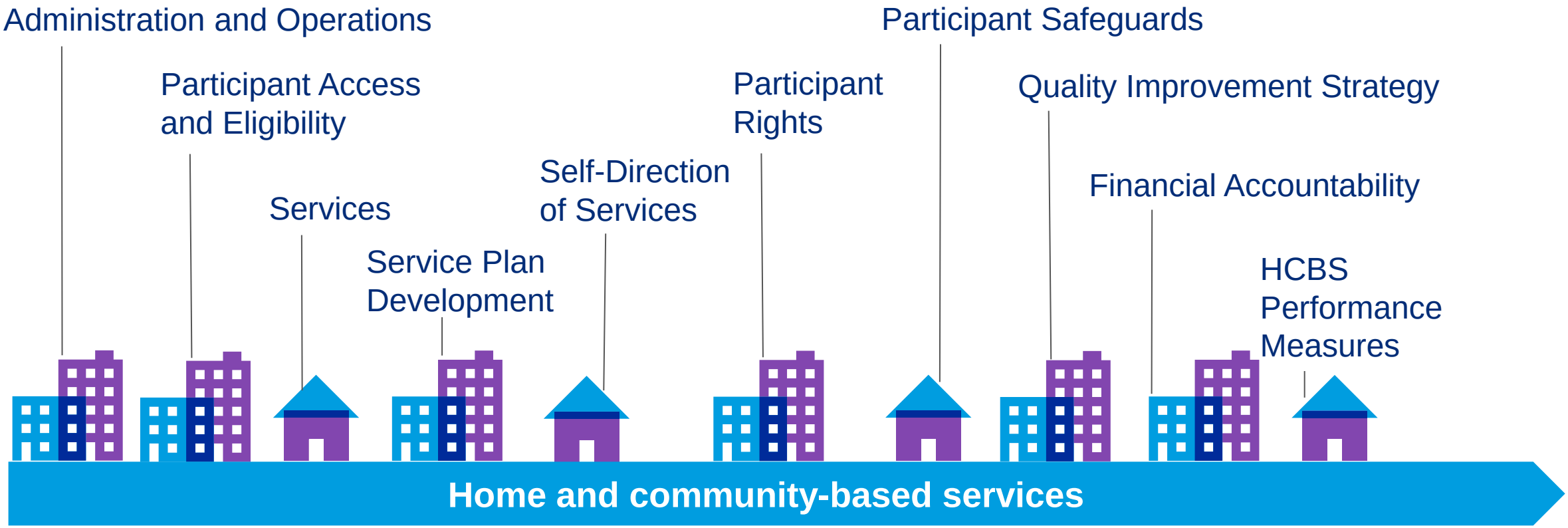
Provides a **comprehensive assessment** of a state's current status and what will be put in place following the pandemic which include: policies, staffing, care coordination, resources, MCO contracts, administration, provider network, and changes in PMPM



Enables a state to **evaluate** all LTSS/MLTSS service operations: HCBS programs, nursing facility services, and ICF services

Proactive approach to **effectively manage** transition

Areas of operation | HCBS



Questions for consideration

Were there issues in this area during the COVID-19 crisis? Y/N

Were changes made to address these issues? Y/N

If changes were made in this area, will these changes be maintained beyond the crisis? Y/N

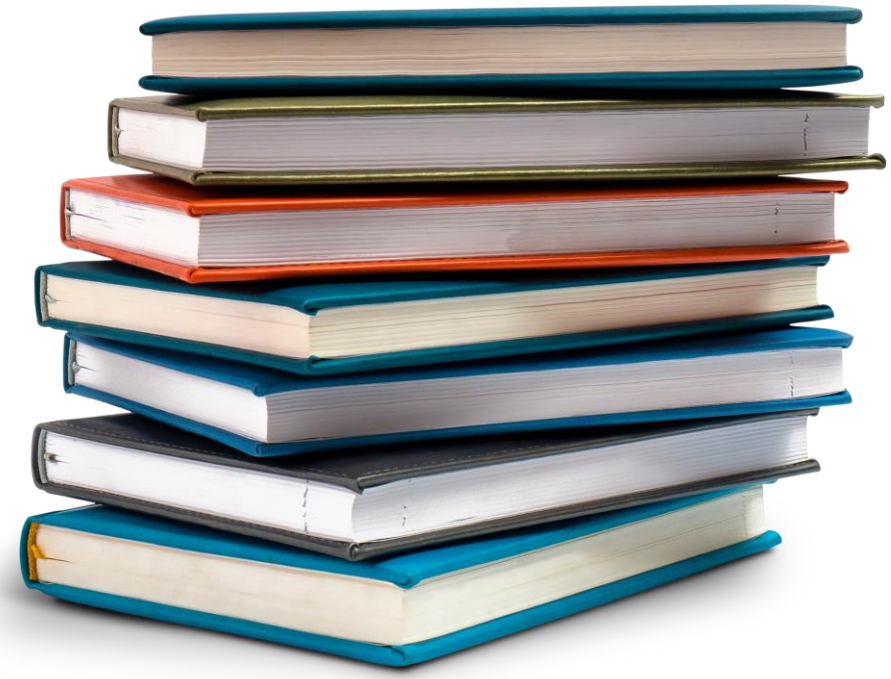
If no, please indicate date of discontinuation of change?

If yes, do you have adequate resources to maintain this change moving forward? Y/N

Will you need additional CMS authority to maintain this change? Y/N

Do you anticipate making other changes in this area as a result of the COVID-19 crisis? Y/N

Evaluating changes made during PHE



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Evaluating changes made during PHE

Services

The state added a new service not previously offered in the waiver

Question: Should this service be permanently added to the waiver?

How to evaluate?

1. **Review and analyze utilization data**
   Is the service being utilized?

2. **Poll case managers via a survey or focus group**
   Is the service fulfilling a need within the HCBS continuum?
   What is the impact on individuals if service would be discontinued?

3. **Obtain feedback from individuals/ families who have received service via survey or focus group**
   What do they like/dislike about the service?
   How has receipt of the service changed their overall care?

Evaluating changes made during PHE

Services

Self-direction

Addition of or expansion of self-direction (budget or employer authority)

How to evaluate?

1

Review and analyze utilization data

Is the service being utilized?

2

Obtain feedback from individuals/families who have received service via survey or focus group

Why did individual choose self-directed option?

What do they like/dislike about the service?

How has receipt of the service changed their overall care?

Evaluating changes made during PHE

Services (continued)

Self-direction

Addition of or expansion of self-direction

How to evaluate?

3 **Interview representatives from FMS regarding their experience**

4 **Poll case managers via a survey or focus group**

Is the service fulfilling a need within the HCBS continuum?

What is the impact on individuals if service would be discontinued?

Evaluating changes made during PHE

Provider qualifications

Legally responsible family members as paid providers

How to evaluate?

1. **Review and analyze utilization data of services**
2. **Controlling for other factors, how did this impact utilization?**
3. **Survey/focus group with individuals/ families to obtain their feedback**
   Advantages/disadvantages of arrangement
4. **Survey family members who are now acting in the paid provider role**
   Advantages/disadvantages of arrangement
5. **Poll case managers via a survey or focus group**
   Is this option fulfilling a need for the individual? What is the impact on individuals if would be discontinued?

Evaluating changes made during PHE

Case management

Move to telephonic or remote monitoring

Should the state consider making permanent changes, based on individual's needs, to contact schedules that reduce number of face-to-face contacts?

How to evaluate?

1. **Poll case managers via a survey or focus group**
2. **Survey/Interview individuals/families**
3. **Review and analyze incident management data**

Evaluating changes made during PHE

Retainer payments

Although cannot be added permanently to waiver, states should evaluate effectiveness of retainer payments

How to evaluate?

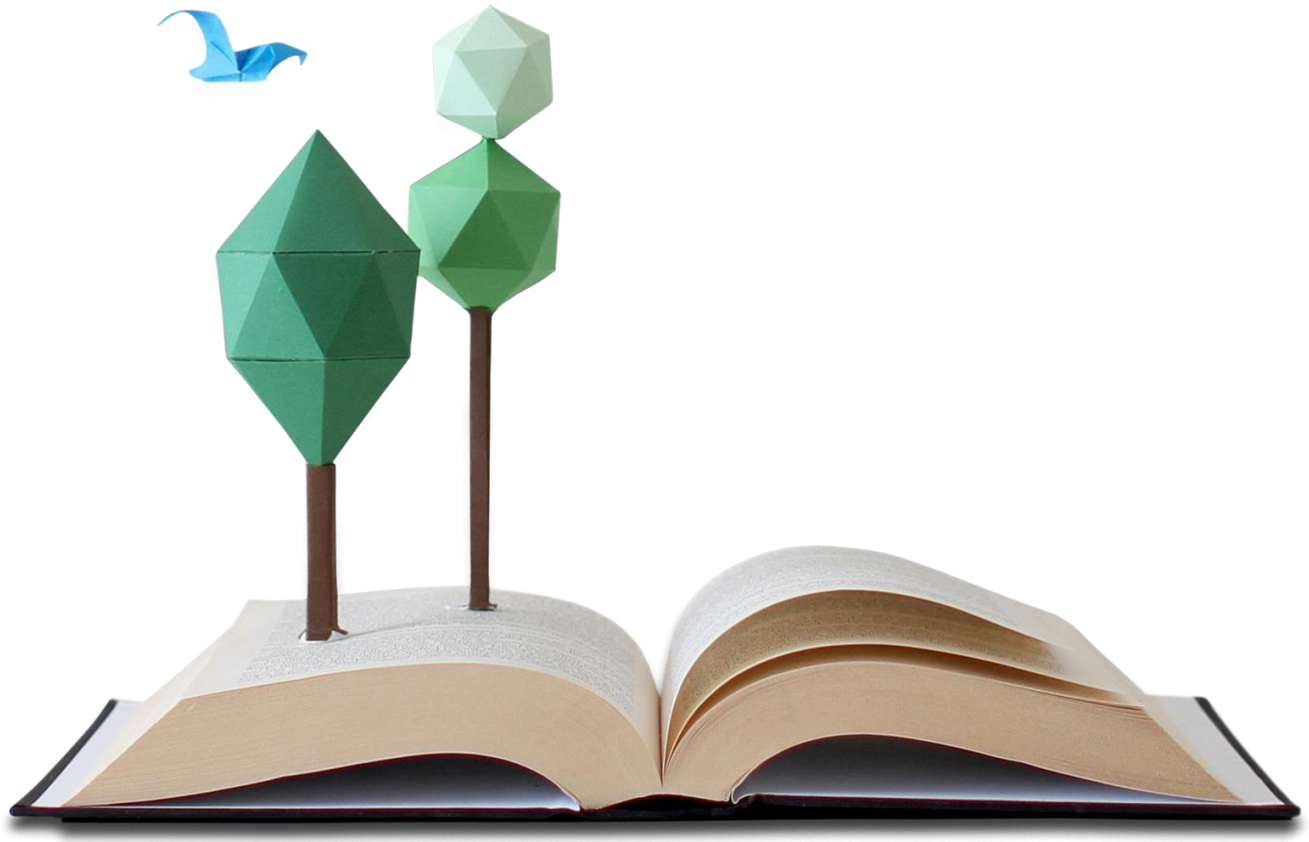
1

Review and analyze data on provider counts for providers who received retainer payments

Look at number of providers at various points of time

Pre-pandemic/before retainer payments/after retainer payments

Delaware experience during PHE



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Delaware's experience during PHE | home delivered meals

Addition of Second Daily Home Delivered Meal

At the beginning of the PHE, Delaware increased service limitation within its DSHP-Plus for HDM's from one to two

- July 2020 (start of additional meal)
  - approx. 5,401 members enrolled
  - 127 members receiving 2 meals (2% of members)
- November 2021
  - approx. 5,500 members enrolled
  - 1,298 members receiving 2 meals (24% of members)
- Total HDMs provided (1 and 2 meals)
  - July 2020 – 1,431 HDMs
  - November 2021 - 18,093 HDMs

Delaware's experience during PHE | home delivered meals

Expansion of Home Delivered Meals to Other Populations

DE made HDMs available to other populations beyond HCBS recipients within its managed care program

- Postpartum food boxes pilot
  - Collaboration with Food Bank of Delaware, ModivCare and Medicaid MCOs
  - Initiative starting February 2021
  - Meager beginnings of 20 boxes delivered in the first week to 267 boxes delivered week of November 1
  - Total of more than 5,000 food boxes delivered to date

Delaware’s experience during PHE | telehealth

Expanded Telehealth delivery methods to include:

- Interactive Communication
- Telephonic Services

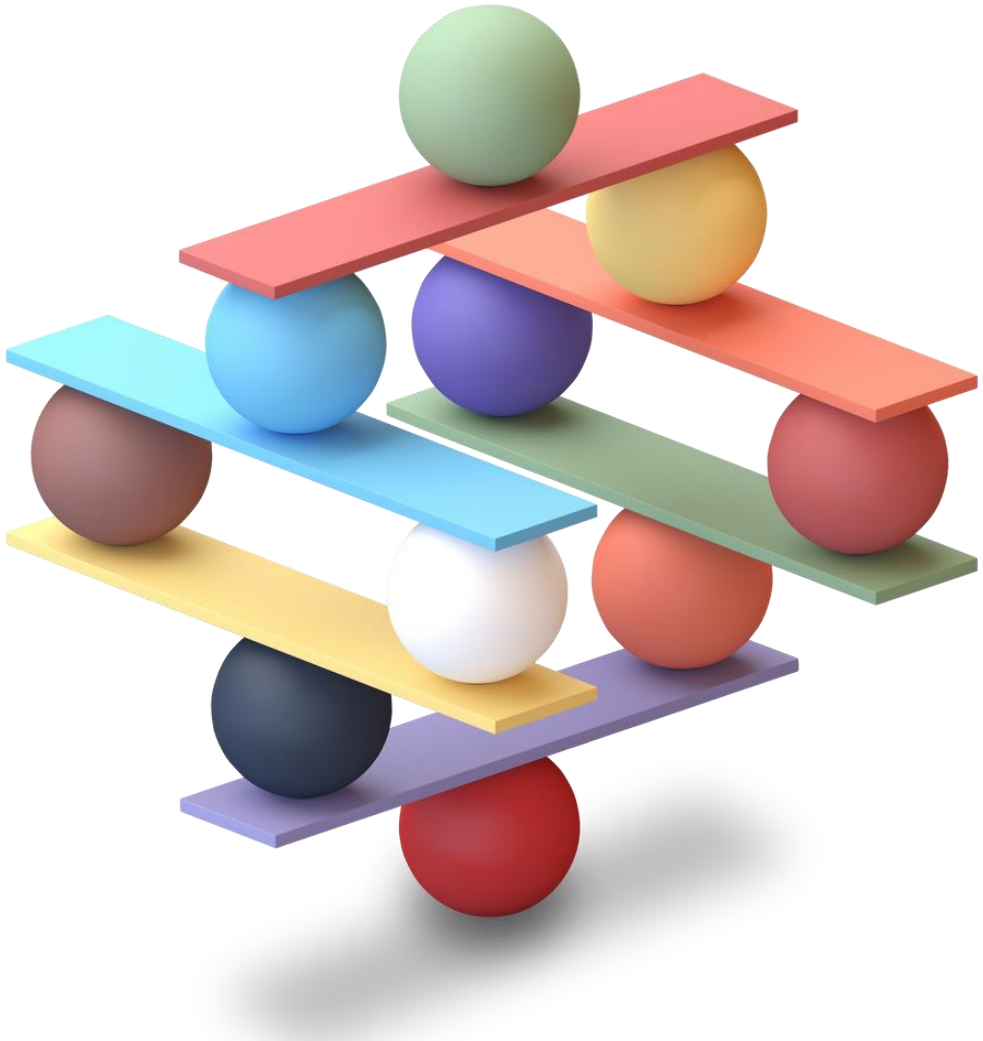
Suspended requirement that Delaware residents must be present in Delaware at the time the telemedicine service is provided

Relaxed eligibility requirements for telehealth providers

Eased provider billing requirements

Prior authorization is not required

Q&A



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